

Bundle Trust Board (Open Session) 30 March 2023

Agenda attachments

ITEM 0 Trust Board Open Agenda 30 March 2023.docx

ITEM 0 Cymraeg Agenda 30 Mawrth 2023.docx

- 0 09:30 - OPENING ITEMS
- 1 Chair's welcome, apologies, and confirmation of quorum
- 2 Declarations of interest
- 3 Minutes of last meeting
ITEM 3 Trust Board Minutes Open 26 January 2023.docx
- 4 Action log and matters arising
ITEM 4 Action Log.docx
- 5 09:35 - Chair's Report
- 6 09:45 - Chief Executive's Report
ITEM 6 CEO REPORT TO TRUST BOARD MARCH 2023 Final.docx
- 7 10:00 - Questions from Members of the Public
- 8 10:10 - Staff Story
A video will be shared on the day.
- 8.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 9 10:40 - Progress on Actions To Mitigate Avoidable Patient Harm
ITEM 9 Progress of Actions to Mitigate Avoidable Patient Harm.docx
ITEM 9.1 Annex 2 - Patient Harm Mitigation Action Plan.docx
- 10 11:00 - Duty of Quality / Duty of Candour Preparedness
ITEM 10 Duty of Quality, Duty of Candour Preparedness.docx
- 11 11:15 - Risk Management and Board Assurance Framework
"An amendment has been made to the paper in respect of one of the gaps in controls on risk 223"
ITEM 11 Risk Management and BAF Report FILE REPLACED.docx
- 11.1 11:25 - COMFORT BREAK 15 MINS
- 12 11:40 - Integrated Medium Term Plan 2022-2025 - Update
ITEM 12 Executive Summary - Q4 Interim - IMTP Assurance Report - IMTP Programme Delivery v2 FINAL.docx
- 13 11:50 - Integrated Medium Term Plan and Financial Plan 2023-2026
ITEM 13 WAST Integrated Medium Term Plan 2023-2026.docx
ITEM 13.1 WAST IMTP 2023-26 DRAFT v0.4.docx
ITEM 13.2 Appendix 6 Detailed Financial plan 2023-24 v4 270323 - FINAL.docx
ITEM 13.3 WAST Initial Revenue Budget 2023-24 - TB - FINAL.docx
- 14 12:20 - Financial Performance Month 11
NB - ITEMS 14.2 and 14.4 circulated separately by e mail.
ITEM 14 Finance Report Month 11 22-23 FINAL.docx
ITEM 14.1 191BEF5B.pdf
ITEM 14.3 6308AA37.pdf
- 15 12:30 - Monthly Integrated Quality and Performance Report
ITEM 15 MIQPR SBAR TB February 2023.docx
ITEM 15.1 Annex 1 MIQPR TB February 2023.pdf
ITEM 15.2 Top indicators MIQPR Dashboard TB February 2023.xlsx
- 16 12:45 - WASPT Terms of Reference
ITEM 16 WASPT Front Cover TOR.docx
ITEM 16.1 WASPT Terms of Reference v2.1 agreed WASPT Jan 23 for approval by Board Mar 23.docx

- 17 12:50 - Board Committee Reports
 17.1 *Quest Committee*
 17.2 *People and Culture Committee*
 17.3 *Audit Committee*
 17.4 *Finance & Performance Committee*
 17.5 *Remuneration Committee*
 17.6 *Charitable Funds Committee*
ITEM 17.1 Quest Committee Highlight Report February 2023.docx
ITEM 17.1a Safeguarding Annual Report 2021-2022.pdf
ITEM 17.2 People and Culture Committee Highlight Report March 2023 Final.docx
ITEM 17.2.1 Annual Equality Report 20222023-Equality Monitoring Report 2021-2022 Fin.pdf
ITEM 17.2.2 Gender Pay Gap 2022.pdf
ITEM 17.3 Audit Committee Highlight Report March 2023 (2).docx
ITEM 17.3.1 3322A2023_WAST_Annual_Audit_Report_2022.pdf
ITEM 17.4 Finance and Performance Committee Highlight Report March 2023.docx
ITEM 17.5 Remuneration Committee Highlight Report March 2023.docx
ITEM 17.6 Charitable Funds Committee Highlight Report 16th February 2023.docx
- 18 13:15 - Minutes of Corporate Board of Trustees – 16 February 2023
ITEM 18 DRAFT Minutes-Board of Trustees -16 February 2023 - Edited 13.03.2023 - Final for Approval.docx
- 18.1 13:17 - CONSENT ITEMS
The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.
- 19 Governance Report
ITEM 19 Governance Report.docx
- 20 Minutes of Board Committees
 20.1 *Quest Committee*
 20.2 *People and Culture Committee*
 20.3 *Audit Committee*
 20.4 *Finance and Performance Committee*
ITEM 20.1 CONFIRMED QUEST OPEN MINUTES 10 November 2022.docx
ITEM 20.2 Confirmed OPEN P and C mins 29 November 2022.docx
ITEM 20.3 Confirmed Audit Committee OPEN Minutes 1 December v3.doc
ITEM 20.4 OPEN F and P Minutes - 16 January 2023 v2.docx
- 21 NHS Wales Joint Committee Update Reports
ITEM 21 Joint Committee Update Report.docx
ITEM 21.1 Confirmed minutes 6 December 2022_EASC_17_Jan_2023.docx
ITEM 21.2 Chair's EASC Summary from 17 January 2023.docx
ITEM 21.3 SSPC Assurance Report 19 January 2023.doc
ITEM 21.4 WHSCC Joint Committee Briefing (Public) 10 January 2023.pdf
ITEM 21.5 WHSCC Joint Committee Briefing (Public) 17 January 2023.pdf
ITEM 21.6 WHSCC Joint Committee Briefing (Public) 13 February 2023.pdf
ITEM 21.7 WHSCC Joint Committee Briefing (Public) 14 March 2023.pdf
- 21.1 13:22 - CLOSING ITEMS
- 22 Any other business
- 23 Date and time of next meeting –Thursday 25 May 2023, 09:30 in Cardiff MRD
- 24 Exclusion of the press and members of the public.
To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).
- 25 Acronyms
ITEM 25 Acronyms.docx



AGENDA

MEETING OF THE TRUST BOARD

Held in Open Session on Thursday 30 March 2023 from 09.30 to 13.30
Meeting held in Cardiff MRD, Merton House, Croescadarn Close, Pontprennau, Cardiff, CF23 8HF
and Via Zoom

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Colin Dennis	Verbal	5 mins
2.	Declarations of interest	Information	Colin Dennis	Verbal	
3.	Minutes of last meeting	Approval	Colin Dennis	Paper	
4.	Action log and matters arising	Review	Colin Dennis	Paper	
5.	Chair's Report	Information	Colin Dennis	Verbal	10 mins
6.	Chief Executive's Report	Information	Jason Killens	Paper	15 mins
7.	Questions from members of the public	Information	Estelle Hitchon	Verbal	10 Mins
STAFF/PATIENT EXPERIENCE					
8.	Staff Story	Discussion	Angie Lewis	Video	30 Mins
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
9.	Progress on Actions To Mitigate Avoidable Patient Harm	Assurance	Jason Killens	Paper	20 Mins
10.	Duty of Quality Duty of Candour paper	Assurance	Liam Williams	Paper	15 Mins
11.	Risk Management and Corporate Risk Register	Assurance	Trish Mills	Paper	10 mins
COMFORT BREAK 15 MINS					
12.	Integrated Medium Term Plan 2022-2025 - Update	Assurance	Rachel Marsh	Paper	10 mins
13.	Integrated Medium Term Plan and Financial Plan 2023-2026	Approval	Rachel Marsh Chris Turley	Paper	30 Mins
14.	Financial Performance Month 11	Assurance	Chris Turley	Paper	10 mins
15.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	15 mins
16.	WASPT Terms of Reference	Approval	Jason Killens	Paper	5 mins



No.	Agenda Item	Purpose	Lead	Format	Time
17.	Board Committee Reports				
	17.1. Quest Committee	Assurance	Bethan Evans	Paper	5 Mins
	17.2. People and Culture Committee	Assurance	Paul Hollard	Paper	5 Mins
	17.3. Audit Committee	Assurance	Martin Turner	Paper	5 Mins
	17.4. Finance and Performance Committee	Assurance	Joga Singh	Paper	5 mins
	17.5. Remuneration Committee	Assurance	Colin Dennis	Paper	2 Mins
	17.6. Charitable Funds Committee	Assurance	Ceri Jackson	Paper	2 Mins
18.	Minutes of Corporate Board of Trustees – 16 February 2023	Approval	Colin Dennis	Paper	2 Mins

CONSENT ITEMS

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

19.	Governance Report	Information	Trish Mills	Paper	5 Mins
20.	Minutes of Board Committees 20.1 Quest Committee 20.2 People and Culture Committee 20.3 Audit Committee 20.4 Finance and Performance Committee	Information	Colin Dennis	Paper	
21.	NHS Wales Joint Committee Update Reports	Information	Colin Dennis	Paper	

CLOSING ITEMS

22.	Any other business	Discussion	Colin Dennis	Verbal	5 mins
23.	Date and time of next meeting –Thursday 25 May 2023, 09:30 in Cardiff MRD	Information	Colin Dennis	Verbal	
24.	Exclusion of the press and members of the public. To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies	Resolution	Colin Dennis	Verbal	



No.	Agenda Item	Purpose	Lead	Format	Time
	(Admission to Meetings) Act 1960).				
25.	Acronyms	Information	Colin Dennis	Paper	

Lead Presenters

Name of Lead	Position of Lead
Colin Dennis	Chair of the Board
Bethan Evans	Non-Executive Director, Chair of Quality, Patient Experience and Safety Committee
Paul Hollard	Non-Executive Director; Chair of People and Culture Committee
Ceri Jackson	Non-Executive Director, Chair of Charitable Funds Committee
Jason Killens	Chief Executive Officer
Angie Lewis	Director of Workforce and OD
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Joga Singh	Non-Executive Director
Chris Turley	Executive Director of Finance and Corporate Resources
Martin Turner	Non-Executive Director; Chair of Audit Committee
Liam Williams	Executive Director of Quality and Nursing



AGENDA

CYFARFOD O FWRDD YR YMDDIRIEDOLAETH

Cynhelir mewn Sesiwn Agored, Ddydd Iau 30 Mawrth 2023, rhwng 09:30 a 13:30
Cynhelir y cyfarfod yn MRD Caerdydd, Tŷ Merton, Clos Croescadarn, Pontprennau, Caerdydd,
CF23 8HF a thrwy gyfrwng Zoom

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



Rhif	Eitem ar yr Agenda	Diben	Arweinydd	Fformat	Amser
15.	Adroddiad Misol ar Ansawdd a Pherfformiad Integredig	Sicrwydd	Rachel Marsh	Papur	15 munud
16.	Cylch Gorchwyl WASPT (Tîm Partneriaeth Gwasanaethau Ambiwylans Cymru)	Cymeradwyo	Trish Mills	Papur	5 munud
17.	Adroddiadau Pwyllgorau'r Bwrdd				
	17.1. Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch (QUEST)	Sicrwydd	Bethan Evans	Papur	5 munud
	17.2. Y Pwyllgor Pobl a Diwylliant	Sicrwydd	Paul Hollard	Papur	5 munud
	17.3. Y Pwyllgor Archwilio	Sicrwydd	Martin Turner	Papur	5 munud
	17.4. Y Pwyllgor Cyllid a Pherfformiad	Sicrwydd	Joga Singh	Papur	5 munud
	17.5. Y Pwyllgor Tâl	Sicrwydd	Colin Dennis	Papur	2 funud
	17.6 Pwyllgor Cronfeydd Elusennol	Sicrwydd	Ceri Jackson	Papur	2 funud
20.	Cofnodion Cyfarfod Bwrdd yr Ymddiriedolwyr - 16 Chwefror 2023	Cymeradwyo	Trish Mills	Papur	

EITEMAU CYDSYNIO

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

19.	Adroddiad Llywodraethu	Gwybodaeth	Trish Mills	Papur	5 Munud
20.	Cofnodion Pwyllgorau'r Bwrdd 20.1 Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch (QUEST) 20.2 Y Pwyllgor Pobl a Diwylliant 20.3 Y Pwyllgor Archwilio 20.4 Y Pwyllgor Cyllid a Pherfformiad	Gwybodaeth	Colin Dennis	Papur	5 Munud
21.	Adroddiadau Diweddar Cydbwyllgorau GIG Cymru	Gwybodaeth	Colin Dennis	Papur	

EITEMAU CLOI



Rhif	Eitem ar yr Agenda	Diben	Arweinydd	Fformat	Amser
22.	Unrhyw faterion eraill	Trafodaeth	Colin Dennis	Llafar	5 munud
23.	Dyddiad ac amser y cyfarfod nesaf: – Dydd Iau 25 Mai 2023, am 09:30, yn MRD	Gwybodaeth	Colin Dennis	Llafar	
24.	Y wasg ac aelodau'r cyhoedd yn gadael y cyfarfod. Gofyn i'r Wasg a'r Cyhoedd adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drafod (yn unol ag Adran 1(2) Deddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960).	Penderfyniad	Colin Dennis	Llafar	
25.	Acronymau	Gwybodaeth	Colin Dennis	Papur	

Cyflwynwyr Arweiniol

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

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 26 JANUARY 2023
MEETING HELD IN CARDIFF AMBULANCE STATION, and VIA ZOOM**

PRESENT:

Professor Kevin Davies	Non-Executive Director and Vice Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Executive Director of Operations
Bethan Evans	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Ceri Jackson	Non-Executive Director
Ian James	Trade Union Partner
Angie Lewis	Director of Workforce and Organisational Development
Dr Brendan Lloyd	Executive Director of Medical and Clinical Services
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Leanne Smith	Interim Director of Digital Services
Joga Singh	Non-Executive Director
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Martin Turner	Non-Executive Director
Liam Williams	Executive Director of Quality and Nursing

Attendees

Fflur Jones	Audit Wales
Steve Owen	Corporate Governance Officer (Via Zoom)
Alex Payne	Corporate Governance Manager
Jeff Prescott	Corporate Governance Officer (Via Zoom)

Apologies

Colin Dennis	Chair of the Board
Paul Hollard	Non-Executive Director
Hugh Parry	Trade Union Partner
Hannah Rowan	Non-Executive Director

001/23 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Vice Chair welcomed all to the meeting and noted apologies had been received from Colin Dennis, Paul Hollard, Hugh Parry and Hannah Rowan.

Declarations of interest

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

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

002/23 PROCEDURAL MATTERS

The Vice Chair reminded the Board that Committee highlight reports which featured later in the Agenda assured the Board of the sufficient scrutiny.

Minutes: The Minutes of the Board meetings held on 24 November 2022 were presented and confirmed as a correct record.

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

RESOLVED: That

- (1) the Minutes of the meetings held on 24 November 2022 were confirmed as a correct record.**
- (2) the update on the action log was noted. The one action on the log, 133/22, Monthly Integrated Quality Performance Report (MIQPR) to contain details on cultural metrics, agreed this would remain open until the next meeting where an update would be provided.**

003/23 CHAIR'S REPORT AND UPDATE

1. In the absence of the Chair, the Vice Chair advised the Board that he (the Chair) had attended several meetings since the last meeting, which included Ministerial, Chairs and Chief Executive meetings. He added that he and the Chief Executive had met with the Minister of Health to provide an update on December's performance.
2. The Board were asked to formally acknowledge and congratulate Edward O'Brian on receiving the King's Ambulance medal, and also the former Executive Director of Nursing, Claire Bevan on receiving the OBE.
3. It was noted that the Board were briefed on and discussed in detail, the Integrated Medium Term Plan and financial sustainability as part of the Board Development session on 25 January 2023.
4. Furthermore the sterling effort and service of staff was acknowledged during this challenging time.

RESOLVED: That the update was noted.

004/23 CHIEF EXECUTIVE'S UPDATE

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

1. There have been several days of Industrial Action. During those strike days, the Trust's operational planning had enabled this action to take place in a safe manner. The exemptions from Industrial Action have developed well and those exemptions, together with the additional mitigations, have enabled to provide a safe service going forward. Whilst the individual rights of staff to take Industrial Action was recognised, the Trust continued to work with and support Trade Union colleagues. The professionalism of all staff during this challenging time was recognised.
2. The 2023/24 Fleet Business Justification Case costing £15.175m which contained further decarbonisation and Electric Vehicle initiatives, has been approved by the Board and submitted to Welsh Government.
3. The testing of the Electronic Patient care Record (ePCR) referral system has revealed some technical issues which were being addressed. Brendan Lloyd added that the Academy had recognised the issue with respiratory coding and have provided the Trust with a Data Analyst to assist.
4. At the Reminiscence Therapy Interactive Activities (RITA) User Group Conference and Awards 2022 ceremony, the Board were informed of the recent award presented to the Trust's Dementia Team who won the 'Most Innovative Use of RITA is an interactive touch screen tablet which mixes entertainment and therapy to assist patients in their memory recall. This was particularly useful for patients with dementia spending long periods of time in an ambulance waiting outside Emergency Departments.
5. The roll out for Community First Responders (CFRs) to provide pain relief, initially 500mg of oral paracetamol, was a step towards providing further analgesia at a later date. This will enable them to provide much better care for patients in the community.

Comments:

1. The Board welcomed the use of RITA, and were pleased to see the developments in the roll out of CFR's being able to provide stronger pain relief going forward.
2. A question arose regarding the connectivity of ePCR when in people's houses, and how that could be improved. Leanne Smith explained that ongoing work to improve national connectivity was underway.

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

005/23 QUESTIONS FROM MEMBERS OF THE PUBLIC

The Board were advised that at this time no questions had been received.

006/23 **PROGRESS ON ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM**

Jason Killens drew out the following areas for the Board's attention:

1. There had been significantly high red activity during December 2022 with substantial hours lost due to hospital handover delays reaching in excess of 32,000 hours; this equated to 38% of the entire ambulance vehicle fleet.
2. Whilst there still remained significant delays at Emergency Departments (ED), the data for January suggests that hours lost will be in the region of 20,000 hours. It was also noted that activity for January had reduced significantly. Performance for January had improved both in the red and amber medians. The median response time for red calls had fallen from 11 minutes to just over 7 minutes, and amber had fallen from 5 hours to under an hour. He added that work was ongoing to further improve performance and the Trust should not be complacent.
3. Rachel Marsh made reference to the Action plan within the report assuring Members that work continued to address them.

Comments:

1. The Board were delighted pleased to note the improving performance trend for January noting that there was still significant challenge in the system.
2. Concern was expressed with the number of Immediate Release requests of ambulances outside ED's made to health boards being declined; particularly amber 1 where 156 were released and 541 were not. Lee Brooks explained that for January the number of requests had reduced. In terms of red however, there was still room for improvement.
3. Damon Turner added that from a TU perspective, despite the ongoing Industrial Action, the Trust was still providing a suitable service to the public and welcomed the support from Trust management. He expressed concern in terms of the reduction in demand of people calling the Trust and reiterated that the Trust, during IA days will still be providing life and limb cover.
4. The Board recognised that the Cardiff and Vale health board area continued to show a marked reduction in lost hours and queried if their measures could be adopted elsewhere across Wales. Jason Killens advised that the Chief Ambulance Services Commissioner has shared best practice, not only from Cardiff but from other organisations, with health boards. Furthermore the Minister for Health has expressed her concerns with handover delays to health boards.
5. In terms of compliance with Immediate Release Directions, the Board were assured by Jason Killens that the Trust adhered to the recently refreshed All Wales policy. He added that compliance data was shared and any concerns were escalated to the appropriate office holders.

RESOLVED: The Board noted the progress being made on the WAST

actions and the ongoing impact of hospital handover lost hours.

007/23 INDUSTRIAL ACTION

1. The Board were given a PowerPoint presentation by Angie Lewis and Lee Brooks which outlined the broader context in terms of how the Trust was dealing with the Industrial Action.
2. The Board were given specifics on the number of Union Members and also with details of upcoming strike action days. Angie Lewis explained how these strike days would affect the Trust and the actions being taken to mitigate. From the Trust's perspective, the approach was to enhance senior leadership visibility and to keep listening and learning to colleagues.
3. Lee Brooks gave a summary of the Business Continuity Planning and its structure which considered the strategic, tactical and operational aspects of the Trust. It also included discussions on derogation (this would identify the service and roles which were exempt from strike action) with each Union.
4. Members were given an outline of the planning before and during Industrial Action days. This included engagement with Health Boards to ensure prompt handovers at hospital sites, and continued dialogue with Trade Union partners.
5. In terms of the impact on performance on strike days that had already occurred, around 20% to 30% of resources were not available. Going forward, it was noted that on days where 3 Unions would be on strike, there could be around 50% of resource unavailable.
6. The Board were shown EMS data comparisons from December 2022 and January 2023. It was noted that activity on the strike day of 21 December was lower in terms of 999 activity, conveyance to hospital and the number of incidents attended January's data continued in the same vein as December, however on the strike day of 19 January this was more consistent with the normal average.
7. In respect of risks, the Board were reminded on the significant and meticulous planning which were in place to lessen the impact on staff and patients. These included but were not limited to, the capacity to respond to patients, financial impact on the Trust, and the financial impact on staff.

Comments:

1. The Board commended the Executive Team on its WAST live events prior to strike days which provided open and clear communication with colleagues.
2. It was questioned whether the Trust was aware of what impact the upcoming RCN strike would have on the Trust. Liam Williams explained that a meeting was scheduled tomorrow with Executive Directors of Nursing, and it was anticipated that the intelligence is that the upcoming

strikes would have a greater impact.

RESOLVED: The update was noted.

008/23 RISK MANAGEMENT AND CORPORATE RISK REGISTER (CRR)

1. Trish Mills presented the report and reminded the Board that the 17 principal risks as described within the Board Assurance framework (BAF) were reviewed in detail at the relevant Committees.
2. In terms of the highest scoring risks, risk 223 (*the Trust's inability to reach patients in the community causing patient harm and death*) and risk 224 (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*); both scoring 25; Members noted that detailed discussions had taken place at the recently held Board Committees.
3. With respect to the other high scoring risks, risk 160 (*high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service*) and risk 201 (*damage to the Trust's reputation following a loss of stakeholder confidence*) these were both currently rated at 20. These risks have been discussed in detail at respective Committee meetings.
4. The Board were asked to note the closure from the CRR of risk 245 (*Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service*). This risk had reached its target score of 12 and had been approved by the Executive Management Team for closure.
5. Trish Mills made reference to the Audit Wales Structured Assessment in which it was recognised that the Trust was strengthening its systems of assurance with regular review at Committees; notwithstanding this, there was still further work to undertake with the BAF in order to consider the mitigating actions ensuring they had the intended impact.
6. The Board noted that the Risk Management Transformation Programme was included in the Integrated Medium Term Plan (2022/25). The immediate priority of the programme was to undertake a detailed review of each of the Trust's Corporate Risks, which has been completed.

Comments:

1. It was queried whether the higher scoring risks, particularly those of 25, should be presented to the Board as a formal report and discussed in more detail rather than deferring them to committees within the Trust. Trish Mills advised there was an opportunity for these risks to be discussed in more detail; noting that the purpose of the Executive Summary was to provide assurance to the Board. Trish added that it may be prudent to discuss at the Audit Committee meeting, the BAF and how it should be interpreted at Board meetings.

2. Clarity was sought on whether it was the Chief Executive's responsibility to recommend and assure the Board that the risks were being managed appropriately or whether it was a Committee responsibility; noting that in any event, Committees already reviewed and monitored risks. Jason Killens acknowledged this point and stated that he would reflect upon it and consider any impact on the reporting structure; he agreed to update the Board at its next meeting. Liam Williams added that the two highest scoring risks were under constant discussion, and informed decision making across the whole organisation. A detailed discussion ensued in which Members recognised that the risks, due to their significance, were consistently reviewed and monitored at Committee level.
3. Risk 557 (*Potential impact on services as a result of Industrial Action*). It was queried whether the risk had been captured sufficiently to highlight the risk to other priorities on the transformational agenda. Angie Lewis accepted that the summary risk description required more information.

RESOLVED: The Board:

- (1) **Noted the closure of Risk 245 from the Corporate Risk Register;**
- (2) **Reviewed the Board Assurance Framework; and**
- (3) **Noted the update on the Risk Management Transformation Programme.**

009/23 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

1. Rachel Marsh presented the report and drew the Board's attention to the following areas, noting that the information had already been shared at recent Board Committee meetings;
2. As part of the Trust's work to reduce the number of patients being taken to hospital, it was noted that the consult and close rates after 999 calls had currently achieved 14.6% in December 2022 against the benchmark of 10.2%.
3. In terms of sickness absence, the overall sickness rate was 8.77% in November. Whilst representing an improvement indicative data for December suggested that the figures would not be so positive, which was expected.
4. Data was being captured on equality and diversity to provide metrics, which at this stage was limited. Work was underway to capture more meaningful data which would be linked in to the culture indicators.

Comments:

The Board were interested to see how the new Joint Investigation Framework (previously Appendix B) system was working. Liam Williams explained that whilst positive progress was being made there was still room for improvement. This

included the need, at an All Wales level, in terms of Datix, to have a single module that allowed for serious incident investigation across Wales for information exchange.

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

010/23 FINANCIAL PERFORMANCE MONTH 9

1. The Board received the report from Chris Turley who provided the financial position for month 9, 2022/23 drawing their attention to the following areas:
2. In terms of financial risks for the current financial year, the amount had reduced significantly from recent months; month 10 was showing further reductions.
3. The report outlined the position on the capital programme for 2022/23, with details of how the Trust intended to manage any variations to it going forward.
4. Significant plans were underway for the financial plan for 2023/24 which was iterative, and would be challenging. It would be brought to the Trust Board in March for approval alongside the IMTP.

RESOLVED: The Board

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

011/23 INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-2025 QUARTER 3 PROGRESS REPORT

1. The Board received the report from Rachel Marsh who explained it was a new style of reporting and outlined the progress of this year's IMTP.
2. As a result of the ongoing system pressures, the Board recognised that the Trust had for the last quarter looked at a reduced set of priorities; inevitably this had resulted in some areas being off track.

RESOLVED: The Board noted the update against WAST's IMTP Accountability Conditions and the overall delivery of the IMTP as detailed in the report.

012/23 **INTEGRATED MEDIUM TERM PLAN (IMTP) 2023-2026**

1. Members received a PowerPoint presentation in which Rachel Marsh drew attention to the following areas in which the Trust was developing the plan.
2. The Health Minister had listed a set of priorities for the plan and these were: - Delayed transfer of care, primary care access, urgent and emergency care, planned care, cancer and mental health, and Child and Adolescent Mental Health Services.
3. Integrated Commissioning Action Plans (ICAP); these contained a range of performance targets which were currently being considered and worked through for both the Trust and Health Boards.
4. In terms of 111, following completion of the roll out, a commissioning framework was being developed collaboratively with a range of priorities put forward by Commissioners.
5. When considering and developing the plan the Trust has listened to staff and patients, through surveys, roadshows, and other methods of communication.
6. The Board were assured that the Trust constantly monitors and analyses key high level metrics relating to quality, staff and finance/value for money.
7. From a 111 perspective the plan will focus on meeting more patients' needs digitally, reduce call answering and clinical call back times, ensuring patients reach the correct service, and more patients' needs met without the need for referral onwards. To achieve this the Trust will, amongst other initiatives, improve recruitment and retention of call handlers and clinicians, implement new pathways for callers with urgent dental or palliative care needs, and implement direct access pathways for same day emergency care or urgent primary care centres.
8. In providing the right advice or care in the right place first time for 999 callers, this would include implementing schemes to reduce repose times, increase the proportion of people who are treated on scene, and increase the number of people who are taken to alternative services (as opposed to EDs). The enablers to achieve this include securing recurrent funding for the 100 staff, working with health boards to improve referral pathways, and enhancing the Clinical Support Desk function.
9. Another area the Trust was working on was to enable staff to be the best they can, and this would be achieved through several emerging priorities which would look at the culture, capacity and capability. These would range from a sustained focus on improving well-being, to a commitment for developing all professions.
10. There were several risks which could potentially affect the success of the plan, of which the Board were given details. These included a balanced financial plan and the ongoing disruption with Industrial Action.

11. Members noted that the plan was due for submission to Welsh Government on 31 March 2023.

Comments:

Following a query on the level of engagement with other health boards in relation to developing the plan. Rachel Marsh advised that the ICAPs were an opportunity at Health Board level to further collaborate. Rachel added there will be a section within the IMTP on partnerships.

RESOLVED: That the update was noted.

013/23 ENGAGEMENT FRAMEWORK DELIVERY PLAN 2023/24

1. Estelle Hitchon explained that the report outlined the proposed phases of engagement with stakeholders, staff and the public to seek agreement on a preferred option on the delivery plan. This work is not possible without the support of key stakeholders.
2. The Trust will be governed by the National Guidance for Public Engagement in Wales as part of the implementation of the delivery plan.
3. The Board were informed that the Consultation Institute would review the plan and submit any recommendations to the Trust. The Board should also not that the timeline as detailed in the plan was currently indicative and may be subject to change. It was anticipated that the work should be completed in two years' time whereby the plan will be submitted to the Board for approval.

Comments:

1. Members discussed which Committee of the Board should monitor and oversee the Engagement Framework Delivery Plan. It was agreed that it should be the People and Culture Committee.
2. The Board recognised that as the plan developed, the role of the Patient Experience Community Involvement Team in the delivery of the Engagement Framework must be considered.
3. Members also recognised that the capacity and resources to develop the preferred option of the plan would be challenging. Jason Killens added that the preferred option which would finally emerge would take into consideration the resources available, as was expected by the Commissioner.
4. The Board discussed the level of clinical involvement during the engagement and consultation process; noting that senior clinical leaders had already been engaged.

RESOLVED: The Board;

- (1) Approved the principles and direction of travel outlined in the draft Engagement Framework Delivery Plan; and**

- (2) **Noted that further development of the plan, any further resources required, and achievable timelines would be remitted to the Executive Management Team for further consideration, and onwards to the People and Culture Committee to be updated on progress for next steps – on behalf of the Board.**

014/23 STRUCTURED ASSESSMENT

1. Fflur Jones explained that the report outlined the findings from the Auditor General's 2022 Structured Assessment work on the Trust.
2. The Structured Assessment was split into four distinct headings for reporting purposes; governance, strategic planning, finance, and resources.
3. During the fieldwork process, Fflur added that Audit Wales engaged with several members of the Trust Board and other senior leaders and thanked them for their input into the process.
4. It was generally felt that positive progress had been achieved, particularly around leadership and the Board's commitment to transparency. Additionally, despite the ongoing operational challenges the Board continued to focus on its strategic direction.
5. Further positives from the report included the approval of the IMTP 2022-2025 from Welsh Government, and the Trust's track record of achieving a balanced financial position.
6. There were some challenges and issues facing the Trust which had given rise to some recommendations that had already been responded to by the EMT.
7. Whilst the report was a positive one with many areas of progress, the Board should continue to seek opportunities to influence changes on the broader NHS system as evidenced by discussions today around systems pressures and avoidable harm. It was hoped that regular discussions in this area continued along with robust challenges in order to achieve the maximum impact.
8. Fflur made reference to the process involved in the delivery of the clinical strategy as articulated in paragraph 60 of the report. It was agreed this paragraph would be removed pending further discussion with the Director of Paramedicine to clarify the process.

Comments:

The Board recognised that the report had identified an area where it indicated there appeared to be less challenge and scrutiny at Board and Committee meetings by Non-Executive Directors when compared to the level of challenge provided by Independent Members in other Welsh NHS bodies. Trish Mills advised that the Trust would provide opportunities for this to be addressed, for example at a Board Development days. A discussion ensued in which the Board considered areas it could strengthen the level and scrutiny and challenge provided by Non-Executive Directors which were within its gift. The Board also emphasised the professional

relationship nuances that existed between Executive and NED colleagues of the WAST Board where deeper understanding of challenges and deeper questioning took place. This was outside of committee structures and was considered a very powerful strength of scrutiny by the NED members of the Board.

RESOLVED: The report was received.

015/23 TRUST BOARD – 2023/24 SCHEDULE OF MEETINGS

1. Trish Mills presented the report advising that since sharing the schedule with the Board last December, there had been several changes which were outlined in the Executive Summary report.
2. It was noted there would be five Board Development sessions during the year taking place on alternative months to the Trust Board meetings.
3. Dates beyond June 2023 for the Welsh Ambulance Services Partnership Team meetings will be included shortly once confirmed.
4. There were placeholders in May and June 2023 for Audit Committee and Trust Board meetings to receive the 2022/23 Annual Report and Accounts. The meeting dates will be confirmed once the reporting schedule has been published by the Welsh Government.

RESOLVED: The Board approved the schedule of dates for 2023/24 Board and Committee meetings and noted the adaptations to the cadence of meetings, in line with the detail in the report.

016/23 BOARD COMMITTEE HIGHLIGHT REPORTS

1. **Audit Committee (December 2022)**
Martin Turner presented the report as read adding that several areas within it had already been discussed.
2. **People and Culture Committee (November 2022)**
Angie Lewis, on behalf of Paul Holland, added to the report and alerted the Board to the work on revamping exit interviews and employee retention.
3. **Finance and Performance Committee (January 2023)**
Joga Singh, added to the report and alerted the Board to the ongoing Committee discussions with handover delays.
4. **Academic Partnership Committee (January 2023)**
Estelle Hitchon, on behalf of Hannah Rowan, added to the report and alerted the Board that the Committee would be reviewing its priorities in relation to University Trust Status in context, with the Trust's IMTP.

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

017/23 GOVERNANCE REPORT

1. The Board noted that a Chair's Action had been approved on 29 December 2022 to affix the Common Seal to a lease agreement between the United UK Propco 1 Limited and the Trust.
2. The Board noted that the Trust Seal was applied to the following documents:
 - (a) Reference number: 0239 - Cardiff Make Ready Depot: - removal of fence and installation of new fence between Cardiff Ambulance Station and the adjoining land. Seal applied on 16 December 2022; and
 - (a) Reference number: 0240 - Lease renewal request for Units 32 and 33 at Gelli Industrial Estate. Seal applied on 4 January 2023.
3. The Board noted the following decisions made in private session:
 - (a) The Fleet Business Justification Case (BJC) for vehicle replacements in 2023/24 was submitted to Welsh Government for funding consideration was approved.
 - (b) Authority was provided to settle a clinical negligence claim which was within the delegated authority of the Trust Board.
 - (c) The Board approved the Trust's application for core participant status for Module 3 of the Covid-19 Public Inquiry after considering advice and discussing risks, including costs.

RESOLVED: The Board ratified the Chair's Action, noted the use of the Trust Seal as described and the decisions made in private since the last Board meeting.

018/23 MINUTES OF COMMITTEES

The minutes of the following open meetings were received:

1. Audit Committee – 15 September 2022.
2. People and Culture Committee – 5 September 2022
3. Charitable Funds Committee – 10 October 2022.
4. Finance and Performance Committee – 14 November 2022.
5. Academic Partnership Committee – 26 October 2022

Furthermore the following NHS Wales Joint Committee update reports were received

1. Emergency Ambulance Services Committee (EASC) meeting of 8 November and EASC Chair Summary of 6 December 2022.

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

019/23 ANY OTHER BUSINESS

None

EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 26 JANUARY 2023

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

RESOLVED: The Board would meet in private on 26 January 2023.

Date of next Open meeting: 30 March 2023

DRAFT

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
133/22	24 November 2022 and 26 January 2023	MIQPR	The Board noted that further information on cultural measures would be provided in due course.	Rachel Marsh	30 March 2023	<p><u>Update for 26 January 2023</u> The cultural measures are a work in progress, particularly given the current pressures, and the Board will receive an update on progress at its March meeting.</p> <p><u>Update for 30 March 2023</u> Verbal update</p>	Open
007/23	26 January 2023	Risk	To consider in how much detail the Board should discuss the higher rated risks	Jason Killens	30 March 2023	<p><u>Update for 30 March 2023</u> The Audit Committee AAA report sets out the discussion that took place at the March Audit Committee on the risk management framework. It was agreed that Committees would continue to scrutinise risks within their remit, and that the stand alone risk report would be retained on the Board agenda, with more of a focus on the higher rated risks with risk owners and Committee Chairs setting out any updates in position, horizon scanning affecting risks or mitigation, and discussions at Committee</p>	Complete



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

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

CHIEF EXECUTIVE REPORT: 30 MARCH 2023

MEETING	Trust Board
DATE	30 March 2023
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Jason Killens, Chief Executive
CONTACT	Jason.Killens@wales.nhs.uk

EXECUTIVE SUMMARY

This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues since the last Trust Board meeting held on 26th January 2023. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

RECOMMENDATION

That Trust Board note the contents of this report.

KEY ISSUES/IMPLICATIONS

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

REPORT APPROVAL ROUTE

The Trust Board meeting held on 30 March 2023.

REPORT APPENDICES

An SBAR is attached.

REPORT CHECKLIST

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

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 26th January 2023

BACKGROUND

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

ASSESSMENT

CHIEF EXECUTIVE

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

- Attending frequent meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, Blue Light Service Leaders, Trade Union Partners, Commissioners, AACE, EASC and senior elected representatives.
- Engagement with Trade Union officers and members of staff from across the country in response to the continuing industrial action. I have also given numerous media interviews in the run up to and during the recent industrial action by the RCN, GMB and Unite the Union with the intent of warning and informing the public of the expected disruption; how the use our services during industrial action and to deliver the delicate balance of raising awareness of the concerns our people are expressing through the industrial action whilst seeking not to comment on resolution to the dispute which rests with Welsh Government and His Majesty's Government.
- I was delighted to meet Morfudd Meredith, the Lord Lieutenant of South Glamorgan at Cardiff Ambulance Station to plant a tree as part of the late Queen's Green Canopy, a tree planting initiative created to mark the 70th jubilee.
- The Public Inquiry into the COVID-19 pandemic has begun receiving evidence and I met with Counsel from our Inquiry Team to have preliminary discussions.
- The Spring round of staff roadshows has begun with events held in Cwmbran, Swansea, Cardiff, Pontypridd and Bangor. The event planned for Wrexham was cancelled due to inclement weather and has been re-arranged for 19th April. The Roadshows provided an opportunity to reflect on the personal impact of the industrial action, inform staff of the latest improvements and challenges and imbed our revised behaviours. In addition to the Roadshows members of the Trust Board have visited front line staff at a selection of hospitals to listen to their work place experience and answer questions.
- I attended a meeting with Rhondda Cynon Taf County Borough Council to provide councillors with an update on the Trust's performance and future plans as well as meeting with various politicians to respond to questions or provide updates on Trust performance and our plans for the future.

FINANCE AND CORPORATE RESOURCES

Finance

4. The capital programme is continuing to progress, despite a few schemes reporting in year slippage, mitigation has ensured the programme in totality will be delivered.

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

6. A balanced financial position for the 2022/23 financial year continues to be reported in the monthly monitoring returns to Welsh Government. Likewise, the Finance Team continues to focus on the elements of the emerging financial plan for 2023/24 and beyond to ensure this coincides with the Trust's IMTP. A key area of focus is the development of the significant savings plan and support for the Financial Sustainability Programme (FSP).

7. The audit of the 2021/22 Charitable Fund accounts has concluded and the signed, audited Financial Accounts submitted to the Charity Commission on 17th February 2023. The submission of the account was delayed due to the work of Audit Wales not concluding by the 31st January 2023 deadline. This has been noted at the Charitable Funds Committee and Board of Trustees.

8. The Financial Accounts team are working with Audit Wales on the Interim Audit of the Trust. This has commenced later in the year than would usually be the case and will be concluded by Audit Wales in May before then commencing their Final Accounts Audit in June and July.

Capital and Estates

9. The following provides an update on the main Capital and Estates projects:

10. South East Fleet Workshop – following confirmation of funding from Welsh Government to complete the first phase of the project, construction work has started to improve the roof structure and flooring and internal demolition in preparation for fit out. Discussions are ongoing with the successful equipment contractor regarding the programme for installation. In addition, the decarbonisation aspects of the project are being maximised, with installation of a renewable energy based heating system, PV panels, battery storage, and EV rapid chargers. It should be noted that this work will continue into 2023/24 as the project was scheduled to extend beyond this financial year. Final timescales for completion of the project will be identified further into the programme when there is greater certainty regarding the aligned elements of the critical path.

11. Vantage Point House (VPH) – this project is in its final stages and will complete by the end of March 2023. Final snagging and handover is currently underway alongside programmes of work to relocate staff back into the vacated areas.

12. EMS Interim Solutions Programme – Abercarn Fire Station is ready for occupation by Ambulance Care staff and discussions are ongoing regarding relocation. Work on Rhyl Ambulance Station is in the final stages and will complete by end of March 2023. Work on the SDP element at Phoenix Business Park, Newport is complete with welfare facilities and office space available for occupation. The internal fit out to create locker room space and a sluice area is nearing completion and will be completed before year end.

13. Work to establish Project Boards in support of the suite of business cases within the 2022/25 IMTP objectives is ongoing. Project arrangements have been stood up for Swansea Ambulance Station, Newport Ambulance Station and Llanelli Ambulance Station, with further work to consider Llandrindod and Bangor due to commence in early April 2023. Work with NWSSP in support of site searches has commenced and options are being explored.

14. The schemes for Monmouth and Dolgellau continue with discussions ongoing with partners in South Wales Fire and Rescue Service and Gwent Police on options for a collaborative scheme across both Trust and Fire owned sites in Monmouth. Further work is being progressed in line with renewed options for Dolgellau.

15. The following schemes have been completed during this financial year:

- Cardiff Ambulance Station
- Cardiff Workforce and Education Training School
- Ty Elwy Integrated Clinical Contact Centre
- Vantage Point House (by end March 2023)
- Rhyl Ambulance Station (by end March 2023)
- 111 facility in Cardiff Ambulance Station
- Bridgend Ambulance Care Hub
- Development of EV charging network across the Trust
- A range of estate and fleet decarbonisation schemes

Fleet

16. The delivery of the Vehicle Replacement Project for 2021/22 was challenging due to the disruption of global supply chains. That said, it is almost complete with the majority of the remaining 17 Renault Masters converted into a mixture of double wheel chair accessible vehicles and stretcher bearing vehicles. The latter vehicles are equipped with bariatric capability equipment to provide greater flexibility when planning and allocating workloads. They will be commissioned into service shortly.

17. The £15.175m Vehicle Replacement Programme Business Justification Case (BJC) for 2022/23 was endorsed early by Welsh Government which enabled 23 RRVs, built on Toyota plug-in petrol hybrids to go into operational service during quarter 2 of this financial year.

18. Fifty Mercedes Sprinter Emergency Ambulance chassis were ordered in April 2022 and started being converted during January 2023. Thirty two completed Ambulances have been delivered with the remainder arriving in batches. The commissioning process has begun and vehicles are starting to go into service.

19. A small batch of 5 Ambulance Care transfer vehicles based on a 3.5 tonne MAN chassis are almost complete and will be signed off by the end of March.

20. The 15 Ford Transit Customs ordered in April 2022 and have finally been given build slots at the factory and the Trust will take receipt of them in the 2023/24 financial year. They will be converted into single wheel chair accessible vehicles. Eleven of the 22 Renault Masters ordered at a similar have been built and delivered to the convertor. The remaining 11 will follow in the next few months.

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

CORPORATE GOVERNANCE

22. All three modules of the Covid-19 Public Inquiry have opened. Module 1 (preparedness and resilience) will hold a public hearing on 13 June, however, modules 2 (government decision and political governance) 3 (impact of Covid-19 on healthcare systems in the four nations) do not have a public hearing timetable as yet, but each have held their preliminary hearings. The Trust's application for core participant status for module 3 was granted by the Chair of the Inquiry, Baroness Hallett and the Trust's Inquiry Team have been cooperating with the Public Inquiry Team on requests for information. Rule 9 requests are expected to be issued imminently to all 13 Ambulance Trusts in the UK seeking further detail on funding, capacity and response times, as well as information on how patients were prioritised for a 999 emergency ambulance response, and questions related to policies about which patients were conveyed to hospital and which should be left at home.

23. There has been a focus on end of year activities since the last Board meeting which will continue into Q1 2023/24. This includes:

- The re-constitution of the Annual Filings Task and Finish Group to steer the annual report process. The final version of the Welsh Government Manual for Accounts is awaited to confirm submission dates including approval by the Board and submission to Welsh Government of the annual report and audited accounts, and the setting of the Annual General Meeting. The Audit Committee AAA report provides further detail to this meeting.
- Annual effectiveness reviews for all Committees other than the Audit Committee have concluded. The Audit Committee will review its own effectiveness on 20th April and will receive all Committee Annual Reports and amendments to Terms of Reference before they are submitted to the May Trust Board meeting.
- The model Standing Orders have not been amended by Welsh Government, however, a review will take place of the Scheme of Delegation to Officers and the Governance Practice Notes which provide guidance for parts of the Standing Orders. Any amendment will be reviewed by the Audit Committee and the Board.
- A self-assessment against the Governance Code 2017 and the Governance and Leadership Health and Care Standards has been completed and will be reviewed by the Audit Committee. No major areas of issue have been identified.
- Declarations of interest and annual eligibility self-assessments are underway for Board members.

- Support is being provided to the Chair for end of year Non-Executive Director appraisals.

24. The Corporate Governance contributions to the Integrated Medium Term Plan (IMTP) 2023-26 include the risk transformation programme and the Welsh language framework. The former will focus on development of the framework documents including the policy, procedure, guidance and platform, as well as the transition to a more strategic Board Assurance Framework. The Welsh language framework incorporates a new policy and guidance, as well as an action plan to implement the Welsh Government More Than Just Words strategy with a focus on an active offer of Welsh across our services.

25. Two Board Development sessions were supported in February and March which provided the Board with more detail on:

- The digital plan;
- IMTP 2023-26 and financial plan 2023/24;
- Anti-racist Wales Action Plan training delivered by Diverse Cymru; and
- Preparedness for the Duty of Quality and Duty of Candour

WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE

Organisational Development, Inclusion And Engagement

26. The first meeting of the WAST Voices Network has been held with 18 Advocates appointed from across all directorates to date. Work will begin to match Senior Leaders and Advocates for reverse mentoring. Advocates are also helping to shape our response and approach to themes of misogyny in our organisation.

27. The Trust has its first Wellbeing Dog who has received appropriate police training and it is hoped he will visit colleagues from across Wales. New wellbeing initiatives are also being explored including the growth of our sports teams.

28. The Trust continues to welcome new colleagues with a behaviours/culture focused session which includes a group discussion about anti racism and sexual safety.

29. Our response to the Cost of Living Crisis remains responsive and a short presentation has been produced to guide all colleagues through the financial wellbeing offer.

30. Employers for Carers Rights Wales will be supporting the Trust to start a Carers Network. It is proposed that a Carers Policy will be developed to help improve support for carers.

31. The Trust has been ranked at 242 in the Stonewall Workplace Equality Index. A meeting has been arranged with Stonewall to discuss how we can further develop the organisation to improve support of our LGBTQ+ staff and patients. The Welsh Government has now released its LGBTQ+ Action plan and a paper is being prepared to explain our commitments as a National Health service including our next steps of action. The Trust is working with Diverse Cymru to develop our Anti-racist Action Plan.

32. Equality Impact Assessment Training has been developed for the organisation and the first session has been delivered to the Capital Development Team. The Planning and Performance Team have booked a session and the Health and Safety Team will be incorporating this into future development sessions.

33. A training session on Equality, Diversity and Inclusion and our organisational behaviours was delivered to first-year paramedic students at Swansea University which was very well received. The University has asked for the Trust to undertake further training sessions.

Workforce Education & Development

34. Working alongside HEIW and Agored Cymru, the Workforce Education & Development team are co-producing a Level 4 qualification to assist existing EMT2/3 colleagues prepare for BSc Paramedic Science studies. The course covers areas such as academic research, critical thinking skills and academic writing. Successful completion of the course will help to strengthen applications from colleagues seeking to develop their clinical career whilst remaining in work.

35. The Trust has a long standing commitment to providing practical and enabling support to former armed forces personnel. Swansea and Glyndwr University Student Paramedics will soon be joined by HM forces colleagues on their learning journey as they are placed in a number of locations in South East Wales and Powys.

36. Over 3,000 Ambulance Response, Ambulance Care and HCPC registrants from across the Trust will be engaging with their annual MIST update session in the coming weeks. Feedback has been overwhelmingly positive which provides assurance that the correct approach is being employed to enable lifelong learning as the Trust transitions into a Learning Organisation.

37. A new refresher programme has been developed for Volunteer Car Service volunteers to ensure that they are compliant with requirements of the Core Skills Training Framework.

38. In response to an expected change in legislation, the UK Ambulance Driver Training Advisory Group (DTAG) in partnership with FutureQuals, have amended and developed new pathways for the Certificate in Emergency Response Ambulance Driving (CERAD) qualification. The new FutureQuals CERAD courses will continue to be the only transferable Ambulance driving programmes to be endorsed by AACE. The Trust has been successful in the verification process attached to these qualifications and as a result will implement the new CERAD qualification from April 2023.

39. In line with an LFER following a recent court case, the Education and Training team supported by ACA colleagues have created training videos for the various tail lifts and are monitoring its compliance with ESR colleagues.

Occupational Health and Wellbeing

40. The Trust has engaged a service provider to enable the pilot health promotion testing. It will be a voluntary scheme for all employees over the age of 45 and the digital platform will provide individuals with a risk factor of potential health concerns.

This is very much aligned to the Health and Wellbeing Strategy and IMTP and it is hoped that it will encourage our people to live healthier lifestyles.

41. With flu season coming to an end planning has begun for next season's campaign, with next season's vaccinations about to be ordered. At the time of writing, approximately 45% of staff have received the flu vaccination.

PARTNERSHIPS AND ENGAGEMENT DIRECTORATE

42. February was dominated by more industrial action, which for the Communications Team meant the facilitation of a raft of media interviews, as well as sustained internal communications to keep the wider workforce apprised of arrangements. A special edition WAST Live session for staff featuring the Minister for Health and Social Services, Eluned Morgan MS, was watched by more than 600 people.

43. A number of broadcasters were granted access to frontline crews to capture the pressures on the service. Channel 4 News ran a two-part feature series on how Cardiff and Vale University Health Board colleagues are working to reduce handover delays, while BBC Wales Investigates examined the role that our falls vehicles play in avoiding unnecessary hospital admissions. We have also entered tentative discussions with a production company about a WAST specific documentary series.

44. In late January, the Trust was gifted a special tree by the Lord Lieutenant of South Glamorgan in honour of the late Queen's Platinum Jubilee. The *Alnus Glutinosa* tree from Her Majesty the Queen's Green Canopy 'Tree of Trees' has taken pride of place in the grounds of Cardiff Ambulance Station. February marked the Trust's annual 'Defibuary' campaign, designed to educate the public on the importance of early CPR and defibrillation.

45. There remains significant political and stakeholder interest in a wide range of issues, including performance. The impact on reputation of recent pressures is likely to be significant and we have seen an uptick in direct contact from a range of politicians outlining constituents' poor experience. Close attention is being paid to risks, with stakeholder briefing on both performance and longer term strategy continuing.

46. In terms of strategic transformation, the Director of Partnerships and Engagement met with the Consultation Institute and colleagues from the Strategy, Planning and Performance Directorate, to gain an impartial view of the Engagement Framework Delivery Plan, recently approved by Board. The aim was to receive assurance on its content and take on board feedback and any constructive challenge.

OPERATIONS DIRECTORATE

47. To date, we have managed eleven dates of industrial action; two by RCN, predominantly affecting the Integrated Care portfolio, two by GMB, six by Unite the Union which had more widespread impact across the Operations Directorate, and one joint GMB and Unite day. During February and March, GMB, RCN and Unite have postponed industrial action dates as a result of ongoing discussions on the pay dispute with Welsh Government. At the time of writing, there remains one planned day of action for GMB and Unite on 20th March. Despite securing a mandate to strike, Unison have not formally notified the Trust of any planned days of action whilst the pay discussions remain ongoing.

48. The Industrial Action Planning Team continues to plan for each strike day, and this remains a significant aspect of Directorate workload. Planning will continue throughout March and for as long as is necessary with the IA Planning Team continuing to provide assurance to The Industrial Action Cell and Senior Business Continuity Planning Team (SBCPT) on planning arrangements for anticipated and confirmed industrial action.

49. The Trust is investigating several patient safety incidents that have occurred during periods of industrial action. Potential causation could be resource availability, compromised due to the withdrawal of staff labour. These are being managed according to our usual processes and our trade unions have been made aware the incidents have been reported.

50. The Senior Business Continuity Planning Cell (SBCPT) has been stood up as our formal command arrangements throughout the winter period to manage and mitigate seasonal pressures including winter demand, adverse weather, power outages and industrial action. As March draws to a close, SBCPT will be making a formal recommendation to EMT that SBCPT command arrangements are stood down and issue escalation is absorbed into business as usual. The IA reporting arrangement is proposed to remain in place to assure the industrial action mitigation and will report into EMT directly.

51. Following the publication in November 2022 of the Public Inquiry report into the response to the terrorist attack on Manchester Arena, the EPRR team have been considering how to receive, review and plan a response to the 149 recommendations contained in volumes 2 and 3 of the report. Subsequently, the plan to deliver on this important piece of work during a time of significant workload on the team, has now been agreed and recruitment for two posts is underway.

52. Liaison with JESG (Joint Emergency Services Group) and the LRF (Local Resilience Forum) co-ordinator has also commenced to prioritise the recommendations for agencies across Wales, and a tri service panel to work through the recommendations for blue light partners will be convened. The response to the ambulance specific clinical recommendations will be co-ordinated through NARU (the National Ambulance Resilience Unit) along with a national clinical reference group. The Trust also continues to engage with UK Heads of EPRR for ambulance services.

STRATEGY, PLANNING AND PERFORMANCE DIRECTORATE

Commissioning & Performance

53. Commissioning & Performance continue to provide the regular run of quality and performance reports to the various accountability mechanisms that Executives attend. It remains important to ensure the Trust's narrative in these meetings supports the Trust's case for change, in particular, "shift left" and "inverting the triangles". The team are working on a range of forecasting and modelling projects, for example, a national discharge & transfer service, rebasing the UCS and Red improvement modelling.

54. The current focus in commissioning is on the developing 111 commissioning arrangements and supporting the Trust wide IMTP process with commissioning intentions and related activities, for example, workforce planning and making cases for change.

55. The team continue to support key transformation programmes, in particular, the EMS Operational Transformation Programme, with the current focus being on CHARU roll out and CCC reconfiguration. The team is also supporting the Ambulance Care Programme.

Strategy, Planning and Transformation

56. A key piece of work has been the development of our Integrated Medium Term plan for 2023-26. This has involved all of the planning team who have supported the development of the plan that we are able to present to the Board today. A huge amount of work has been done on bringing together our ambitions but in a context of operational pressure and a challenging financial outlook. We have put an emphasis on the impact of our plans on our people and the financial sustainability programme that will be needed to deliver a balanced plan.

57. The team has continued to engage with health boards to understand impact of strategic service changes on WAST, engaging with the new Regional Programme structure in SE Wales that is providing leadership and programme support for regional service proposals for a number of services including stroke and planned care across South East Wales for orthopaedics, diagnostics and ophthalmology. The team has also engaged with health boards in the new commissioning framework Integrated Commissioning Action plans, which is an opportunity to work directly with health board colleagues on joint plans which address operational issues but also align to the Six Goals programme delivery in each health board area.

58. Further work has been undertaken by the designers to fine tune the proposed 'Purpose' statement for the organisation. These have been presented to colleagues attending the CEO roadshows in March for feedback in readiness for final alterations and sign off.

59. In respect of developing our case for change for 'Inverting the Triangles' in EMS – following a successful mini-competitive procurement exercise we appointed PWC on the 3rd March to support the development of our Case for Change document to underpin our transformation plans and the required engagement with stakeholders. PWC commenced work on the 6th March with an expected completion date of the 31st March.

60. Following a successful procurement process led by workforce and OD colleagues, a preferred training supplier has been appointed to deliver accredited and non-accredited Change Management training. The first cohort of accredited training commences the end of March with further training to be planned through Quarter 1 2023/24.

61. Tests of Change – Work is being finalised to complete the evaluation for the Hywel Dda APP Navigator pilot in collaboration with Swansea University which is due for completion in April. Swansea Bay APP Navigator trial is continuing, however, delays have been experienced finalising the evaluation.

CLINICAL SERVICES DIRECTORATE

ePCR Programme Update

62. The ePCR programme is running to the end of its funding and the team are preparing for the transition to business as usual. Over the course of the programme, ePCR has gone from being a concept to now being a tangible product used every day in clinical practice across the Trust. This has been possible through the hard work of a small dedicated cross-directorate team. They are working with the suppliers on updates to the application which include referrals for falls as well as linking the Corpuls devices to ePCR. More updates will come through the lifetime of the contract, with processes in place to make this happen as business as usual. ePCR data is also feeding into multiple work streams to support assurance and transformational work. A lessons learned exercise took place on the 15th of March with multiple stakeholders. Once the final reports are submitted to Welsh Government, the project and programme team will submit formal reports to Trust Board.

End of Life Care Update

63. A recently published Cross Party Group enquiry on the experiences of palliative and end of life care in the community during the Covid-19 pandemic in Wales, highlighted the positive impact of WAST initiatives. The report includes the decision by the Trust to introduce 'Just in Case' medications onto frontline vehicles which helps to ensure paramedics in Wales can provide the best possible symptom management, and the introduction of palliative care paramedics. Both initiatives were UK ambulance service firsts, and following their success have since been mirrored in other UK ambulance Services. The report makes eight key recommendations to ensure learning from the pandemic and to build on good practice. One of these key recommendations is that Welsh Government and Health Boards prioritise support for the development and roll out of the palliative care paramedic scheme across Wales.

64. Additional rotational palliative care paramedics have recently been recruited in both Swansea Bay and Cardiff, taking the current number of palliative care paramedics to 10. That number is expected to grow this year, with further requests received from Health Board specialist palliative care teams to collaborate with WAST.

65. The two-year Macmillan funded project has formally closed. The project successfully delivered improvements in end-of-life care across the Trust in areas such as education, the development of guidelines, and the collection and analysis of data from across Wales. This data has enabled us to help understand the number of end of life care patients accessing unscheduled care; when they access the ambulance service and how we manage these calls. Despite the Macmillan funding ending, we have committed to building on this work, continuing to fund a palliative end of life care team.

Cymru High Acuity Response Unit (CHARU)

66. CHARU is a new type of resource that is replacing rapid response vehicles, focused on improving clinical outcomes for the sickest patients. To date, 64 clinicians have completed the training, 50 of which have been successful and are now on CHARU operational roles across Wales. Further recruitment is underway pan Wales with multiple courses planned throughout April and May with 63 individuals scheduled

to attend. These courses are supported and delivered by Senior Paramedics and Health Board Clinical Leads and cover the following areas of clinical practice:

- Airway Management
- Resus
- Enhanced Analgesia
- Human factors influencing crew resourced management.

67. All CHARU paramedics will also undertake a PROMPT course, a multi-disciplinary 1 day course to support joint working at an obstetric emergency. Recent discussions with the learning and development team will also support collaborative working across the organisation moving forward.

68. Anecdotal data reveals that there have been positive cases of resus undertaken with patients being discharged from hospital and further evidence demonstrates instances of appropriate decision making to not undertake resus. Both parameters are expected to positively impact upon Return of Spontaneous Circulation (ROSC) rate data.

National Awards for Two Members of the Clinical Directorate

69. Two members of the Clinical Directorate won national awards in the first ever Practical Obstetric Multi-Professional Training (PROMPT) Wales award ceremony. PROMPT Wales aims to improve the outcomes for mothers and babies through a standardised programme of high quality multi-professional training.

70. Lisa Coghlan, Health Board Clinical Lead in Cardiff and Vale was named winner of the Partnership and Collaborative Award and is one of sixteen paramedics across Wales trained as a Community PROMPT Wales facilitator, who supports and educates staff throughout Cardiff. Interim Regional Clinical Lead and Consultant Paramedic Steve Magee was the runner-up in the Supporting the PROMPT Wales National Team category. Steve who leads on maternity for the organisation directorate, was recognised for his exceptional engagement with the PROMPT Wales National Team and for driving collaboration between the Welsh Ambulance Service and PROMPT Wales.

DIGITAL DIRECTORATE

71. Following the outage in August 2022 of the Adastra system, which supports part of the 111 service, Robotic Process Automation (RPA) has been used to facilitate the transfer of files between 111 and GP OOH. Initially, as per business continuity, WAST staff were manually running the file transfer process; however, since the implementation of the automated digital process, it is estimated that over £90k of costs have been avoided. The automation was able to be turned off early March 2023, following the successful reintroduction of the Adastra system across NHS Wales.

72. In a second RPA project, the Digital team have supported the EMS Concerns team in converting some of their manual tasks into automated processes. During a concern investigation, investigating officers often trawl through large data sources and manually transfer relevant information into their reports. With RPA, these tasks are extremely quick, and allow the specialist team to focus on higher-value activities. As such, the team have been able to respond to three times the average monthly number of concerns, drastically reducing their backlog to fewer than 100 outstanding concerns

– the first time since June 2022. The RPA approach reduces the risk of error, makes the QA process easier, and importantly, the team have reported it has had a positive effect on morale. It also has wider benefit for the Putting Things Right team and their workload, and for complainants who will receive a timelier response to their concern.

73. The Robotic Process Automation pilot concludes at the end of March 2023, where we will publish a full evaluation and benefits realisation report.

QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE

Preparations for Duty of Quality and Duty of Candour

74. The Trust has continued preparations to meet the requirement of the Duty of Quality and Duty of Candour, which will come into effect from 1 April 2023. In addition to engaging with the preparatory activities of the Welsh Government's All Wales Implementation Group, the Trust has conducted monthly self-assessments on preparedness, mapped current quality performance metrics (aligned to the Health and Standards) to the new Quality Requirements of the Act, and undertaken engagement with key teams particularly impacted by the legislation changes (particularly our Patient Safety and Learning Team). Trust Board has received preparatory engagement sessions, including presentations from Welsh Government. It is expected that further maturity of Quality Management Systems will continue into the forthcoming year, as well as wider cohesion with health board and Trust partners in aligning systems that enable understanding and improvement of patient journeys.

Improving Support to Patients Waiting in the Community

75. The Trust has shared a business case with the Chief Ambulance Service Commissioners office proposing the development of an 'Amber Virtual Ward' to support patients awaiting ambulance care in the community. The proposal seeks to utilise alternative responders, volunteer responders, and health technology to connect our patients to clinicians within our Clinical Contact Centres, well placed to make clinical judgements with the diagnostic capabilities of health technology products, and access to onward care pathways. Empowering and connecting local communities is important to promote community resilience at this time of sustained system pressure and will provide greater safety and experience of care for patients and service users. The proposal forms a part of the Trust's transformational vision seeking to improve patient safety and experience, connecting and scheduling appropriate definitive care for our patients.

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

76. In early 2023, the Trust launched a Welsh Government sponsored Small Business Research Initiative (SBRI) in partnership with Wales' SBRI Centre of Excellence; the challenge sought proposals from industry and academic organisations that would deliver high impact innovation for patients, that would support the Trust's Inverting The Triangle ambition. The innovation challenge closed in mid-March having received 29 proposals; an assessment process was undertaken in late March to identify up to 3 proposals to be further developed for consideration by the Trust. There is a Welsh Government funded opportunity for up to 3 innovative proposals to trial their products with the Trust for a 12-month period from summer 2023. This challenge led innovation process has enabled industry and academic organisations to develop products or

refine existing products for other markets, for the ambulance sector. It is expected that following the innovation process, successful solutions/products will be available for procurement.

Safer Care Collaborative

77. The All Wales Safer Care Collaborative programme, led by Improvement Cymru, has continued with several engagement events held for executive and operational leaders. Despite the significant workforce challenges present through the recent industrial action, Trust leads have contributed to improvement projects being undertaken. Particularly, Health Board Clinical Leads have been working with Health Board teams in improving patient pathways, providing insight of the pre-hospital environment and factors to be considered in designing patient pathways. The Collaborative is expected to continue over 2023/24.

Patient Safety During Industrial Action

78. The Trust has existing processes in place to review, investigate and implement any identified improvement actions from patient safety incidents, engaging with patients and families as appropriate. During the periods of industrial action patient safety incidents were monitored with oversight from the Operational Delivery Unit and the Patient Safety Team. Additionally, recognising that there was reduced capacity for teams to report incidents during these periods, the Patient Safety Team worked alongside colleagues in EMS Coordination to identify actual and potential patient safety incidents. Following periods of industrial action patient safety data and information was then collated and analysed the following day to identify themes and trends pan Wales. This information was shared with the Executive Management Team and trade union partners to inform discussions regarding derogations.

Emergency Communication Nurse System

79. The ECNS implementation team have been short listed for another award, having won 2 digital innovation awards already. The Burdett Nursing Awards 2023 for digital health will be presented to the team that can demonstrate its role as change agents in the digital health care space to achieve safer, more efficient patient outcomes. Winners will be announced in London on the Thursday 11 May 2023”

NHS Wales 111

80. Key improvements in the NHS Wales 111 service include:

- Work continues with HEIW to consider the newly qualified nurse framework and student commissioning numbers.
- Over 50 clinicians have been supported to undertake a Masters level module in Remote Clinical Decision making. A further funding request has been made to HEIW to continue to support this learning into 2023/24 academic year. Plans to develop a Wales based module is moving ahead with a paper presented at a recent HEIW Board meeting. Further clinical development includes; exploration of advanced/advancing practice, introduction of clinical supervision in 2023 and increasing confidence/competence with the inclusion of stakeholder tabletop exercises as part of the CPD offer.

- Clinician recruitment for 111 is a workstream of the 111 People and Culture Group. One of the key target areas is a fully remote training and employment offer. Initiatives already in place include more flexible ways of working and a variety of shift patterns and shift lengths.

RECOMMENDATION

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



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

AGENDA ITEM No	9
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

**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	30 March 2023
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Jason Killens, Chief Executive
CONTACT	Jason.Killens@wales.nhs.uk

EXECUTIVE SUMMARY

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

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

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

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

2. The report identified 26 actions, 20 for the Trust and six system stakeholder actions. The Executive Team continue to identify further actions which can be taken, and continue to press the system to transform and improve. This fifth iteration of the report identifies progress against all of these actions.
3. Whilst good progress has been made on the actions that the Trust can control, the extreme system pressure continues. In February 2023, over 19,000 hours were lost to hospital handover, equivalent to 23% of the Trust's conveying capacity. The monthly sickness absence figure for February 2023 was (initial figure) 8.04%.

4. 19 actions have been rated as Green (on target), four as Amber (off target), five as Red (substantially off target), one Grey (stopped) and three blue (complete). Of the five Red actions, four are actions for the wider system, and one is a Trust actions.
5. The likelihood is that the levels of avoidable harm have continued to occur and will continue into the future. All of the hard-won efficiencies and investment (re-rostering, increased consult & close, additional front line ambulance staff) by the Trust are being offset by the levels of handover.
6. These matters have continued to be escalated at the highest level, including by the Chief Ambulance Services Commissioner at the EASC Committee meeting in January 2023.

RECOMMENDATIONS: Trust Board is asked to: -

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

KEY ISSUES/IMPLICATIONS

As outlined in the Executive Summary above.

REPORT APPROVAL ROUTE

Date
30 March 2023

Meeting
Trust Board

REPORT APPENDICES

Appendix 1 – Action Plan Progress Update Status

REPORT CHECKLIST

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

SITUATION

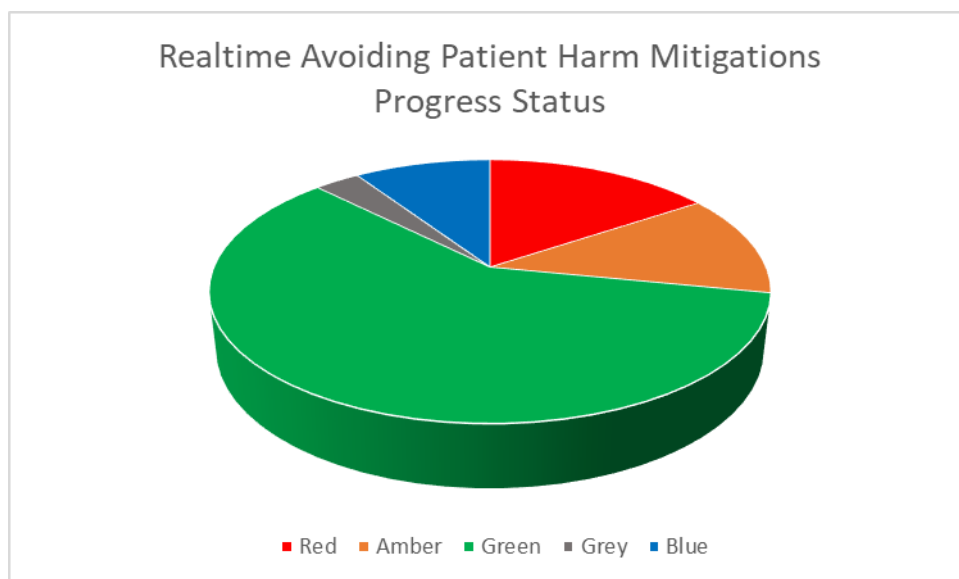
1. Sustained and extreme pressure across the Welsh NHS urgent and emergency care system is negatively impacting on patient flow leading to avoidable patient harm and death. This paper provides an update on progress on patient harm mitigations.

BACKGROUND

2. The 28 July 2022 Trust Board received the first iteration of a report and actions to mitigate real time avoidable patient harm. This report provides an update to the end of February 2023. Since that time, additional actions have been identified and included.
3. There are now 32 actions set out in the plan, 26 of which are for the Trust and six for system stakeholders.

ASSESSMENT

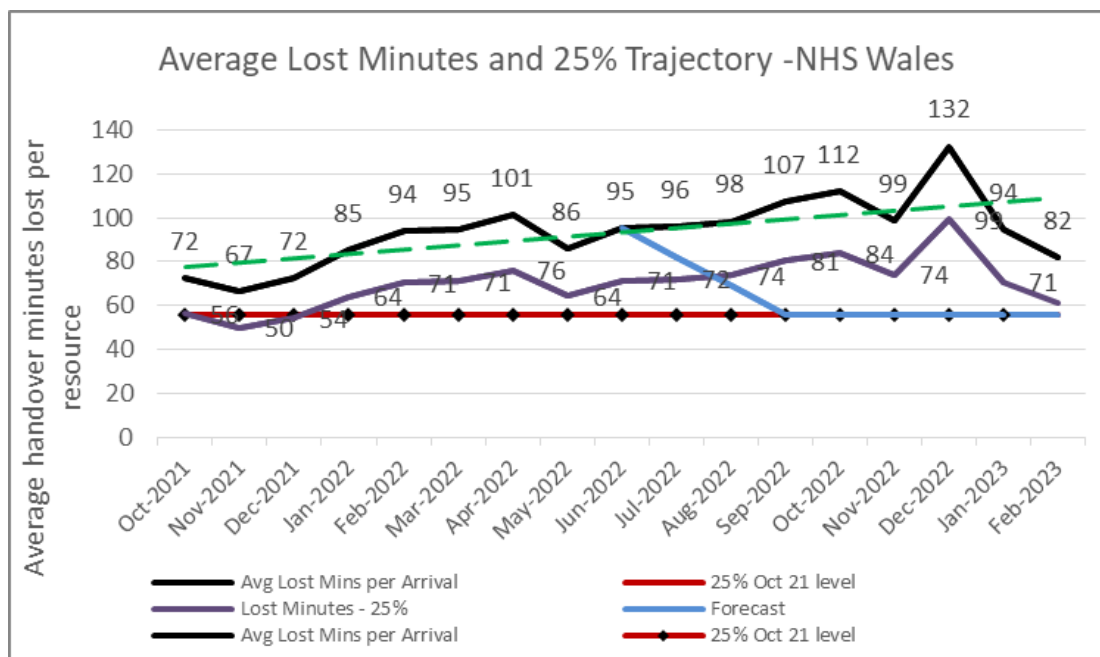
4. This RAG status of the 32 actions is as follows: -

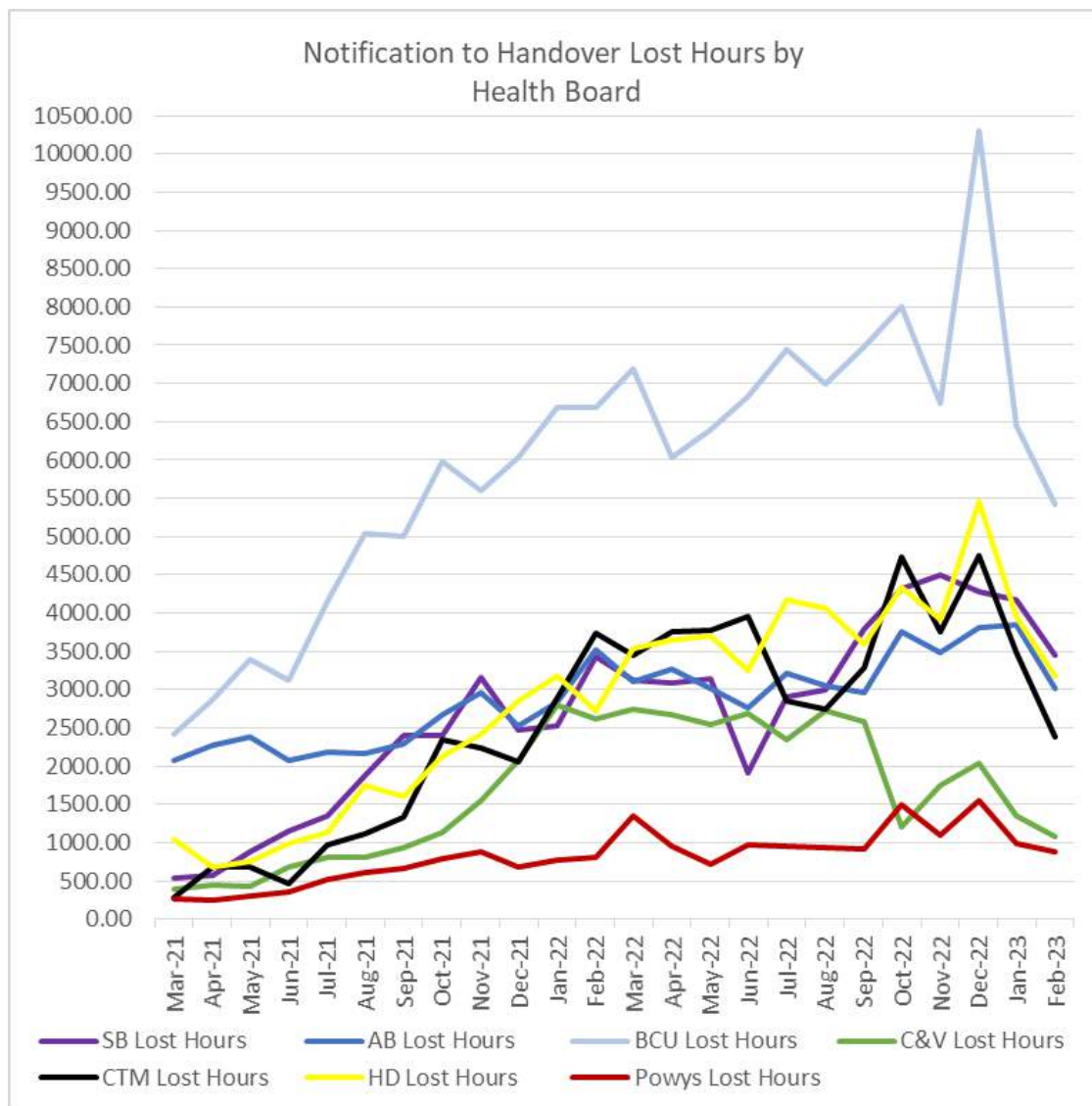


5. Appendix 1 contains the action plan with a narrative update on each action. Of the 32 actions: -
 - 5 are red (significantly off target);
 - 4 are amber (off target);
 - 19 are green (on target);
 - 1 is grey (stopped); and
 - 3 are blue (complete).
6. The number of actions has increased in this month to reflect the recent additional actions proposed to improve red response times. These include the full roll out of CHARU service, reviewing the response ratios for red calls and clinical review of protocol 6 MPDS codes (breathing).

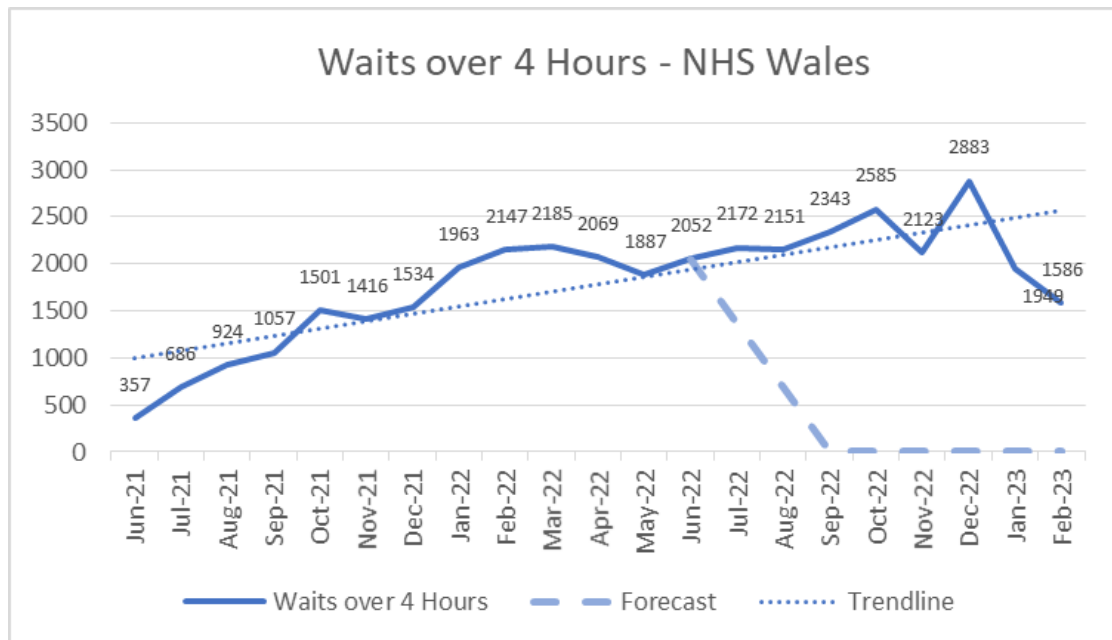
7. The red (significantly off target) actions are:-

- **Immediate Release (action 1):** whilst the approach and reporting has been agreed and is in place, practice on the ground remains at variance. In February 2023 there were 283 requests. In the Red category 112 accepted, 5 were not. In the Amber 1 category 76 were accepted and 90 were not.
- **End of shift/Post Production Lost Hours (PPLH) (action 21):** there were 14,565 shift overruns of over an hour over the last 12 months, with 237 over 4 hours. The Trust has developed a new standard operating procedure for PPLH and has been working on the accuracy of its data reporting. The PPLH trend continues to be stable at just over 9,000 hours per month. Further discussions with TU partners are paused at this time.
- **Reduction in emergency department handover lost hours:** for February 2023 the minutes per arrival was 82 minutes versus the target set by commissioners (to be achieved by September 2022) of 56 minutes. The December handover losses were extreme, and whilst there has been some improvement in Q4, handover levels in February 2023 were still over 19,000 hours or 23% of conveying capacity.

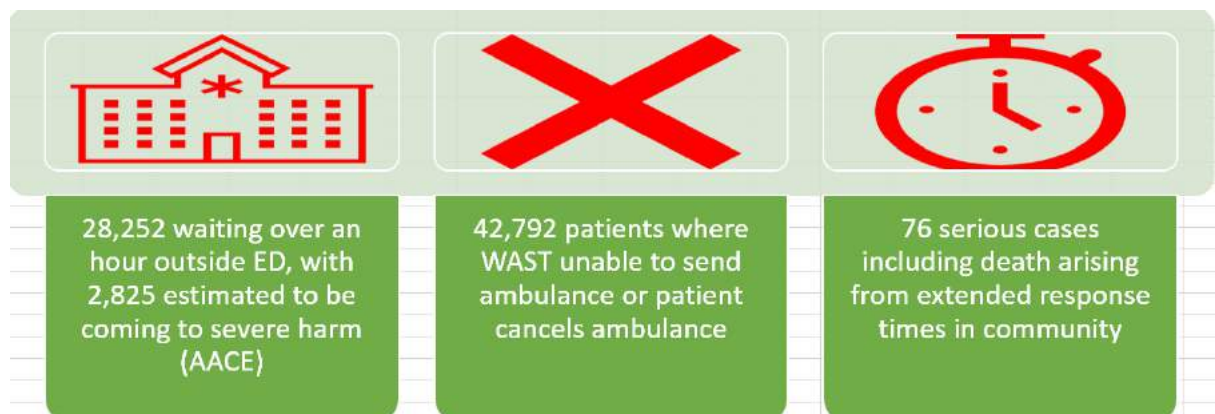




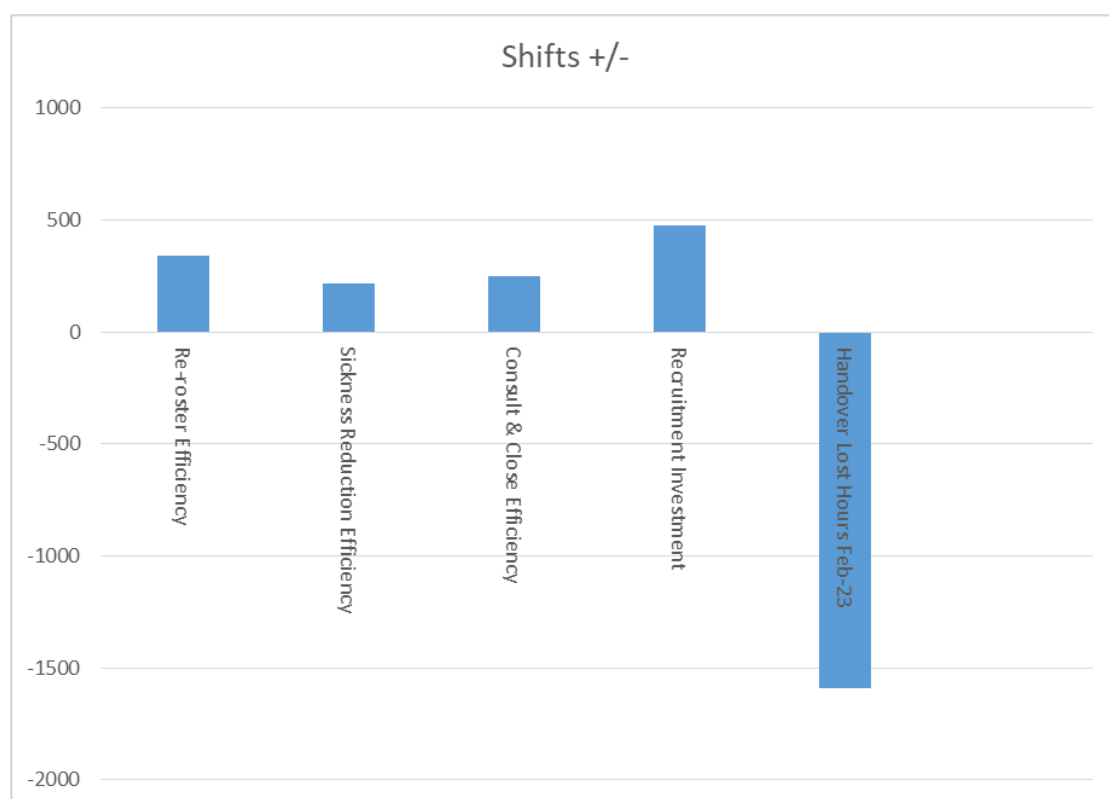
- **Eradication of handover waits of > 4 hours:** there were 1,586 over 4 hour patient handovers in February 2023; the target being 0 from September 2022.



- **Implementation of Same Day Emergency Care (SDEC) services in each Health Board:** modelling by the Trust has estimated that 4% of patient demand could flow into SDECs and have a five percentage point impact on Red performance. Currently less than 0.25% of demand is flowing in. The modelling has been made available to Welsh Government.
8. The Trust has started providing Welsh Government's Joint Executive Team (JET) with estimates of patient harm for the period. The is the table used at the last JET (November 2022) and updated with data for the last four months to the end of February 2023:-



9. To contextualise the impact of lost hours to handover the Trust also included the following graph in its JET slides, again updated for February 2023:-



10. This graph shows the positive impact on the number of shifts gained (12 hour EA/UCS shift) of the Trust's key efficiencies and investment. The Trust will put 1,282 EA/UCS 12 hour shifts back into the system this winter, but the Trust lost 1,592 EA/UCS 12 hour shifts to hospital handover in February 2023, which offsets all of the investment and efficiencies.
11. The Trust lost 23% of its conveying capacity to hospital handover hours in February 2023. The health boards have all been required to develop handover reduction action plans, which are monitored at their Integrated Quality and Delivery meetings by Welsh Government. Fortnightly meetings, the Integrated Commissioning Action Plan meetings, are held between the CASC, WAST and each health board to continue to discuss progress and remedial actions in this regard. The Trust has flagged the very low levels of patient demand, from the Trust's ambulances.
12. The re-rostering project completed its implementation stage in November 2022. The Consult & Close rate is just shy of the 15% Integrated Medium Term Plan ambition of 15%. It is expected that 90 of the 100 additional front line ambulance staff will be in post by the end of March, which effectively means a vacancy rate of just 0.5%. The Trust has a coherent and comprehensive work programme for management attendance, a 2022-23 IMTP trajectory ambition of 8% with early indications that the February 2023 figure is 8.04%. All of these indicate that the Trust delivers on its ambitions.

13. As outlined in the previous report to Trust Board, in the light of the continued pressures, patient (community and ED handover) waiting times are likely to remain under significant stress. 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.
14. This issue continues to be discussed at the highest levels with the CASC, Health Board CEOs, the Director General and the Minister. Director peer groups are also regularly updated. At the January EASC Committee meeting, the CASC briefed the Health Board CEOs on the harm that was occurring and set out a series of targets to be agreed and included in IMTPs.

RECOMMENDATIONS: Trust Board is asked to: -

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

REPORT APPROVAL ROUTE	
Date	Meeting
15 Nov-22	CEO & Director of Strategy, Planning & Performance
24 Nov-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

Item 9, Annex 2 – Patient Harm Mitigation Action Plan

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
WAST ACTIONS				
1.	With respect to Red and Amber 1 immediate release directions: 1. Devise escalation protocol in the event of rejection 2. Share weekly highlight data with Judith Paget and CEOs showing those directions made, accepted and rejected	Lee Brooks Rachel Marsh	<ul style="list-style-type: none"> NHS Wales CEOs and Chairs committed to Red and A1 rejection now being never event. Escalation protocol implemented and weekly report now being provided to WG and CEOs. In February 2023 there were 283 requests. In the Red category 112 accepted, 5 were not. In the Amber 1 category 76 were accepted and 90 were not. WAST actions completed and activity had reduced with compliance increasing, but more Amber 1 incidents were rejected than accepted. 	31 July
2.	Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation i.e. +100 FTEs.	Angie Lewis	<ul style="list-style-type: none"> Strong focus from Executives with detailed updates to EMT every two weeks. Estimated year end position is +90 FTEs against the target of 100. Overall across the whole establishment, this equates to a vacancy factor of just 0.5%, 	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"> Bid not successful. However Trust decision to proceed with 18 MSC places. 10 started in September (North) with the balance (eight) on target for March 2023 start. 17 trainee APPs expected to “tip out” of training in Jun-23. Currently they have not been offered contracts and the Trust risks losing some of them. Imminent report to EMT to decide on way forward. 	Q4 2023/24

Item 9, Annex 2 – Patient Harm Mitigation Action Plan

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			<ul style="list-style-type: none"> Some additional funding available to bid against for AHPs (bid submitted by May 2023) 	
4.	Improve internal efficiency – roster review, providing performance gain equivalent of 72 WTE	Rachel Marsh	<ul style="list-style-type: none"> The roster review has concluded with all the roster lines that are funded live. An evaluation report will be completed in Q4, plus the requirement for further funding to populate all the roster lines will be included in the IMTP 2023-26 with the support of the CASC. 	Q3 Complete
5.	Improve internal efficiency – improve attendance in line with agreed trajectory	Lee Brooks Catherine Goodwin	<ul style="list-style-type: none"> Improvement trajectory agreed as part of IMTP 22/23 that returns us to pre pandemic sickness' rates over the lifetime of the IMTP Comprehensive action plan established 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. Sickness is on a downward trend with the Trust achieving 8.94% in Jan-23 and an initial figure for February 2023 of 8.04%. The target for Mar-23 is 8% therefore the Trust is considered on target at this point in time. 	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"> End of shift/rest break arrangements Other business/operational reasons 	Lee Brooks	<ul style="list-style-type: none"> There were 14,565 shift overruns of > 1 hour over the last 12 months, 4,622 were > 2 hours, 771 > 3 hours and 237 > 4 hours, in the last 12 months to 28 February 2023. The Trust has developed a new standard operating procedure for PPLH and has been working on the accuracy of its data reporting. The PPLH trend continues to be stable at just over 9,000 hours per month. Further discussions with TU partners paused due to industrial action. 	End of Q2

Item 9, Annex 2 – Patient Harm Mitigation Action Plan

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
7.	Maximise the opportunity from Consult & Close for 999 calls – stretch to 15% and beyond	Lee Brooks Andy Swinburn	<ul style="list-style-type: none"> The Trust has achieved > 14% in the last three months, with the IMTP ambition of almost being achieved in January 2023 (14.9%). The IMTP 2023/24 ambition to move this up to 17% within existing resource constraints i.e. by delivering more efficiencies. 	Dec-22
8.	Senior system influencing	Jason Killens Martin Woodford	<ul style="list-style-type: none"> CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant fora. Specific discussions for example at recent Chief Executive Leadership team meeting around plans for winter to reduce harm. Continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm. 	Ongoing
9.	24/7 operational oversight by ODU with dynamic CSP review and system escalation as required	Lee Brooks	<ul style="list-style-type: none"> Ongoing and continuing to work well and effectively. 	On going
10.	Weekly REAP review by senior Operations Directorate team with assessment of action compliance	Lee Brooks	<ul style="list-style-type: none"> Ongoing and continuing to work well and effectively. 	On going
11.	Recruitment and deployment of new CFRs	Lee Brooks	<ul style="list-style-type: none"> Target for +100 CFR volunteers by 31 March 2023. New trajectory is 80+ additional CFR volunteers trained via Performance Improvement Plan funding with reduction due to recruitment delays for CFR trainer role. Currently +54 CFRs with another 26 in progress for this month. 	Q4
12.	Sharing of potential case of serious avoidable harm/death with HBs for investigation when response delay associated with ED congestion is the	Wendy Herbert	<ul style="list-style-type: none"> Twice weekly SCIF to identify potential cases CNO and CMO plus peer group plus COOs regularly updated on volume of cases 	Ongoing

Item 9, Annex 2 – Patient Harm Mitigation Action Plan

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
	primary cause		<ul style="list-style-type: none"> NRI and JIF cases routinely highlighted in provider report to EASC New joint investigation framework in place. 	
13.	Evidence submission to Senedd Health and Social Care Committee	Jason Killens	<ul style="list-style-type: none"> 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> Report published in June 2022 containing 25 recommendations 	Q2 - Complete
14.	National 111 awareness campaign	Estelle Hitchon	<ul style="list-style-type: none"> The national awareness campaign is now fully live through to the end of the financial year. The second phase was launched in Q4 28 Feb-23 and included a new TV ad on ITV, S4C and Video on Demand (ITV Hub, Sky, All4). This phase also includes a digital radio advert, social media (organic and paid), influencer activity, case studies, and out of home advertising on digital billboards across Wales along high traffic carriageways. National toolkit containing key messages and social media assets distributed to stakeholders Campaign ending end of March 2023. 	Q3
15.	Emergency Department cohorting	Lee Brooks	<ul style="list-style-type: none"> Evaluation of cohorting has been completed and as a result, there has been an agreement to terminate these arrangements in Morriston and GUH 	Stopped.

Item 9, Annex 2 – Patient Harm Mitigation Action Plan

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
16.	Third party additional capacity	Lee Brooks	<ul style="list-style-type: none"> Contracted third party UCS equivalent capacity deployed where available and funded by commissioners Four vehicles a day 7 days a week initially secured for six week period. Further discussions with stakeholders on securing funding through to end of Quarter 4; this funding has now been secured. 	Q3 and Q4 21/22 Live Complete
17.	Transition Plan	Jason Killens	<ul style="list-style-type: none"> Formally submitted to Commissioners in December 2021. As above +100 FTEs secured although non-recurring at this point in time. Also as above, funding for additional APPs not secured via Value Based Healthcare fund; however, decision of Trust to proceed with take up of 18 MSC places anyway. Further discussions as part of IMTP 2023-2026 have been undertaken on additionality into next year, with letter written to the CASC about what further full time equivalent additionality it could recruit and train if funding was available in 2023/24 (maximum 100) 	Ongoing (re-programmed linked to 23/26 IMTP)
18.	Overnight falls service extension	Wendy Herbert	<ul style="list-style-type: none"> Night Car Scheme extension agreed to 31 March 2023 (2 regional resources) Aim to achieve 60% utilisation of Falls Assistant resources, by December 2022 and achieve consistent utilisation of 60% + through Jan-Mar 2023. Good progress has been made on this. Falls level 1 and 2 impact evaluation report completed - presenting to Clinical Quality Governance Group (CQGG) 18 Jan-23. 	30 June

Item 9, Annex 2 – Patient Harm Mitigation Action Plan

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"> Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance and support) WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. Expected outcomes in 2023/24 	Q1 23/24
20.	Consideration of additional WAST schemes to support overall risk mitigation through winter	Lee Brooks	<ul style="list-style-type: none"> Good progress on Performance Improvement Plan (pip) There were only 15 PIP actions live in Dec-22, so the PIP closed down and the remaining actions transferred into other assurance mechanisms like this report. Specific seasonal and strike structures stood up. Trust demonstrating continued focus and creativity on approach to seasonal and strike mitigations. 	Q3
21.	Full roll out of CHARU	Andy Swinburn	<ul style="list-style-type: none"> The full roll out of CHARUs across Wales as part of Red improvement actions. Currently there are c.50 staff on CHARU roster lines versus a modelled need of 153 FTEs. No further funding is available at this time, so the Trust is recruiting Paramedics from emergency ambulance (EA) roster lines. The Trust has written to the CASC regarding further FTE additionality in 2023/24. 	May-23

Item 9, Annex 2 – Patient Harm Mitigation Action Plan

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
22.	Virtual Ward	Liam Williams	<ul style="list-style-type: none"> A proposed innovative “eyes on” service provided by the third sector (organisation and volunteers), supported by the Clinical Support Desk and supported by technology. The proposed service will support patient safety and improved hospital flow. The Trust has completed a business case at pace, which has been sent to the CASC for consideration. 	Apr-23 subject to funding
23.	Clinical review of some red calls (Protocol 6 breathing problems)		<ul style="list-style-type: none"> Additional ‘hot transfer’ of some red calls for clinical review to confirm or change categorisation. This may have resource implications which are being worked through with commissioner at this time. No target implementation date has been agreed. 	TBD
24.	Response Ratio		<ul style="list-style-type: none"> There is an option to reduce the number of EMS resources initially allocated / sent to some incidents where appropriate within the computer aided dispatch (CAD) auto-dispatch (AD) configuration A complex range of technical and human factor considerations being worked through (high priority). All red calls will continue to require an 8 minute response. 	ASAP
25.	Red modelling		<ul style="list-style-type: none"> The changes above are currently being modelled. 	31 Mar-23

Item 9, Annex 2 – Patient Harm Mitigation Action Plan

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
26.	Further 2023/24 workforce additionality	Rachel Marsh	<ul style="list-style-type: none"> Detailed workforce planning has been undertaken for 2023/24 and what further front line workforce additionality the Trust could develop, if funding is made available. The Executive Director of Strategy, Planning & Performance has written to the CASC with the results of this work. 	Information Supplied
SYSTEM STAKEHOLDER ACTIONS				
27.	<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"> In Dec-22 the Trust lost 32,050 hours to hospital handover or 37% of its conveying capacity. This figure does not include English hospitals, so in reality it is even higher. The levels are extreme. There has been an improvement in January and February 2023 with 23,525 and 19,110 hours being lost respectively, but these levels are still extreme. 	Sep-22
28.	NHS Wales eradicates all emergency department handover delays in excess of 4 hours	LHB CEOs	<ul style="list-style-type: none"> There were 1,586 +4 hour patient handovers in February 2023; the target being 0 from September 2022. 	Sep-22
29.	Alternative capacity equivalent to 1,000 beds	HB CEOs	<ul style="list-style-type: none"> 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) 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 	Q3

Item 9, Annex 2 – Patient Harm Mitigation Action Plan

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			beds, domiciliary care and so on.	
30.	Implement nationwide approach to emergency department 'Fit 2 Sit'	CMO/CNO	<ul style="list-style-type: none"> Meetings brokered by National Collaborative Commissioning Unit. Attendance at meetings often in excess of 50 attendees. WAST proposed clinician guidance document circulated to all health boards. Challenges around universal patient criteria. Challenges around rapid handover with patient booking self in. Challenges within some hospitals in infrastructure to host monitored area of fit2sit patients. Information provided by the Trust to the National Collaborative Commissioning Unit. 	Q3
31.	Implementation of Same Day Emergency Care (SDEC) services in each Health Board	NHS Wales	<ul style="list-style-type: none"> Welsh Government funding provided to each Health Board to implement SDEC WAST has nationally agreed referral rights to these services enabling us to avoid the emergency department with suitable patients The modelling indicates 4% of the Trust's verified EMS demand, using the acceptance criteria and opening times used in the modelling, could go into SDECs. Currently <0.025% of the Trust's demand is going into SDECs. This is being picked up nationally and at ICAP meetings 	Q4 22/23
32.	National Six Goals programme for Urgent and Emergency Care	NHS Wales	<ul style="list-style-type: none"> Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales WAST is represented on the Clinical Reference Group by Andy Swinburn Trust now has presence on goals 2, 5 & 6 at delivery board 	Ongoing

Item 9, Annex 2 – Patient Harm Mitigation Action Plan

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			level and on the clinical advisory board.	



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

AGENDA ITEM No	10
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

DUTY OF QUALITY / DUTY OF CANDOUR PREPAREDNESS

MEETING	Trust Board
DATE	30 March 2023
EXECUTIVE	Executive Director of Quality & Nursing
AUTHOR	Head of Quality Assurance
CONTACT	Caroline Miftari Caroline.miftari@wales.nhs.uk

EXECUTIVE SUMMARY

The Health & Social Care (Quality and Engagement) Act 2020 comes into force on 1st April 2023. This report considers the preparedness of the Trust to comply with the requirements of the Duty of Candour and Duty of Quality.

The requirements of the Act have been discussed at QuEST Committee through the discussion implementation of the Quality Strategy, and developments arising from Welsh Government (WG).

In February 2022, WAST adopted a Quality and Performance Management Framework. This framework set out an integrated approach to helping the Trust improve the quality of its services and outcomes for patients and achieve its ambitions and objectives by monitoring and improving the performance of people, teams, and the organisation. The framework also set out the process through which the Trust Board would receive assurance that the Trust had a clearly defined approach for delivering quality and performance at all levels of the organisation.

Board development sessions and updates have taken place regularly with the latest in November 2022 and a further session planned for late March 2023 to outline requirements and the Trust position. The Trust has also submitted a response to the WG Gateway review in November 2022.

The Trust Board have been receiving a Monthly Integrated Quality and Performance Report that has been evolving following the adoption of the Quality and Performance Management Framework (MIQPR). The MIQPR is built on the principles of the Framework and has started replacing some previous reports, however, it is acknowledged that further work is required to systematise and digitalise the report development and integration to the wider organisation. The Quality and Performance Management Framework has also been used as a foundation for the development of the Trust Integrated Medium Term Plan for 2023/34 by the planning and quality teams.

The Trust Board are aware that the organisation has been under considerable pressures in recent months due to the exceptional pressures experienced over the winter period, the ongoing challenges of hospital handover delays and the disruption caused by industrial action. One of the consequences to these pressures has been that recent progress in preparing for the Duty of Quality and Duty of Candour has been reduced while the organisation prioritised strategic and operational responses.

The Trust Board received feedback at the February 2023 meeting from the Chair of QuEST that more assurance was needed to demonstrate Trust preparedness for the new legislation. A Board Development session is being undertaken and a detailed analysis of the latest baseline assessment reviewed. The key areas of focus for this session identify the following areas as required to achieving compliance:

1. Continued development of the Trust Quality Management System (quality planning, improvement, control and assurance) to promote the 'Always On' approach to quality monitoring and reporting. The Trust has been developing this approach through the evolution of the Monthly Integrated Quality and Performance Reporting. Key areas for development include digitalising the reporting and continuing to build on this using best practice guidance from Improvement Cymru and the NHS Wales Delivery Unit.
2. As seasonal pressures reduce and the industrial dispute is hopefully resolved, it is important to ensure that all directorates prioritise the resources, capacity, capability, time, and autonomy needed to review the Quality and Performance Management Framework and embed the supporting methodologies that enable a culture of quality improvement and system-wide shared learning and expertise.
3. Strengthening the membership and engagement to the Trust's Quality Implementation Group and ensure it aligns with the All-Wales Quality Implementation Group format. This group will review the current metrics collected that demonstrate quality of care and ensure the quality outcome measures are aligned to the recently published Duty of Quality and Duty of Candour Statutory Guidance documents.
4. Incorporate requirements for the Duty of Quality and Duty of Candour into all Trust commissioning and hosting arrangements. This will be achieved through the ongoing reviews taking place of the commissioning of the Trust and subsequently reflected into any associated contracts and agreements held by the Trust.

RECOMMENDATION: It is asked that: -

- **The Trust Board receive this report on the Trust's preparedness for the requirements of the Health & Social Care (Quality and Engagement) Act 2020, specifically regarding the Duty of Quality and Duty of Candour.**
- **The Trust Board note that the Trust is working towards the baseline assessment criteria as set by Welsh Government Road Map, the first milestone for which is in April 2023 followed by September 2023.**

KEY ISSUES/IMPLICATIONS
The Trust is working towards the baseline assessment criteria as set by Welsh Government Road Map, the first milestone in April 2023, then September 2023.

REPORT APPROVAL ROUTE
Quality, Patient Experience & Safety Committee – 9 th February 2023 Executive Management Team – 22 nd March 2023 Board Development Session – 29 th March 2023

REPORT APPENDICES
ANNEX 1: SBAR which provides an overview of the Duty of Quality/Duty of Candour Preparedness

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

SITUATION

- 1 The report considers the preparedness of the Trust to comply with the requirements of the Duty of Candour and Duty of Quality.

BACKGROUND

- 2 The Health & Social Care (Quality and Engagement) Act 2020 comes into force on 1st April 2023. There are four key components to the Act: Duty of Quality, Duty of Candour, Citizens Voice, and Vice Chairs. This report considers the preparedness for the Duty of Candour and Duty of Quality.
- 3 The Health and Care Standards will change to Quality Standards with six domains and five enablers in April 2023. The new domains are Safe, Effective, Timely, Efficient, Equitable and Person Centred. The new enablers include Leadership, Culture and Valuing People, Data to Knowledge, Learning, Improvement and Research and Whole System Perspective.
- 4 The Welsh Government has set a baseline position to be achieved by all NHS organisations by April 2023 for both the Duty of Quality (DOQ) and Duty of Candour (DOC). The Trust has commenced a monthly return to the Welsh Government from January 2023, alongside other NHS organisations.
- 5 The Welsh Government published Statutory Guidance documents for the Duty of Quality and Duty of Candour in late March 2023. The Trust are currently reviewing these documents to ensure implementation plans are compliant to the new guidance.
- 6 Improvement Cymru and the NHS Wales Delivery Unit are developing a compendium of resources and tools outlining good practice and theories to support Health Boards and Trusts develop a comprehensive quality management system.

ASSESSMENT

- 7 The Trust has Executive and Operational leadership representing the Trust on the Duty of Quality and Duty of Candour Implementation Board, the Duty of Candour Group coordinated by the Welsh Risk Pool/NHS Wales Shared Services Partnership (NWSSP) and, the Quality Group coordinated by the NHS Collaborative.
- 8 The Trust Board received feedback at the February meeting from the Chair of QuEST that more assurance was needed to demonstrate how prepared the Trust is for the new legislation. A Board Development session is being undertaken and a detailed analysis of the latest baseline assessment reviewed. The key areas of focus for this session identified the following areas as required to achieve compliance.

- 9 Strengthening the membership and engagement to the Trust's Quality Implementation Group and ensure it aligns with the All-Wales Quality Implementation Group format. This group will ensure the quality outcome measures are aligned to the Quality Standards 223 and digitally enabled to support the 'Always On' approach. In addition, it would also lead the following requirements of the Act:
 - a. Mechanism and publication schedule / plan in place for sharing Duty of Quality progress information.
 - b. Implement a Trust Quality Management System (QMS) supported by digital infrastructure, enabling the 'Always On' approach to quality monitoring and reporting ensuring strategic decisions are made through the lens of quality.
 - c. Lead experts to agree quality measures that will illustrate the Trust's view on the April 2023 Quality Standards, including defining what good looks like for each quality domain, with improvement plans where appropriate.
 - d. Receive exception reports on Trust quality impact assessments by the lead authors.
 - e. Agree quality improvements based on intelligence emerging from the quality management system.
- 10 Review and relaunch the Trust Quality and Performance Management Framework to ensure it has sufficient resources, capacity, capability, time, and autonomy needed to develop approaches to improving quality. This includes agreement to a Trust wide quality improvement methodology and implementation.
- 11 Incorporate requirements for the Duty of Quality and Duty of Candour into all Trust commissioning and hosting arrangements. This will be achieved through the ongoing reviews taking place of the commissioning of the Trust, that will subsequently be reflected into any associated contracts and agreements held by the Trust.
- 12 All related policies and procedures to be reviewed, in particular: Putting Things Right Policy (in line with Duty of Candour) and Adverse Incident Policy on receipt of the final policy guidance.
- 13 Continued development of the Trust Quality Management System (quality planning, improvement, control, and assurance) to promote the 'Always On' approach to quality monitoring and reporting. The Trust has developed and matured quality and performance reporting through the Monthly Integrated Quality and Performance Report. The introduction of new Quality Requirements creates an opportunity for the Trust to review metrics being reported, and work with local teams to ensure key performance indicators are aligned to the Trust Quality and Performance Management Framework.
- 14 Linking the Trust Quality Management System to our Digital and Data Strategy will enable more effective data collection and reporting using cloud-based data models and dashboards for use throughout the organisation and with partners. Additionally, we are committed to supporting the creation of linked data sets with NHS Wales partners, including Health Boards, Public Health Wales, Improvement Cymru, and the NHS Wales Delivery Unit, to demonstrate the

WAST contribution to pathway and population health outcome improvements.

- 15 Continue building the Trust quality governance infrastructure, in relation to the new legislation, by incorporating the monitoring of quality standards, evidencing of improvements, early escalation, sharing of intelligence, and actions taken to mitigate any risks into Trust Committee and Board agendas from April 2023.
- 16 Further alignment with the new Quality Standards 2023 underway with lead experts to ensure clearly defined quality outcome measures aligned to the new domains and enablers in terms of what good looks like and tolerances across strategic, tactical, and operational levels to support the 'Always On' approach. This will help inform the quality standards dashboard, a key element of the trust quality management system.
- 17 Implementation of business cycles within each directorate to monitor compliance with the Quality Standards 2023 to be undertaken, with highlight reports escalating good/poor practice as required through the Trust governance structure.
- 18 A Trust wide training needs analysis and underpinning Training Plan will follow receipt of the Welsh Government education packages using existing Forums/Education Programmes where appropriate to ensure staff understanding of the duty of quality and duty of candour, and their roles within it.
- 19 Utilisation of WG awareness videos and e-learning package for all Trust Boards and NHS staff to support understanding of the Duty of Quality and Duty of Candour as they become available.

NEXT STEPS

- 20 The Trust will continue to work towards the Welsh Government Baseline Road Map, regularly reporting through the Trust Clinical & Quality Governance Group structure.

RECOMMENDATION:

- 21 **It is asked that the Trust Board receive this report on the Trust's preparedness for the requirements of the Health & Social Care (Quality and Engagement) Act 2020, specifically regarding the Duty of Quality and Duty of Candour.**
- 22 **It is asked that the Board note that the Trust is working towards the baseline assessment criteria as set by Welsh Government Road Map, the first milestone for which is in April 2023 followed by September 2023.**

END



RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	30 th March 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk, Deputy Board Secretary
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. At the Board meeting on 26th January 2023 the Chair of the Audit Committee sought further clarity on the roles and responsibilities for risk management within the existing framework, in particular the role of the Executives, the Committees and the Board with respect to the higher rated risks. The Audit Committee then received a report at its meeting on the 2nd March 2023 which provided assurances in respect of the management of the Trust's principal risks, an overview of the current risk management framework with particular focus on assurance to Committees and the Board, and detail of the risk programme for the Integrated Medium Term Plan (IMTP) 2023-26.
2. The IMTP 2023-26 includes the elements that comprise the Risk Framework, including the Risk Policy, Procedures and Guidance, as well as training and education. In addition, it includes the development of a Board Assurance Framework (BAF) that reflects more closely the Trust's strategic objectives against its long term strategy – Delivering Excellence: Vision 2030.
3. A summary of the principal risks is set out in Annex 1 with a detailed description contained within the BAF in Annex 2. The risk review schedule and governance routes agreed by the Audit Committee have been delayed due to operational pressures including industrial action, as well as absence in the Corporate Governance team. A programme of work has since been established to ensure all 16 principal risks are formally reviewed prior to the May 2023 Board.
4. The 4 highest scoring risks, 223, 224, 160 and 201 have been reviewed in full and mitigating actions updated as at 22nd March 2023.
5. 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.

6. The BAF provides the Board with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings.
7. The gaps in controls and assurance are set out on the BAF, as are the actions planned to address any gaps. This detail provides Members with an insight into the planned activity, as much as can be anticipated from time to time, to reduce the risk to a level of tolerance set by the target score. This format will continue to evolve as part of the risk transformation programme; however, a simple guidance note will be developed to assist Board and Committee members to interpret the BAF, address some of the issues raised in the Structured Assessment and provide proportionate challenge on actions to mitigate the risks and their intended impact. This guidance will be developed by 1st April 2023.
8. Risks are allocated to appropriate Directors to drive the reviews and actions to mitigate the risks. In addition to directorate reviews there are formal risk review discussions with the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) in relation to risk escalation, changes in ratings, and any new risks for inclusion on the Corporate Risk Register.
9. This executive summary demonstrates that focus is maintained on management and mitigation of the Trust's Corporate Risks and particularly those high rated risks with scores of 25 and 20. It draws together those broader discussions and signposts the Board accordingly. In addition, the Risk Owners will have an opportunity to add to this narrative during the meeting and Committee Chairs will also provide further assurance or escalations as appropriate, drawing from the Alert, Advise, Assure reports (AAA).
10. **Risks 223** (the Trust's inability to reach patients in the community causing patient harm and death) and **risk 224** (Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients) are both rated 25:
 - 10.1. Despite a reduction in delays over January and February 2023, current handover delays have demonstrated a deteriorating picture with March 2023 delays at December 2022 levels.
 - 10.2. During industrial action days there was reduced handover delays at Health Boards which maximised WAST resources. Despite a reduced volume of conveyance as a result of the industrial action, there is a demonstration that reduced handover delays are achievable, and this therefore warrants a triangulation of data and learning.
 - 10.3. 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. A progress reports on these actions is reported to each Board meeting.
 - 10.4. The Quality, Patient Experience and Safety Committee (QUEST) reviews both risks at its meetings. The February meeting reviewed the patient safety report for Q3 and related metrics related to patient safety and avoidable harm in the MIQPR. The Committee AAA report for this Board meeting draws out the discussion held at that meeting on the number of concerns raised, immediate release direction refusals (both Red and Amber 1), and incidents linked to timeliness of response, demonstrating more pace is required to address the issue at a system and strategic level.

- 10.5. Additionally, both of these risks are presented to the Finance & Performance Committee and People & Culture Committee for wider discussion and perspectives.
 - 10.6. The Monthly Integrated Quality and Performance Report (MIQPR) includes further analysis of performance and handover delays, post production lost hours, together with remedial plans and improvement trajectories.
 - 10.7. The Chief Executive's report sets out participation in, and discussion at, regular stakeholder meetings with NHS Wales CEOs, the Director General of NHS Wales, Commissioners and EASC where stakeholder actions and progress is discussed.
11. **Risk 160** (high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service) is rated 20; however, is expected to reduce in score in the next round of governance given the mitigations in place:
- 11.1. The People and Culture Committee in March 2023 focused on the challenging situation which included a prolonged period of industrial action and winter pressures.
 - 11.2. Progress against the improving attendance programme of work was presented to the People and Culture Committee in March showing reducing levels of sickness absence, and actions to address recommendations in the reasonable assurance absence management internal audit were monitored.
 - 11.3. The Committee also reviewed this risk alongside the MIQPR which sets out further analysis and remedial plans for sickness absence improvement.
 - 11.4. The Executive Management Team review the sickness absence management programme on a regular basis.
 - 11.5. A recent deep dive presented to the Executive Management Team broke down sickness by demographics and potential drivers with further work underway to look at this in more detail, particularly to work-related and personal stress absence drivers.
12. **Risk 201** (damage to the Trust's reputation following a loss of stakeholder confidence) is currently rated 20:
- 12.1. The Board approved the engagement framework at its meeting on 28th July 2022 and the delivery plan on the 23rd January 2023.
 - 12.2. This risk was discussed at the People and Culture Committee on 14th March 2023.
 - 12.3. The MIQPR and sets out the engagement work underway by the patient experience and community involvement teams.
 - 12.4. The current risk score is expected to remain at 20.
 - 12.5. To protect and enhance the Trust's reputation, the Partnerships and Engagement Directorate will continue to ensure its stakeholder engagement activity and media activity is robust. Work closely continues with PWC to further inform the detail of future engagement.
 - 12.6. Routine stakeholder and staff engagement continues, including the recent round of Executive roadshows and WAST Live.
 - 12.7. The outcome of the recent reputation audit will be reported through to the EMT in April 2023 and onward to the People and Culture Committee.
13. There are third line of defence assurances which will provide a greater level of assurance against controls for some of these higher rated risks, and these relate to

internal audit reviews on immediate release requests and sickness absence management.

RECOMMENDATION:

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

- a) **Note the review of Risk 223, 224, 201 and 160 including mitigating actions.**
- b) **Note the development of a suite of new risks.**
- c) **Note the update on the Risk Management Transformation Programme.**

KEY ISSUES/IMPLICATIONS

The key issues and implications are set out in the Executive Summary above.

REPORT APPROVAL ROUTE

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

- a) **Quality, Safety & Patient Experience** (10th February 2023)
- b) **People & Culture Committee** (14th March 2023)
- c) **Finance & Performance Committee** (21st March 2023)

REPORT ANNEXES

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

REPORT CHECKLIST

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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

SITUATION

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, an overview of the current risk management framework with particular focus on assurance to Committees and the Board, and detail of the risk programme within the IMTP.
2. A summary of the Trust's 16 principal risks on the corporate risk register as at 22nd March 2023 is detailed in Annex 1; however, given current operational pressures including Industrial Action and absence in the team, only the highest scoring risks have been formally reviewed; Risks 223, 224, 201 and 160. A programme of work has been established to fully review all corporate risks, including the development of any new risks, ahead of the next Board and Committee meetings in May 2023.

BACKGROUND

3. As a result of discussion at the Board meeting on 28th July 2022 regarding its engagement on the higher rated risks, the executive summary of the Board risk management report was adjusted to provide more focus on the highest rated risks.
4. That report highlighted the focus that is maintained on management of the higher rated risks, not only as a result of risk discussions in various forums including Assistant Directors Leadership Team (ADLT) and Executive Management Team (EMT) and the Committees, but as a result of broader attention to planned mitigations. The report draws together those broader discussions and signposts the Board accordingly.
5. At the Board meeting on 26th January 2023 the Chair of the Audit Committee sought further clarity on the roles and responsibilities for risk management within the existing framework, in particular the role of the Executives, the Committees and the Board with respect to the higher rated risks.
6. The Audit Committee then received a report on 2nd March 2023 which provided assurances in respect of the management of the Trust's principal risks, an overview of the current risk management framework with particular focus on assurance to Committees and the Board, in addition to detail of the risk transformation programme for the Integrated Medium Term Plan (IMTP) 2023-26.

ASSESSMENT

7. The principal risks are set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 2.

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

Development of New Corporate Risks

10. **NEW Civil Contingencies Risk** - *The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death*

***IF** a major incident or mass casualty incident is declared*

***THEN** there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients*

***RESULTING IN** catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004*

11. The Board were advised in January 2023 that the Chief Executive had written to Health Board Chief Executives regarding their Civil Contingency plans and has received assurances that plans and will be activated in the event of a major incident.
12. The full detail of the risk, including controls, assurances and mitigating actions is in the process of being articulated and the Executive Risk Owner, ADLT and EMT will consider this through governance ahead of the next Board meeting in May 2023.
13. **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. The risk assessment will be finalised ahead of presentation to Trust Board in May 2023.
14. **Risk 542** - *Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan*

This risk has been fully articulated; however, now needs to navigate Trust risk governance processes. It is expected that this will be included on the CRR and reported at the May 2023 Trust Board meeting.

15. Additional risks in development and navigating Risk governance are:
- a. Risks to the reputation of the Trust's Charity and Trustees due to late filing of accounts.
 - b. Integrated technical planning capability and capacity.
 - c. Capacity within teams to deal with volume of complex requests i.e. Putting Things Right Team.

Risk Management Framework

16. The Risk Management Transformation Programme is included in the IMTP 2023-26 and includes the elements that comprise the Risk Framework, including the Risk Policy, Procedures and Guidance, as well as training and education. In addition, it includes the development of a BAF that reflects more closely the Trust's strategic objectives against its long term strategy – Delivering Excellence: Vision 2030.
17. The Risk Management Policy that is in development sets out the various roles and responsibilities in more detail, and the risk management framework will include a BAF standard operating procedure, training and guidance. However, there are some measures that are proposed in the interim to further strengthen risk management, and which were agreed at the Audit Committee on 2nd March as follows:
- Presentation of risk at Board: The standalone risk paper presented to Board will be retained which demonstrates in the executive summary where focus is maintained on management and mitigation of the principal risks rated 25 and 20, drawing together those broader discussions and signposting the Board accordingly. In addition, the risk owners will have an opportunity to add to that narrative and that which is contained in the full BAF document, with Committee Chairs providing further assurance or escalations as appropriate, drawing from their AAA reports. This will afford the Board as a whole an opportunity to scrutinise further to ensure mitigating actions are achieving their maximum impact.
 - Guidance on interpretation of the BAF: As a result of feedback in the Audit Wales Structured Assessment a simple guidance note will be developed to assist Board and Committee members to interpret the BAF, address some of the issues raised in the Structured Assessment and provide proportionate challenge on actions to mitigate the risks and their intended impact. This guidance will be developed by 1st April 2023.
18. Internal Audit are due to commence their review of risk management and assurance in March/April 2023.

RECOMMENDED



19. **Members are asked to consider and discuss the contents of the report and:**
- a) **Note the review of Risk 223, 224, 201 and 160 including mitigating actions.**
 - b) **Note the development of a suite of new risks.**

- c) **Note the further measures in place and the update to the Risk Management Transformation Programme.**


Annex 1 – Corporate Risk Register Summary

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

CORPORATE RISK REGISTER




RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation	<p>IF the Trust does:</p> <ul style="list-style-type: none"> not achieve financial breakeven and/or does not meet the planning framework requirements and/or does not work within the EFL and/or fails to meet the 95% PSPP target and/or does not receive an agreement with commissioners on funding (linked to 458) <p>THEN there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)</p> <p>RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage</p>	Director of Finance & Corporate Resources	16 (4x4) 
245 FPC	Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations	<p>IF CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident</p> <p>THEN there is a risk that EMS CCCs cannot utilise other CCC's space, accommodation and facilities</p> <p>RESULTING IN potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)</p>	Director of Operations	16 (4x4) 

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
458 FPC	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning	<p>IF sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis</p> <p>THEN there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed services could be challenging and harmful to patients.</p> <p>RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage</p>	Director of Finance & Corporate Resources	<p>16 (4x4)</p> 
557 PCC	Potential impact on services as a result of Industrial Action	<p>IF trade unions take industrial action in response to the national pay award</p> <p>THEN this is likely to disrupt our ability to provide a safe, efficient and good quality service in the 6 core areas the business</p> <p>RESULTING IN potential harm to patients, adverse effect to patient outcomes, increase in SAls/concerns/coroners cases, negative media reports, and impact on the Trust's corporate reputation</p>	Director of Workforce & Organisational Development	<p>16 (4x4)</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>IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance</p> <p>THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments</p> <p>RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation</p>	Director of Quality & Nursing	<p>15 (3x5)</p> <p>➡</p>
260 FPC	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	<p>IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place</p> <p>THEN there is a risk of a significant information security incident</p> <p>RESULTING IN a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life</p>	Director of Digital Services	<p>15 (3x5)</p> <p>➡</p>
543 FPC	Major disruptive incident resulting in a loss of critical IT systems	<p>IF there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems</p> <p>THEN there is a risk of a loss of critical IT systems</p> <p>RESULTING IN a partial or total interruption in WAST's effective ability to deliver essential services</p>	Director of Digital Services	<p>15 (3x5)</p> <p>➡</p>

CORPORATE RISK REGISTER

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

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>IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme</p> <p>THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters</p> <p>RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage</p>	Director of Strategy Planning & Performance	<p>12 (3x4)</p> <p>➔</p>
424 FPC	Prioritisation or Availability of Resources to Deliver the Trust's IMTP	<p>IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)</p> <p>THEN there is a risk that there is insufficient capacity to deliver the IMTP</p> <p>RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing</p>	Director of Strategy Planning and Performance	<p>12 (3x4)</p> <p>➔</p>

Annex 2 - Risk Scoring Matrix

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

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

Annex 3 - Frequency of Risk Review

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

Annex 4 – Board Assurance Framework

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death			Date of Review:		21/03/2023	TREND	25 (5x5)
				Date of Next Review:		22/04/2023	➡	
IF significant internal and external system pressures continue		THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	5	5	25	
				Target	2	5	10	
IMTP Deliverable Numbers: 3, 7,9,11, 12, 14,16, 18, 21, 22, 26								
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee		
CONTROLS				ASSURANCES				
1. Patient Flow Co-Ordination based in the Grange University Hospital				Internal Management (1 st 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). Consult and Close rate has increased from 12% to circa 15% March 2023.				
9. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation				9. Qlik sense APP dashboard monitors performance and provides assurance that APPs are flowing patients into alternatives to emergency department. Qlik sense is a national report and can drill down into regional, local and individual performance as required. APP Navigation – Test of Change Framework (Swansea Bay & Hywel Dda). Review of despatch criteria for APPs.				
10. Clinical Safety Plan				10. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group				
11. Recruitment and deployment of CFRs				11. Volunteers are another resource for response, Volunteer				
12. ETA scripting				12. The ETA Dashboard is a tactic that was signed off by EMT – there is a dashboard that supports scripting analysed by comparing with real time data				
13. Clinical Contact Centre (CCC) emergency rule				13. CCC Emergency Rule is policy that has been signed off by Execs.				
14. National Risk Huddle				14. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.				
15.				15.				
16. Summer/Winter initiatives				16. Monitoring through SLT and STB				
17. CHARU implementation				17. Monitored via the EMS project Board				
18. National Transfer & Discharge Model				18.				

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		21/03/2023		TREND	25 (5x5)
			Date of Next Review:		22/04/2023		➡	
IF significant internal and external system pressures continue		THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	5	5	25	
				Target	2	5	10	
19. Conveyance Reduction			19. This is part of the weekly performance review and aligned to Care Closer to Home Programme					
20. Access to Same Day Emergency Care (SDEC) for paramedic referrals			20. This forms part of the handover improvement plans in place with Health Boards, however assurance is limited given that the acceptance of paramedic referrals is low (less than 1%) and inconsistent.					
21. Mental Health Practitioners in cars			21.					
22. Roll out of ECNS			22. Reported through QuEST					
23. Clinical Model and clinical review of code sets			23. Reported through QuEST					
24. Remote Clinical Support Strategy			24. Strategic Transformation Board – IMTP deliverable					
25. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)			25. Formally documented action plan – actions captured are contained within and monitored via the Performance Improvement Plan (PIP)					
26. Information sharing			26. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system			None immediately identified but subject to continual review.					
2. Blockages in system e.g. internal capacity within Health Boards which affect patient flow								
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. Risk tolerance in Health Boards appears inconsistent as does the offer of dynamic plans to alleviate or respond to hospital handover delays. Despite some reduction in delays over January and February 2023, current handover delays have demonstrated a deteriorating picture more closely reflecting December 2022 than January and February 2023.								
8. During industrial action days, Health Boards demonstrated compliance with reducing handover delays in order to maximise WAST resources. Despite a reduced volume of conveyance as a result of the industrial action, there is however a demonstration that reduced handover delays are achievable, and this therefore warrants a triangulation of data.								
9. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 6 months there is a low confidence in attaining this.								
10. Outputs from the NHS System Reset – it is a closer collaboration to address some of the system blockages and reduce system pressures. This is the aspiration								
11. Patient Flow Co-ordinators - Health Boards to consider the value of deploying PFCs at emergency departments to aid flow								
12. Handover Improvement Plans agreed between WAST and Health Boards			12. Handover Improvement Plans have been replaced by ICAPS and are subject to review with EASC; However, it is noted that previous plans did not demonstrate sufficient improvement in reducing handover delays					
18.			18. National Transfer & Discharge model is yet to be determined. A task and finish has been established to progress this piece of work					
21.			21. Mental Health Practitioners – not yet implemented but part of the Care Closer to Home workstream					
Please note that the gaps listed are not WAST’s and are therefore outside of the control of WAST								

18

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		21/03/2023		TREND	25 (5x5)
			Date of Next Review:		22/04/2023		➡	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score		
			Inherent	4	5	20		
			Current	5	5	25		
			Target	2	5	10		
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:				
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.		Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	Superseded	Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)				
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)		ADLT Sub-Group	30.09.22 - Paused					
3. EMS Demand & Capacity i.e. review and implementation of new EMS rosters		Assistant Director of Operations EMS	Complete	Majority of EMS rosters complete and implemented				
4. Transition arrangements post pandemic		Executive Pandemic Team / Assistant Director of Strategic Planning (BCRT Chair)	Complete 30/08/22	Transition complete				
5. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]		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]		Assistant Director of Operations, Integrated Care	31.03.23	Work undertaken to map influences and progress towards each. Current % of Consult and Close increased from 12% to 15% at March 2023.				
7. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Operations, National Operations & Support	Complete	System in place and ongoing.				
8. Weekly REAP review by senior Operations Directorate team with assessment of action compliance (I) Source: Action Plan presented to Trust Board 28/07/22]		Director of Operations / Operations Senior Leadership Team	Complete	In place and ongoing - Weekly Performance Meetings occur every Tuesday lunchtime to review performance, etc. and determine REAP level.				
9. Recruitment and deployment of new CFRs (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Operations, National Operations & Support / National Volunteer Manager	Complete 21.03.23	Additional CFR Trainers and Operations Assistants appointed to support recruitment and training of new CFRs. Volunteer Management Team, supported by the Volunteer Steering Group, now embarking on volunteer recruitment programme and increasing public engagement to raise awareness about volunteering opportunities available within WAST. Volunteer team has recruited and trained 173 additional volunteers between November and March 2023.				
10. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]								
11. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Quality & Governance / Head of Quality Improvement	TBA	Level 2 Falls Service implemented as a pilot. Awaiting evaluation of the pilot and assessment of outcomes and potential longevity of this initiative. Falls service in place with enhanced day and night provision; Utilisation of resources reviewed at weekly performance meetings by Operations SLT.				
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:		16/03/2023	TREND	25 (5x5)	
				Date of Next Review:		17/04/2023	➡		
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
IMTP Deliverable Numbers: 7,9, 10, 11, 12, 13, 14, 15, 16, 23, 24, 25, 26, 33, 35									
EXECUTIVE OWNER		Director of Quality & Nursing		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Delivery Unit under the Joint Investigation Framework which is currently in pilot phase and an evaluation is to be undertaken in quarter 1 2023/24 by EASC. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.				1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.					
2. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.				2. Workshop with system partners in place with executive directors of nursing attendance – the pilot is in progress ,and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the ‘Six Goals for Urgent and Emergency Care’ work.					
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016))				3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.					
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).				4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.					
5. Workstreams put in place to meet requirements of <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.					
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.				7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation is via the Strategic Command structure.					
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient’s Fundamentals of Care as best they can in the circumstances.				8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process.					
9. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays.				9. Shift reports from ODU & ODU Dashboard received by Executive Management Team (EMT), Senior Operations Team (SOT) and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays					
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.				10. Shift reports from ODU & ODU Dashboard received by EMT, SOT and On-Call Team at start/end.					
11. Escalation forums to discuss reducing and mitigating system pressures.				11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.					

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:		16/03/2023	TREND	25 (5x5)
				Date of Next Review:		17/04/2023	➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score	
				Inherent	5	5	25	
				Current	5	5	25	
				Target	3	2	6	
12. WAST Education and training programmes include deteriorating patient (NEWs), tissue viability and pressure damage prevention, dementia awareness, mental health.			12. Integrated Quality and Performance Report (December 2022 overall 84% - mandatory training target just below target at 84.6%.					
13. Clinical audit programme in place.			13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.					
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.			14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.					
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government. Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating “The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service’s statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets.”			15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board including ‘Actions to Mitigate Avoidable Patient Harm Report’ (last presented to Trust Board January 2023 and Board sub-committee oversight and escalation through ‘Alert, Advise and Assure’ reports.					
16. Implementation of Duty of Quality, Duty of Candour and new Quality Standards requirements in April 2023 (soft launch).			16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of February 2023 is ‘Implementing and operationalising’.					
			17.					
			External Sources of Assurance Management (1 st Line of Assurance)					
			1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC) and Joint Executive Team (JET) meeting Welsh Government (I&E).					
			2. Healthcare Inspectorate Wales (HIW) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover’ Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and EASC					
			3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1. 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 – early work commenced with the pilot in progress of the Joint Investigation Framework. Reviews of cases still progressing by Health Boards update requested by QuEST February 2023.					
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales*.			3. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours. 2,098 hours were lost in December 2022, an increase compared to 18,773 lost hours in December 2021.					

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:		16/03/2023	TREND	25 (5x5)	
				Date of Next Review:		17/04/2023	➡		
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients’ NEWS*.				4. Strengthening of patient safety reports and audit processes as e PCR system embeds.					
5. (a) Variation in appetite across the Health Boards to implement Fit2Sit, citing overcrowded emergency department waiting rooms as the reason. Limited confidence in system engagement to address Goal 4 and achieve reduction in handover delays*.				5. 15-minute handover target is not being achieved pan-Wales consistently. Fit to Sit programme is not progressing currently.					
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*.									
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 / NHS Wales System Leaders	• Checkpoint Q1 2023/24			• Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales • WAST will be represented on the Clinical Reference Group by Andy Swinburn with first meeting now held. • The Trust recently reported to EASC that is has further updated how it maps into six goals programmes. The programme structure nationally is being embedded and the Trust now has presence on goals 2, 5 & 6 at delivery board level and on the clinical advisory board.		

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:		16/03/2023	TREND	25 (5x5)	
				Date of Next Review:		17/04/2023	➡		
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
2. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project		WAST QI Team (QSPE)	• Checkpoint Q1 2023/24			• Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF).			
3. Implement nationwide approach to emergency department ‘Fit 2 Sit’		Chief Medical Officer / Chief Nursing Officer	• Checkpoint Q2 2023/24			• Acceptance at meeting of Chairs and CEOs led by JP on 8/6 that a national approach to Fit 2 Sit should be adopted • Learning from NWS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit. • Fit to Sit SBAR (06 September 2022) sent to the Trust from the NCCU. To be discussed at the next IQPD meeting to focus on the variation in practice being seen. • More data identified as a key area for development before an evaluation can take place.			
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 Q2 2023/24			• Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level. Workshop planned in May 2023 • Access to ePCR data (NEWS) now available. Work on-going with Health Informatics regarding patient safety dashboards.			
5. Continued Health Board interactions – my next patient, patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.		Executive Director of Quality & Nursing	• Monthly • Checkpoint Q2 2023/24			• Monthly meetings continue to be held and the content of the health board reports are currently under review.			
6. HIW Improvement Plan / Workshop– WAST inputs / influencing improvements Response and improvement actions to Healthcare Inspectorate Wales Inspection report (2021) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover’ which links to Fundamentals of Care.		Assistant Director of Quality & Nursing	• Checkpoint Q2 2023/24			• Awaiting HIW feedback.			
7. Participation in the CASC led workshop to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019.		Executive Director of Quality & Nursing	• Checkpoint post pilot Q1 2023/24			• Revised joint investigation approach agreed and now in pilot phase.			
8. Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation		Director of Workforce & Organisational Development	• Checkpoint Q1 2023/24			• Strong focus from Executives with detailed updates to EMT every two weeks. • Good progress with pilot of payment of the C1 license proving particularly effective. • The Trust has 90 of the additional 100 required already in the organisation, 60 of these staff will be operational on or before 23 Jan-23 and 30 more will come through training the following month. By the end of Mar-23, the Trust will be at 99.5% of the new establishment. The reason for the slight slippage is significantly increased attrition over the past two months against forecast. The Trust has carried out exit interviews to understand the reasons for this increase.			

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:	16/03/2023	TREND	25 (5x5)
				Date of Next Review:	17/04/2023	➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score
				Inherent	5	5	25
				Current	5	5	25
				Target	3	2	6
9. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE		Director of Paramedicine	• Checkpoint Q4 2023/24		• Bid not successful. Feedback received from Welsh Government that will be incorporated into future bids. However, Trust decision to proceed with 18 MSC places. 10 started in September (North) with the balance (eight) on target for March 2023 start.		
10. Senior system influencing		Trust Chair Chief Executive Officer	• Checkpoint Q2 2023/24		• 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. • As a result of ongoing escalation of these issues, the Minister met with CEOs and Chairs from all health boards and WAST on the 28th November 2023. Presentations were given by colleagues from Walsall, where handovers have remained low. The minister set out her expectation that health boards would meet the reductions as previously agreed.		
11. Emergency Department cohorting		Director of Operations	• Closed		• Evaluation of cohorting has been completed and as a result, there has been an agreement to terminate these arrangements in Morriston and GUH.		
12. Transition Plan		Chief Executive Officer	• Checkpoint Q2 2023/24		• Formally submitted to Commissioners in December 2021. As above +100 FTEs secured although non-recurring at this point in time. • Also as above, funding for additional APPs not secured via Value Based Healthcare fund; however, decision of Trust to proceed with take up of 18 MSC places anyway. • Further discussions with funders as part of IMTP 2023-2026 required and also possible rebasing of EMS Demand & Capacity Review with increased system pressures built in, during 2023. This is now a required action with terms of reference to be developed. • A report is currently being developed on what the Trust could recruit in 2023/24 if funding is available. This report will come into EMT on w/c 23 Jan-2023.		
13. Overnight falls service extension		Executive Director of Quality & Nursing	• • June 2023		• A Falls Utilisation Task and Finish Group has been set up. • Night Car Scheme extension agreed to 31 March 2023 (2 regional resources) • Context, further additional Falls SJAC24sources agreed for winter pressures (external to contract until the end of financial year). Phased delivery		

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:	16/03/2023	TREND	25 (5x5)
				Date of Next Review:	17/04/2023	➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score
				Inherent	5	5	25
				Current	5	5	25
				Target	3	2	6
				<p>(phase 1 and 2 online, increased 4 day resources), two additional night resources 01 Feb-23 & 01 Mar-23.</p> <ul style="list-style-type: none">Falls level 1 and 2 impact evaluation report completed -presenting to Clinical Quality Governance Group 18 Jan-23.Task & Finish group and approved by CPAS, which went live 08 November 2022. Anticipated to support sustained improved utilisation.The Trust now has 6 ideal code sets.			
14. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?		Chief Executive Officer	<ul style="list-style-type: none">Checkpoint Q2 2023/24	<ul style="list-style-type: none">Conducted in three phases over the next 6 to 9 months Audit Wales will independently investigate and report on patient flow out of hospital: access to unscheduled care services and national arrangements (structure, governance and support).WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities.Audit Wales updated the Audit Committee on the Review of Unscheduled Care work they are undertaking at its meeting on 15 September 2022.			
15. Consideration of additional WAST schemes to support overall risk mitigation through winter		Director of Operations	<ul style="list-style-type: none">Checkpoint Q2 2023/24	<ul style="list-style-type: none">Winter modelling complete and being reported to Welsh Government via Joint Executive Team meeting (16 November 2022).Winter schemes identified and funded e.g., additional UCS, additional overtime etc.Performance Improvement Plan (the Trust’s rolling tactical seasonal plan up to date).Good progress on Performance Improvement Plan (pip) (and associated schemes). There were only 15 PIP actions live in Dec-22, so the PIP has been closed down and the remaining actions transferred into other assurance mechanisms like this report.Specific seasonal and strike structures stood up.Trust demonstrating continued focus and creativity on approach to seasonal and strike mitigations.Work ongoing on development of a Welfare and Sitting service.Work commenced to understand red coding better and to model additional resources that might be required.			

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:		16/03/2023		TREND	25 (5x5)
				Date of Next Review:		17/04/2023		➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
16. National 111 awareness campaign		Director of Partnerships and Engagement Director of Digital	• Checkpoint Q4 2022/23				• The national awareness campaign is now live through to the end of the financial year. • Soft launch (14 November 2022) with digital etc. • The planned care pages are now live on NHS 111 Wales. Released a new homepage: providing new and more dynamically updateable content, and more optimised for mobile. • Redesign of the Health A-Z & Check your symptoms sections. • The NHS style guide was incorporated across all areas of 111.Wales providing a consistent design across all pages. • Complete linking of new web-guides to DOS / Health A-Z articles thereby improving signposting • Search functionality has been improved increasing the relevancy of returned results. • Essential updates of the symptom checkers completed. • The Trust made the decision to postpone the second phase of the campaign due to the pressures seen in the run up to Christmas. The second phase will now launch 28 Feb-23, just after the Welsh Government’s Help Us Help You campaign has concluded. This will include the TV and radio advert, new organic and paid digital, influencer content and case studies.		
17. 24/7 Operational oversight by ODU with dynamic review and system escalation as required		Director of Operations	• Checkpoint Q2 2023/24				• Welsh Government funding provided to each Health Board to implement SDEC. • WAST has nationally agreed referral rights to these services enabling us to avoid the emergency department with suitable patients. • The Trust has provided Welsh Government with information which indicates that SDEC referrals account for less than 1% of the Trust’s verified EMS demand. • As a result Welsh Government has asked the Trust to forecast and model the potential level of patient flow into the existing and proposed SDEC if operating properly. • The results of the modelling are expected w/c 23 Jan-2023.		
18. Implementation of Same Day Emergency Care (SDEC) services in each Health Board NHS		LHB CEOs	• Checkpoint Q2 2023/24				• Commitment made at EASC in October 2021. • Commitment reaffirmed by Minister in CEO and Chair meeting on 23 Jun-22. • The Trust has calculated that a 25% reduction from the October 2021 position would return handover lost hours to the levels being seen in		

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:		16/03/2023	TREND	25 (5x5)	
				Date of Next Review:		17/04/2023	➡		
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
19. Wales eradicates all emergency department handover delays in excess of 4 hours						the winter pre-pandemic e.g. 14,000 hours. In Dec-22 the Trust lost 32,050 hours to hospital handover or 37% of its conveying capacity. This figure does not include English hospitals, so in reality it is even higher. The levels are extreme. <ul style="list-style-type: none">Commitment made at EASC in October 2021Commitment reaffirmed by Minister in CEO and Chair meeting on 23/6.There were over 2,883 +4 hour patient handovers in December 2022; the target being 0 from September 2022.			
20. Alternative capacity equivalent to 1,000 beds		LHB CEOs	<ul style="list-style-type: none">Checkpoint Q2 2023/24		<ul style="list-style-type: none">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) • 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.Most recent intelligence suggested that around 50% of this capacity had been secured (needs to be confirmed).				
21. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 (soft launch with Welsh Government Roadmap in place).		Executive Director of Quality & Nursing	<ul style="list-style-type: none">Checkpoint Q1 2023/24		<ul style="list-style-type: none">Monthly updates to progress against actions following the baseline assessment and readiness returns.Further presentation on Duty of Quality and Duty of Candour readiness and implementation plan to be presented and discussed at the Trust Board Development Day planned for 29.03.2023.				

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service			Date of Review:		21/03/2023		TREND	20 (5x4)
				Date of Next Review:		22/04/2023		➡	
IF there are high levels of absence e.g. sickness and alternative duties		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience		Likelihood	Consequence	Score		
				Inherent	4	4	16		
				Current	5	4	20		
				Target	3	4	12		
IMTP Deliverable Numbers: 1,5, 9, 10, 12, 17, 18, 19, 20, 26, 34									
EXECUTIVE OWNER		Director of Workforce & Organisational Development		ASSURANCE COMMITTEE		People and Culture Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Managing Attendance at Work Policy/Procedures in place				1. (a) Policy reviews to ensure policies and procedures are fit for purpose (b) Audits by People Services on sickness					
2. Respect and Resolution Policy				2. Policy reviews to ensure policies and procedures are fit for purpose					
3. Raising Concerns Policy				3. Policy reviews to ensure policies and procedures are fit for purpose					
4. Health and Wellbeing Strategy				4.					
5. Operational Workforce Recruitment Plans				5.					
6. Roster Review & Implementation				6.					
7. Return to Work interviews are undertaken				7.					
8. Training				8.					
9. Directors receives monthly email with setting out ESR sickness data				9.					
10. Operational managers receive daily sickness absence data via GRS				10.					
11. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme				11.					
12. WAST Keep Talking (mental health portal)				12.					
13. Suicide first aiders				13.					
14. TRiM				14.					
15. Peer Support network				15.					
16. Coaching and mentoring framework				16.					
17. Staff surveys				17.					
18. Stress risk assessments				18.					
19. Sickness statistics are reported to SLT, SOT, People & Culture Committee, Trust Board and the CASC				19. Sickness forms part of Workforce Scorecard to People & Culture Committee					
20. External agency support e.g. St John Ambulance, Fire and Rescue				20.					
21. Strategic Equality Objectives				21. Policy reviews to ensure policies and procedures are fit for purpose					
22. Volunteers				22.					
23. Monthly reviews of colleagues on Alternative duties				23. Action plans arising from meetings with colleagues implemented through monthly diarised meetings					
24. Manager guidance on managing Alternative duties				24.					
25. Fortnightly report on absence to EMT and report to every meeting of People & Culture Committee				25. Minuted meetings and action logs for EMT & People & Culture Committee					
26. Sickness audits for localities				26.					
27. Additional support for areas with higher than average absence				27.					
				External Management (2nd Line of Assurance)					
				1a. All Wales review of All Wales Attendance at Work Policy					
				Independent Assurance (3 rd 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)					

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:		21/03/2023		TREND	20 (5x4)
				Date of Next Review:		22/04/2023		➡	
IF there are high levels of absence e.g. sickness and alternative duties		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience		Likelihood	Consequence	Score		
				Inherent	4	4	16		
				Current	5	4	20		
				Target	3	4	12		
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. (a) Consistency and Application in Managing Attendance at Work Policy (b) Education and communication with managers about resources available and how to implement it e.g. stress risk assessments			1. There are other factors that impact on sickness which can’t be controlled						
4a. Wellbeing policy currently being produced			8. Reporting on training compliance						
9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received			9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers						
1 – 22 Education and communication with managers about resources available and how to implement it e.g. stress risk assessments									
			External Gaps in Assurance None identified at the present moment						
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. Implementation of Improving Attendance project			Deputy Director of Workforce & OD	31.09.23	Underway and ongoing. Downward trajectory 8.77% for November 2022.				
2. Implementation of Behaviours Refresh Plan			Assistant Director – Inclusion, Culture and Wellbeing	31.10.22 Extended to 31.05.23	Underway and ongoing. Captured in the IMTP for the service. Impacted by IA				
3. Long term sickness absence deep dive			Deputy Director of Workforce & OD	31.07.23	Underway and ongoing. Downward trajectory in levels of long term absence				
4 . Develop guidance for line managers to support addressing challenging conversations and change			Deputy Director of Workforce & OD	31.07.22 Complete	Training produced and rolled out. Now BAU				
5. Roll out platform for raising concerns (in relation to Freedom to Speak Up Arrangements)			Freedom to Speak Up Arrangements Task & Finish Group Ownership moving to DWOD	Extended from 31.07.22 to 31.03.23. Extended to 31.05.23	Pushed out date in terms of project plans and impact of Industrial Action. 21.3 The task and finish group has completed its work and the project is now going to be handed to DWOD as SRO for the work.				
6. Strengthen Freedom to Speak Up Arrangements policy and advice			Deputy Director of Workforce and OD	31.05.23	Ongoing				
7. Create a Manager and Staff training plan for Freedom to Speak Up Arrangements			Deputy Director of Workforce and OD	31.05.23	Ongoing				
8. Accountability meetings with senior ops managers			Deputy Director of Workforce & OD	30.09.22 Complete and ongoing	Underway, conversations re sickness absence well established and continuing				
9. Attendance Management training for managers			Deputy Director of Workforce & OD	31.12.22 Complete and BAU	Underway and ongoing – now BAU 1.11.22				
10.PADR review including wellness questions			Assistant Director – Inclusion, Culture and Wellbeing	Complete	Complete. New PADR distributed October 22.				
11.Restart the Health and Wellbeing Steering Group			Assistant Director – Inclusion, Culture and Wellbeing	Complete	Complete – group started 17.10.22 and will meet quarterly.				

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence			Date of Review:		21/03/2023		TREND	20 (4x5)
				Date of Next Review:		21/04/2023		➡	
IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations		THEN there is a risk of a loss of stakeholder confidence in the Trust	RESULTING IN damage to reputation and increased external scrutiny		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	4	5	20		
				Target	3	5	15		
IMTP Deliverable Numbers: 2,18, 26, 34, 38									
EXECUTIVE OWNER		Director of Partnerships and Engagement		ASSURANCE COMMITTEE		People and Culture Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Regular engagement with senior stakeholders e.g. Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders				1. Agendas, minutes and documents of engagement events					
2. Challenging of media reports to ensure accuracy				2. Programme of daily media engagement					
3. Media liaison to ensure relationships developed with key media stakeholders				3. Programme of daily media engagement					
4. Engagement Framework approved by the Board July 2022				4. Issues of reputation monitored at EMT via weekly Forward Look item – minuted meetings and action logs.					
5. Engagement Framework Delivery Plan approved by the Board January 2023				5. The Director of Partnerships and the Head of Strategy are working closely with colleagues from PWC to inform further detail regarding future engagement including stakeholder analysis, case for change etc. Routine stakeholder and staff engagement continues, including the recent round of Executive roadshows and WAST Live.					
6. Engagement governance and reporting structures are in place				6. Relevant information which impacts on reputation is reported and scrutinised via all internal committees e.g. EMT, FPC, PCC, QuEST & Audit Committee – minuted meetings and action logs. Outcome of recent reputation audit to be reported through EMT in April and onward, as a minimum, to PCC.					
7. Escalation procedure for issues to the Board				7. Minuted meetings, action logs and Board papers					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1.				1.					
2.				2.					
3.				3.					
4.				4.					
5. The delivery plan is in abeyance pending outcome of the work underway by PWC in relation to the Trust’s strategic ambitions.				5.					
6.				6.					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner		By When/Milestone	Progress Notes:			
1. Submit refreshed Board Engagement Framework to Trust Board for approval			Director of Partnerships & Engagement		26.05.22 Complete	Approved July 2022			
2. Report progress on Engagement Framework Delivery Plan to the People and Culture Committee			Director of Partnerships & Engagement		Complete	Considered by January 2023 Trust Board			
3. Monitoring internal Quality and Performance of Trust			Executive Management Team Finance and Performance Committee Quality, Safety and Patient Experience Committee People and Culture Committee Audit Committee		31.03.23 Checkpoint Date				
4. Engaging with internal and external stakeholders to develop confidence			CEO & Director of Partnerships & Engagement		31.03.23 Checkpoint Date				
5. Monitoring external factors that may affect the Trust			CEO & Director of Partnerships & Engagement		31.03.23 Checkpoint date				

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:		12/01/2023		TREND	16 (4x4)
				Date of Next Review:		12/02/2023		➡	
IF the Trust does: <ul style="list-style-type: none">not achieve financial breakeven and/ordoes not meet the planning framework requirements and/ordoes not work within the EFL and/orfails to meet the 95% PSPP target and/ordoes not receive an agreement with commissioners on funding (linked to 458)		THEN there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)		RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage			Likelihood	Consequence	Score
						Inherent	3	4	12
						Current	4	4	16
						Target	2	4	8
IMTP Deliverable Numbers: 10, 18, 28, 30, 34. 35, 37,38									
EXECUTIVE OWNER		Executive Director of Finance and Corporate Resources			ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS					ASSURANCES				
					Internal Management (1 st Line of Assurance)				
1. Financial governance and reporting structures in place					1. Risk is reviewed quarterly at F&P and a report is submitted bi-monthly to Trust Board				
2. Financial policies and procedures in place					2.				
3. Budget management meetings					3. Diarised dates for budget management meetings				
4. Regular financial reporting to ADLT, EFG, EMT, FPC and Trust Board in place					4. Diarised dates for EFG and FPC and monthly reports				
5. Welsh government reporting					5.				
6. Monthly review of savings targets					6. ADLT monthly review				
7. Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners.					7.				
8. Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.					8. Diarised dates for ICMB meetings with regular monthly report				
9. PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications					9. Regular PSPP communications (Trust wide) on Siren				
10. Forecasting of revenue and capital budgets					10. (a) Monthly monitoring returns to ADLT, EFG, EMT and FPC (b) Reliance on available intelligence to inform future forecasting.				
11. Business cases and benefits realisation (both revenue and capital)					11. Business cases – scrutiny and approval at senior management team which are submitted to ADLT, EMT, FPC prior to Trust Board for approval as appropriate according to value.				
					External Assurances Management (1 st Line of Assurance)				
					5. Monthly Monitoring Returns to Welsh Government				
					7. EASC management meetings. Monthly meetings with EASC and DAG for NEPTS.				
					8. Bi-monthly Capital CRL meetings with Trust and WG capital leads				

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:		12/01/2023		TREND	16 (4x4)
				Date of Next Review:		12/02/2023		➡	
IF the Trust does: <ul style="list-style-type: none">not achieve financial breakeven and/ordoes not meet the planning framework requirements and/ordoes not work within the EFL and/orfails to meet the 95% PSPP target and/ordoes not receive an agreement with commissioners on funding (linked to 458)		THEN there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)		RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage			Likelihood	Consequence	Score
						Inherent	3	4	12
						Current	4	4	16
						Target	2	4	8
				9. Regular P2P meetings diarised (bi-monthly)					
				10. Monthly monitoring returns into Welsh Government					
				Independent Assurances (3rd Line of Assurance)					
				1-10 Internal audit reviews covering					
				1-10 External audit reviews					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
<ul style="list-style-type: none">Lack of formalised service contracts between Commissioner and WAST as a commissioned body				None identified					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone		Progress Notes:	
1. Continuing negotiations with Commissioners				Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance		31/03/23 – 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 245	Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations			Date of Review:		14/11/2022		TREND	16 (4x4)
				Date of Next Review:		14/12/2022		➡	
IF CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident		THEN there is a risk that EMS CCCs cannot utilise other CCC’s space, accommodation and facilities		RESULTING IN potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)			Likelihood	Consequence	Score
						Inherent	3	5	15
						Current	4	4	16
						Target	2	4	8
IMTP Deliverable Numbers: 1, 5, 9									
EXECUTIVE OWNER		Executive Director of Finance & Corporate Resources		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st 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:		12/01/2023		TREND	16 (4x4)
				Date of Next Review:		12/02/2023		➡	
IF sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis.		THEN there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential ‘exit strategies’ from developed services could be challenging and harmful to patients.		RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage			Likelihood	Consequence	Score
						Inherent	3	4	12
						Current	4	4	16
						Target	2	4	8
IMTP Deliverable Numbers: 2, 12, 16, 18, 23, 24, 25, 26, 28,30, 34, 37, 38									
EXECUTIVE OWNER		Director of Finance and Corporate Resources		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Financial governance and reporting structures in place				1. Risk is reviewed quarterly at F&P and a report is submitted bimonthly to Trust Board					
2. Financial policies and procedures in place				2.					
3. Setting and agreement of recurrent resources				3.					
4. Budget management meetings				4. Diarised dates for budget management meetings. If an area is in financial deficit, the meeting would be at least once a month. If the area is in balance or surplus, the meeting would be quarterly.					
5. Budget holder training				5. Diarised dates for budget holder training					
6. Annual Financial Plan				6. Submission to Trust Board in March annually					
7. Regular financial reporting to EFG & FPC in place				7. Diarised dates for EFG and FPC with full financial reports					
8. Regular engagement with commissioners of Trust’s services				External Management (1 st Line of Assurance) 1. Accountability Officer letter to Welsh Government e.g. November 2021 3 and 8 EASC management meetings. Monthly meetings with EASC and DAG meetings for NEPTS. Meetings are diarised 9. Monthly monitoring returns					
9. Welsh Government reporting on a monthly basis				Independent Assurance (3 rd Line of Assurance) 2. Internal Audit reviews of financial policies & procedures as part of their audit plan					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
• Lack of clarity regarding EASC/Welsh Government commitments with respect to recurrent funding				1. Dialogue with EASC and DAG does not always result in recurrent arrangements (outside of WAST control)					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone		Progress Notes:	
1. A formal approach to service change to be developed providing secure recurrent funding with commissioners.				Deputy Director of Finance		31.12.22			
1. Develop a Value Based Healthcare system approach with commissioners. This would mean that funding would flow more seamlessly between organisations and would go some way to mitigating the risk of not receiving recurrent funding.				Deputy Director of Finance		31.12.22			

Risk ID 557	Potential impact on services as a result of Industrial Action			Date of Review:		12/01/2023		TREND	16 (4x4)
				Date of Next Review:		12/02/2023		NEW	
IF trade unions take industrial action in response to the national pay award	THEN this is likely to disrupt our ability to provide a safe, efficient and good quality service in the 6 core areas the business	RESULTING IN potential harm to patients, adverse effect to patient outcomes, increase in SAls/concerns/coroners cases, negative media reports, and impact on the Trust's corporate reputation		Likelihood		Consequence	Score		
			Inherent	3	4	12			
			Current	4	4	16			
			Target	2	4	8			
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Director of Workforce & Organisational Development		ASSURANCE COMMITTEE		People and Culture Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Detailed planning process in place				1. Industrial action plan agreed and published					
2. Significant preparation for industrial action prior to events				2. Documented processes and actions					
3. Negotiations with TU officers on derogations				3. Communications and engagement across the organisation					
4. Communications with organisation on IA – regular WAST Live Q&As, briefings and updates									
5. IA issues discussed and recorded at EMT and ADLT									
6. ADLT and Managers co-ordinated on picket sites during IA days									
7. Strategic Command arrangements and HR cover for whole of strike period									
8. Lessons learned exercise after each strike day									
9. Engagement with wider network to maximise system preparedness and support				External Independent Assurance (3 rd Line of Assurance)					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Need to determine life and limb cover to meet our legal requirements under the Industrial Action Regulations				1. Awaiting outcome of UNISON ballot (Feb 2023)					
2. No control or mitigation on TU decisions on derogations				2.					
3.				4.					
4.				5.					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		
1. Maximum engagement with TU colleagues				Director of WOD		Ongoing	Daily meetings with relevant TUPs		
2. Negotiate the best derogations possible to protect patient safety				Director of WOD		Ongoing	Derogations negotiated for each IA day		
3. Consider options for external support if necessary				Director of WOD / CEO		Ongoing	Watching brief		
4.									
5.									
6.									

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation			Date of Review:		23/12/2022		TREND	15 (3x5)
				Date of Next Review:		23/01/2023		↓	
IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance		THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments		RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	3	5	15
						Target	2	5	10
IMTP Deliverable Numbers: 1, 7, 9, 12, 16, 17, 24, 25, 26, 33, 35, 38									
EXECUTIVE OWNER		Director of Quality and Nursing		ASSURANCE COMMITTEE		People and Culture Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Systematic review and assessment of Health and Safety arrangements and Governance (All NHS Wales -Health & Safety Management System - HSMS).				1. Assessment criteria set for health and safety management system (HSMS) all Wales system). HSMS approved at ADLT in 2022. ADLT members sponsorship for all 11 management principles.					
2. Health & Safety Governance and reporting arrangements – National Health, Safety and Welfare Committee. Reporting into People and Culture Committee. (PCC)				10. Trusts Legislative Compliance Register in place. Assessments to be reviewed in ADLT in January 2023. Monthly, Quarterly and Annual H&S performance reports to ADLT and H&S National Health, Safety and Welfare Committee. <ul style="list-style-type: none">Quarterly performance reports to ADLT, EMT, PCC.Reports published on H&S webpage.H&S climate cultural survey developed to determine perception of Trust position against Bradley Curve.					
3. Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, - Regulation 7 ‘Health and Safety Assistance’.				11. The Working Safely team ceased on 31.09.22. The approval of the transformation of the H&S function business case allowed for significant increase into the function which commenced on 03.10.22. This allowed for the new structure to be implemented.					
4. Health & Safety Policy and Corporate level Procedures.				12. H&S Policy approved in 2018. Following landing of business case, Policy review underway Q4 2022. Violence and Aggression Policy, Risk Assessment procedure, Display Screen Equipment procedure, Workplace premise audits inspection procedure in place. Control of substances Hazardous to Health (COSHH), New and expectant Mothers Risk Assessment Procedure awaiting approval at ADLT in Jan 2023. Dangerous Substances Explosive Atmospheres (DSEAR) Procedure, Lifting Operations Lifting Equipment / Provision and Use of Workplace Equipment (PUWER) combined Procedure in draft with an expectation of approval during Q1 2023. Lone worker Procedure ongoing- expectation of second draft Q1 2023. Trust wide Hazard register framework in place. Expectation of being presented at ADLT in Q4 2023.					
5. Mandatory Health and Safety training for all staff on ESR. Induction training in place for all new operational staff.				13. Quarterly statistics provided by ESR support team and incorporated into Health and Safety’ quarterly and annual Performance reports. Induction training compliance held on ESR					
6. 2 year rolling programme of scheduled H&S premise audits.				14. Inspections are being undertaken in line with schedule.					
7. Risk assessments (including local risk assessments - Covid 19, workplace risk assessments, risk assessments covering EMS and NEPTs activities, operations risk assessments).				15. Workplace risk assessments are undertaken by local management teams, reviewed by H&S team and previously monitored by BCRT. These are being monitored by local operations mangers. Other operational risk assessments and SOPs are held on dedicated Share-point sections. Performance metrics in place.					
8. Working Safely Strategic Programme Board (STB) to provide oversight of the Working Safely Action plan. Dynamic Delivery Action Group to continue to undertake actions on the Working Safely Action Plan.				16. Working Safely Action Plan has been agreed and this is being held to account by Strategic Transformation Board. Deliverables are being monitored through the Dynamic Delivery Group meeting. Terms of reference for Dynamic Delivery Group are approved.					
9. Rolling programme of IOSH Managing Safely- for Managers- scheduled training programme in place.				17. Attendance and competency figures provided in a quarterly report to ADLT, National Health, Safety and Welfare Committee and People and Culture Committee.					
10. IOSH Leading Safely for Directors and Senior Managers training in place.				18. Attendance and figures provided in monthly report to ADLT. Personal safety commitments are being monitored on a quarterly basis					

36

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation			Date of Review:		23/12/2022		TREND	15 (3x5)
				Date of Next Review:		23/01/2023		↓	
IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance		THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments		RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	3	5	15
						Target	2	5	10
11. Board development Day covering Health & Safety Management and Culture Awareness training undertaken in April 2022.				19. Diarised meeting.					
12. Health and Safety Management System recognised document approval routes for health and safety documentation.				20. Approved and minuted at ADLT meeting in 2022.					
13. IOSH Leading Safely training delivered to majority of Board and Executive Team on 26 July 2022.				21. Compliance metrics held on H&S team database.					
14. IOSH Leading Safely additional sessions for new Board /EMT members and ADLT to be scheduled for 2023.				22.					
15. Leading Safely, Safety Positive conversations training to be delivered to Board and EMT in March 2023.				23.					
16.				24. Internal Audit to be undertaken in Q4 22/23 (controls 1– 10) (External Independent Assurance (3 rd Line of Assurance)					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1.				1. Baseline audit for HSMS not to be commenced till Q1 2023 (<i>being addressed in Action 1</i>)					
2. Subgroups of National H&S and Welfare Committee currently under review. (being addressed in Action 2)				2. H&S Climate Cultural survey to be rolled out once political pressures (IA) reduce. Expectation of roll out Q4 2023 (<i>being addressed in Action 3</i>)					
3.				3.					
4. The Health and Safety Policy and some procedures are due to be reviewed by the end of Q4 2022 in Q1 2022 (<i>being addressed in Action 4</i>)				4. (a) Review of H&S Policy is due at end of Q4 2022 (<i>being addressed in Action 4</i>) (b) Workforce Transformational change will influence content within H&S policy (<i>being addressed in Action 4</i>)					
5. Poor uptake in statutory and mandatory H&S training (<i>being addressed as part of Actions 5</i>)				5.					
6.				6. Two-year Schedule for H&S inspections and visits commenced September 2022. Compliance metrics, themes and trends are to be included within monthly, quarterly and annual performance reports. (<i>being addressed as part of Actions 6</i>)					
7.				7. (a) Current copies of risk assessments and SOPs are not available at all stations. (<i>being addressed as part of Actions 7</i>) (b) Lack of clarification over many SOPs are required until HSMS baseline audit has been completed. (<i>being addressed as part of Actions 7</i>)					
8. Operational pressures on service impacting on Working Safely Programme delivery (being addressed in Action 8)				8.					
9. Staff availability to attend training (<i>being addressed in Action 5</i>)				9. Work ongoing to determine how many Managers require IOSH Managing Safely. (<i>being addressed in Action 9</i>)					
10. Effective learning from events to be documented (<i>being addressed in Action 8</i>)				10. Currently there is no structured monitoring process in place to ensure attendance on the IOSH Leading Safely course. (<i>being addressed in Action 5</i>)					
11.				11.					
12.				12.					
13.				13.					
14.				14.					
15.				15.					
16.				16.					
17.				17.					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner	By When/Milestone	Progress Notes:			
1. Meetings to be scheduled to undertake baseline assessment and feedback to EMT.				Head of Health and Safety	Q1 2023				


Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation			Date of Review:		23/12/2022		TREND	15 (3x5)
				Date of Next Review:		23/01/2023		↓	
IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance		THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments		RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	3	5	15
						Target	2	5	10
2. Meetings to be held with TU partners and AD/Head of H&S to agree arrangements for sub-groups.				Head of Health and Safety	Q4 2022	ToR Developed and presented at National HSW Committee in Q2 2022. Further discussions requested a Charter arrangement. Draft Charter developed and presented in National HSW committee in Q3 2022. Further discussions requested by TU partners.			
3. Assessment to be undertaken in Q4 of political pressure to determine viability of conducting culture survey				Head of Health and Safety	Q4 2022				
4. H&S Policy Group meeting to be established and draft policy to be created				Head of Health and Safety	Q4 2022/Q1 2023	Initial meeting held in December 2022 first draft to be presented at Policy Group Meeting in January 2023 for comments from key stakeholders.			
5. Quarterly report on training compliance to be presented to ADLT for actioning within respective Directorates				Head of Health and Safety	Q3 2022	Report is a standard section of quarterly H&S performance report to ADLT			
6. IT solution being investigated to collate data from inspections to enable trending and monitoring of actions generated				Deputy Head of Health and Safety	Q4 2023	The audit proforma has been migrated onto MS Forms to allow for improved data collection.			
7. H&S advisors will liaise with local management teams to identify risk assessments and SOP’s in place and ensure visibility on SharePoint				Deputy Head of Health and safety	Q2 2023				
8. Priority Elements of Working Safely Action Plan to be identified and programme schedule presented to STB to ensure sufficient support from Operational Teams. migrate into Annual Health and Safety Improvement Plan.				Head of Health and Safety	Q4 2022	Priority actions for 2023-24 identified as Culture, Manual Handling, Violence and Aggression, Incident investigation training.			
9. Review of number of line managers within the Trust to put in place a suitable schedule to roll out training.				Deputy Head of Health and Safety	Q2 2023	Interim schedule in place to address known line managers.			
Completed Actions				Action Owner	When /Milestone	Progress Notes:			
1. Delivery of the Working Safely Action Plan (WSAP) (Priority top 25)				Head of Health & Safety	31.09.22 Partially completed.	Pump and Prime phase commenced 01.09.21. Closure report for PPP presented to EMT during Q3 2022/23. Working Safely Programme to continue being monitored by STB. Four priorities determined for 2023/24- Violence & Aggression, Culture, Manual Handling and Incident Investigation.			
2. IOSH Leading Safely training to be delivered to Exec Team and Board (forms part of WSAP)				Head of Health & Safety	31.12.22 Partially completed	Training delivered to Board and Executive team on 26.07.22. Further sessions to be scheduled for Q4 2022/2- Q1 2022/23 for new members.			
3. WAST Leading Safely Behavioural Audit training to Exec Team and Board (forms part of WSAP)				Head of Health & Safety	31.12.22 Scheduled	Scheduled for BDD - February 2023.			
4. H&S team workforce review (accompanying Business Case forms part of this) (this forms part of WSAP)				Head of Health & Safety	31.03.22 Completed	Completed- Workforce review fully implemented 03.10.22			
5. Culture survey to all members of staff (forms part of WSAP)				Head of Health & Safety	30.09.22 Partially completed	Survey developed and to be presented at National H&S Committee on 02.11.22 and SOT in December for feedback. Decision made during Q3 2022/23 to postpone survey unit political pressures ease. Expectation of roll out Q4 2023-Q1 2023/24.			
6. A compliance register that describes the requirements of the various Health & Safety legislation that the Trust needs to comply with (part of WSAP)				Deputy Head of H&S	30.06.22 Completed	Compliance Register framework developed Q2 2022.			
7. An initial assessment will provide assurance on how we are complying with the legislation.				Deputy Head of H&S	Partially completed Assurance - 0.06.22 Rolling programme of assessments – 31.12.22 (Checkpoint date)	Assessments undertaken. Some outstanding estates assessments scheduled January 2023.			

38

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems			Date of Review:		06/12/2022		TREND	15 (3x5)
				Date of Next Review:		06/01/2023		➡	
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place	THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score			
			Inherent	4	5	20			
			Current	3	5	15			
			Target	2	5	10			
IMTP Deliverable Numbers: 7,8,9,10,12, 16,18,21,23, 24,25, 26, 38									
EXECUTIVE OWNER		Director of Digital Services		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Appropriate policy and procedures in place for Information/Cyber Security				1. Information Security Policy reviewed every 3 years (currently due for renewal). Incident Policy and Procedure put in place in February 2022 – renewed annually.					
2. Trust Business Continuity Procedure and Incident Response Plan				2. Debrief from significant business continuity incidents captured within organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years - currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing					
3. IT Disaster Recovery Plan				3. Organisation-wide tabletop exercise undertaken in March 2022 with all BC leads and Digital teams.					
4. Relevant expertise in Trust with respect to information security				4. Staff undertake relevant training courses e.g. CISSP to increase knowledge and expertise					
5. Data Protection Officer in post				5. In job description of Head of ICT					
6. Cyber and information security training and awareness				6. Training statistics are available on ESR and from Phish threat module					
7. Mandatory Information Governance training which includes GDPR				7. Training statistics reported on by Information Governance department					
8. ICT tests and monitoring on networks & servers				8. Any issues would be identified and flagged and actioned					
9. Information Governance framework				9. WAST self-assesses its Information Governance Framework against the Welsh Information Governance toolkit.					
10. Internal and NHS Wales governance reporting structures in place				10. Internal WAST Information Governance Steering Group & All Wales Information Governance Management Advisory Group (IGMAG) meets quarterly, National Ambulance Information Governance Group (NIAG) meets every 2 weeks, Operational Security and Service Management Board (OSSMB) (national) – daily/weekly meetings and minuted meetings every 2 months. Minutes and actions logs available for meetings.					
11. Checks undertaken on inactive user accounts				11. Software in place to run check on inactive accounts as and when					
12. Business Continuity exercises				12. Annual schedule of testing					
13. Operational ICT controls e.g. penetration testing, firewalls, patching				13. Monthly scans on infrastructure. Penetration testing has occurred for different systems. 2 physical firewalls on networks to monitor traffic. Monthly patching occurs or as and when.					
14. Security alerts				14. Daily alerts are received. Anti-virus alerts received as and when threat discovered					
				External Independent Assurance NHS Wales Cyber Response Unit independent view of Network and Information Systems (NIS) Directive compliance within last 4 – 5 months (covering controls 1 -,3 – 11, 13 – 14					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Not all information security procedures are documented				1. No regular Cyber/Info Security KPIs are reported to senior management committees					

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems			Date of Review:		06/12/2022		TREND	15 (3x5)
				Date of Next Review:		06/01/2023		➡	
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			
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	31.12.22	Draft KPIs have been agreed and produced for quarterly reporting. Q1 and Q2 are currently being reviewed within ICT prior to wider circulation.					
2.Discuss how cyber risk is reviewed and frequency of review		Director of Digital Services	28/10/22 Close – now Business as Usual	a. The ongoing cyber threat to the organisation is continually monitored using daily comms feeds and automated alerts from various external sources. b. The corporate cyber risk assessment will be reviewed monthly at the Digital Leadership Group informed by the threat and intelligence monitoring and national strategic trends.					
3.Suite of business continuity exercises that departments can undertake to test their plans to be provided.		North Resilience Manager	28/10/22 Complete	The Trust has run two exercise Joshua & Joshua 2 to test departments readiness					
4.Exercise template report which shows recommendations to be created		North Resilience Manager	31.12.22 - Ongoing	Exercise reports being drafted					
5.Formalise Cyber Incident Response Plan		Head of ICT	31.12.22 – Checkpoint Date	Ongoing					
6.Implement Meta Compliance Policy Solution		Senior ICT Security Specialist	31.12.22 – Checkpoint Date	Ongoing					

Risk ID 543	Major disruptive incident resulting in a loss of critical IT systems			Date of Review:		06/01/2022		TREND	15 (3x5)
				Date of Next Review:		06/01/2023		➡	
IF there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems		THEN there is a risk of a loss of critical IT systems	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Director of Digital Services		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Trust Incident Response Plan and Department Business Continuity Plans				1. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. Annual schedule of testing of BCPs.					
2. IT Disaster Recovery Plan				2. Recent ICT tabletop exercise undertaken					
3. Recovery/contingency plans for critical systems				3. Reports from tabletop exercises					
4. Service management processes in place				4. Documented and approved service management processes in place					
5. Incident Management Policy, Procedure and Process				5. Incident Policy and Procedure put in place in February 2022. This would be required annually and if there is a system change, the review would be earlier					
6. Regular data back ups				6. Daily report on status of backup and fully automated process. Log kept of where restores are undertaken					
7. Resilient and high availability ICT infrastructure in place				7.					
8. Robust security architecture and protocols				8.					
9. Diverse IT network (both data and voice) delivery at key operational sites				9.					
10. Regular routine maintenance and patching				10.					
11. Environmental controls				11.					
12. Intelligence gathered from suppliers with respect to future tool sets and enhancements				12. Via email and webinars					
				External Independent Assurance <ul style="list-style-type: none">2021_16 Internal Audit review of IM&T Control Assessment – baseline exercise2021_19 Internal Audit review of ICT Disaster Recovery – Limited AssuranceNIS Directive internal audit report 2022 – Reasonable Assurance (covering controls 1-12)					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
Non identified				Undertaking Cyber Essentials assessment					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		
1. Suite of business continuity exercises that departments can undertake to test their plans to be provided.				North Resilience Manager		31.12.22 Checkpoint date			
2. Exercise template report which shows recommendations to be created				North Resilience Manager		31.12.22 Checkpoint date			
3. Cyber Essentials assessment to be completed				Head of ICT		31.12.22 Checkpoint date			

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences			Date of Review:		13/01/2023		TREND	15 (3x5)
				Date of Next Review:		13/02/2023			
IF significant internal and external system pressures continue		THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers:									
EXECUTIVE OWNER		Director of Workforce & OD	ASSURANCE COMMITTEE		People & Culture Committee				
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Health and wellbeing strategy in place and shared across the Trust.			1. Review undertaken of the Health and Wellbeing Strategy by Assistant Director annually.						
2. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme			2. Regular review meetings with all external providers to ensure they meet requirements of the SLA contracts. Regular management information received so that trends can be monitored.						
3. Self-referrals or managerial referrals to Occupational Health			3. Regular reports submitted by Occupational Health team to WOD Business Meetings for monitoring.						
4. Wellbeing support and training for line managers			4. Diarised meetings, webinars and workshops in place through a rolling programme.						
5. Development of range of wellbeing resources for staff and line manager			5. Tools are available on WAST intranet. Occupational Health and Wellbeing teams visit stations, A&E , CCCs and other locations regularly where operational staff are based to promote the occupational health and wellbeing offer.						
6. Peer support network forum			6. Agendas and minutes of meetings produced for each meeting.						
7. WAST Keep Talking (mental health portal)			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						
			4. Reporting on wellbeing training take up						
11. Need to increase the education and communication with managers about stress risk assessments			<ul style="list-style-type: none">Lack of awareness about staff wellbeing services						
			<ul style="list-style-type: none">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:			

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences			Date of Review:		13/01/2023		TREND	15 (3x5)
				Date of Next Review:		13/02/2023		➡	
IF significant internal and external system pressures continue		THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
1. Restart the Health and Wellbeing Steering Group (link to risk 160)			Assistant Director – Inclusion, Culture and Wellbeing	Completed	First meeting was on 17/10/2022. This however does not yet bring down the score of the risk as the Steering Group meeting was to re-establish a way forward. Next meeting to be scheduled within 2 months.				
2. Increase the education and communication with managers about stress risk assessments			Head of Health & Safety	Completed	This is part of the IOSH Managing Safety Training BAU. OH to undertake workshops with CCC managers – dates to be confirmed this week.				

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

Risk ID 100	Failure to persuade EASC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience			Date of Review:		12/01/2023		TREND	12 (3x4)
				Date of Next Review:		10/03/2023		➡	
IF WAST fails to persuade EASC/Health Boards about WAST ambitions		THEN there is a risk of a delay or failure to receive funding and support		RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	3	4	12
						Target	2	4	8
						12/01/23 Engagement on roster review largely concluded, with some political interest continuing in a few areas.			

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:		12/01/2023		TREND	12 (4x3)
				Date of Next Review:		12/03/2023		➡	
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 st Line of Assurance)					
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership				1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.					
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement				2. Both parties refer to the documents and are signed up/committed to it					
3. IPA Workshops				3. Meetings completed with participation from TUs and senior managers. Attendance lists are available					
4. Trade Union representation at Trust Board, Committees				4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned as a result of TU partner buy in					
5. Monthly Informal Lead TU representatives and Chief Executive meetings				5. Diarised meetings					
6. Staff representative management in Task & Finish Groups				6. Good attendance and commitment is observed at the meetings. TU partners listed as members in terms of reference					
7. WASPT re-established post stand down of cell structure post pandemic				7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.					
8. Local Co-Op Forums, and informal monthly meetings between TUs and Senior Operations Team				8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings					
9. Quarterly Report on TU activity to People and Culture Committee				9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes					
				External Not applicable					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Need to move back to business-as-usual footing				None identified					
2. Facility to manage situations where there is a failure to agree, to avoid grievance and disputes from occurring									
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		
1. Develop an action plan from the recommendations of the ACAS report				Deputy Director of Workforce & Organisational Development		Completed 12/01/23	Action Plan for delivery created and shared with TU Secretary for feedback from TUPs		
2. Agree the ToR for refreshed Partnership Forum meeting and move back to a business-as-usual footing				Deputy Director of Workforce & Organisational Development		Completed 12/01/23	WASPT re-established. Third meeting scheduled T&F group undertaking work on the engagement model below WASPT through SLT and SOT is in progress with TU engagement. TU cell stood down.		
3. Proposed externally facilitated mediation session(s) building on the IPA workshops and specifically to address the thorny issue of what happens when we fail to agree				Deputy Director of Workforce & Organisational Development		Completed 12/01/23	Rearranged date 24.08.22 due to COVID in ACAS facilitators. First ACAS sessions delivered in June. Joint ACAS session with TUPs and Senior Team delivered on 24.08.22. Awaiting report from ACAS advised they are finalising by 23.09 and will forward week of 26 th Sept. Draft plan in development to capture actions from the		

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:		12/01/2023		TREND	12 (4x3)
				Date of Next Review:		12/03/2023		➡	
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
							meeting. Actions from the ACAS recommendations will be added on receipt. Report received in October. Action plan developed and shared with TUs. Implementation underway		
4. Minutes of formal Partnership Forum should be reported to PCC or Board in future (return to BAU).				Deputy Director of Workforce & Organisational Development		Completed 12/01/23	WASPT feeding into PCC		

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

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:		12/01/2023		TREND	12 (3x4)
				Date of Next Review:		10/03/2023		➡	
IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme		THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters	RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage		Likelihood	Consequence	Score		
				Inherent	4	4	16		
				Current	3	4	12		
				Target	2	4	8		
4. Reduce abstractions in particular sickness absence			Deputy Director of Workforce & OD	31.12.22 – Checkpoint Date	30.09.22 Sickness absence reducing, but abstractions high linked to sickness, but also training abstraction linked to the +100. 12/01/23 Abstractions have reduced, but still very high. Sickness is reducing and on trend to achieving the 10% Mar-23 target. High abstractions linked to internal movements caused by internal recruitment.				
5. Engage with Assistant Director of Planning and Transformation on process for PID updates			Assistant Director – Commissioning & Performance	31.12.22 Checkpoint Date	30.09.22 HoT recruited and now started. Initial contact made with HoT. PID is up to date. 12/01/23 PID has been further updated but requires sign off by the SRO and STB.				

Risk ID 424	Resource availability (capital) to deliver the organisation’s Integrated Medium-Term Plan (IMTP)			Date of Review:		13/01/2023		TREND	12 (3x4)
				Date of Next Review:		01/04/2023		➡	
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)	THEN there is a risk that there is insufficient capacity to deliver the IMTP	RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust’s ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		Likelihood	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 st Line of Assurance)					
1. Prioritisation of IMTP deliverables				1. Prioritisation detailed in IMTP and reviewed and agreed at Strategic Transformation Board					
2. Financial policy and procedures				2.					
3. Governance and reporting structures e.g. Strategic Transformation Board (STB)				3. IMTP sets out delivery structures and meeting minutes are available					
4. Assurance meetings with Welsh Government and Commissioners				4. Agendas, minutes and slide decks available					
5. Transformation Support Office (TSO) which supports the major delivery programmes				5. Paper on TSO to Strategic Transformation Board					
6. Project and programme management framework				6. PowerPoint pack detailing PPM					
7. Regular engagement with key stakeholders				7. Stakeholder Engagement Framework					
				Independent Assurance (3 rd Line of Assurance)					
				2. Subject to Internal Audit					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Project and programme management (PPM) framework to be reviewed				1. PPM needs to be reviewed and approved through STB					
2. Head of Transformation vacancy				2. Benefits have not been fully linked to benefits realisation					
3. Lack of a commercial contractual relationship with Commissioners (link to risk 458)									
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		
1. Recruit a Head of Transformation				Assistant Director of Planning		30.09.22 complete	Recruited 02.08.22 in post on 01.11.22		
2. Review the PPM				Head of Transformation		Extended from 31.03.23 – To 31.03.23 Checkpoint Date	Currently (January 2023) working through delivery structures for 2023-26 which will inform the PPM review – changed checkpoint date to 31.06.23		
2. Develop Benefits Realisation plans in line with Quality and Performance Management framework				Assistant Director of Planning/Assistant Director, Commissioning & Performance		Extended from 30.09.22 – To 31.03.23	Reviewed action and extended checkpoint date further as approach being developed for next iteration of IMTP. Work ongoing.		

Risk ID 424	Resource availability (capital) to deliver the organisation’s Integrated Medium-Term Plan (IMTP)			Date of Review:		13/01/2023		TREND	12 (3x4)
				Date of Next Review:		01/04/2023		➡	
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)	THEN there is a risk that there is insufficient capacity to deliver the IMTP	RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust’s ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		Likelihood	Consequence	Score			
			Inherent	4	4	16			
			Current	3	4	12			
			Target	1	4	4			
			Checkpoint Date – TO 31.06.23 checkpoint date						
3. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458)		Deputy Director of Finance	31.12.22 – checkpoint date 31.03.23	Extend checkpoint date to 31.03.2023 on basis of new financial allocations for 2023 to be worked through with Commissioner					

IMTP Deliverable Key

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



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

AGENDA ITEM No	12
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	0

INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-2025 QUARTER 4 PROGRESS REPORT

MEETING	Trust Board
DATE	30 March 2023
EXECUTIVE	Rachel Marsh - Executive Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation Heather Holden – Head of Transformation
CONTACT	Alexander.crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this paper is to update the Board on the progress and delivery of actions in the IMTP 2022-25 to date in Q4 2022/23 including the Accountability Conditions set by Welsh Government.

RECOMMENDED:

That the Board:

1. Notes the update against WAST's IMTP Accountability Conditions;
2. Notes the overall delivery of the IMTP detailed in this paper.

KEY ISSUES/IMPLICATIONS

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

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

Progress against these specific conditions are as follows:

Six Goals	WAST now has a presence on goals 2, 5 & 6 at delivery board level and on the clinical advisory board, with further ongoing discussion about engagement/representation on goals 1, 3 and 4 with the national team. The Integrated Commissioning Action Plan (ICAP) process, established by the National Collaborative Commissioning Unit (NCCU) as a joint planning process with health boards, is starting to take shape and WAST is developing a set of service offers for each health board based on successful implementation in other areas of Wales. The ICAPs will align to six goals policy and some actions will directly support the policy targets (e.g. SDEC development) whilst others will indirectly impact on the six goals programme in support of delivery targets. In our IMTP for 2023-26 we have articulated the outcomes and benefits aligned to each of the goals to which we contribute.
Value Based Healthcare	The Value Based Healthcare Working Group in WAST continues to develop its work programme alongside the Financial Sustainability Programme. There has been some slippage in implementation of PLICs, this is not anticipated to have any adverse impact on next year's IMTP. The work to trial Patient Reported Experience Measures (PREMS) with Aneurin Bevan University Health Board has gone live. We have also planned a workshop with the Welsh Value in Health Centre in Q1 2023/24 to further explore how we mature our value based healthcare culture.
Minimum Data Set	This is now being refreshed quarterly with the required data applied. A new MDS is being prepared as part of the IMTP development for 2023-26.
Improvement in sickness absence	The Managing Attendance Programme is working through the actions required to address absences with regular reporting and assurance provided at People and Culture Committee. Despite seasonality, there has been a reducing trend throughout 2022/23 with further stretch targets in the IMTP for 2023-26.
Delivery of workforce efficiencies	A range of efficiencies in EMS have been delivered and resulted in the increase of around 1,200 additional shifts. This includes the EMS re-rostering, sickness absence reduction, additional WTEs and increase in consult and close rates.

Finance and Performance Committee received a full update on IMTP progress and assurance around IMTP delivery programmes on 20 March 2023.

An IMTP delivery tracker is in place which maps back all 2022-23 priorities into the agreed transformation and enabling programmes established within the IMTP delivery structure.

The following sets out the early Q4 position of IMTP delivery priorities and any slippage or status changes that should be noted by STB. *(Key: Red -urgent attention required; Amber – in progress, off track; Green – on track; Blue – complete; Purple – paused; Grey – stopped).*

It should be noted that, due to operational pressures following a difficult winter in Q3 combined with our planning and organisational response to ongoing industrial action throughout Q4, the Chief Executive in agreement with Executive Management Team set out five specific priorities for Q4 which impacted on delivery of the IMTP:

1. Reducing waiting times, avoidable harm and death
2. Focusing on our Gateway to Care programme

3. Safely managing industrial action
4. Looking after our people's wellbeing and maintaining recruitment
5. Focusing on the longer term, including our financial sustainability

Despite the need to refocus our efforts in Q4, there has undoubtedly been good progress against our overall IMTP ambitions in 2022/23 as we look forward to the next iteration of our IMTP for 2023-26 with a large proportion in progress and on track or complete. For those that remain amber (in progress off track), the update to Finance and Performance Committee set out mitigating actions or new timelines, some of which will roll into next year's IMTP delivery plans.

Unsurprisingly, with the disruption of seasonal pressure and industrial action, five actions are rated red (urgent attention required). These are set out below with mitigating actions or next steps identified.

- **Work to reduce handover delays** continues through Health Board Handover Improvement meetings, which will now become Integrated Commissioning Action Plan (ICAP) meetings, and there was some reduction in handover delays in Jan-23. However the RAG status remains Red as this process matures into next year.
- **SALUS implementation** remains Red. The final Capita Delivery Plan was received in Jan-23 and is undergoing scrutiny and assessment by the National 111 Programme, WG and WAST governance processes.
- Implementation of the **new control room solution (CRS)** has been delayed and the status increased to Red. Further application issues have been identified during testing, as a result the proposed go-live of w/c 20 March is no longer viable. Currently awaiting issue resolution to confirm revised go-live dates.
- The pilot **Microsoft Viva** application which is part of a suite of improvements in digital is off track. This has been delayed due to operational pressures and will be considered alongside the next steps in the digital roadmap to deliver the Trust's digital strategy.
- Implementation date for migration to the new **Once for Wales Datix Risk Module** has been extended to 31st March 2024. NWSSP will run a pilot with the new Datix system and the current DatixWeb Risk System will remain live to all organisations who are currently using it 31st March 2024.

As we head into next year, the Trust has procured a new portfolio, programme and project management system which will be implemented during Q1 2023/24 to enable programmes to more efficiently report on progress of the IMTP, including a benefits management module, which is something that a recent audit of IMTP delivery identified as an area for improvement. Strategic Transformation Board recently reviewed the reporting processes into executives and Trust committees and will be receiving recommendations on a more streamlined approach to delivery, monitoring and assurance which we will aim to put in place through Q1.

REPORT APPROVAL ROUTE

Strategic Transformation Board interim Q4 update on 27 February 2023
Finance and Performance Committee interim Q4 update on 21 March 2023

REPORT APPENDICES

None

REPORT CHECKLIST

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



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

AGENDA ITEM No	13
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	4

WAST Integrated Medium Term Plan 2023-2026

MEETING	Trust Board
DATE	30 March 2023
EXECUTIVE	Rachel Marsh, Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford, Assistant Director of Planning & Transformation
CONTACT	alexander.crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

- The purpose of this report is to update the Board of the progress in developing the 2023-2026 Integrated Medium Term plan in the context of NHS Wales Planning Framework and the EASC Commissioning Intentions for 2023/24.
- The report will highlight the key issues in the plan. This report will be followed by a review of the budget for 2023/24 based on the financial plan in the IMTP.
- The plan presented to the Board is a final version (subject to any minor amendments following the Board) of the technical document that will be submitted to Welsh Government (WG).
- Throughout April we will develop **accessible summary versions** for the public and for our people in both English and Welsh. We do not normally publish the full plan until it has been approved by WG.
- It should be noted that Trust's purpose statement and graphic is included as the draft version pending a final CEO Roadshow event in Wrexham, after which we would hope to be able to publish a final agreed version of graphic.
- Not all of the appendices listed at the end of the IMTP have been included as these are technical documents for WG submission, however they are available to Board members on request.

It is **RECOMMENDED** that the Trust Board: -

- **NOTES** the progress made in developing this year's IMTP, and that the organisational purpose statement has been presented in draft;
- **APPROVES** the IMTP for submission to Welsh Government on 31 March 2023 (subject to any final editing).

KEY ISSUES/IMPLICATIONS

1. Welsh Government (WG) issued Annual Planning Guidance by way of a letter to NHS Chairs on 28 November 2022, with subsequent ambulance specific guidance for WAST from the Chief Ambulance Services Commissioner (CASC) on 23 December 2022.

Key elements of the guidance that have guided the development of the WAST IMTP are:

- The plan is to be three year Integrated Medium Term Plan with a focus on year one, subject to the ability to produce a balanced financial plan;
 - In line with the Ministerial Priorities, and in relation to urgent and emergency care we are guided by the Six Goals policy and programme and our accountability letter accompanying the last IMTP approval required us to strengthen our contribution to the programme and outcomes for patients;
 - NHS organisations are required to complete templated action plans against each of the Ministers' priorities:
 - i. Delayed Transfers of Care
 - ii. Primary and Community Care
 - iii. Urgent and Emergency Care
 - iv. Planned Care, Recovery, Diagnostics and Pathways of Care
 - v. Cancer Recovery
 - vi. Mental Health and CAMH Services
 - WG advised that WAST does not need to submit templates against all six priorities but only those where WAST has a significant contribution to make
 - The IMTP will also be accompanied by a Minimum Data Set (MDS) to establish activity, workforce and financial forecasts into next year;
2. Factors influencing our plan include:
 - Our current operating and financial context;
 - Feedback from patients and colleagues;
 - The significant risks we seek to mitigate through the plan;
 - Commissioning intentions for EMS, NEPTS and NHS 111 Wales;
 - National strategic, policy and legislative drivers;
 - Our own strategic ambitions.
 3. The plan will commence from a good platform. Despite the ongoing pressure and recent industrial action, good progress has been made against a number of the deliverables in the 2022-2025 IMTP. A paper setting out the interim quarter 4 progress is on the Board agenda.
 4. Given the ongoing pressure in the system, we will continue to strive to make service developments where possible to improve the quality and safety of the services we provide to **Our Patients**. However, given this operating context and a challenging financial outlook for the next three years, it has been agreed through Board Development sessions and at Executive Management Team (EMT) to ensure we focus equally in our plan on **Our People** and **Financial Sustainability**. These three areas of focus are underpinned our relationships with **partnerships and the wider system**, including our academic partnerships as we look forward to university trust status.

5. We have also maintained focus on our infrastructure and digital enablers and the fundamental aspects of **quality, clinical leadership and value based healthcare** without which we cannot deliver our plans.
6. There has been regular engagement in developing the plan with key internal and external stakeholders, including but not limited to:
 - A collaborative planning event in October 2022, which included all directorates at a senior level and commissioning colleagues from the commissioning unit (NCCU).
 - Regular meetings with the CASC and his team to ensure alignment of commissioning intentions and income assumptions;
 - EASC Management Group (attended by Health Boards) on 16 February 2022;
 - Planning meetings with Welsh Government;
 - Focussed Board development, strategic development and informal IMTP sessions;
 - Joint EMT/ADLT strategy sessions focussed on the plan in full, the finance plan, and the people and culture plan;
 - Engagement with directorates and transformation programmes in order to build the plan 'bottom up' as well as with direction from senior leaders;
 - Discussion with TU Partners at WASPT in January and circulation of the final key priorities in March (as the WASPT was stood down);
 - Feedback from continuous engagement with the public, including a specific 'Infoburst' on the IMTP to our key networks;
 - Engagement with our people through ongoing WAST Live events, CEO Roadshows and opportunities to speak to staff on picket lines during industrial action.
7. Key priorities emerging through the plan for our key service areas include:

NHS 111 Wales

- Work with partners to create a '**digital first**' vision for urgent and emergency care services;
- Build on our **digital platforms**, including implementation of **SALUS** and making improvements to the 111 website (funding dependent)
- Stabilise and sustain the **core 111 service**, by maintaining commissioned numbers of staff, improving productivity, and ensuring skill-mix and rostering appropriately meet demand;
- Work with commissioners to plan for roll-out of the 111 service to patients with **urgent dental care** needs;
- Strengthen **senior clinical leadership**, defining the role of advanced practice;
- Develop **attractive career pathways** and opportunities that attract and retain colleagues, specifically for clinicians seeking portfolio-based careers;
- Exploit our expertise in **remote clinical assessment** for urgent care and identify opportunities to develop the capability in support of the wider healthcare community.

EMS Operational and Clinical Transformation

Continuing to ensure balance across urban and rural areas to improve performance whilst continuing to develop our 'inverting the triangles' offer by:

- Fully staff the **CHARU service** which improves clinical outcomes and boosts red performance;
- Use clinically rich ePCR data to better **stratify patients** according to their needs, allowing us to **modify and tailor our response**;
- Maximise the impact and benefit of the Clinical Support Desk (**CSD**), increasing **consult and close** rates to 17%, introducing **hot clinical review** of a proportion of red calls to confirm appropriate category, and case managing patients within a new '**Amber Virtual Ward**', delivered in partnership with St John Cymru;
- Develop career pathways for staff, including expansion of the **EMT3** role;
- Work with Health Boards through Integrated Commissioning Action Plans (ICAPs) to increase appropriate **alternatives to conveyance** pathways. Emphasis will be on maximising opportunities to refer into **Same Day Emergency Care** and growing local pathways for specific groups of patients such as fallers, chest pain, breathing problems and those with mental health needs.
- Continue to develop the **Advanced Paramedic Practitioner (APP)** rotational model, supporting not just WAST but the wider health care system (funding dependent)
- Make the **case for further change** through a **formal engagement** process with stakeholders, using analysis from an **independent scrutiny of evidence** and economic benefit as well as an updated **demand and capacity** review.

Ambulance Care

- **Re rostering** in NEPTS
 - Focus on patients that are **eligible for NEPTS**
 - Understand the impact of, and opportunities presented by, the move of **the Urgent Care Service (UCS) to Ambulance Care**
 - Continued development of **transfer and discharge** services for Wales
8. The focus for **Our People** will be based on their core needs at work, using the Kings Fund 'ABC' framework. The three deliverables of the plan focus around 3Cs – culture, capability and capacity. Some of the key priorities focus on addressing issues that are **important to our people**:
- Flexible working
 - Shift overruns
 - Digital experience
9. The IMTP is underpinned by a **financial plan that will deliver a balanced revenue financial position for the Trust by the end of the 2023/24 financial year**, based on some key funding and cost assumptions. Following the submission of an Accountable Officer letter to Welsh Government at the end of February detailing the revenue forecast for 2023/24 at that time, there has been movement on some of the key financial planning assumptions that gave rise to the gap set out in the letter. Even then, we will have a **challenging savings target**.

10. The Finance Director will give a full update on the Financial Plan and budget for next year.
11. The IMTP sets out the mechanisms to show how the Trust will deliver, and track delivery of, the plan and ensure viability of the Trust's strategic objectives. This will be monitored through the Strategic Transformation Board with support for key programmes of work from the Transformation Support Office. There will also be regular reporting to Trust Board and its sub-committees. The Quality and Performance Management Framework will continue to support a clearer focus on benefits realisation, ensuring that we evaluate service investment through value based methodologies.
12. The deliverables set out in the main documents are three year deliverables which have continued from last year's plan, with priority actions set out for year 1.
13. The key risks to delivery set out in the plan include:
- Our ability to deliver a **balanced financial plan**;
 - **Capacity** to deliver on priorities within the plan;
 - **Time available** to devote to priorities, as we are unable to increase staff to undertake key programme and project roles without further investment or an increase in savings;
 - With resources (revenue / capital) curtailed our **ability to target investment at our strategic plans** becomes increasingly difficult;
 - Difficulty in maintaining progress on strategic ambition with **focus on the short term**;
 - Ongoing disruption through **Industrial Action**;
 - Ongoing **wider system pressures** impacting on our services;
 - Commissioning landscape may change following the current review of commissioning in Wales.
14. The issues in the report checklist have been considered and addressed throughout the plan and engagement on the plan. A full EQIA and socio-economic duty assessment will be completed for final submission to the Board. Welsh Language has been considered within the plan. The IMTP also sets out the actions required to ensure we comply with the Welsh Language Act and the More Than Just Words action plan, setting out how we will progress our 'active offer'.
15. With the implementation of the duties of quality and candour in April 2023 we will also need to ensure we have the mechanisms in place to meet those duties. The Quality and Performance Management Steering Group will meet on Friday 31st March to align our duties to the extant Quality and Performance Management Framework and the IMTP sets out actions to review the resource impact of servicing the requirements of the Act.
16. The plan presented to the Board is a final version (subject to any minor amendments following the Board) of the technical document that will be submitted to Welsh Government. Throughout April we will develop **accessible summary versions** for the public and for our people in both English and Welsh.

REPORT APPROVAL ROUTE

The following table outlines the next steps to finalise the IMTP:

Milestone	Actions	Date
Review/Sign off plan (vFINAL)	Trust Board sign off	30 March 2023
Final editing	Strategy Planning and Performance (SPP) to add following any Board comments	31 March 2023
WG Submission	SPP to submit to WG	31 March 2023
Summary versions	SPP, PECl and Communication Team to develop accessible versions of the IMTP for publication	30 April 2023

REPORT APPENDICES

- 13.1 IMTP version 0.4 as a final draft for approval
- 13.2 Appendix 6 – Detailed Financial Plan 23/24
- 13.3 WAST Initial 23/24 Revenue Budget
- 13.4 EqIA

We have not included all of the appendices listed at the end of the IMTP, as these are technical documents for Welsh Government submission, but these are available to Board members on request.

REPORT CHECKLIST

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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Welsh Ambulance Services NHS Trust

Integrated Medium-Term Plan

2023-2026



Version 0.4

24.03.2023

Contents

Foreword from the Chairman and Chief Executive	3
Executive Summary.....	5
Introduction.....	9
1. Our Long-Term Strategy.....	9
1.1 Our Strategic Objectives	9
1.2 Our Purpose	10
1.3 Evolving & Transforming our Service Offers	10
2. Our Key Achievements in 2022/23	11
3. Challenges and opportunities shaping our plan.....	12
3.1 What do our patients say about our service?	12
3.2 What are our colleagues' priorities?	13
3.3 Our operating and financial context	13
3.4 What are our legislative, strategic, financial and policy drivers?.....	15
3.5 What do our commissioners say?	16
3.6 What are the risks that we are managing?	17
3.7 What will be our focus for 2023/24?	17
4. Our patients.....	18
4.1 NHS 111 Wales.....	18
4.2 Emergency Medical Services - 999.....	21
4.2.1 Emergency Preparedness, Resilience and Response (EPRR) and specialist operations.....	25
4.3 Ambulance Care.....	26
4.4 How will Health Board strategic plans affect us?.....	28
5. Our people.....	29
5.1 Our workforce profile	29
5.2 Culture, Capability and Capacity	29
5.3 Welsh language.....	32
6. Infrastructure – estates, fleet and decarbonisation	33
7. Our digital roadmap.....	35
8. Partnerships and the wider system	38
8.1 Partnerships and engagement	38
8.2 'University Trust Status'	39
8.3 Research and innovation	40
9. Quality driven and clinically led	41
9.1 Delivering on our duties.....	41
9.2 Clinically led	43
10. Value and sustainability.....	44
11. Our financial plan	46
12. Delivering our plan	49
12.1 Managing risk.....	49
12.2 Managing transformation	50
Conclusion	51

Foreword from the Chairman and Chief Executive

Over the last two years, we have set out in our Integrated Medium Term Plan the challenges we have faced during, and as we emerged from, the pandemic. The challenge throughout 2022/23, however, has continued to grow.

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

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

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

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

We continued to grow our EMS, recruiting an additional 100 Full Time Equivalent (FTE) front line staff as well as re-rostering across the whole of Wales to better meet demand. We implemented a new remote triage system (ECNS) enabling our Clinical Support Desk to increase the number of people whose needs can be met remotely. Our 111 service responded amazingly to a system outage across GP out of hours, developing new ways of working at pace. Our NEPTS service completed a procurement exercise which has improved the efficiency of the service and allowed us to put new quality standards in place with external providers. We also saw new stations opening, new carbon efficient vehicles being deployed and strides forward in our digital capability.

We want to provide the **right care and advice, in the right place, every time** by delivering **quality driven, clinically led and value focussed** services. This was the commitment we set out in our long term strategy 'Delivering Excellence' and it remains our commitment now. However, the operating and financial environment

that we face means we need to balance our ambition to make improvements in the quality of care for our patients with the need to look after our people and at the same time provide efficiencies and savings that will help us to deliver financial balance. However, we are motivated by a greater sense of direction having agreed our organisational purpose: **'To Support. To Serve. To Save.'**

Thank you for taking the time to read our plan, and we look forward to working with colleagues, patients, and partners as we continue to deliver the improvements to our services that will benefit the population of Wales.



Jason Killens
Chief Executive



Colin Dennis
Chair

Executive Summary

The challenges throughout 2022/23 have once again been significant, as the Trust has had to respond to the unprecedented pressures across the system in the aftermath of the COVID-19 pandemic, as well as managing 3 months of industrial action across the NHS. Our people, as always, have risen to the challenge and worked across boundaries to deliver **change at pace**.

We have spent time over the last 12 months talking about and agreeing our **purpose** – why we come to work. This is now something that will help to bind and unite the organisation towards a common goal.

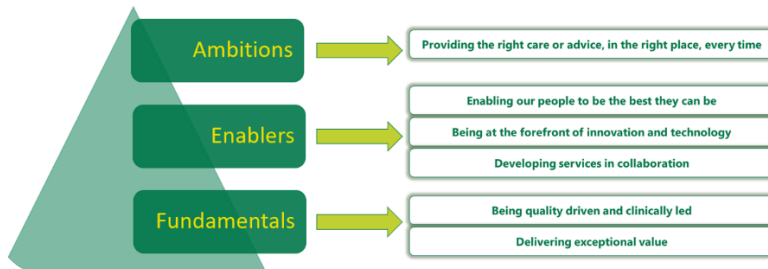


To Support.
To Serve.
To Save.



I Gefnogi.
I Wasanaethu.
I Achub.

'Delivering Excellence' – Our long term strategy



'Delivering Excellence', our Long-Term Strategy, was agreed in 2019. It sets out an ambition to move away from being a traditional ambulance and transport service to a trusted provider of high quality care, ensuring that patients receive the '**right advice and care, in the right place, every time**', with a greater emphasis on providing care closer to

home. We have made great progress since then:

- building **111 into a national service** supporting people across Wales with urgent care needs including a much-improved digital offer;
- creating and developing our **remote clinical assessment capacity and capability**;
- significantly growing our **core front line EMS capacity** as well as delivering transformational new services in partnership with others such as the **Advanced Paramedic Practitioner (APP)** rotational model, falls response service and end of life pathways;
- embedding and growing **clinical and operational leadership** capacity and capability;
- renewing our commitment to our **values and behaviours**.

We made very good progress in the last 12 months on delivering the specific key deliverables in our 2022/25 Integrated Medium-Term Plan (IMTP). Achievements have included: the recruitment of an additional **100 FTE** staff into the EMS service; implementation of the new **Cymru High Acuity Response Unit (CHARU)** service; new rosters across the whole of the EMS service; an increase in our **consult and close** rates to 15% through expansion and development of our Clinical Support Desk (CSD); appointment of our first mental health practitioners; expanded number of clinicians undertaking the **MSc in Advanced Practice**; improved **digital first** offer; embedding **clinical leadership** within the 111 service; completing a tendering exercise within NEPTS releasing considerable resource; and opening the new **Cardiff and Aberaeron** ambulance stations.

This plan is the vehicle by which we articulate the steps we will be taking over the next 3 years to continue to move us towards these long-term strategic ambitions and goals. As we have thought about what our priorities need to be, we have **gathered intelligence** on what is important to our patients, staff, and commissioners, reviewed our own performance, considered the risks we are managing, and reflected on the opportunities presented by emerging strategies, plans and priorities from Welsh Government, including the **Ministerial Priorities** and the **Six Goals Programme**.

We are particularly conscious of the fact that, despite the actions we have taken, the ongoing system pressures and excessive hospital handover delays have led to extended call answering times and unacceptably **long waiting times** for an ambulance which in turn have contributed directly to avoidable **patient harm**. We know that harm can occur to patients who have waited too long for a response in the community, to those who are waiting in the back of an ambulance waiting for offload into an Emergency Department or to those who we cannot send an ambulance to at times of highest escalation. The **Board has received a detailed report** at each of its last 3 meetings on actions being taken to reduce and mitigate this harm.

Patients with urgent care needs accessing 111 have also, at times, had a very poor experience with **long call answering** and **clinical ring back times**, and we know that the service has not always felt of value to patients. It has been pleasing to hear, though, about the continued good performance within **NEPTS**, where patients report positively on their experience, although there is always room for improvement.

All of this has exacerbated the pressures our people have felt at work, evidenced in high levels of **sickness absence and turnover**, although there have been positive improvements over the year. We heard directly from staff in roadshows and at picket lines about what it felt like to work in WAST, and we know this coloured their thinking as they contemplated industrial action.

With all of this at the forefront of our minds, we are clear that there must be a **focus on three priorities** - acknowledging that to make a difference, we must continue to **transform** our services and our approach:

- A focus on improving outcomes and experience for **our patients** and reducing harm, by providing the right advice and care, in the right place, every time;
- A focus on improving **our people's** workplace experience, enabling them to be the best they can be;
- A focus on delivering a balanced and transformational plan, by delivering exceptional **value**.

None of this can be done, however, without collaborating with **partners** - Health Boards, Regional Partnership Boards, Welsh Government, Commissioners, Trade Union Partners, staff, volunteers, patients and the public. There is an also expectation, articulated through our commissioning structures, that Health Boards will need to take actions themselves in support of these improvements.

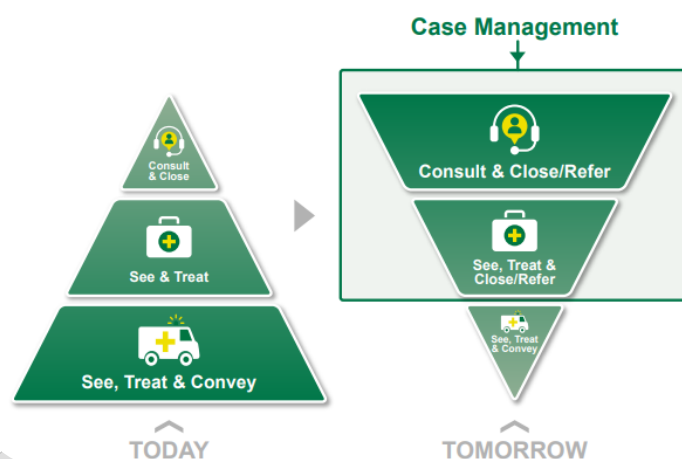
Improving outcomes and experience for our patients

Within our 111 service, our key priorities will be to:

- Work with partners to create a **'digital first' vision** for urgent and emergency care services;
- Build on our **digital platforms**, including implementation of **SALUS** and making improvements to the 111 website (funding dependent)
- Stabilise and sustain the **core 111 service**, by maintaining commissioned numbers of staff, improving productivity, and ensuring skill-mix and rostering appropriately meet demand;
- Work with 111 commissioners to plan for roll-out of the 111 service to patients with **urgent dental care needs**;
- Strengthen **senior clinical leadership**, defining the role of advanced and autonomous practice;
- Develop **attractive career pathways** and opportunities that attract and retain colleagues, specifically for clinicians seeking portfolio-based careers;
- Exploit our expertise in **remote clinical assessment** for urgent care and identify opportunities to develop the capability in support of the wider healthcare community.

Discussions are ongoing with our 111 commissioners in relation to the **resource envelope** required to deliver on this overall programme of work and transformation.

For our Emergency Medical Services, the clear priority is to reduce avoidable patient harm. We will do this by **protecting resources to respond** immediately to the most critically ill patients and by continuing our journey to **'invert the triangle'**, developing more of a personalised case management approach to managing patients' care, growing our remote clinical assessment capacity and capability, transforming our on-scene response models and improving pathways into alternative services. We are assuming that **recurrent funding** will be made available to continue with the extra 100 staff recruited this year, but no further funding is confirmed. We do have the **ability to recruit and retain** up to 100 additional staff to pump-prime change. We will:



- Fully staff the **CHARU service** which improves clinical outcomes and boosts red performance;
- Use clinically rich ePCR data to better **stratify patients** according to their needs, allowing us to **modify and tailor our response**;
- Maximise the impact and benefit of the Clinical Support Desk (**CSD**), increasing **consult and close** rates to 17%, introducing **hot clinical review** of a proportion of red calls to confirm appropriate category, and case managing patients within a new **'Virtual Ward'** concept, delivered in partnership with St John Cymru;
- Develop career pathways for staff, including expansion of the **EMT3** role;
- Work with Health Boards through Integrated Commissioning Action Plans (ICAPs) to increase appropriate **alternatives to conveyance** pathways. Emphasis will be on **Same Day Emergency Care**, as well as pathways for fallers, chest pain, breathing problems and those with mental health needs.
- Continue to develop the **Advanced Paramedic Practitioner (APP)** rotational model, supporting not just WAST but the wider health care system (funding dependent)
- Make the **case for further change** through a **formal engagement** process with stakeholders, using analysis from an **independent scrutiny of evidence** and economic benefit as well as an updated **demand and capacity** review.

Even with these changes in place, it is probable that, with no additional transformation capacity pump-primed or substantial improvements in hospital handover delays, **response times will unfortunately remain unacceptably long**, and some patients will continue to come to harm.

Within our Non-Emergency Patient Transport Service (NEPTS), we will continue to make improvements in productivity and efficiency including **re-rostering**. We will actively seek to engage ambulance commissioners and wider partners in how to effectively **manage demand** and support patients in the light of the extant **eligibility criteria** – in the current financial climate, where we will have to make difficult choices, we cannot afford to deploy resources in areas which are not commissioned or funded. We will also be working closely with ambulance commissioners on the development of a national **Transfer and Discharge** model, considering carefully how this could bring coherence to a potentially fragmented offering and improve services for patients and flow across the system. Alongside this we will be reviewing our **Urgent Care Service (UCS)** to understand the impact of, and opportunities presented by, the move of the service to Ambulance Care from EMS.

Improving our people's workplace experience

We are actively listening, learning and ensuring we take action to address some of the biggest issues that are impacting on the **daily lived experience** of our colleagues. Alongside this, building a **safe, positive culture** with an emphasis on **wellbeing, support and development**, where we can bring our whole selves to work are the core elements of high performing organisations. By creating this environment, our people will feel valued and trusted and experience a true sense of purpose and belonging which will enable the Trust to keep improving and deliver our long-term ambitions.

We will be agreeing a new **People and Culture Plan** for 2023-26 to support our organisational strategic ambitions which will have a focus on our 3Cs: **Culture, Capacity and Capability**, which provide the basis for the objectives and plans for our people. We are committing to delivering on three specific priorities that have been identified as important to them:



- Improving **flexible working** models for our frontline colleagues;
- Eradicating **shift overruns**, through co-created solutions
- Improving our people's **digital experience** e.g. single sign on, automation etc.

We will continue our **focus on reducing absences due to sickness absence**. Our target is to bring sickness absences down to 6%, in line with the original demand and capacity review, with a trajectory for improvement over the course of the IMTP having been agreed with ambulance commissioners.

Delivering a balanced and transformational plan

The plan is underpinned by a **financial plan that will be balanced by the end of March 2024**. Following the submission of an Accountable Officer letter to Welsh Government at the end of February detailing the revenue forecast for 2023/24 at that time, confirmation has been provided of income to cover the 100 WTE additional staff recruited this year. Even then, we will have a **challenging savings target** of c£6m, with £3.4m specific schemes already identified and the remainder to be built up and confirmed through the work of the Financial Sustainability Programme. This will concentrate not just on savings and efficiencies but also on **income generation** opportunities. The plan allows little leeway for development, with a resulting challenge in delivering on our transformational ambitions. We know that the financial settlement in **years 2 and 3** of this plan is likely to be even more challenging.

Supporting the growth and transformation of our core services will be a series of extensive **enabling programmes and plans** including our Quality Plan, Clinical Plan, People and Culture Plan, Digital Transformation Plan and Volunteering Plan. The Estates and Fleet Strategic Outline Programmes will be driven forward as well as, importantly, work to deliver on our Environmental Sustainability Plan taking us towards delivery of our carbon targets by 2030. This threads through our plan with decarbonisation actions featuring throughout. Of particular note will be the requirement to **comply with our duties of quality and candour** through the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

We know that this plan is ambitious, and acknowledge that there are risks to delivery, particularly in relation to the financial constraints within the system but also in relation to a range of external factors over which we have limited control and which impact on the speed at which we can transform and improve. The key, however, will be **continued dialogue and engagement** internally and externally, which we are committed to doing in pursuit of a better service for the people of Wales.

Introduction

This document sets out the Welsh Ambulance Services NHS Trust's (the Trust) Integrated Medium Term Plan (IMTP) for 2023-26, written in line with the NHS Planning Framework for 2023-2026 and the Emergency Ambulance Services Committee (EASC) and 111 Commissioning Intentions. There is a specific focus on year one in this main document, but the deliverables set out in the plan are the continuation from last year's three year approved IMTP and look forward across the period of this plan.

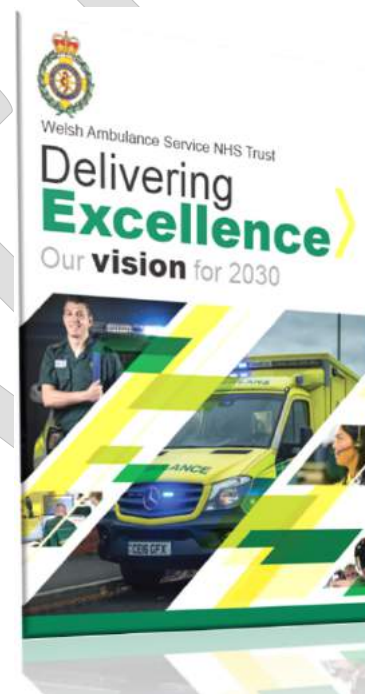
The document is supported by the Minimum Data Set (MDS) as required by Welsh Government (WG), ministerial action plans and appendices which provide more detail on areas of our plan. Further information is available on request.

1. Our Long-Term Strategy

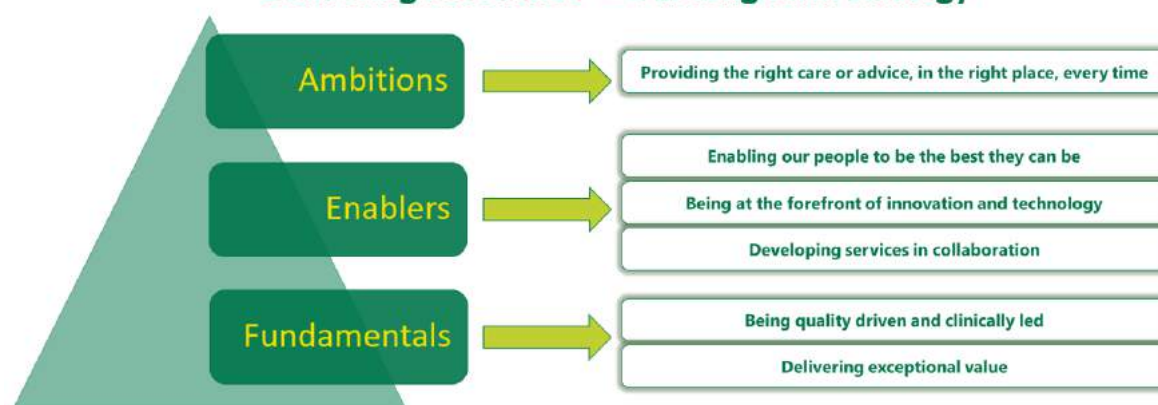
1.1 Our Strategic Objectives

Our Long-Term Strategic Framework for 2030, '**Delivering Excellence**' was agreed in 2019. It set out our ambition to move from being a traditional ambulance and transport service to being a trusted provider of out-of-hospital high quality care, ensuring that patients receive the '**right advice and care, in the right place, every time**', with a greater emphasis on providing care closer to home. It is a whole organisational strategy, not only concerned with service models, but also with how we support and enable our **people to be the best that they can be**.

We also commit within the strategy to being an organisation that **collaborates** with our partners, stays at the **forefront of innovation and technology**, remains utterly focussed on being **quality driven and clinically led**, and delivers exceptional **value**. We have continued to develop our IMTPs around this strategy and its **six core strategic objectives**.



'Delivering Excellence' – Our long term strategy



Since 2019, we recognise that the organisational and broader health system landscape has changed considerably, but this has just placed even greater emphasis on the need for system wide collaboration, developing longer-term solutions that deliver care to meet the needs of today and for our future generations, focussing on improving clinical outcomes, patient experience and being value driven. As we look back, we can see that we have made good progress, notably:

- building **111 into a national service** supporting people across Wales with urgent care needs including a much-improved digital offer;
- creating and developing our **remote clinical assessment capacity and capability** both in EMS and 111;
- significantly growing our **core front line EMS capacity** as well as delivering transformational new services in partnership with others such as the **Advanced Paramedic Practitioner (APP)** rotational model, falls response service and end of life pathways;
- establishing a transfer and discharge service within Aneurin Bevan University Health Board;
- embedding and growing **clinical and operational leadership** capacity and capability across the organisation;
- renewing our commitment to our **values and behaviours**;
- extending our **partnerships** with Health Boards, Regional Partnership Boards and other providers in the health and care system, as well as working towards University Trust status;
- expanding **our digital offer** to improve our ability to care for our patients and support our people, including the electronic patient care record system and our remote clinical triage system (ECNS).

Decarbonisation and Sustainability

In 2023-24 we will further integrate decarbonisation and sustainability throughout the Trust through our established Decarbonisation Programme Board and Decarbonisation Action Plan, and the underpinning workstreams

It is prudent to undertake a **mid-point review** of our strategy in 2023/24. This will enable us to contextualise the learning and developments of the last 3-4 years, considering the implications of the emerging priorities across NHS Wales, the impact of a global pandemic, any changes to the demographics and needs of the population and exploring advancements in innovation and technology.

1.2 Our Purpose

We have progressed work with our people in the last year to help frame **our organisational 'purpose'** which tries to set out 'why' we exist and come to work. This is different from an organisational vision or mission statement which set out 'where' we want to go and 'how' we will get there. A purpose statement is something that can bind and unite people across the organisation towards a common goal. Following a period of engagement and review with our people, we are proud to put forward the following purpose statement, which will anchor us as we continue to transform and grow.



1.3 Evolving & Transforming our Service Offers

A key element of our strategy is to **develop and evolve new models of care and service offers**, to deliver on our ambition of providing the right care and advice, in the right place, every time. The needs and expectations of our population are changing. People are living longer, and care needs are becoming more complex, placing different demands on our services and on the wider health and care system. We do not underestimate the challenge that this creates and recognise that this is not something that we can meet wholly on our own. In a landscape where health services must continue to evolve and keep pace with the needs of our population, we recognise that we cannot stand still and be complacent.

Aligned to our long term strategy and strategic objectives, we have commenced a programme of work to transform the delivery of our Emergency Medical Services (EMS), known as '**Inverting the Triangle**'.

This programme seeks to accelerate the important work we have been undertaking to **protect our resources** to improve our response to patients with a life-threatening emergency in the community, whilst delivering on the intention to 'shift left' and better manage or resolve more patients with an urgent care need without requiring admission to hospital. This could be achieved through various changes to our service model:

- developing a personalised case management approach to managing patients' care which allows us to better plan and schedule care across the system utilising existing and new pathways as alternatives to conveyance;
- growing our remote clinical assessment capacity and capability;
- transforming our on-scene response models.

This high-level vision will require external engagement with our people, public and partners to **co-design and collaborate** on the development of the **future model of care**. This is further explained in section 4.2. We will also be working with commissioners to develop our service offers across the **NHS 111 Wales** service and **Ambulance Care** services over the course of 2023/24 to guide us through the next three years of this plan and beyond.

2. Our Key Achievements in 2022/23

Alongside the many actions we have continued to take to respond effectively to and recover from the COVID-19 pandemic, mitigate the effects of the ongoing and sustained system pressures and manage the impact of industrial action, we also made very good progress in the last 12 months towards delivering our key strategic and commissioning commitments and deliverables in our 2022-25 IMTP.

These initiatives prepare the environment for further strategic change as we strive to improve performance, safety, outcomes, and wellbeing for our patients and our people, whilst also adding value to the wider urgent and emergency care system.



3. Challenges and opportunities shaping our plan

In developing our plans for 2023/24 and beyond, we have gathered intelligence on what is important to our patients, our people, and commissioners, reviewed our own performance and the risks we are managing, and carefully considered the opportunities presented by emerging strategies and plans from key partners and committees across Wales. A short summary of what we have learnt is set out in the sections below. A fuller analysis of all of these drivers and challenges together with **how we are responding** to them through our IMTP is set out in Appendix 1.

3.1 What do our patients say about our service?

The Patient Experience and Community Involvement (PECI) team continues to engage with the public on what is important to them and on developments they feel the Trust could make to improve services they receive.

Unsurprisingly, the key messages are that people are waiting **too long for both 111 and 999 calls** to be answered and for **ambulances to arrive** when people need them. However, we have also had supportive feedback around the **satisfaction with our NEPTS service** as

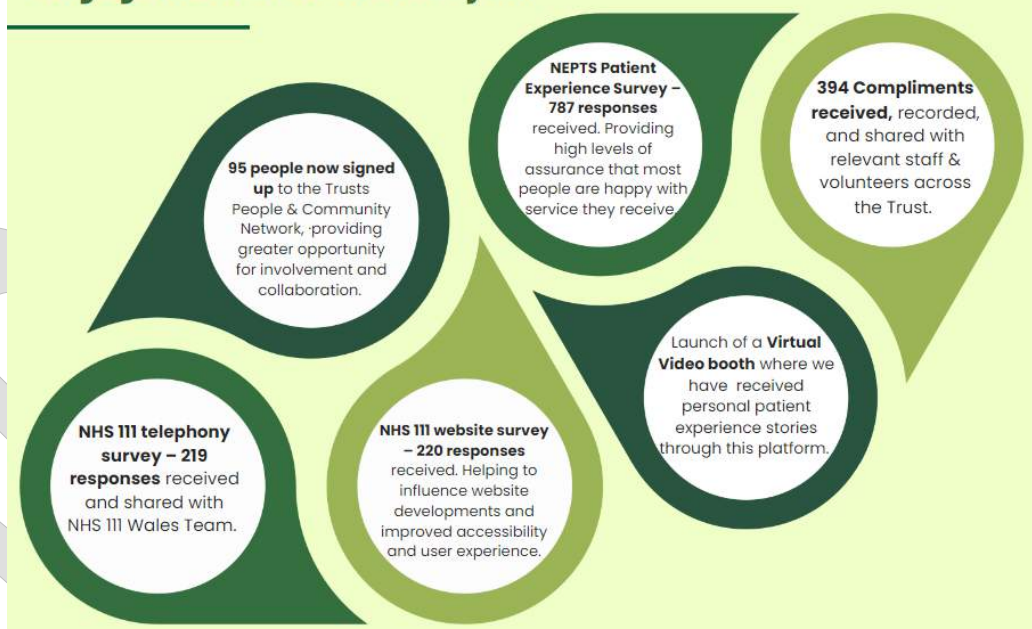
well as support for some of the areas into which we have expanded such as mental health support.

Patient stories have been promoted as a key tool to engage people across communities and to demonstrate how sharing their personal experiences helps us listen and focus discussions around improved quality and patient experience. These stories are shared at our QuEST (Quality, Experience and Safety) Committee and Trust Board. Fiona's Story, Matt's Story, and Sue's Story in particular have highlighted the impact of **long waits for an ambulance** on patient experience and patient outcomes.

We have also learnt a lot from our patients about communication through our contact centres and the difficulties people have in having to **repeat answers to questions** due to the systems we use.

Additionally, this year we specifically engaged on our IMTP through an 'Infoburst' to our networks asking: **What would make the most difference to you and your community?** The responses ranged from challenges in call answering times in 111 to the management of pressure sores whilst people are waiting outside hospitals.

Some of the achievements and engagement over the last year



3.2 What are our colleagues' priorities?



Continued
WAST Live



Held
CEO Roadshows



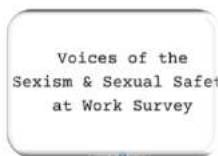
Met with
Picket Lines



Health & Safety
Feedback



Conducted
Surveys



Sexism & Sexual
Safety Survey

We have continued to engage with colleagues across the Trust throughout 2022/23 to understand the key issues that affect them. This not only helps us shape our future service plans, but also helps us to identify issues that impact on their day to day working lives.

We have used a range of **digital** and **face to face engagements** complemented by **surveys** and feedback from our engagement with staff during the recent **industrial action**. Health and safety data is also used to inform our plans to improve the health, safety and wellbeing of our people through this plan.

A key piece of work undertaken this year was the **Sexism & Sexual Safety Survey**. This has shone a light on aspects of the culture within the organisation, with some candid and honest feedback from our people, and we know we have work to do to create a more positive and supportive culture going forward.

There has been a real **strength of feeling coming from our people** during our various engagement opportunities. The unrelenting **system pressure** has had a significant impact. Staff are frustrated at the long delays outside hospital. For road staff, not only do they see first-hand the harm that comes to patients who have waited too long in the community, they are also worried about the decay of their **clinical skills** as they see fewer patients each shift, and the delays often lead to **shift over-runs** which impact on commitments outside work. Control centre staff **feel powerless** to help patients when they ring again and again to ask for an update on arrival times or when there are no ambulances to dispatch. Our 111 staff are affected when demand is so high, they can't respond as quickly as they would like.

But the feedback has also highlighted areas where our own **systems and processes** negatively impact on our people, for example where processes are overly bureaucratic, complex and time-consuming, where digital systems don't integrate, or where working environments are not fit for purpose. We have heard from our people that many of these issues have influenced them as they have considered taking industrial action over pay. Our plan will have to address the **core needs of our people**.

3.3 Our operating and financial context

The Trust monitors quality and performance in an integrated way, looking at four domains based on the Quadruple Aim: our patients, our people, value and system contribution. We have an agreed Quality and Performance Management Framework. At Board level, we monitor 26 key metrics which are designed to show progress against our strategy and plan.

The operating context for the Trust has been and remains challenging. The graphic below summarises some of the headline performance challenges we are facing (based on December 2022 data), with many of the areas of poor performance triangulating with information from our patients and our people. There are some good news stories within the data, for example, our consult and close rate (those 999 calls closed remotely) has increased to 14.9% which is close to the target of 15% and we expect to achieve that by the end of the year. We have also seen positive improvements in quality across our NEPTS services particularly through our management of external contracts.



As at December 2022...

Our Patients - EMS

32,000 handover lost hours
Increased proportion of red calls – now 14%
Red performance 49% (target 65%)
Amber 1 median response - 1 hour 44 minutes - many waiting a lot longer
Increase in patient harm as a result of sustained pressure

Our Patients - Ambulance Care

NEPTS performance is broadly stable & on target
Oncology performance is a recognised area of underperformance
Improvements in quality standards for NEPTS contracts
Some delays in hospital transfers as the result of handover delays

Our Patients - NHS 111 Wales

Increased demand over winter, media reporting on Strep A
Call response and clinical call back targets not achieved, with particular issues at weekends
Increase in calls abandoned after 60 seconds over the winter

Our People

EMS hours produced increased as result of addition of 100 WTEs
High sickness absence levels in all front line services
Staff turnover has increased, peaking at 11.65% in July 2022
PADR compliance increased to 87.9% by December 2019

System Contribution

Consult and close rate at 14.9% (target 15%)
No improvement in people being referred to alternatives to ED
Fewer patients being treated at scene (impacted by CSP levels)
Finance and Value
Trust will break even by end March 2022

However, we are particularly conscious of the fact that, despite the actions we have taken, the ongoing system pressures and excessive hospital handover delays have led to **unacceptably long waiting times** for an ambulance which in turn have contributed directly to avoidable **patient harm**. We know that harm can occur to patients who have waited too long for a response in the community, to those who are waiting in the back of an ambulance waiting for offload into an Emergency Department or to those who we cannot send an ambulance to at times of highest escalation. This has been the subject of much discussion within the organisation through the year, with **Board receiving a detailed report** at each of its last 3 meetings on actions being taken to try and reduce and mitigate this harm.

Whilst we have had a good track record of planning for and subsequently delivering financial balance for several years, **the financial outlook for 2023/24 and beyond is extremely challenging** for the Trust and the whole of NHS Wales, both in terms of revenue and capital. The level of savings required to achieve a balanced position will mean that we have to take a different approach to our financial plans.

Decarbonisation and Sustainability

We are making good progress with many elements of our Decarbonisation Action Plan but know that significant investment will be needed to fully realise our ambitions. This is also accompanied by a commitment to access the latest innovation and technology.



This of course creates a tension for the Trust in trying to deliver improvements in quality through both operational change and larger scale transformation and the resources available to deliver, with little or no financial headroom to invest to pump prime change or bring change resources into the Trust across all our programmes of work. We

are also reliant on our external partners in some cases, such as the need to reduce handover delays or creating pathways for us to access via 111, 999 or frontline clinicians on scene. We have therefore had to balance our plan carefully in this respect and continue to monitor, review and adjust our plans according to the resources available.

The **Minimum Data Set (MDS)** at appendix 2 sets out the expected activity and performance trajectories for 2023/24, as well as the workforce and financial plan.

3.4 What are our legislative, strategic, financial and policy drivers?

The **Wellbeing of Future Generations (Wales) Act** (WBFGA) underpins the Programme for Government, and '**A Healthier Wales**' remains the long-term strategy for the health and social care system. The Minister for Health and Social Care set out her **priorities** for the Health Board and wider NHS in the 2023-26 Planning Framework letter to NHS Chairs. Our IMTP will take account of how we can support the system in addressing the following priorities:

- Delayed transfers of care;
- Primary and Community Care access;
- Urgent and Emergency Care;
- Planned Care and Recovery;
- Cancer;
- Mental Health and CAMH Services.



The **Six Goals programme** has been established at a national and local level to support improvement in the urgent and emergency care system and to contribute to the delivery of the Ministers Priorities.

We have set out in Appendix 1 more detail about how we are working towards achieving the quality standards and outcomes set out in the policy handbook. The Trust has a role to play across all the goals. Our 'Inverting the Triangle' offer to the system is directly aligned to goals 1, 3 and 4, our priorities for NHS 111 Wales link to Goal 2, and our priorities for Ambulance Care support the ambitions and aspirations for goals 5 and 6. A complete review of our contribution to the six goals and how this can translate to improved outcomes and performance (in line with our accountability conditions for 2022/23) can be found in appendix 1.

Six Goals for Urgent and Emergency Care Right care, right place, first time



There is a significant transformation programme underway within **Primary and Community Care** across Wales. The Trust is engaged via the Strategic Programme for Primary Care Board represented by the Trust's Executive Medical Director who ensures that there is continuity between the seven programmes of work underpinning the primary care board and objectives defined in our IMTP.

We will prepare in 2023/24 for the potential to be a **named organisation under the Well-Being of Future Generations Act**, ensuring that our policies, strategies and plans are consistent with the Wellbeing Goals and the Five Ways of Working.

There are many other legislative, policy, strategic and financial drivers, not mentioned above, which shape our approach to planning and delivery as a Trust and we have taken account of those set out in the NHS Wales Annual Planning Framework.

Some of the more recent include (but not limited to):

- Health and Social Care (Quality and Engagement (Wales)) Act 2020 ([Link](#))



- ISO14001 ([Link](#)) and the Welsh Government ambition for carbon neutrality by 2030 ([Link](#))
- Socio-Economic Duty ([Link](#))
- The Race Equality Plan for Wales ([Link](#))
- More than Just Words Action Plan ([Link](#))

As a national organisation in Wales, we have also ensured a renewed focus on our commitment within the Welsh Language (Wales) Measure 2011 and compliance with the Welsh Language Standards.

3.5 What do our commissioners say?

The **Emergency Ambulance Services Committee (EASC)** sets commissioning intentions for **EMS and NEPTS**, and in broad terms these have not changed from last year. In addition, EASC have set out a series of expected performance improvements and performance enablers, aimed at both us and the Health Boards:

Performance Improvements

- 65% red achieved by end Q2.
- Amber 1 median reduced to 45 minutes by Q2
- Reduction in longest wait times for Red and Amber
- 95% reduction in number of 'no sends' as a result of Clinical Safety Plan by end of Q2.

Performance enablers

- WAST UHP 95-100%
- Consult & Close > 17%
- Sickness levels reduced to 5.5%
- All red calls clinically assessed
- Hospital handovers reduced to 15,000 by end of Q2 and 12,000 by end of Q3
- Focus on levels of activity into alternative referral pathways

At the time of writing, these metrics are currently being modelled for achievability, impact and resource requirement, for example we would not be able to clinically assess all red calls without additional clinicians and the 5.5% target for sickness takes us beyond agreed and modelled pre-COVID levels.

The key performance standards for NEPTS in 2023/24, again relating to both the Trust and Health Boards, are:

- Improvements in operational performance for oncology service patients
- Reduction in the number of on the day cancellations
- Reduction the number of bookings made on the day

We will then individually agree **Integrated Commissioning Action Plans (ICAPs)** with the seven Health Boards. ICAPs will set out the local commissioning arrangements jointly with Health Boards, mainly for EMS, based on six goals actions, actions to reduce handover delays and the ambition of 'inverting the triangle'. The intended benefits of this new arrangement are to enable clarity on local service models, improve Trust and LHB relationships, and utilise improved relationships to facilitate co-production and agreement on ways to tackle system wide challenges.

To this end the Trust is developing a "menu of options" for each Health Board in Wales, based on this IMTP, local improvement work and ICAP actions that are currently being implemented or have been implemented successfully.

Appendix 1 includes a table which sets out the key national commissioning intentions and how the Trust is responding to those through this plan.

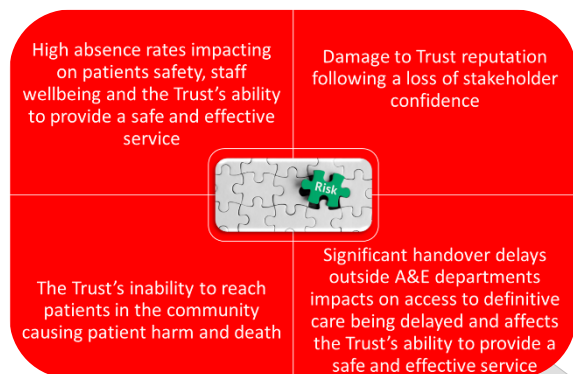
NHS 111 Wales

A structure to support goal 2 of the six goals programme and specifically the **commissioning of NHS 111 Wales** has been implemented by the national six goals programme team. National priorities for NHS 111 Wales have been established following a peer review of the service focussing on workforce, service model and support for wider goal 2 ambitions (see section 4.1).

National Commissioning Review

A review of national commissioning arrangements for specialist services (commissioned currently by Welsh Health Specialised Services Committee - WHSSC), ambulance, 111 and other commissioned health services is currently being conducted by Welsh Government at the time of writing this IMTP. We will engage in this review process and will work with commissioners on the resulting recommendations as they affect the Trust.

3.6 What are the risks that we are managing?



The Trust has made great progress in its approach to risk management and regularly reviews its **Corporate Risk Register** and the Trust's **Board Assurance Framework** to provide a clear line of sight to the controls and related assurances on those controls, and the actions we are able to take (and that are within our gift) to mitigate those risks. We know that there are several high scoring risks within the service that need to be managed and mitigated, and these are set out in the adjacent graphic.

3.7 What will be our focus for 2023/24?

With all of this at the forefront of our minds, we are clear that there must be a **focus on three priorities**, collaborating with **partners** - Health Boards, Regional Partnership Boards, Welsh Government, Commissioners, Trade Union Partners, staff, volunteers, patients and the public - acknowledging that to make a difference, we must continue to **transform** our services and our approach:

- A focus on improving outcomes and experience for **our patients** and reducing harm, by providing the right advice and care, in the right place, every time. Our specific priorities are set out in Section 4 which identifies what we will do for patients who use 111, 999 and Ambulance Care services;
- A focus on improving **our people's** workplace experience, enabling them to be the best they can be. Priorities can be seen in Section 5; and
- A focus on delivering a balanced and transformational plan, by working on delivering exceptional **value**. More detail on this can be found in Section 10 'Value and Sustainability'.

4. Our patients

Strategic Objective 1 – Providing the right care or advice, in the right place, every time

4.1 NHS 111 Wales

'Digital First'

Across the NHS 111 Wales service, there is an opportunity to work with partners to **build on our digital platforms** to **maximise support** to patients, carers, citizens, call handlers and clinical advisors. Specifically, feedback from the patient 'infoburst' indicated a need to improve this area of our service, particularly the 111 website.



This will include the continued development of the 111.wales website, but over time will also leverage the new Integrated Information Solution (IIS) platform for 111 (**SALUS**) and the new NHS Wales App with NHS Login, delivered by Digital Healthcare Wales (DHCW). These new services will work together to significantly increase access to, and interaction with NHS Wales and the Trust through digital means, including the ability to book into some services directly.

Integrated Information Solution (IIS)

Whilst it has been delayed significantly from its original implementation date, the IIS product delivered into the Trust represents a step change in capability for our 111 teams and GP Out of Hours (GPOOH) across NHS Wales. The new system will enhance our ability to employ remote staff allowing seamless access to a single patient record, enable prescribing, as well as provide a seamless link from symptom checkers on the internet to the telephony service.

Decarbonisation and Sustainability

The roll-out of video consulting technology is a key deliverable within our Decarbonisation Action Plan as we look to embrace opportunities to provide care closer to home.



It will allow patients to begin their assessment on the website, transferring seamlessly to the phone where required. **If needed, a video consultation will then be available**, along with electronic prescription of any medication and dispatch of and liaison with a GP where necessary. This will be a first of its type in terms of the level of integration it offers across digital, telephony and traditional clinical platforms.

Its implementation is currently planned for Q3 and will be **resource intensive** particularly in relation to training of our people. Discussions are ongoing with the 111 Programme team on additional resource capacity to support this programme.

111.wales.nhs.uk

In 2022, our 111.wales website saw 4 million unique visits by users across Wales. It acts as a first point of contact in their journey within the health and care system, and allows the Trust to respond dynamically with new information to meet to changing healthcare needs as was seen with COVID, Strep A, and winter pressures. In 2022/23, using non recurrent resource made available by our 111 commissioners, work focused on **improving the accessibility and usability** of the site (per regulatory requirements), surfacing information on Planned Care, and improving the experience of seeking information, location-based services, and signposting. Going forward, the focus will shift from the technical foundations, to making the service an **exceptional clinical and content platform**. Programme improvements will include integration with the forthcoming 111 Integrated Information Solution (IIS), updated clinical content and self-care guidance, and interoperability with other NHS Wales systems for a more connected, personalised experience.

Whilst this is our ambition, there is currently **limited resource available**, and discussions are therefore ongoing with our 111 commissioners to secure capacity to continue to make these improvements in 2023/24. Ultimately, as well as improving the user experience, the changes we would like to make will reduce the need for a call and hence reduce demand on the telephony element. For that reason, we want to work with partners across the system including Welsh Government, our 111 commissioners and the Six Goals Programme to create a **'digital first' vision for accessing urgent and emergency care services**, which can articulate the longer term benefits and costs.

Strengthening NHS 111 Wales



The 111 service has continued to deliver an important and key service to the Welsh public through what has been a very challenging 2022/23 period. The service has often been under immense pressure with significant spikes in 111 call demand. These were most prominent over the winter period, in part due to the general pressures being felt across the urgent and emergency care system but also because of the circulation of viruses such as influenza, invasive group A Streptococcus (iGAS) infections and Respiratory Syncytial Virus (RSV) in children. In addition, the service has had to manage a prolonged business continuity incident arising from an outage of the Adastra (GP Out of Hours system) interface with the 111's administration system, and the impact of ongoing industrial action affecting the NHS.

The service responded admirably to these external challenges but has not been able to deliver required levels of performance, particularly in relation to call answering and clinical ring back times. This is exacerbated by difficulties in recruitment and retention of staff, high levels of sickness absence and a mismatch between capacity and demand, with weekend performance typically worse. Specific 111 patient surveys suggest that some of the population do not see the value that 111 adds to the urgent and emergency care system, seeing it as simply a pass through to other services.

We have reflected on the findings of the **111 peer review** which focused on our demand and capacity challenges, along with the review of our current service models and the impact these have on the current operational and clinical performance.

We are working in collaboration with the Six Goals Director to develop a **new commissioning framework for the 111 service**. This will set out a clear 'quality & delivery framework' for the service, which will articulate what good looks like together with a proposed governance and performance monitoring approach. Our anticipation is that this will also allow us to agree a **resource envelope**, allowing more surety on finances to develop the service. Discussions are currently being concluded on this matter. Priorities have been set out here.



111 Priorities for the next 12 months

Workforce Strategy – component parts:

1. Focus on core weekend delivery and demand /capacity imbalances like early evening
2. Roster review
3. Improvements in sickness and abstraction rates (% tba)
4. Retention strategy for staff
5. Agreed strategy and approach for clinical recruitment
6. Develop role of the autonomous nurse practitioner

Model

1. SERVICE SUSTAINABILITY (current model)
2. Review current service model & workforce skill mix
3. Planning for future model improved focus on closure rates at both call handling and clinical assessment (one and done model)
4. Improvement in KPIs /quality indicators
5. Outcomes from commissioned review of DOS functionality & effectiveness
6. Green 3 calls & management of clinical risk

Support for Goal 2

1. Direct access pathways into alternatives e.g. 111 into SDEC and UPCC for example
2. Clinical pathway focus for urgent dental and palliative care
3. Review current pathway for mental health patients (who do not press 2)
4. SALLUS implementation

The service is closely aligned to Goal 2 priorities which specify that **'When people need or want urgent care, they will be able to access a 24/7 Urgent Care Service via the NHS 111 Wales online or telephone service...'**. This remains our strategic ambition to become the 'Gateway to Care' for patients 'to seamlessly access urgent & emergency care services'.

Based on our own understanding of the service and its challenges and the identified commissioning intentions, our focus will firstly be on stabilising the service, seeking to improve performance and patient experience, but

secondly on taking opportunities to grow and transform the service. We have set out actions across five key deliverables.

We will continue to take action with partners to **promote and expand the use of 111 across Wales**, so that more people with urgent care needs can be supported to get the right help and integrate NHS Wales 111 **into public health** and wider health campaigns to demonstrate its centrality to healthcare delivery. Additional funding in 2022/23 has allowed for development of an all Wales communication and marketing campaign. Although no additional funds are likely to be available through 2023/24, we will continue to work within existing resources to promote the service. We will complete the roll out of the **111 Press 2** initiative that commenced in 2022/23 and initiate work on **'111 dental'**, so that people can more easily access mental health and urgent dental treatment across Wales. The '111 dental' programme will require additional resource.



One of our aims is to develop the service so that more patients have their needs met without the need for onward referral. We can do that by increasing the **capacity and capability of the call taking and clinical teams** - growing, developing, and empowering our workforce and equipping them with the right training, skills, and support to excel in everything they do.

To do this, over the next year, we will develop improvements in accredited remote clinical and non-clinical education and we will be working with Health Education and Improvement Wales (HEIW) to develop thinking in this area. **Remote clinician decision-making (RCDM) accreditation** is fast

being recognised as a clinical speciality within the UK and internationally. Remote clinical decision-making, commonly referred to as 'telephone triage', describes clinicians' non-face-to-face involvement in patient care. This remote interaction is typically undertaken by telephone or visual-audio format, by paramedics, nurses, doctors, and pharmacists. We will seek to exploit our expertise in **remote clinical assessment** for urgent care and identify opportunities to develop the capability in support of the wider healthcare community

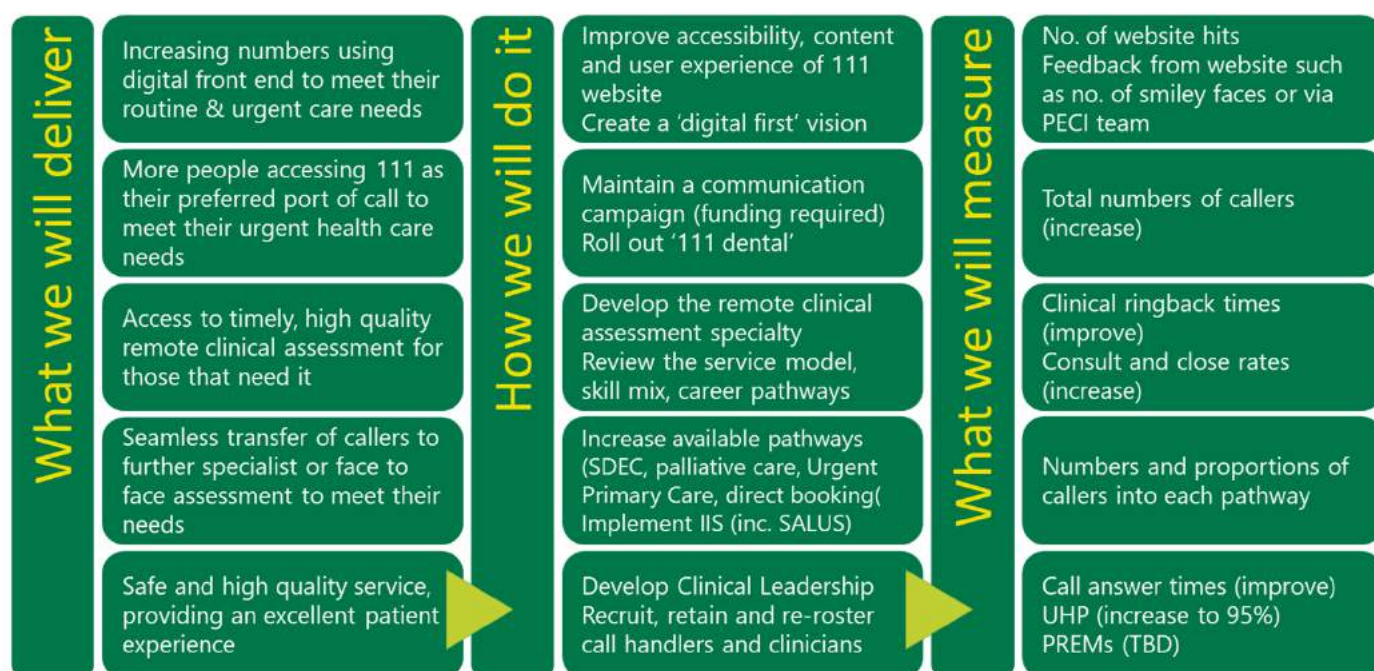
Clinical leadership is a key component of how we will further improve the clinical capability of the service. There is clear read across to the next steps in our clinical and quality strategies in widening the clinical expertise in the organisation and exploring the role of advanced practice in all areas of our clinical workforce. This will allow further opportunity for **autonomous practice**, and the development of career pathways and opportunities that attract and retain colleagues working in NHS Wales 111, specifically for clinicians seeking **portfolio-based careers**.

There are clearly many patients who we will need to signpost to the most appropriate service, so we want to work with partners to increase the number of **seamless 24/7 pathways from the 111 clinical team** to appropriate specialist remote assessment or face to face consultations, such as **Same Day Emergency Care (SDEC), Urgent Primary Care and palliative care**. By doing this, we aim to develop our services, infrastructure, and operating models to achieve our long-term strategic objective to provide the right care or advice, in the right place, every time.



The outcome from the recent **111 Demand & Capacity review** will help inform and shape our future workforce profile, ensuring service capacity is aligned to future demand profiles so that we can see rapid improvements in call answering and clinical ring back times and achieve performance targets consistently across the week. Resources required to meet performance targets will be the subject of ongoing discussions with 111 commissioners. We will be undertaking a strategic review of our workforce ensuring a consistent service across 7 days of the week, **re-**

rostering our capacity, targeting **recruitment and training** efforts, implementing performance and process improvement measures, working to reduce sickness levels, reviewing skill mix and career progression opportunities, and realising the benefits from the SALUS implementation.



4.2 Emergency Medical Services - 999



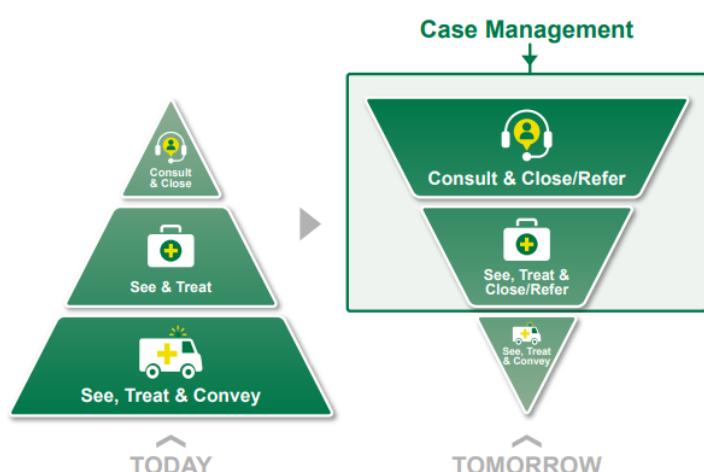
As set out in Appendix 1 and section 3.3 above, we have seen significant pressures within the 999 service in the last 12 months which have led to very **poor patient experience and outcomes**, with call answering times too long at times and ambulance response times lengthening for all categories of patients. Too many patients have come to harm as a result, whether that's through waiting too long for a response in the community, waiting too long in the back of an ambulance for offload into an Emergency Department or through not getting an ambulance at all at times of highest escalation. This has been the subject of much discussion within the organisation through the year, with **Board receiving a detailed report** at each of its last 3 meetings on actions being taken to reduce and mitigate this harm.



All of this has exacerbated the pressures our people have felt at work, whether that's those who work in our control centres, on the road or supporting in corporate departments. The pressure is often evidenced in high levels of **sickness absence and turnover**, although there have been positive improvements over the year.

We heard directly from staff in roadshows and at picket lines about what it felt like to work in the Trust, and we know this coloured their thinking as they contemplated industrial action.

There have been a range of factors which have affected this, including a significant rise in the number and proportion of **red calls**, and continued, excessive capacity losses through **hospital handover delays** which accounted for 37% of conveying capacity in December 2022. We took many actions in mitigation including recruitment of an **additional 100 FTEs** (funded non recurrently via EASC), **re-rostered** to gain a performance benefit of 72 WTE, implemented the new **CHARU** service, supported more people to return to / stay in work, increased **consult and close rates** to 15%, expanding numbers of clinicians undertaking the **MSc in Advanced Practice** and worked with Health Boards on alternative pathways such as **Same Day Emergency Care (SDEC)**.



As we look forward to the next 3 years, the clear priority is to **reduce avoidable patient harm**. We don't believe that doing more of the same is the answer, and are convinced that our ambition of '**inverting the triangle**' is critical to getting patients the right care, in the right place, every time whilst also supporting the wider health and care system.

Whilst the 'inverting the triangle' model does not explicitly call out any changes to our **EMS coordination function**, call handlers provide the vital first part of a patients journey when they call 999 and our dispatchers and allocators are at the sharp

end of ensuring that patients get the right response as quickly as possible. Over the next 3 years, we will consider how we can better support this group of important staff to undertake these vital roles.

We need to take action to ensure that **sufficient response capacity** is in place across Wales and **protect it** to be able to respond immediately to the most **critically ill patients** (bottom third of the triangle). For patients who have urgent but potentially not immediately life threatening care needs, we will then need to develop a more personalised **case management approach** (top two thirds) to oversee and ensure the most effective and tailored individual response. This will mean growing remote clinical assessment capacity and capability, transforming on-scene response models and working closely with partners in improving pathways into alternative services, with fewer patients needing conveyance to an ED as a result.

We are assuming that **recurrent funding** will be made available to continue with the extra 100 staff recruited this year in terms of our core response capacity. No further funding is confirmed for any additional capacity increases, so our plans will need to be implemented within the current resource envelope. We could however recruit and train up to 100 further staff if resources were available from ambulance commissioners.

In terms of ensuring that sufficient response capacity is in place and that we protect it to be able to respond immediately to those who most critically ill, the key priorities will be to:

- Fully staff the **CHARU service**. This will improve clinical outcomes, including the Return of Spontaneous Circulation rates (ROSC) and contribute to improving red performance. This will have to be balanced off through a reduction in EA capacity;
- Use clinically rich ePCR data to better **stratify patients** according to their needs, allowing us to **modify and improve our response**, potentially reducing multiple attendance levels;

- Ensure that we support the recruitment and training functions to **maintain capacity at commissioned levels**. We also want to continue to develop our plans in **rural areas** to increase capacity here and balance response performance across urban and rural areas;
- Develop improved career pathways for staff, including expansion of the **EMT3** role;
- Grow our **senior paramedic** contingent to maximise the benefit of enhanced clinical leadership;
- Increase capacity through continuing our programme of **managing attendance** towards a target of 6% by end the 2024, and working closely at all levels with Health Boards to support them in **reducing handover delays** in line with EASC targets.

In more effectively responding to the majority of callers with urgent but not immediately life threatening care needs, who need a more tailored service, our priorities will be to:

- Maximise the impact and benefit of the Clinical Support Desk (**CSD**). As part of the work they are already doing, we are confident that we can increase **consult and close** rates to 17%. One of our priorities for this year, which mirrors that of ambulance commissioners, is to commence **hot clinical reviews** of a proportion of red calls to confirm appropriate category. Discussions are ongoing in terms of the additional resource that would be needed to do this on top of the consult and close priority. We know that to fully realise the value of this growing part of our service, we will need to grow and mature **clinical leadership** to support the team, and plans are being drawn together to do that.
- Pilot, evaluate and grow the new '**Virtual Ward**' concept, delivered initially in partnership with St John Cymru. This new service and way of working will move us away from our traditional core service. CSD clinicians will retain clinical oversight of patients, with on the ground St John resource available to undertake face to face observations and provide elements of care which will allow patients to remain in their homes until the right service for them is available. As a clear example, patients could remain in their homes overnight until community services open in the morning. There are plans for this service to grow in phases and for it to eventually be a service that maximises our expertise in remote clinical management and use of remote technology in a 'once for Wales' approach.
- Continue to develop the **Advanced Paramedic Practitioner (APP)** role, supporting not just our response but the wider health care system (funding dependent). We have a cohort of eligible staff who will become available through the year and we will want to ensure that value is created as a result of the costs incurred in their training. A **bid** will be submitted to Welsh Government as part of their £5m allocation to increased AHPs within Wales. We will also be undertaking some 'tests of change' or creating '**perfect days**' through Q1 where we will work with a Health Board partner to flood an area with APPs to identify the benefits to patients and the system.
- Increase the number of appropriate **alternative pathways** for our CSD or road clinicians to use, again reducing conveyance to EDs. Integrated Commissioning Action Plans (ICAPs) and the Six Goals programme will be the key vehicles to influence and drive this agenda. There will be an emphasis specifically on referrals into **Same Day Emergency Care**. There is the potential for around 4% of our demand to be referred into these services with a modelled gain of around 5% in red performance and 29 minutes improvement in the Amber 1 median. At present, less than half a percent are referred. We also see opportunities at a local level, through the ICAPs, to work with Health Boards on pathways for specific groups of patients such as **fallers, chest pain, breathing problems and those with mental health needs** and will develop a '**menu of options**' for consideration, based on evidence and benchmarking of what is working well.



Even with these changes in place, it is probable that, with no additional transformation capacity pump-primed or substantial improvements in hospital handover delays, **response times will unfortunately remain unacceptably long**, and patients will continue to come to harm.

Decarbonisation and Sustainability



We will continue to support patients at home wherever possible. Our clinical professionals will drive fewer miles and support alternative care pathways. In 2023 – 24 we will build on the success of our PHEV car response vehicles, and further develop a low emission, versatile and appropriate car based response service.

Our approach seeks to build on the strategic and policy drivers underpinning the delivery of Urgent and Emergency Care across Wales. We do however recognise that this is an ambitious and complex proposal to execute, and one that the Trust cannot design and deliver in isolation. Whilst we believe there is a **growing body of evidence to**

this approach, we are developing a **case for change** to support our hypothesis, which will include consideration of system wide economic benefits.

We are also undertaking a thorough interrogation of the datasets we are now able to bring together from not only our CAD system but also ePCR and ECNS. We are working with Health Boards and DHCW to **join up data** to give a holistic picture of the best pathways for patients.

We will take this learning into a more formal **engagement period** with our stakeholder in line with our Stakeholder Engagement Plan through the first half of the year, recognising that we need to work in a **collaborative and engaging way** with our patients, the public, our people and other key stakeholders to co-design the future solution.

We continue to undertake strategic and tactical modelling as part of routine business for EMS. However, it is timely now to undertake a further **EMS Strategic Demand & Capacity Review** in the light of the significant changes in both the system and clearer articulation of our ambition since the last review in 2019. This will help us to shape our plans and identify any further areas of efficiency that we can work on.

Volunteers

Progress on Year two of our Volunteer Strategy brought a governance review and the Volunteer Team have commenced work to develop a governance framework to ensure our volunteers are supported by a suite of fit for purpose policies and procedures. We have developed a robust Volunteer Steering Group with representatives of all volunteer roles across the Trust. The Volunteer Steering Group supports with delivery of the volunteer strategy, provides a sounding board for new initiatives, act as a critical friend to teams across the Trust and ensure the voice of volunteers is heard across the organisation.

We continue our work to develop an **engagement plan** and work collaboratively with colleagues across the Trust to **extend our volunteer reach** across diverse communities within Wales, ensuring these communities are represented within the volunteer portfolio. The Volunteer Team delivered a large scale public engagement event (The Royal Welsh Show) within 2022, engaging with more than 10,000 members of the public and providing hands on CPR demonstrations to more than 2000, we also provide support to local and regional engagement events, supporting colleagues across the Trust.

Our **stakeholder engagement plan** is in progress and we have redefined and formalised relationships with existing partners. We have identified local, regional and national partners with whom we intend to develop relationships to support the EMS and Ambulance Care functions, continuing our work of building resilience within the communities we serve.

During Year 3 we intend to work with colleagues across the Trust, further developing **new volunteer roles and digital solutions** to providing welfare services and patient monitoring to those experiencing lengthy waits in the community. We will also be rolling out analgesia for volunteers to use to manage patients' pain following the approval for volunteers to use paracetamol in 2022/23 and looking at what other analgesia our volunteers can use.

4.2.1 Emergency Preparedness, Resilience and Response (EPRR) and specialist operations

The EPRR team continues to support the Trust within the Emergency Planning field, this has included leading on the planning for the Trust response to the sad demise of The Queen and The Kings first visit to Wales, leading on the **support given to our Ambulance Service colleagues** in other parts of the UK during the UN Climate Change Conference in Glasgow and to the Isle Of Wight Ambulance Service when some of our staff were sent to support the service during the Tourist Trophy and the Grand Prix races on the island.



Business continuity remains a priority within the team to ensure the Trust is prepared to maintain its business-as-usual functions, recent incidents have led to the team developing new business continuity plans, these have included a Power Outage Plan and an ICT Disruption Plan.

The Specialist Operations team have now been in place for **over 10 years**. The team members have been cementing their use of extended clinical skills introduced in 2021 and enhancing their response to **Chemical, Biological, Radiological and Nuclear**

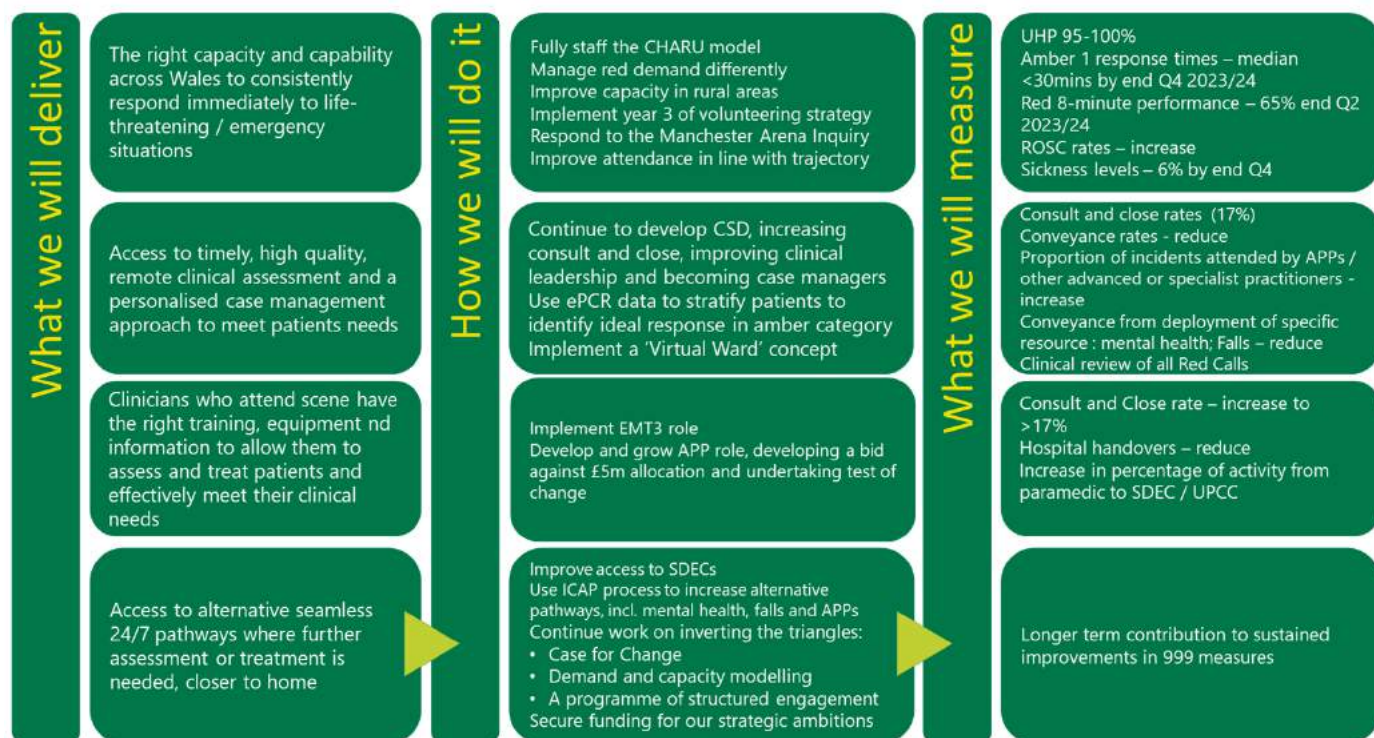
incidents by training in new Personal protection equipment. The number of Specialist Operational Response Team (SORT) staff has been increased across the Trust to provide a more robust response to SORT incidents.

Looking ahead we anticipate a challenging time for the team, with a number of changes impacting on the EPRR and Specialist Operations arena, many of them following the **Manchester Arena Inquiry**, within the next 3 years the team will be looking at the following areas:

- Reviewing and enhancing our ability to respond to a terrorist incident
- Introduction of the new Triage Tool
- Introduction of new clinical skills to the Hazardous Area Response Team (HART)
- Enhancing our SORT capabilities
- Outcome of the Wales Civil Contingencies review and implementing the findings
- Outcome of the UK Government Resilience Framework and implementing the identified lessons from this.



Partnership working remains a high priority for the team. Engagement and close working with the Wales Resilience Partnership team, the Contest Cymru Board, the Contest Cymru Prepare and Protect Board, the four LRFs and their sub groups, the Wales Learning and Development Group, the Emergency planning Advisory Group, Counter terrorism Policing Wales, the UK Ambulance EPRRG and its sub groups, NARU and its sub groups will continue across the team to ensure the Trust is represented by knowledgeable, skilled and experienced individuals, both in Wales and the wider UK.



4.3 Ambulance Care

Ambulance Care comprises of our Non-Emergency Patient Transport Service (NEPTS), our Urgent Care Service and a specifically commissioned Transfer Service to support Aneurin Bevan University Health Board's model of care. Ambulance Care is also working collaboratively with ambulance commissioners to develop and deliver a joined up and consistent Transfer and Discharge model for the whole of Wales.

These services have a critical role in enabling flow across our health system and access to planned care across Wales for patients that are eligible for transport. **Ambulance care plays a vital role in supporting goals 5 and 6 of the Six Goals.**



Our ambulance commissioners have acknowledged the significant work undertaken following the approval of a Business Case for the modernisation of NEPTS in Wales in 2015. A range of opportunities were outlined in the business case for improvements including governance, performance, quality improvements and the remaining aspects have now been delivered. We will work with our commissioners to reflect on the learning and closure of the work whilst continuing to build on all the transformational work that has been undertaken following the transfer of all the NEPTS activity from the Health Boards.

Following this work the Trust is now the lead provider for all non-emergency transport for Wales and has a future **ambition to be the provider of choice for transfer and discharge services.**

Targeted areas for improvement for Non-Emergency Care outlined by our commissioners for 2023/24 are the

- Improvements in operational performance for **oncology service patients**
- Reduction in the number of **on the day cancellations.**
- Reductions in the number of **bookings made on the day.**

We want to build on **the transformational work that has been undertaken in NEPTS** over previous years, extracting and acting upon opportunities to deliver a more efficient and high quality service. This includes working with health boards and providers of oncology services on our proposed establishment of an enhanced hub to improve the service for our oncology patients. This proposal builds on the success of the implementation of the renal hub and its improvement of service. We are also committed to working collaboratively with health boards to redesign systems and processes to reduce the number of cancellations and bookings made on the day to improve efficiency and experience. We will continue to develop and strengthen the focus on delivery and reporting of improved **patient experience** and **service quality**. We will also continue to implement recommendations from the demand and capacity review for NEPTS which includes **re-rostering** in both our NEPTS contact centre (NET centre) and on the road.

We will actively seek to engage ambulance commissioners and wider partners in how to **effectively manage demand** and support patients in the light of the extant **eligibility criteria** – in the current financial climate, where we will have to make difficult choices, we cannot afford to deploy resources in areas which are not commissioned or funded.

As we finalise modelling of transfer and discharge and Urgent Care services in Q1, we will consider outcomes from this review to develop the proposed concept for a transfer and discharge service across Wales. We will then work with ambulance commissioners on developing **implementation plans for transfer and discharge** and complete a **strategic review** of the **Urgent Care service** to develop a delivery plan and future service model that ensures appropriate usage, maximises efficiencies and identifies and makes use of synergies that exist within the widened Ambulance Care services.

Decarbonisation and Sustainability



We will continue to explore opportunities for lower emission vehicles. Our changing mix of Ambulance Care fleet will look to provide smaller vehicles which support this. Further work around reduction in on the day cancellations will contribute to our reduced carbon emissions.

To enable this, we will continue to roll out our refreshed **Ambulance Care fleet mix**.

As we move forward, we will then further **develop our strategic vision** for the Ambulance Care Services.



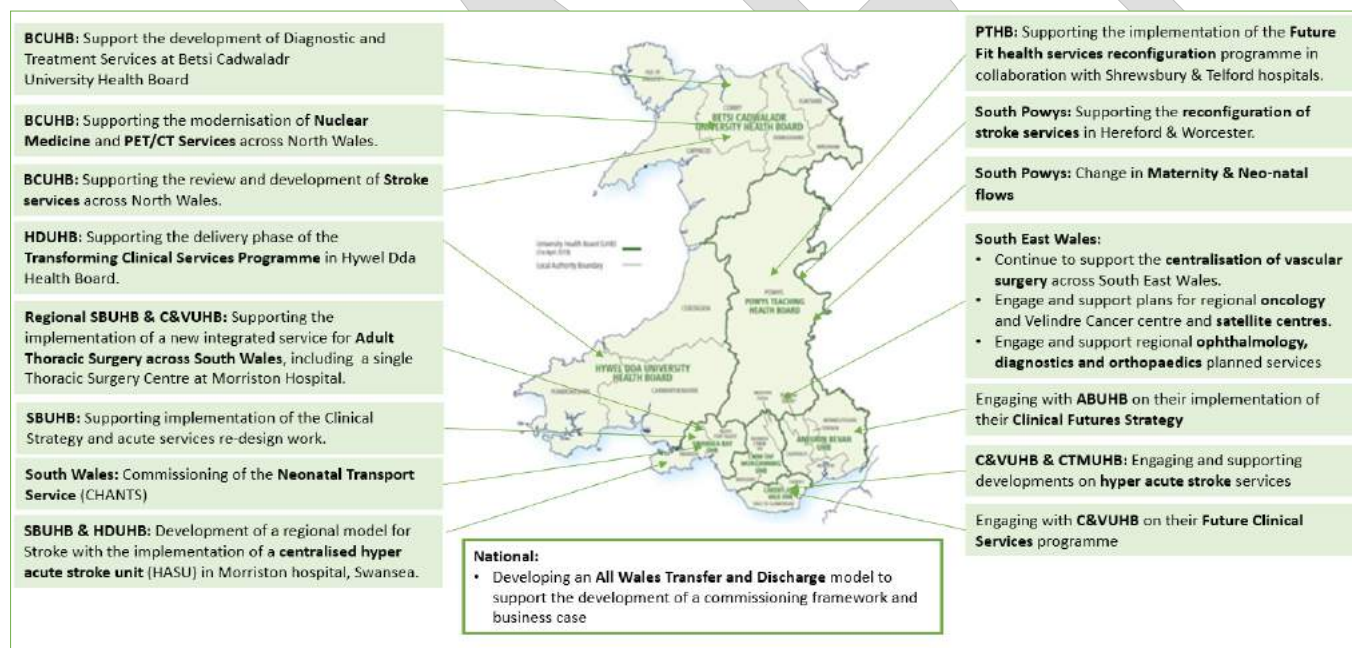
4.4 How will Health Board strategic plans affect us?

The NHS Wales Planning Framework sets out a need for Health Boards to work together, across organisational boundaries, to plan and deliver on a regional basis. We will engage fully with the continuing development and implementation of the National Clinical Framework in respect of its key workstreams. We will also ensure we play our part in facilitating and supporting the strategic direction and operational implementation through the networks and groups that develop through the framework.



We continue to work collaboratively and proactively with Health Boards to support strategic, transformational service changes (regional and local) across Wales to ensure the best possible outcomes and experience for the people of Wales. Whilst some changes affect the EMS, for example the development of Hyper-Acute Stroke services, the majority of change will affect our Ambulance Care services (UCS and NEPTS). However, this cannot be a set of fragmented service developments and so they need to be scoped, quantified, and aggregated in some cases to **develop a consistent service model that could be rolled out across Wales.**

The **map below** provides an overview of the main service change proposals we are working on collaboratively with partner organisations to drive forward sustainable changes in health provision.



Our service needs to remain flexible to change but realistic in the context of the demand on our service and the capacity to deliver change at pace.

5. Our people

Strategic Objective 2 – Enabling our people to be the best they can be

5.1 Our workforce profile

WAST currently employs approximately 4,400 people (March 2023). The largest staff group is Additional Clinical Services at 52%, which includes our Ambulance Care Assistants (ACA1/ ACA2s), all grades of EMTs, and Call Operators, followed by our Allied Health Professional staff group at 26%, which includes our paramedics. This is an increase of 9% (388 FTE) in post compared to December 2020.

48% of our workforce is female, which is an increase of 3% since December 2020. 20% of the workforce is part-time, which has remained at a similar level compared to the previous year. 20% of our workforce is aged 56 or over, suggesting an ageing workforce profile. Our hardest to recruit roles are qualified Paramedics and EMTs, 111 Clinical Advisors (nurses) and Digital Specialists.

WAST's vision and aspiration to expand services to reduce demand on the wider health and social care system is underpinned by an ambitious transformation plan. This is challenging where there is significant demand for high quality candidates, limited supply of qualified candidates alongside increased turnover post pandemic and an aging workforce. The role of the Workforce Planning and Transformation team is to find ways to address these challenges. They are not related to one specific directorate or service but are seen across the organisation. Where there are Workforce and Organisational Development (WOD) solutions to these challenges, these are recognised in the Directorate priorities.

Workforce Challenges

- Delivering a robust workforce transformation plan in support of the Trust's strategic ambition incorporating sufficient education commissioning numbers, workforce redesign, service expansion and redistribution activities.
- Creating a culture where workforce transformation becomes the norm and is underpinned by supportive and enabling workforce policies and processes.
- Supporting our existing Emergency Medical Service staff to have the right skills and behaviours to deliver our expanding remote consult and close services and face to face see and treat services in the community (e.g. increasing the numbers of advanced paramedics with prescribing skills).
- Sourcing a supply of additional EMS staff to meet increased demand on our existing conveyance services.
- Extending our C1 licence training offer into 2023/24 to give access to a bigger pool of applicants.
- Focussing on retention of our people to reduce the demand on attracting new candidates.
- Supporting wellbeing initiatives post pandemic to keep people well in work
- Improving resource availability by reducing sickness and absences.
- Maintaining the national 111 service and improving 111 retention.
- Equipping staff to utilise new digital technologies.
- Regular review of education commissioning needs to meet organisational demands.

Our **Minimum Data Set (MDS)** has therefore been updated on this basis.

5.2 Culture, Capability and Capacity

We are committed to delivering the best possible service to patients and to achieve this we must invest and care about our own people. As referenced within section 3.2, we are actively listening, learning and ensuring we take

action to address some of the biggest issues that are impacting on the daily lived experience of our colleagues. Alongside this, building a safe, positive culture with an emphasis on wellbeing, support and development, where we can bring our whole selves to work are the core elements of high performing organisations. By creating this environment, our people will feel valued and trusted and experience a true sense of purpose and belonging which will enable the Trust to keep improving and enable us to successfully deliver and achieve our long-term service ambitions.

Our **People and Culture deliverables** for 2023-26 support our organisational strategic ambitions and are closely aligned to the King's Fund 'ABC framework', building opportunities for **Autonomy**, developing a sense of **Belonging** and ensuring colleagues feel they can make a valuable **Contribution** to the organisation.

Complementing this will be a focus on our 3Cs: **Culture, Capacity and Capability**, which provide the basis for the objectives and plans for Our People. These will bring about significant programmes of work which are equally important to the Trust as developing our services, as without Our People we cannot provide the quality of service we wish to provide.



The King's Fund <https://www.kingsfund.org.uk/publications/ourage-compression-supporting-nurses-mindsets>
<https://www.kingsfund.org.uk/media/documents/caring-for-doctors-caring-for-patients.pdf-507708141.pdf>

We have identified those aspects of our culture that we want to **cherish** and also listened to what needs to **change**, and this vision of meaningful culture change will be at the heart of everything we do. The **daily lived experiences** of our colleagues will be central to our approach, and we will embed a culture of continuous conversations where every voice counts, recognising that valuing individuality and building high performing teams will be critical to our success.

Equality, Diversity and Inclusion form a golden thread throughout all our People and Culture activities, reflecting our commitment to creating a workplace where everyone feels valued, can bring their whole self to work and experiences a deep sense of belonging. This year we will refresh our **Strategic Equality Objectives** and ensure delivery of **the Anti-Racist Wales Action Plan**. This will extend to the way in which we care for our patients and engage with our communities. We will continue to take positive action to **increase our diversity and reflect the communities we serve**.

Supporting our people to develop the skills required to bring our service of the future to life will be vital. We will enable and celebrate **effective decision making** at every level of the organisation and reinforce and promote **continuous development for all professions**. For our leaders and managers, we will ensure they have the knowledge, skills, and agility to deal with complexity and respond to the changing needs and aspirations of a diverse workforce.

The **health and wellbeing** of our people will remain a key organisational priority and we will ensure there is regular evaluation of impact and benefits of the huge range of interventions we provide. This emphasis on health and wellbeing will complement our ongoing commitment to improve attendance and be supplemented by simple people management policies, proactive management and tailored responses to absence management.



Having just gone through a period of significant disruption, pressure, and uncertainty in relation to recent Industrial Action, it is vital we take time as an organisation and as individuals and teams to recover and “heal”. We have taken the learning and the challenges from this experience and will use the valuable feedback and insight we have gained to help shape our culture change journey. The continued emphasis on wellbeing, embedding compassionate leadership and meaningful constructive partnership with our TU colleagues will be key.

On a practical level we will also deliver some resource intensive work at pace to ensure we **successfully implement the non-pay agreements** that have resulted from the shared commitment with our Trade unions to find a way within WAST to respond to specific local issues and support the resolution of the national pay dispute. These agreements and **other initiatives such as the implementation of e-timesheets** will require active engagement and open dialogue with our Trade union partners. We are confident that our partnership framework and strong relationships will enable us to

focus together on improving the working environment, providing the right tools and streamlining processes and practises to ensure there is a direct and positive impact on the daily lived experience for all our staff.

Finally, in order to deliver on our organisational strategic ambitions, we will further enhance **change capacity and expertise** across the organisation, to ensure our people feel effectively supported through this period of transformation. These ‘**change champions**’ will also help drive our cultural transformation efforts, modelling the behaviours and growth mindset of our desired culture, breaking down silos and enabling organisation-wide collaboration. We will also need to work closely with our Trade Union (TU) partners who represent many of our people.



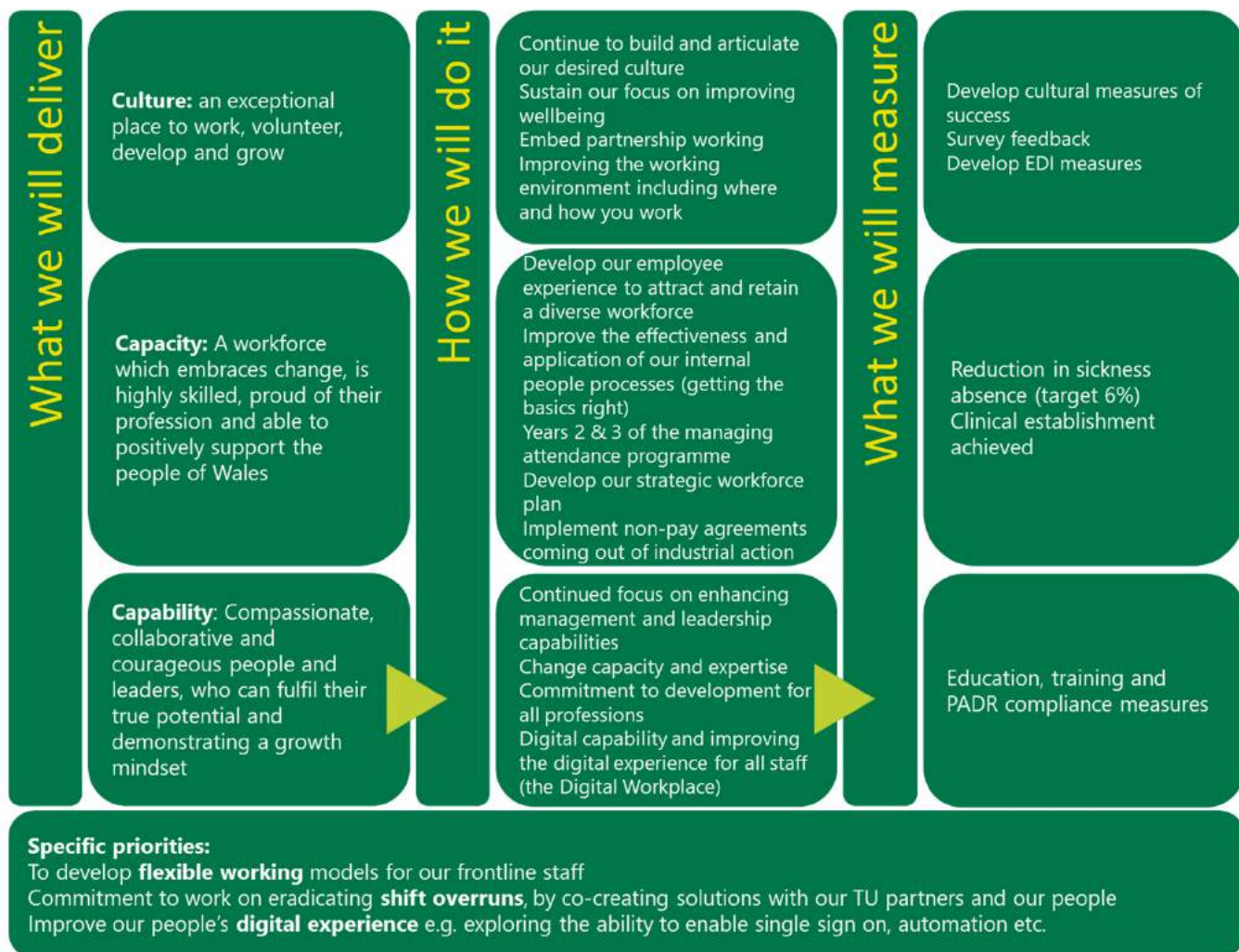
Decarbonisation and Sustainability

We have now embedded an agile working model which is supporting reduced commuting emissions. We will ensure our estate is fit for purpose to provide flexible, welcoming and collaborative spaces for our people. We will continue to embrace opportunities to give our people closer links with nature to support their wellbeing.



Whilst there are many things we need to do to achieve the 3Cs we wanted to focus this year in particular on three areas that are important to our people through the conversations we have had with them throughout 2022/23 as specific priorities for next year:

- Improving **flexible working** models for our frontline colleagues, creating a culture whereby people can achieve a better balance of work and life outside of work;
- Eradicating **shift overruns, by working with our TU partners** to co-create solutions to this complex problem; and
- Improving **the digital experience** of our people, addressing issues such as multiple sign on to applications and building on our digital strategy as set out in section 7.



5.3 Welsh language

Leadership is a key driver for the successful implementation of *More than just words*. We will need strong leadership to underpin the actions to transform Welsh language provision for the future, to drive the impetus for change and create a culture where people feel empowered to use the Welsh language each day at work. This is more than just compliance with statutory requirements, it should be something inherent in what we do in **working towards the 'Active Offer'**.

The 'Active Offer' simply means providing a service in Welsh without someone having to ask for it. The Welsh language should be as visible as the English language. However, we will continue to ensure compliance with the Welsh Language Standards, reported and monitored regularly through our Assistant Director Leadership Team, the CEO and Chair (through their accountability to the Minister) and Trust Board.





6. Infrastructure – estates, fleet and decarbonisation

Strategic Objective 3 - Being at the forefront of innovation and technology

Key to the ambition for the **design and infrastructure of the organisation to be at the forefront of innovation and technology** are our estates and fleet. 2022/23 has seen a continued period of growth in the number of people employed by the Trust and we continue to respond in a flexible way to ensure we have the right buildings and vehicles in the right place for our staff to provide best and safest care across Wales. Our continued increased focus on the start of the patient pathway and improvements in 999, 111 and Ambulance Care is supported by significant improvement schemes across our main sites; for example, completion of significant investment programmes at Vantage Point House (VPH), Cwmbran and Ty Elwy, St Asaph as well as the creation of a 111 call taking facility in Cardiff to improve facilities and accessibility for our staff. We are committed to ensuring that our developing infrastructure supports the Trust's and Welsh Government **ambition for net carbon neutrality by 2030** and we have made good progress in the implementation of some key actions within **our Decarbonisation Action Plan**. Continuing the good practice from the previous IMTP, we continue to demonstrate the Trust-wide ownership of actions within the plan.

The Estates Strategic Outline Programme (SOP) and Fleet SOP have been fully endorsed by Welsh Government enabling us to produce a further series of business cases to achieve this vision. The Strategic Outline Programmes have been updated in line with the recommendations of the 2019 EMS Demand and Capacity (D&C) Review, responding to the major challenges and risks to ensure we have the right estate and the right fleet profile in the right place to support the growth in the EMS service, and we continue to evaluate and assess the implications of the NEPTS D&C Review as well as the longer term strategic work on inverting the triangle and increasing our clinical triage offer.





In refreshing the SOPs, the **“Make Ready” concept continues to be at the forefront of operational site business case development** and operational teams are a vital component in ensuring our premises are fit for the future. We delivered on a realisation of this concept with the opening of Cardiff Ambulance Station. With the recent improvements to the estate, as well as the breadth of schemes currently in progress and planned for future years, we are well on the way to addressing continued challenges with the deteriorating condition of some of our estate and the impact that this has on our colleagues. We also continue to consider the impacts for our corporate staff on agile working practices and have three modern fit for purpose office spaces at Cwmbran, St Asaph and Swansea which can be used by all our

staff on a flexible and collaborative basis to ensure that we provide good facilities for staff to meet, and work from, as and when they are required. We have also developed state of the art modern training spaces incorporating lecture and immersive rooms at Ty Elwy, Cwmbran, Cardiff and Swansea which provide good coverage for training across Wales.

A modern and efficient fleet is vital to ensure that we provide a high-quality service to our patients and a comfortable environment for our people to work within. We have submitted the Business Justification Case to Welsh Government for the 2023/24 vehicle replacement scheme and, subject to approval, over the next 12 **months we will be replacing 108 vehicles** across our fleet including EMS and Ambulance Care. As part of our commitment to reducing our carbon and vehicle emissions, we have focussed procurement on **smaller and more efficient vehicles** to reduce our CO2 vehicle emissions.



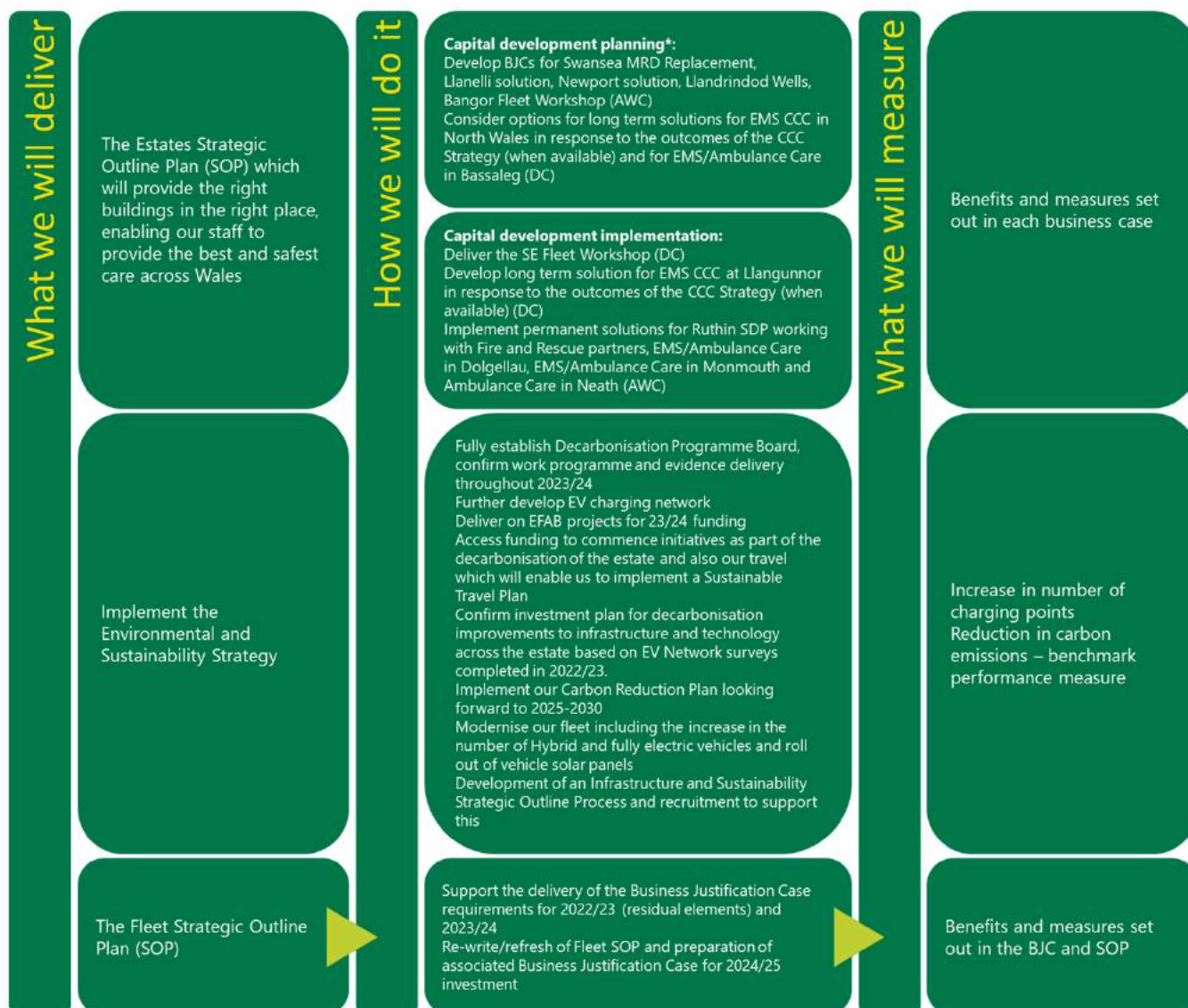
The Welsh Government targets of a net-zero position by 2030 pose real and complex challenges for the Trust. In response to this, we have established a **Decarbonisation Programme Board** to take forward the development of our Sustainability and Infrastructure investment requirements in line with our Estates and Fleet SOP deliverables, which will outline the financial and resource implications for the move to a carbon-neutral ambulance Trust. This will need significant input from our colleagues across the Trust and builds on additional investment within the Finance and Corporate Resources Directorate in 2022/23 to establish a programme team and robust governance processes. The relevant business cases in support of Estates and Fleet developments will continue to reinforce the importance of this agenda, and to push us towards a position of carbon neutrality, maximising our use of new technology and responding in a flexible and agile way to the changing external environment. Our Decarbonisation Action Plan can be found in appendix 4 but also our key decarbonisation priorities can be found throughout this document aligned to our plans.

Decarbonisation and Sustainability



As a key part of our ambition to reduce our carbon emissions, Improvements within our estate and fleet are central to our ambition of reducing carbon emissions. We will deliver a range of dedicated schemes across our estate in 2023 – 25 through WG funding (EFAB) and embed decarbonisation elements in all our estate improvements.

In conjunction with the decarbonisation agenda and in order to address the WG priority on the **Foundational Economy**, the organisation continues its work with Procurement colleagues as NHS Wales Shared Services Partnership (NWSSP) brings together key metrics that enable us to identify if the Welsh pound is being spent in Wales, and that prior to awarding of a key contract to a supplier highlighting if the supplier is from Wales and scores highly on a sustainability score covering areas such as environmental management systems, local sourcing of materials, recycling and appropriate disposal of equipment that does not adversely impact on the environment.



*subject to prioritisation

7. Our digital roadmap

Strategic Objective 3 - Being at the forefront of innovation and technology

Digital has a key part to play in the transformation of urgent and emergency care – not only as an enabler of innovation within clinical and operational services, but as a direct driver of better access and empowered service users, and appropriate demand management.

Over the course of the next 12 months, we will be building on the foundational transformation of the past couple of years, connecting up the recently embedded digital platforms and services, and automating processes around the organisation, to **fundamentally change the way we conduct our business.**



Data Linkage & System Integration

2022/23 was the first full year that the Trust used the Terrapace application and ePCR at scale. The implementation programme has successfully digitised the elements of information capture, search, and sharing, as well as practices such as referrals during frontline interactions with patients. ECNS achieved a similar transformation for our 999 Clinical Support Desk in 2022, moving from paper/PDF based assessment solutions to a fully digital record. One key achievement from both programmes is the ability to access and analyse clinical information dynamically, supporting real-time decision making for individual needs. Using combined clinical and operational datasets, we can also look to utilise risk stratification methods to improve triage, prioritisation and pathways for patient cohorts; and thirdly, by **linking with other NHS Wales data**, we will seek greater insight and understanding of healthcare

Decarbonisation and Sustainability

We continue on our journey to significantly reduce our use of paper and digitise our records. We are working to link our systems together so that we can monitor the efficiency of our buildings, outputs generated by our renewable technology across the estate and the utilisation of our EV charging network.



inequalities and patient outcomes across the system. The Trust continues to be part of the £60 million National Data Resource (NDR) Programme, run by Digital Health Care Wales (DHCW), with the ambition of **modernising data management systems, and linking key data from across NHS Wales**, into a central store to improve service design and patient care.

Digital Medicines Transformation Priorities (DMTP)

DMTP discovery work will provide an organisational opportunity to scope how the digitisation of medicines can be achieved within the Trust across three identified service lines (EMS via ePCR, CSD via ECNS & CAD via the Integrated Urgent Care module, and NHS111 via SALUS). We will complete funded discovery work to understand how this will benefit the Trust. The DMTP is integrating our medicines data and being able to share this readily across service lines will improve patient safety and allow health-care professionals and patients to have a better overview of our services' interventions across the healthcare system (subject to a funding proposal to be submitted in Q4 2022/23). This will support transformation activities and feed our data into wider NHS systems for the benefit of patients accessing services via EMS and NHS111. This will form the basis of a future bids for specific systems and integration.

Mobile Data Vehicle Solution (MDVS)

As part of the UK-wide Emergency Services Mobile Communication Programme (ESMCP), we will implement a new **Control Room Solution (CRS)** in 2023 to replace the ageing Integrated Command and Control System (ICCS) used by dispatchers in our control rooms. The upgrade allows us to operate more easily with other services, and readies us for the replacement of the Airwave communication service. The next major project deliverable in the ESMCP is **the Mobile Data Vehicle Solution (MDVS)** which replaces Mobile Data Terminals (MDT) across our Emergency Ambulance Fleet. The new technology which will be rolled-out across 2023/24 provides a suite of increased capability above the existing MDTs, whilst also equipping our Ambulances with vehicle wi-fi.

Automation

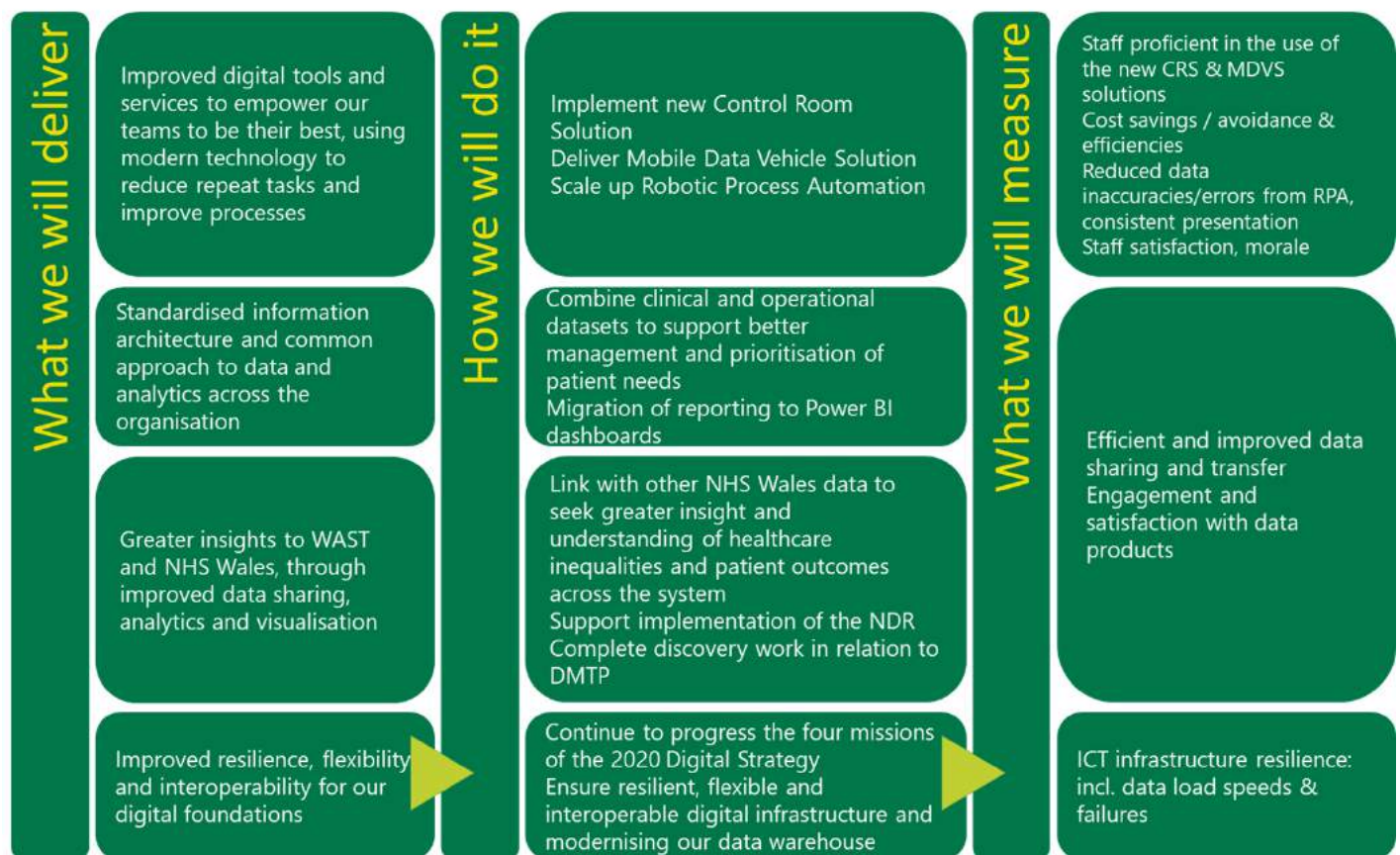
Following funding from the Welsh Government Digital Priorities Investment Fund (DPIF) we implemented and tested **Robotic Process Automation (RPA)** in various departments across the Trust. This pilot has already demonstrated improved efficiencies to processes such as account creations, and has drastically reduced the effort of manual data trawls for investigations conducted by the Concerns team from hours to just a couple of minutes. In 2023/24 we will continue enabling our people to focus time on higher value activity and create service efficiencies by maintaining these new RPA cases and scaling up automation activity.

Core Infrastructure

Additionally, we will continue to progress the **4 missions of the 2020 Digital Strategy, including Digital Foundations**. In terms of physical infrastructure, Information Communications Technology (ICT) is critical to both maintaining and expanding services within Operations, Fleet and Estates. All new buildings require fitting out with the latest ICT equipment, networking, and audio-visual equipment to enable hybrid working, whilst we continue to modernise the digital offer within both our 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.

Digital Inclusion

It is important that through any and all periods of digital transformation, we consider the impact of change on our workforce. Alongside the technical delivery of the above mentioned projects and programmes, a parallel programme of work will consider the education and training packages required. We will reignite the **Digital Champions Network** to build confidence and capability for the new digital ways of working within the Trust and gather feedback to ensure we are designing technological solutions which meet intrinsic motivations and solve real problems for our people.



8. Partnerships and the wider system

Strategic Objective 4 - Developing services in collaboration

8.1 Partnerships and engagement

As we look ahead to a post-pandemic era, it is important that we reflect on what has been learnt over the last few years and what this means for the future.

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



In 2022/23, we spent some time reflecting on the lessons of the pandemic and how the positive aspects of partnership can be sustained as we enter a new environment of post-pandemic healthcare. The public rightly expect improved levels of service, while NHS and social care organisations face multiple challenges in terms of workforce availability and morale, constrained public sector finances and relentlessly growing levels of demand.

These are challenges shared across the health and care sectors, and which are recognised by Welsh Government. For the Trust, this has led to efforts to capitalise on learning from the pandemic, with an ambition to accelerate its programme of transformation.

Understanding our collective challenges, working with partners to deliver different solutions to both new and established problems and, ultimately, better services for our patients and a more fulfilling working life for our people, are now at the heart of **our refreshed engagement framework and delivery plan**. This plan sets out in particular a vast programme of engagement with key stakeholders, including the public on the solutions that are needed to achieve our ambition to 'invert the triangles'.

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

Welsh Government has similarly recognised the Welsh Ambulance Service's role in the wider partnership and collaboration arena. At the time of writing, it seems likely that, following a recent consultation, the Trust will be **recognised as one of a handful of additional organisations to which the Wellbeing of Future Generations (Wales) Act 2015 will be extended** in 2023/24.

When the legislation was enacted some eight years ago, the Welsh Ambulance Services NHS Trust was not one of the 44 public sector bodies covered by the requirements of the Act. At the time, the Trust committed to working within the spirit of the Act and has continued to do so.

Given the Trust's commitment to partnership and its pivotal role in the health and care system in Wales, that omission is likely to be rectified in 2023/24, which will see the provisions of the Act extended to the Trust and which will require us in the 2024/25 IMTP to include **wellbeing objectives** in line with other organisations already subject to the legislation.

During 2023/24, we will consider the **impact of these revised statutory obligations**, what they mean for our partnership approach and how they will help inform our approach to transformation, so that we are fully prepared to include these important objectives in next year's IMTP.

Similarly, we have recently learned that, from 2023/24, the Trust will also formally have a seat at **all Regional Partnership Boards across Wales**. Again, when the Social Services and Wellbeing (Wales) Act 2014 was enacted, the Trust was not one of the organisations that was included in the legislation in terms of having a seat as of right at the seven Regional Partnership Boards (RPBs) across Wales.

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

At the time of writing, a meeting is pending with Welsh Government colleagues to understand more about next steps in respect of full statutory membership of the RPBs and the implications of this. However, both this, and inclusion under the WBFGA signal that Welsh Government, and others, recognise the contribution which the Welsh Ambulance Service can make in the partnership arena and these are welcome developments.

As well as opening up fresh opportunities to **work more collaboratively with health and social care partners**, both from the statutory and third sectors, to be truly innovative, we will need to harness the innovative talents of its people and academic and industry partners.

As ever in the partnership and collaboration space, time, rather than ambition, is the enemy. On that basis, some thought will need to be given to how best to **focus the energies of key staff on the partnership priorities** that will make the biggest difference to the organisation, as well as ensuring portfolios are aligned to avoid duplication and optimise support for staff in our research, innovation and education fields.

Decarbonisation and Sustainability

We are collaborating with partners to explore joint solutions to some of our key estate challenges. Our partnership approach will be central to the development of an EV charging network across Wales as we look to maximise opportunities across our estate and more widely.

Regardless of operational challenges, the Trust retains its commitment to being a **reliable, innovative and forward-thinking partner**. In 2023/24, the Trust undertook a Reputation Audit with key stakeholders which garnered the views of almost 50 key stakeholders, the outcome of which will form the basis of a new dialogue with partners and will see that commitment renewed.

8.2 'University Trust Status'

The Trust is now well on its journey to attaining **university trust status (UTS)** from Welsh Government, and 2023/24 will see the establishment of a task and finish group to explore the necessary governance processes needed as the organisation works towards the appointment of an academic non-executive director in 2024/25, something which is a requirement for university trust status.

In the meantime, the organisation's Academic Partnership Committee is starting to build momentum, with a focus in the next 12 months on understanding where our opportunities lie, the work currently underway and how we spread and celebrate our engagement with higher and further education, as well as life sciences and industry partners.

There is much to do in this realm, particularly in respect of **delivering a culture of 'democratised learning'**, where opportunity is available for all our people, from the achievement of recognised qualifications through to post-doctoral research. One of the Trust's key facets is that its research and innovation is largely focused on solving real world issues. Given the challenges the organisation and the sector is facing, there is a real opportunity to work collaboratively with partners across academia and commercially to drive real and sustainable improvement and change as the organisation continues to evolve.

Whilst formal confirmation of university trust status (UTS) is awaited, the **Academic Partnership Committee** will now drive development and delivery of our plans by setting up a specific task and finish group to develop the academic offer further.

The Committee has therefore agreed to roll over the three priorities set out last year as:

- **Priority One:** Digitisation enabling better outcomes (see sections 4.1, 4.2 & 7)
- **Priority Two:** Advanced practice and specialist working, consult and close and service transformation, including research (see sections 4.2 & 8.3):
- **Priority Three:** Decarbonisation, fleet modernisation and sustainability (see section 6)

8.3 Research and innovation

The Trust conducts Research and innovation (R&I) within NHS Wales, but is significantly influenced by local, national, and international partnerships and strategic perspectives. Harmonised and cross-boundary working is therefore vital, and we aim to adopt national recommendations and perspectives outlined within initiatives such as the UK Life Sciences Vision, UK vision for clinical research delivery, and saving and improving lives: future of clinical research.

This section sets out our priorities for delivery in 2023-26.

We continue to **contribute to Wales strategy, policies and forums** such as the Cross-Party Group on medical research and Health & Care Research Wales (HCRW) Plan for instance, which recognises the need to address issues of equality, diversity and inclusion in R&I, with patients at the centre and enabled to take part in R&I wherever they are, signaling a need for streamlined, efficient and innovative R&I, enabled by data and digital tools.

We will **contribute to work** with a range of research organisations and academia to collaborate and influence building our skilled workforce supporting R&I. We will also **cultivate new partnerships** in areas such as autonomous systems, robotics, Artificial intelligence, diagnostics, and drone technology, as well as ongoing work with industry through SBRI Centre of Excellence challenge funding in support of our 'Inverting the Triangle' ambitions, notably the opportunity to converge with the work on the 'Virtual Ward' concept.

We will **adopt and support the innovation action plan** and its aligned model of 'innovation pull' and 'innovation push' by creating greater coherency across the innovation system, focusing NHS Wales innovation activity more on organisational priorities and need.

We will build on the **distributed leadership model for R&I** adopted within our innovative clinical structure where R&I is embedded at all levels and across the organisation. We continue to face **challenges in releasing paramedics** to work in this role which we will continue to work with our People Services and others to address this. We will **continue to collaborate** across areas of strategy, planning, finance, People Services, fleet and estates to harness opportunities for R&I and build capacity.

We have long recognised the aspiration for **R&I to feature as a golden thread across all of our activities**. This, however, continues to be difficult given the challenges faced by the Trust and other ambulance services. We do however continue to embed and integrate R&I within service delivery and care pathways. We recognise how R&I should be a core activity and should be 'everybody's business'. There is recognition for an R&I culture of openness, where ideas are discussed and developed at all levels; being inextricably linked to quality & improvement.

Decarbonisation and Sustainability

We continue to look at the feasibility of reducing our use of Entonox and replacing it with a medical gas with a lower GWP. Exploring innovative and technology-based solutions to the decarbonisation challenge will be key to delivering our ambitions.

The Trust continues to be a learning organisation, mobilising the findings and knowledge from R&I into practice. We will continue to collaborate with partners such as Health Technology Wales and the HCRW evidence centre who have conducted evidence reviews in areas such as mechanical chest compression to PPE for our staff. These findings are informing new models of service delivery and design of future care, such as the Cymru High Response Unit (CHARU) and others.

Embedding R&I across the Trust will require high visibility through education and awareness raising about its value and impact to the Trust, NHS Wales and wider society. We involve patients and the public in driving the research agenda, through individual studies, but recognise more needs to be done and will work with our partners in health teams on this.



9. Quality driven and clinically led

Strategic Objective 5 - Being quality driven and clinically led

9.1 Delivering on our duties

We conclude delivery of our Quality Strategy 2021-24 to ensure **compliance with our duties of quality and candour** through the Health and Social Care (Quality and Engagement) (Wales) Act 2020. In 2022 the Trust approved a Quality and Performance Management Framework (QPMF) evolving our performance culture to one that is focussed on the quality and safety of the services we provide. Having tested the QPMF in areas of the organisation we will now continue to embed it across the Trust alongside investment in and implementation of our quality management systems that enable information-based decision making, in a timely and appropriate operational level.

We will work with NHS Wales partners in delivering initiatives that support an **underpinning culture of quality and candour**, and in 2023/24 we will determine the resources required to deliver on our duties under the act.

We continue to make progress with improving our approach in integrating quality across the organisation and now set our ambitions to embed new working structures that will further develop matrix working through our quality management team, and developing a **Quality Improvement Hub** that will provide support and training across the organisation. This will support NHS Wales's Safer Care Collaborative efforts to improve patient experience and care in their pathway journey, across organisational boundaries.

From 1st April 2023 the **All Wales Citizens Voice Body (CVB)** will replace Community Health Councils. We will continue to engage with representatives as this transition takes place and ensure continued sharing of patient experience.

'Working Safely'

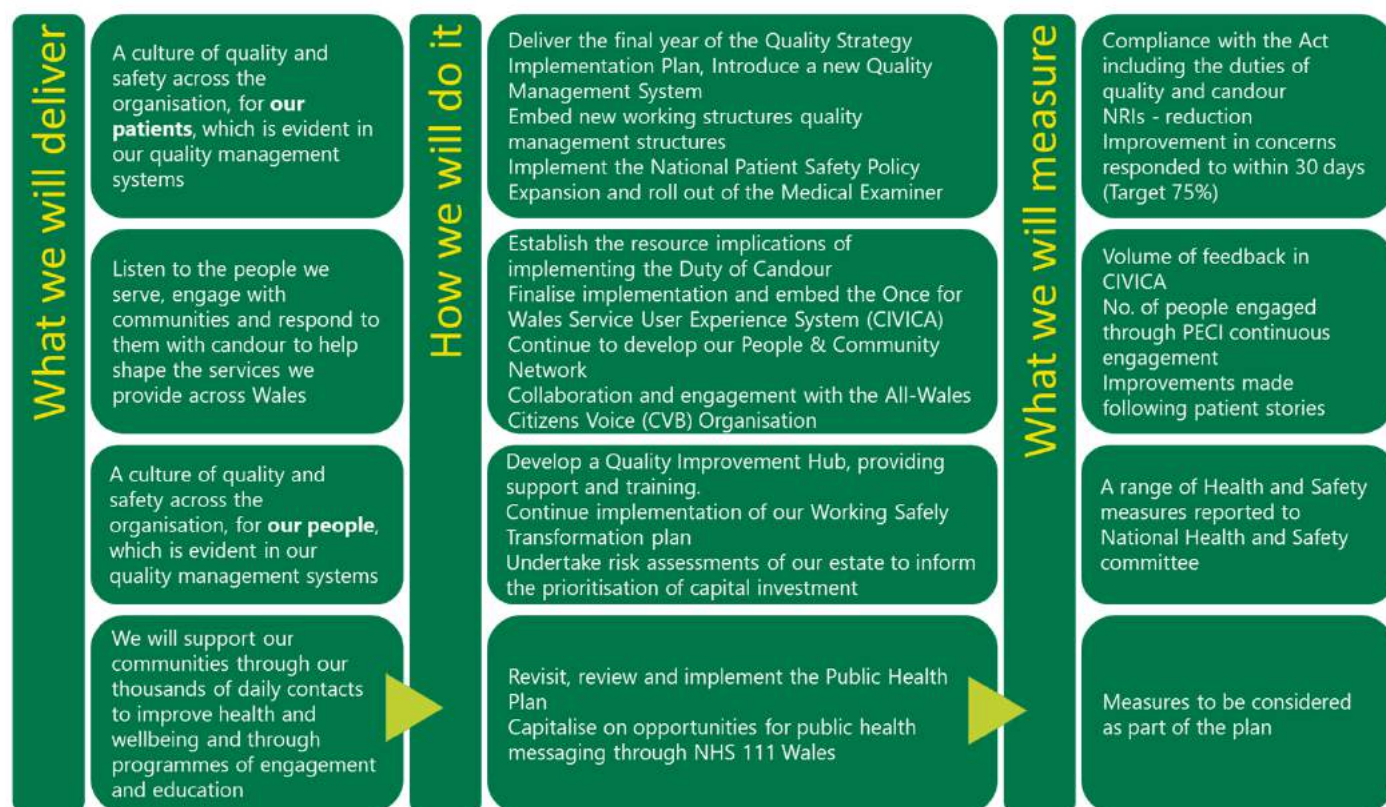
In support of the commitment that our people (section 5) are healthy and well, we have successfully implemented some key deliverables over the past year that has supported our working safely agenda, a key focus that has delivered the structures and foundations to enable the organisation to continue its journey of continually improving the working safely culture. We will continue to **deliver on our working safely ambitions** continuing to mature our safety systems and culture which support the prioritisation of capital spend to improve the safety of our estate and fleet infrastructure, pro-actively reduce the potential and impact of incidents of violence and aggression upon our people, and enhance opportunities for safer handling and ergonomics to ensure the health of our people in undertaking their roles.

Public health

The Trust recognises that it has an **important role to play in supporting public health improvement** across the population of Wales. As a major employer we recognise the importance of supporting colleagues to look after their own health and will continue to develop policies and interventions that demonstrate employee wellbeing as a core value to which we aspire. We recognise we are uniquely placed to support the wider health and care community in dealing with public health concerns. Through our digital and data platforms we will contribute to population health analytics solutions, linking with work being undertaken in other UK ambulance services, and facilitate whole care pathway analysis that targets secondary and tertiary prevention interventions.

We will continue our work in the community **raising awareness of risk factors to ill health** and how they contribute to medical emergencies. We will identify opportunities to ensure patient contact and our digital patient care record makes every contact counts in both the management of a presenting condition, and in identifying risk factors to long term conditions for others to follow up. Our Infection Prevention Control team will continue to work closely with Public Health Wales to ensure our **NHS 111 Wales offers the community accessible information** on which to deal with community **infectious disease outbreaks** and, ensure our colleagues are appropriately equipped to support patients who become unwell due to community acquired infections.

The work our colleagues undertake remotely and face to face in peoples own homes offers unique opportunities to contribute to safeguarding and raise early alerts to concerns, this is an important area of our practice that we will continue to invest in and ensure all learning opportunities are taken.



9.2 Clinically led

Delivery of the Clinical Strategy continues with a focus on prioritising activities and workstreams that will contribute to the inverting the triangle strategy. A new structure has been brought into place in the Clinical Directorate to support the appointment of the first Director of Paramedicine within an ambulance service in the UK, with Assistant Directors of Clinical Delivery, Clinical Development and Research & Innovation being appointed to support the new structure and enhance clinical leadership across the organisation.

A significant workstream is being undertaken with our MPDS partners surrounding the clinical dispatch codes that support our **Clinical Response Model** in identifying the best approach to patient response and care as we transition towards a greater consult and close function within the organisation. A programme of work to enhance this element of service development is also under way in the Clinical Support Desk to enable sufficient **clinical leadership and capacity** to support this area of the Trust.

Evidence-based research continues to underpin and inform the progression of clinical leadership within the Trust, as demonstrated in section 8.3 above and this, alongside the development of **varied, skilled career path opportunities** for our workforce (including among others the APP with independent prescribing, Senior Paramedic, CHARU, Nursing and Research career options), place the Trust as an organisation at the forefront of progression and clinical leadership within pre-hospital care in the UK and internationally. The improvements we're intending to make in training, clinical leadership expansion and autonomous working give us confidence as an organisation to expand into areas that increase our clinical risk appetite but that will allow us to care for people more effectively in the community.

Maternity Care

WAST has been appointed one of the Local Safety Champion Midwives through Welsh Government's Maternity and Neonatal Safety Support Programme with the aim to ensure women and babies have clear and consistent approaches to maternity and neonatal care across all services in Wales. This has enabled WAST to explore the

standard of service provision to women, completely reviewing the education and training needs of the workforce in relation to maternity and neonatal services. In addition, the Local Safety Champion Midwife is going to explore and develop the opportunity for the ambulance service to host a 24/7 Labour Line.



10. Value and sustainability

Strategic Objective 6 - Delivering exceptional value



Following a sustained pandemic response and with the impact of inflation and the costs of living as they relate to the Trust, the financial outlook for 2023/24 and beyond is understandably challenging. We have been working with EASC, WG and the Finance Delivery Unit (FDU) to develop our financial plan for 2023/24 (see section 11) and horizon scanning across the full three years of this plan. The wider NHS is experiencing the same issues and it is expected to be more **difficult to secure the funding for all our strategic ambitions as “pump prime” funding**, despite there being emerging evidence for the increased value that we can offer the system. We know that if we want to achieve some of our ambitions set out in this plan we will face choices, we will either need to extend savings further, generate new income, or stop doing something else.

Whilst we have been able to address some of the income requirements in the plan (set out in the financial plan in section 10 'Our financial plan') there will be **challenges and cost pressures** that we have also had to plan for. This had led us to develop a plan which has more focus on value and financial sustainability as well as the impact on our people, whilst maintaining our ambitions to improve the quality of service we provide to our patients. The **Financial Sustainability Programme** we will put in place is a key pillar in this plan and will drive transformation to achieve efficiencies as well as exploring opportunities for income generation alongside our existing commissioning arrangements.

The need to produce and deliver a **transformative savings and income generation plan** is essential to support the strategic direction of travel for the Trust. Against a backdrop of increasing costs, a range of financial constraints and wholesale tightening of budgets across the entire public sector, we recognised a change of approach was necessary to enable us to pursue more significant longer term financial value, savings and efficiencies. We must rapidly prepare and adapt to a financial and operating environment that will be far more challenging than we or indeed the entire NHS has ever faced before.

As such, building on the work that has already been undertaken as part of our financial sustainability workstreams in 22/23, we have brigaded a range of activities and put in place a robust programme framework that aligns to two key areas of work, **Achieving Efficiencies**, and **Income Generation**. Our focus is on proactively identifying efficiencies and cost savings while delivering at pace and seeking out opportunities to generate income and investment. With these aims in mind, we will develop and deliver an innovative savings and commercial plan on a more sustainable footing and at scale. Learning from best practice, this is an organisation-wide programme which will reinforce our commitment to developing and celebrating a culture of innovation, quality improvements, and enable our people to help drive forward the change that is required. For our leaders, we will ensure that commercial skills and continuous improvement skills are core elements of their ongoing development.

We will also ensure that we have the right tools, effective communication channels and an emphasis on benefits realisation in place to give us the best possible chance of success.

Value Based Healthcare

Whilst the focus of Financial Sustainability is on the financial efficiencies and income opportunities that might add value to what we do as a Trust, it is important to reiterate our **commitment to Value Based Healthcare** which is a theme which runs through all three pillars of our plan. We will work with colleagues across Wales to ascertain, and utilise, the methodology for determining commissioning investments that ensure the most effective use of finances for improved **population health outcomes**. We are unwavering in our commitment to develop meaningful outcome measures which truly represent what is important to patients (**PROMs**) and which capture their experience of our services as they describe it (**PREMs**). In Q1 we will welcome support from the **Value in Health Centre** who have already commissioned a literature review of value based healthcare in pre-hospital care and who will run a workshop to help us think in more detail about how we can culturally embed value based healthcare through education, engagement and tools which can be applied in urgent and emergency care services run by the Trust and as we link across the entire urgent and emergency care system.

There remains variation in both our service availability across Wales and the cost of the services we provide. We will continue to develop and implement **Patient Level Information and Costing** (PLICS) to understand variation and use it to better allocate resources where they add most value. We will also use **benchmarking** to demonstrate where we can tailor improvements to the services we provide (notably in rural areas – see section 4.2). We will also use evidenced based cases for change to work with our commissioners, partners and stakeholders to develop our service offers, as we have done in our 'Inverting the Triangles' programme (see section 4.2).



11. Our financial plan

The full revenue and draft capital financial plan for the Trust for 2023/24 is provided in appendix 6.

Revenue

The financial plan is presented as a plan that will deliver a balanced revenue financial position for the Trust by the end of the 2023/24 financial year, based on some key funding and cost assumptions included with it and additional actions that are expected to continue to be progressed through the early part of the financial year to deliver additional savings and efficiencies in order to achieve balance. Given the current financial environment, this plan inevitably focusses on the 2023/24 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2025/26.

Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2023/24 financial year based on the following key financial assumptions:

- The funding required for the cost of an additional 100FTEs front line EMS staff funded non recurrently and appointed to through the latter half of the 2022/23 financial year is provided via commissioners **in full**. This is either for the full year costs of these staff (c£6m) or to match any reduced costs through the 2023/24 financial year if staffing levels have to be reduced. Whilst this assumption is consistent with and mirrors that supported within the EASC IMTP, any subsequent residual unfunded cost impact of this additional 100 WTEs in the 2023/24 financial year is likely to put the Trust into a deficit position;
- Our ability to fully deliver on a total cost containment, cost avoidance and savings programme of £6m, of which c£2.6m remains to be fully identified at the outset of the financial year;
- That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated. In particular this relates to energy, utilities, fuel and general non pay inflation; and
- That any and all additional costs we may incur as a result of any settlement agreement for the current Industrial Action is fully funded. This includes both the pay deal elements and any additional cost impact of the non-pay agreements being considered, including any specific to the Trust via a separate Welsh Ambulance annex to the potential settlement.

The financial context and outlook for the Trust, along with the rest of the NHS in Wales and indeed the public sector UK wide, is extremely challenging. The combination of increasing costs, costs remaining for enhancements that were put in as a result of the COVID-19 pandemic, a cost-of-living crisis, and reduced funding uplifts inevitably result in choices and a significant increase in productivity, efficiency and savings having to be made if we are to continue our excellent recent financial performance of delivering a balanced position year on year.

The upcoming challenging financial outlook for next financial year and beyond has been recognised for a while. As such as early as May 2022 we agreed to establish a range of Financial Sustainability Workstreams with a view to working up what could be achieved to assist in the delivery of a continuing balanced position for the 2023/24 financial year and beyond. Whilst progress has been made across a number of programmes as a result of these work streams, more recently the required step up of delivery has become even more apparent and we have launched the Financial Sustainability Programme to recognise this challenge.

This financial plan presents a way forward in the shape of what needs to be done to deliver a balanced financial performance for the 2023/24 financial year. However, as above, it is built on a range of assumptions in relation to both income and funding and expenditure that will need to be delivered in order to do so. It is inevitably going to be a higher risk financial plan than we have faced for a number of years and the Trust Board, it's commissioners, Welsh Government and other key stakeholders will need to be comfortable with the level of risk being taken at the outset of the financial year.

We have discussed and explored in detail some of the likely choices we will be faced with in order to present a balanced financial plan for 2023/24. One of the key outcomes of these discussions was the need to agree a set of principles by which we would progress this challenging programme, including the following:

- We will avoid negatively impacting on our strategic ambitions and direction (inverting the triangle);
- We will seek to protect business critical roles as far as possible;
- We will seek to agree all changes with commissioners so that they have the required impact on the Trust's finances bottom line;
- We will apply a "value for patients and staff" lens to all discussions and decisions;
- We will recognise this programme and its aims as a key priority across the organisation;
- We will act in alignment with our organisational values;
- We will apply a greater commercial / efficiency lens to decision making.

Noting the above, further key elements and assumptions that are included in the revenue financial plan represented in table below are as follows:

- We will be entering the 2023/24 financial year in a relatively strong financial position, having, despite the challenging and elevated nature of financial risk managed through the 2022/23 financial year, delivered a balanced position month on month for a number of financial years. With the exception of a relatively small value identified within this as savings currently being achieved in a non-recurring way, we currently do not have any underlying deficit that needs to be addressed going forward;
- As per the NHS Wales Allocation Letter, it is assumed that the 1.5% core uplift in funding provided to commissioners will be passed through to us in full. This should be a relatively safe assumption as equivalent uplifts have been similarly fully passed through to us for a number of financial years. The financial impact of the 2023/24 pay award has also been assumed as being fully funded and will have no impact on the Trust's bottom line as similar to the 2022/23 pay award the value being treated as both additional income from WG and spend in year;
- Another main impact on our costs movement and resulting financial challenge for the next financial year (and beyond) is therefore the continuing impact of significant levels of inflationary and other pressures in the general economy. This includes significant cost pressures relating to energy and utility (gas and electricity) and vehicle fuel which will not now be subject to any separate in year funding from Welsh Government in the way that it has in the 2022/23 financial year. The costs estimated at this point in time for these items therefore is essentially a two year cost pressure set against that which can be supported from the core funding uplift provided. It is however noted that these costs continue to be volatile and forecasting the costs of significant elements of this through to a period some 15 months hence is almost impossible. Further work has therefore progressed on this collectively across NHS Wales to at least ensure some consistency in forecasting across the system but also to try and factor in some of the more recent positive movements in prices for at least some elements of this. This has therefore now been further refined and updated in the current financial challenge for next financial year.

This result of the detail provided in appendix 6 is therefore the following high level summary Income & Expenditure plan for the 2023/24 financial year. More detail will also be provided in a separate budget setting paper being presented to the Trust Board on 30th March 2023, for approval:

Summary financial plan - 2023/24 AS AT 31/03/23	Opening Budgets 23/24 £m	Planned Savings £m	Savings to be allocated £m	Revenue Set Budgets 23/24 £m
Income	-270.9	-0.7		-271.6
Operating Expenses	262.1	-2.3	-2.6	257.2
Profit on Disposal	-0.2	-0.1		-0.3
Interest Payable	0.1			0.1
Interest Receivable	0.0	-0.3		-0.3
Depreciation and Impairments (Baseline)	14.9			14.9
Total Expenditure	276.9	-2.7	-2.6	271.6
Planned Budget Surplus (-) / deficit	6.0	-3.4	-2.6	0.0
Total Savings required £6m.				

Risks

No financial plan is risk free. However, as we head into 2023/24 the level of financial risk of delivering a balanced in year and year end position is clearly much greater than in the recent past. This has therefore already been reflected by the agreed continued inclusion of a risk for this on the Corporate Risk Register, despite the continued good financial performance and delivery through the 2022/23 financial year, and the agreement to undertake a more detailed review of this risk at the May 2023 meeting of the Trust's Finance & Performance Committee.

The main risks that will need close monitoring and mitigating actions through the upcoming financial year, include:

- The recovery of all of the income assumptions this balanced financial plan now makes, in particular ensuring the commitments made in the EASC IMTP are fully delivered upon. This predominantly relates in particular to the c£6m funding assumed within this financial plan from commissioners for the continuing costs of an additional 100 FTEs front line EMS staff recruited to, and funded non recurrently, through 2022/23. We have now received written correspondence from the CASC, signalling support for our IMTP, the financial plan that underpins it and the key financial planning assumptions within it, including that the Trust will be funded for the 2023/24 costs of these 100 FTEs. Within this correspondence it states, **"we also confirm our support for the assumption that you will receive funds to cover the recurrent cost of the 100wte"** and also goes on to say, **"we have included an assumption in the EASC IMTP that central funds will be made available to EASC to accommodate this"**.
- A key fundamental risk being the ability to work up additional schemes and delivery, at pace, to close the current residual c£2.6m financial gap for the coming financial year. Whilst this may be considered a manageable value going into the financial year, it must also be set in the context of that already assumed at £3.4m within the plan to get to this level of remaining balance;
- No other developments, enhancements or cost increases not currently funded within budgets, including potentially some linked to proposed areas of development within this IMTP, will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. However the ability to do this in the context of the current residual financial gap and total savings already required to balance in year makes this unlikely;
- The ability to therefore deliver a minimum of c£6m in total savings (£2.6m+£3.4m as noted above) and efficiencies in year. This equates to c4% of our discretionary income and would see a further c40% increase required in savings delivery from 2022/23 (which in itself has delivered over 50% more savings than that required over the previous two financial years). Finance & Performance Committee (F&PC) will be provided with significantly enhanced monitoring of the savings plan, including as some remaining elements of it are developed and agreed;
- The capacity and ability to focus on the required additional savings to balance during any continued period of Industrial Action;

- The ability to properly resource and support a number of the Financial Sustainability Programmes (FSPs) which in itself could result in further cost pressures. These would therefore very much have to be considered as non-recurring and invest to save;
- The inevitable impact much of this is likely to have on staff morale and Trust reputation;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

Capital

Appendix 6 also summarises our initial capital programme for 2023/24, focussing predominantly on the discretionary capital funding received from WG, noting the already confirmed discretionary capital commitments for the 2023/24 financial year. This is currently a draft plan, as in previous years, a detailed update on the final impact of the 2022/23 financial year end on the 2023/24 programme will be presented to both the Trust's F&PC and the Trust Board in May 2023, at which point it is assumed that the full capital programme for the Trust can be approved, fully consistent with the funding being made available from WG.

12. Delivering our plan

12.1 Managing risk

Risk management is an integral part of the Trust's governance arrangements, and the Trust Board has a responsibility to ensure that the principles of good governance are underpinned by such frameworks for risk and assurance, performance, and quality improvement to provide safe and effective care for patients and staff and ensure the safety of the environment around them.

A **risk management transformation programme** has been developed to support this which will further strengthen and positively impact the development of the Trust's future strategic ambition and provide clarity on the risks that would prevent us from achieving our organisational objectives.

Having embedded a positive risk culture during 2022/23 with the re-articulation of the principal risks and the introduction of a transitional **Board Assurance Framework (BAF)**, the maturity of the BAF as a vehicle to support the Board in delivery of the organisation's long term goals is the focus for this plan.



The **scale of change** required to deliver on this plan and to achieve our ambition is significant, particularly for our people across the service. Whilst, as described above, we will be putting in place a robust **programme management approach** to support the transformation programme, there will nevertheless be risks to delivery which we will need to identify, manage, and mitigate.

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

The Trust Board receives a report on the highly scored operational risks and the Board Assurance Framework at every meeting, and the Board Committees receive reports on risks within their remit for oversight, scrutiny, and challenge. The Audit Committee has oversight of the risk systems and processes in place.

Risks to the delivery of key programmes of work within this IMTP will be monitored by individual programme boards, escalating to STB where necessary and raising to the Corporate Risk Register if Board level awareness and scrutiny is required.

The **key risks to delivery** of this IMTP will be:

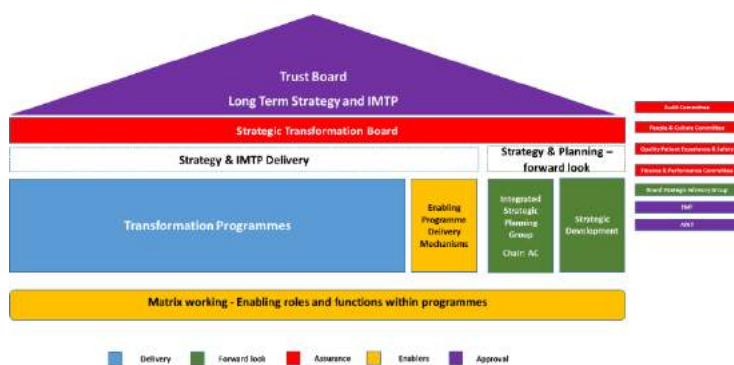
- Our ability to deliver a **balanced financial plan** – the financial outlook appears challenging for the next three years and a key indicator of success of this plan will be to confidently present a plan that could balance and subsequent delivery of financial balance by year end in year one and into years two and three (reported monthly through the year).
- **Capacity to deliver** on priorities within the plan
 - **Time available** to devote to priorities, as we are unable to increase staff to undertake key programme and project roles without further investment or an increase in savings.
 - With **resources (revenue / capital) curtailed** our ability to target investment at our strategic plans becomes increasingly difficult
- Difficulty in maintaining progress on strategic ambition with **focus on the short term** – it remains difficult to plan ahead of year one towards our longer term ambitions without certainty of the future operating and financial context.
- Ongoing disruption through **Industrial Action** – significant resource, time and focus is required at a senior level in the organisation to respond to industrial action, keeping people safe. Without an agreement between governments and trade unions at the time of writing we anticipate Industrial Action to continue into 2023/24.
- **Ongoing wider system pressures** impacting on our services - we are in a vicious circle of operational pressure we think can only be addressed through wholesale transformation. However, the focus on the here and now requires significant management time which cannot be focussed on the transformation agenda.
- **Commissioning landscape** may change – the review of commissioning in Wales may change the governance and commissioning arrangements on behalf of Health Boards. These new arrangements may refocus the priorities for ambulance services, so we must work closely with our commissioners and partners to grasp the corresponding opportunities that may come through the review.

These risks will be captured on the corporate risk register as required, articulated through a full risk description with mitigating actions and controls aligned to this IMTP, quarterly tactical and local operational plans.

12.2 Managing transformation

The Trust Board remains the overarching accountable committee for delivery of the Trust's IMTP and long-term strategic plans, with individual sub-committees maintaining oversight and scrutiny of specific deliverables. Further assurance is provided through the **Board Assurance Framework (BAF)**.

To further support the Trust Board to retain an overarching view of IMTP delivery, the **Strategic Transformation Board (STB)** chaired by the Chief Executive, will continue to provide monitoring, oversight, and governance over the implementation of the deliverables in this IMTP.



STB has a portfolio management approach and overview to enable and govern IMTP delivery through core service transformation and enabling programmes, underpinned with proportionate programme and project documentation. These programmes were established in 2021 and have embedded themselves as the delivery vehicles for change and transformation.

We will continue to develop portfolio, programme and project management

software to support the strategic and programme level oversight of our IMTP delivery.

The **Transformation Support Office** will continue to support the strategic transformation agenda across the organisation, developing the organisation's capacity and capability to manage large complex programmes and service change internally and across the system. Each programme will have its own detailed plans behind each of the deliverables in this IMTP. Each programme will also develop benefits realisation plans, which will feed into the mechanisms set out in the QPMF which will be a tool to support delivery of the IMTP. As a result we will synergise our quality improvement, innovations and transformation resources and approach under the STB to ensure our strategy development and transformation agenda is underpinned by a **value focussed, data driven, evidence based, and patient focussed service and quality improvement methodologies**.

We will strengthen our link through to local directorate plans, in line with the QPMF, so that all areas of the Trust as linked into the improvements we make through cross-directorate / matrix working. The way in which we can seamlessly link improvement activity through research and innovation activity, particularly through our networks, notably **WIIN**, to the transformative programmes of work overseen by STB will enable the scale up of improvements seen in local and regional initiatives to support the challenges in and delivery of this IMTP and our commissioners' intentions.



Conclusion

In this plan we have presented **the next stage in delivering our strategic objectives** over the next three years. We have set out the priorities for year one and the anticipated, measurable benefits of our deliverables. The plan, and the deliverables in this plan, **build on our previous IMTP and are shaped by a number of key drivers** including: the voice of our patients and colleagues; our statutory duties; our EASC and 111 commissioning intentions; the performance improvements we need to make; and the risks that we need to address.

Through the plan we have also reflected the **priorities for the Minister**, which have been summarised in the ministerial action plans relevant to the Trust in appendix 3. We have also set out how we will deliver change aligned to the **Six Goals for Urgent and Emergency Care** (appendix 1), as well as **supporting the system in its recovery and strategic service change** plans and IMTP priorities. The IMTP therefore reflects those things that we **must** do to deliver high quality and safe services to patients but also those things that we think would add value across urgent & emergency, primary care, and community services in Wales. We continue to measure the success of our plans in a balanced way, and in keeping with the Healthier Wales Quadruple Aim.

The scale of change required to deliver on this plan and to achieve our objectives has had to be balanced against the needs of our people, who have fed back significant challenges in their day to day working lives. However, the

scale and pace of change also has to be balanced against the financial outlook for the NHS over the next three years. We have had to put in place a significant programme for **financial sustainability** focussed on efficiency & savings and opportunities for further income generation. The plan is presented as **a plan that could balance** by March 2024, but this is not without risk.

We **achieved a lot in 2022/23** against the backdrop of rising pressure across the whole system and, in the latter part of the year, industrial action. We are mindful of the **health and wellbeing of our people**, and we will continue to ensure that mechanisms are in place to support their physical and mental wellbeing. Our People and Culture plan for the next three years seeks to develop the **culture, capacity and capability** of the Trust that will ensure our people are **healthy & well, feel safe and supported** to be their best.

We have solid foundations on which to deliver our plan. We are continuing to drive forward the development of our **long-term strategy**, and **delivery through our Strategic Transformation Board** and assured through a **Quality and Performance Management Framework** and strong governance structures and processes.

We recognise that we cannot deliver the entire plan in isolation and there are external factors that we can influence but also factors that we cannot. We are, however, **confident in our ability to deliver this plan**. Some of our **objectives will require support**, including financially, and we are working with stakeholders and commissioners to **prioritise the transformation required to address the challenges we face** in Wales.

We look forward to working with our **commissioners, Welsh Government, citizens of Wales and other key internal and external stakeholders** through continued dialogue and engagement, which we are committed to doing in pursuit of a better service for the people of Wales.

If you have any questions about our plan or require any of the policies, strategies or plans referred to in this IMTP or require a version in Welsh please contact AMB.Planning.And.Performance@wales.nhs.uk

List of appendices

- Appendix 1 Detailed review of challenges and opportunities shaping the plan
- Appendix 2 Minimum Data Set
- Appendix 3 Ministerial Action Plans
- Appendix 4 Decarbonisation Action Plans
- Appendix 5 EASC Commissioning Intentions inc. EASC IMTP metrics
- Appendix 6 Financial plan detail
- Appendix 7 Letter of support from EASC
- Appendix 8 Letter of support from 111 Commissioning Board

Welsh Ambulance Services NHS Trust
2023/24 financial plan – a plan to balance in year

Introduction

1. This is presented as a financial plan that will deliver a balanced revenue financial position for the Trust by the end of the 2023/24 financial year, based on some key funding and cost assumptions included with it and additional actions that are expected to continue to be progressed through the early part of the financial year to deliver additional savings and efficiencies in order to balance. Given the current financial environment, this plan inevitably focusses on the 2023/24 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2025/26.
2. Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2023/24 financial year based on the following key financial assumptions:
 - a. The funding required for the cost of an additional 100 WTEs front line EMS staff funded non recurrently and appointed to through the latter half of the 2022/23 financial year is provided via commissioners **in full**. This is either for the full year costs of these staff (c£6m) or to match any reduced costs through the 2023/24 financial year if staffing levels have to be reduced. Whilst this assumption is consistent with and mirrors that supported within the EASC IMTP, any subsequent residual unfunded cost impact of this additional 100 WTEs in the 2023/24 financial year is likely to put the Trust into a deficit position;
 - b. The ability to fully deliver on a total cost containment, cost avoidance and savings programme of £6m, of which c£2.6m remains to be fully identified at the outset of the financial year;
 - c. That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated. In particular this relates to energy, utilities, fuel and general non pay inflation, and
 - d. That any and all additional costs the Trust may incur to as a result of any settlement agreement for the current Industrial Action is fully funded. This includes both the pay deal elements and any additional cost impact of the non pay agreements being considered, including any specific to WAST via a separate WAST annex to the potential settlement.
3. The financial context and outlook for the Trust, along with the rest of the NHS in Wales and indeed the public sector UK wide, is extremely challenging. The combination of increasing costs, costs remaining for enhancements that were put in as a result of the COVID-19 pandemic, a cost of living crisis, and reduced funding uplifts inevitably result in choices and a significant increase in productivity, efficiency and savings having to be made if the Trust is to continue its excellent recent financial performance of delivering a balanced position year on year.

4. The upcoming challenging financial outlook for next financial year and beyond has been recognised for a while. As such as early as May 2022 the Trust agreed to establish a range of Financial Sustainability Workstreams with a view to working up what could be achieved to assist in the delivery of a continuing balanced position for the 2023/24 financial year and beyond. Whilst progress has been made across a number of programmes as a result of these work streams, more recently the required step up of delivery has become even more apparent.
5. This plan presents a way forward in the shape of what needs to be done to deliver a balanced financial performance for the 2023/24 financial year. However it is built on a range of assumptions in relation to both income and funding and expenditure, including some of the key ones already set out, that will need to be delivered in order to do so. It is inevitably going to be a higher risk financial plan than that which the Trust has been facing for a number of years and the Trust Board, its commissioners, Welsh Government and other key stakeholders will need to be comfortable with the level of risk being taken at the outset of the financial year.

Background

6. As noted above, work has been progressing on the development of this financial plan for a number of months. This was ahead of any publication of the Welsh Government budget for 2023/24 and the subsequent NHS Wales Health Board Allocation Letter. However, in doing so, all indications were that the settlement was not going to be a good one. The slightly longer term outlook provided for the 2022-25 IMTP planning round had already indicated this, with significant further additional pressures and impacts on public finances within the UK having emerged since. At every opportunity WG colleagues have more recently been clear that the current level of spend within the NHS in Wales is unsustainable, let alone what additional cost pressures for next financial year and beyond may bring.
7. It was clearly important however that we didn't wait until we knew an actual financial picture for next financial year before we progressed at pace both what we could do to respond to this and explore all of the remaining choices potentially available to us to seek to close any remaining gaps.
8. To further help frame some of this therefore a number of potential high level funding and cost scenarios were shared with Trust Board members through a Board Development session in late October 2022 and were also included in the slide deck for the Trust's JET meeting with WG.
9. Subsequent to this, there followed a number of further updates and discussions as follows:
 - Detailed EMT discussions – 9th November 2022. This included a detailed update of that which had currently been progressed via the Trust's Financial Sustainability Workstreams (see below) and how far this has been to date able to deliver against that which may be required for next financial year and beyond. Accepting that it would be very unlikely that

this process, still fairly in its infancy, would have identified all that required to deliver a balanced financial plan going forward, it was clearly at this stage some way off that which will be required.

One of the key outcomes of this EMT discussion was the agreement that the Director of Workforce and OD would become the Senior Responsible Officer for a refreshed Financial Sustainability Programme (FSP). This decision was made in recognition of the fact that much of the choices we are going to have to face will inevitably directly impact on our workforce.

- NHS Wales Directors of Finance Away – 17th November 2022. Run in parallel with the day of the UK Government's Chancellor's Autumn Statement, this did however reconfirm some of the current financial planning assumptions being made, accepting that the impact of the Autumn statement on devolved nations and subsequent budgets within this would then need to be further confirmed over the following few weeks. What this session did however currently confirm is that recurring funding for the current cost of the 2022/23 pay award should be available from WG, plus any current proposed funding uplift for 2023/24 should be able to cover next year's pay deal. Any other funding uplifts for 2023/24 were likely to be minimal, however.

10. Following the above agreement for the Director of WoD to become the SRO for Financial Sustainability, a further half day Executive workshop was held on 14th December 2022. Within this a number of areas were further explored in terms of the likely choices the Trust will be faced with in order to present a balanced financial plan for 2023/24. One of the key outcomes of the discussion was the need to agree a set of principles by which we would progress this challenging programme, including the following:

- a. We will avoid negatively impacting on our strategic ambitions and direction (inverting the triangle);
- b. We will seek to protect business critical roles as far as possible;
- c. We will seek to agree all changes with commissioners so that they have the required impact on the Trust's finances bottom line;
- d. We will apply a "value for patients and staff" lens to all discussions and decisions;
- e. We will recognise this programme and its aims as a key priority across the organisation;
- f. We will act in alignment with our organisational values;
- g. We will apply a greater commercial / efficiency lens to decision making.

11. It was on this basis that a range of further challenging choices have continued to be worked up for consideration ahead of the start of the new financial year.

Financial Sustainability Programme

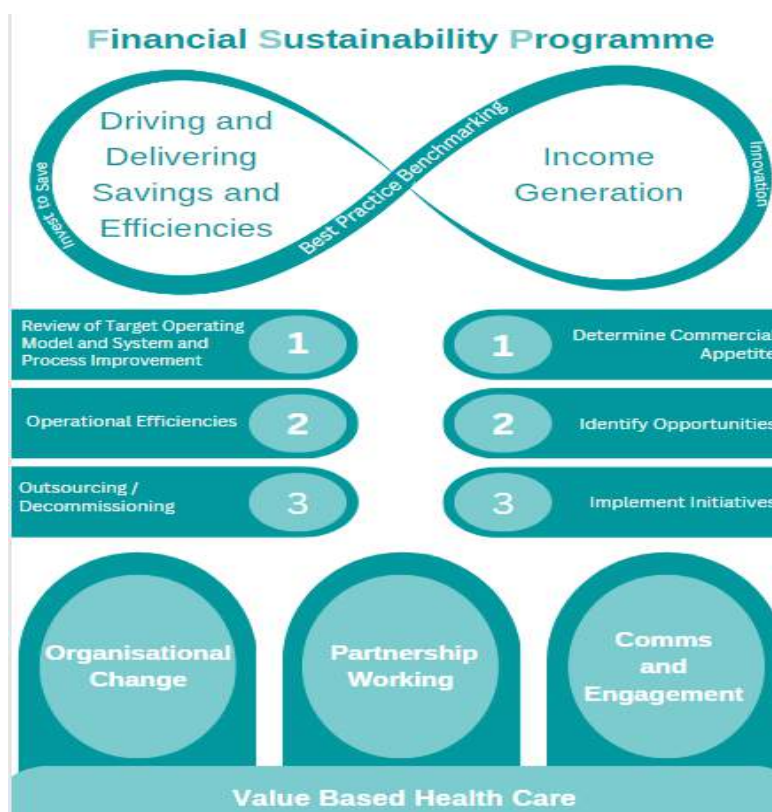
12. Recognising the financial challenges that were inevitably facing us, the Trust took an early decision in the 2022/23 financial year to establish an additional programme under its Strategic

Transformation Board. Whilst agreed to do this at the STB in May 2022, these were established with a view for delivering that required to ensure financial sustainability and therefore a balanced financial plan for 2023/24 onwards, with anything that could be accelerated, if required, into the current financial year. Four initial workstreams were established as follows, with an indication of what these would broadly look to cover, with it being accepted that these would also work to deliver outcomes across a varying timeline, both shorter and more medium term, with a view to establishing a pipeline of schemes to further enhance financial sustainability across the medium term.

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

13. However, the scale of the challenge within which we will need to deliver financial balance is clearly now likely to be much greater than that expected when these were established, and an initial £5m savings target for 2023/24 (based on an expected maximum stretch target for an organisation of the size of WAST) was set.

14. One of the outcomes from the above Executive workshop held on 14th December was to reframe some of the FSWs under the new SRO, into a Financial Sustainability Programme (FSP), as follows:



Impact of NHS Wales Allocation Letter

15. Whilst the Trust is not directly funded by Welsh Government through this allocation letter its commissioners are. It therefore provides significant insight into the level of core funding the Trust can expect to receive in any financial year.
16. Published just before Christmas 2022 this was broadly consistent with that which had been expected, confirmed that the recurring funding for the 2022/23 pay award would be fully provided, that NHS Wales organisations can assume funding for the subsequent 2023/24 pay deal, and was also able to confirm that which had been suggested in the 2022/23 IMTP planning principles of a core uplift to NHS Wales allocations of 1.5% for 2023/24 would still be able to be provided.
17. Some of the other key elements of the allocation letter which are relevant to the Trust include the following:
 - a. As in 2022/23, funding to cover the increased employers contribution for the NHS Pension Scheme will be held centrally;
 - b. Funding for ongoing national Covid responses, including mass vaccination, Test, Trace and Protect and the provision of PPE will be held centrally and allocated on actuals during 2023/24. However, unless informed otherwise, ALL other Covid related costs will need to be met from the funding in this allocation;
 - c. Significant pressures are anticipated against the capital programme for 2023/24 which will likely require difficult decisions to be made. Officials will continue to work with organisations in respect of funding priority schemes in 2023/24;
 - d. The 2023/24 HB Allocation letter however makes no reference to the non-recurrent funding for energy, utilities, fuel etc received in 2022/23 – from discussions with WG officials it is concluded that these items will not be funded separately in the 2023/24 financial year and will need to be included within the allocation provided, along with other general inflationary pressures.
18. Whilst the exact impact of all this on the Trust continued to be finalised through our negotiations and discussions with our commissioners, the likely high level initial incremental impact of that contained within the NHS Wales Allocation letter on our previously presented financial challenge for the 2023/24 financial year was updated as follows, and presented to Finance & Performance Committee, a Board Development session and a closed session of the Trust Board in January 2023:



Financial Context

Current Likely scenario
following 22nd December
WG HB Allocation letter
£m



Funding uplift expected:

1.5% Core uplift in funding	-3.8
Estimated 2023/24 pay award	-9.0

Incremental cost impact

• Non Recurring Savings b/f from 2022/23	1.0
• Recurring costs of 2022/23 investments / spend without c recurring funding confirmed	7.9
• Estimated 2023/24 pay award (matched by funding above)	9.0
• Energy, utilities, fuel etc	7.0
• Other non pay inflation (@ c10%)	3.0
Potential 2023/24 gross financial gap (@ c6%)	15.1

Equivalent number of £40k posts	377.5
---------------------------------	-------



Welsh Ambulance Services NHS Trust

19. The main key elements and assumptions that were included in this were as follows:

- a. The Trust will be entering the 2023/24 financial year in a relatively strong financial position, having, despite the challenging and elevated nature of financial risk managed through the 2022/23 financial year, delivered a balanced position month on month now for a number of financial years. With the exception of a relatively small value identified within this as savings currently being achieved in a non recurring way, the Trust currently does not have any underlying deficit that needs to be addressed going forward;
- b. As per the NHS Wales Allocation Letter, it is assumed that the 1.5% core uplift in funding provided to commissioners will be passed through to the Trust in full. This should be a relatively safe assumption as equivalent uplifts have been similarly fully passed through to the Trust for a number of financial years. As can also be seen in the table above funding has been assumed for the estimated cost of the 2023/24 pay award. This is again in line with that included within the allocation letter. The value in the table above was at the time based on the cost of the 2022/23 pay deal (before anything subsequently offered follow Industrial Action) but in effect variation to this will currently have no assumed impact bottom line on the Trust given the above assumption and the value included being assumed as both income and spend in year;
- c. One of the main drivers of the above presented financial gap is the recurring costs of additional investments funded non recurrently in the 2022/23 financial year. By far the biggest element of this is the c£6m cost for the employment of an additional 100 frontline EMS WTEs funded through £3m part year funding made available non recurrently to the Trust in 2022/23;
- d. The other main impacts on the Trust's costs movement and resulting financial challenge for the next financial year (and beyond) is therefore the continuing impact

of significant levels of inflationary and other pressures in the general economy. This includes significant cost pressures relating to energy, utility, gas electricity and fuel which will not now be subject to any separate in year funding from government in the way that it has in the 2022/23 financial year. The costs estimated at this point in time for these items therefore is essentially a two year cost pressure set against that which can be supported from the core funding uplift provided. It is however noted that these costs continue to be extremely volatile and forecasting the costs of significant elements of this through to a period some 15 months hence is almost impossible. Further work has therefore progressed on this collectively across NHS Wales to at least ensure some consistency in forecasting across the system but also to try and factor in some of the more recent positive movements in prices for at least some elements of this. This has therefore now been further refined and updated in the current financial gap for next financial year which follows.

WG & FDU touchpoint meeting and Accountable Officer (AO) letter to Welsh Government – 28/02/23

20. Further worked progressed through January and February 2023 on the financial plan for the coming financial year, which included further refinement and alignment across NHS Wales in terms of some of the key cost pressures the service is facing along with discussions continuing with the CASC over the level of funding that can be assumed within the financial plan.
21. Much of this was therefore further updated at a touchpoint and financial planning review meeting held between the Trust, WG finance and FDU colleagues on 8th February 2023. At this point in time, the above gap for next financial year was presented at an improved, reduced estimate of **£10.5m**. improving from that presented above predominantly by:
 - Work that had progressed across the NHS in Wales to align and ensure consistency in approach in terms of forecasting energy and utility costs for the 2023/24 financial year, and in doing so updating for some positive price movements seen over the last month or so. Whilst this remains volatile this is currently now being forecast on what is expected to be a reasonable balance of risk and opportunity, the result of which saw £3m movement in the previously estimated costs, given the number of sites that the Trust operates from;
 - Increasing confidence in the delivery of some of the savings and or income plans being progressed via the Trust's Financial Sustainability Programme. At the very least, this was presented at the time as an expected £1.5m impact in 2023/24.
22. This position then further improved through February and March, including from that discussed at the touchpoint planning meeting and that presented in the AO letter of 28th February. Following more detailed work and even more alignment across Wales on that being estimated for, in particular, residual (i.e. non energy and utilities) non pay inflation, alongside further confidence in additional savings being delivered, the updated projected financial challenge and gap that will need closing to present a balanced financial plan for 2023/24 is now **£8.2m**, as follows:



Latest financial outlook 2023/24 as at 21/03/23

Current Likely scenario
£m

Funding uplift expected:

1.5% Core uplift in funding	-3.8
Estimated 2023/24 pay award	-9.0

Incremental cost impact

• Non Recurring Savings b/f from 2022/23	1.0
• Recurring costs of 2022/23 investments / spend without c recurring funding confirmed	7.9
• Estimated 2023/24 pay award (matched by funding above)	9.0
• Energy, utilities, fuel etc	4.0
• Other non pay inflation (@ 4.9%)	2.5
Potential 2023/24 gross financial gap (@ c5%)	11.6
FSP/FSW Draft CIP Savings identified to date	-3.4
Revised Potential 2023/24 financial gap (@ c3.5%)	8.2



Welsh Ambulance Services NHS Trust

Moving towards financial balance - a balanced financial plan for 2023/24

23. Building on all of the above, further progress expected through the FSP, an assumed outcome from the finalisation of negotiations with commissioners, including that contained in and supported within the EASC IMTP, and with some reasonable expectation of improvement in some of the cost pressures currently estimated as we go through the financial year, it is possible to present to the Trust Board a financial plan that has the ability to balance in year. However, to accept, agree and approve this as a balanced financial plan as part of the IMTP submission will require full articulation of the assumptions and risks that have been made in presenting this and will inevitably require some element of acceptance of work continuing on elements of the detail underpinning the plan through at least the first half of the 2023/24 financial year. It is accepted that the risk approach and appetite for this is inevitably in large part determined by the residual financial value presented having to be managed in this way, alongside the reasonableness test of all of the other assumptions used to determine this. However it is also to be noted that the Trust does not have to have fully delivered on all that it needs to to balance for the 2023/24 financial year by 1st April 2023, but does need to have an informed and agreed level of confidence that it can do so by 31st March 2024.

24. Areas that are key to the presentation of this plan that can balance in this way include the following.

The 100 WTEs

25. On the basis that the core 1.5% uplift is full passed through to the Trust via EASC, by far the most material funding assumption being made within this plan is in relation to the c£6m cost the Trust is currently committed to following the permanent employment of an additional 100 WTEs front line EMS staff through the latter half of 2022/23, who were fully operational by

the end of January 2023 and for which the Trust has received non recurring funding to do so in 2022/23. The presented financial gap assumes the costs for these in 2023/24 but no funding, as this is not fully confirmed at this time.

26. However, discussions with the CASC continues in relation to the need for these staff (and the resulting funding to support them) clearly remaining from a service perspective. As part of these, the following outcomes were considered, all of which will further impact on the Trust's forecast gap for 2023/24 to some degree, as this could result in one of the following scenarios:
- a. Confirmation is received, in writing, from the CASC that this funding is to be made available to the Trust in full for 2023/24 and beyond or, at the very least written confirmation to the fact that support is provided for this to be the basis on which the Trust's financial plan is agreed for submission as part of the IMTP, whilst potentially the final source of this funding continues to be secured by commissioners via WG. This has now in large part been received;
 - b. It is agreed and accepted that this funding will not be available recurrently and the Trust will need to immediately actively start to reduce the total number of frontline EMS WTEs back down through natural wastage, to the funded level pre this investment in the additional 100 WTEs. Given the current level of EMS turnover, this would however take most if not all of the 2023/24 financial year to do so, through which the Trust would separately seek further non recurring / transitional funding to at least cover the additional costs resulting from that requested of it in terms of additional capacity in 2022/23. Obviously such a reversal of this investment and increase in frontline resource will have wider service, quality, safety, performance and potentially political impacts that will also need to be recognised and managed;
 - c. A further scenario is a variation on b. above whereby such action is taken to reduce the numbers back down, but no transitional or other funding is made available to the Trust through 2023/24 as we look to do so.
27. Each of the above scenarios would reduce the previously presented financial gap for 2023/24, in varying degrees. The first scenario (clearly the Trust's preference) will see the required recurring funding supported for the current full costs assumed. The second scenario would have a similar impact on the Trust's bottom line and residual financial gap as this would see costs reduce but these reduced costs funded in year. Both of these would therefore see a **£6m** improvement to the previously presented financial gap, reducing this now to a current **£2.6m**. The third scenario would see a reduction but at a much lesser rate as we move through the coming financial year, and would be largely dependent on the actual in year turnover and the ability to reduce the numbers back down through natural wastage; however it can be reasonably assumed that this would have no more than half of the above impact in year.
28. The Trust has now received written correspondence from the CASC, signalling support for the Trust's IMTP, the financial plan that underpins this and the key financial planning assumptions within it, including that the Trust will be funded for the 2023/24 costs of this 100 WTEs. Within this correspondence it states, "***we also confirm our support for the assumption that you will***

receive funds to cover the recurrent cost of the 100wte” and also goes on to say, “we have included an assumption in the EASC IMTP that central funds will be made available to EASC to accommodate this”.

29. In presenting this financial plan, therefore, and mirroring and ensuring consistency of it to that contained within the IMTP and financial plan of our commissioners, it is therefore now assumed that this c£6m funding for the recurring costs of this additional 100 WTEs is made available in full to the Trust.

Other areas of opportunity to balance

30. Building on the above key funding assumption for the 100 WTEs this plan is now presented as one that has at the very least an ability to balance, closing off any remaining financial challenges and gaps as we progress through the 2023/24 financial year. Balancing risk against opportunity and other impacts and consequences, it is recommended that the Board supports the plan to balance in this way through the continuing work progressing to close the resulting gap in year, on the basis that it is no more than the current estimate of c£2.6m.
31. To have this confidence, a range of other measures being progressed to do so include that being delivered via the Financial Sustainability Programme (FSP). As we head towards the outset of the new financial year, there are areas of specific proposals and choices coming out of the FSP work, over and above that which has already been assumed within the plan, that will be made and that are expected to further positively impact on the Trust’s financial position in year, including:
- a. A detailed analysis of the potential to be saved from differing management and rigour of recruitment and controls, from a draconian approach to vacancy freezes to a more targeted recruitment control process. A new targeted Recruitment Control Process has now been introduced from January 2023;
 - b. An agreement of the key areas to target in terms of process efficiency and potential digitalisation and what could be released / saved as a result;
 - c. Identifying possible VERS opportunities (to be actioned before 31.03.2023). A small number of staff have been released from the organisation as a result, who will not now be backfilled and which therefore represent a direct saving for 2023/24 and beyond;
 - d. Upcoming Admin and Service reviews;
 - e. Review of external contracts;
 - f. Review of services (stopping / adjusting non-statutory obligations);
 - g. Cross-border NHS NEPTS contracts (Gov.uk Tender notification set up to alert of opportunities);
 - h. External Call-Handling cross-border & commercial;
 - i. Sale of used clinical equipment;
 - j. NEPTS “UBER” Service;
 - k. The further exploration of a range of governance issues to progress some of the above, this may require set up of a separate commercial entity/subsidiary, which

would require its own company structure, alongside strategic investment before returns are seen.

32. Another area of potential opportunity across the wider financial plan is in aligning the need for savings and delivery against the Trust current baseline and core budgets with any other opportunities that may present themselves through either our commissioning arrangements, WG or elsewhere. One example of this could be the development of a welfare and “sitting” / Virtual Ward type service, with partners which could see access to some additional separate funding streams for the Trust. Building on the success of, for example the MTUs, this could see the Trust develop this service in a way that provides maximum benefit to the NHS in Wales whilst also seeing the Trust’s cost base not necessarily grow as much as the resulting funding stream for the full development of such a service could attract. Alongside this there will inevitably be further discussions to be had in terms of the right size and mix of the operational workforce the Trust needs going forward, either in part as a result of any further D&C reviews, that required to move further towards “Inverting the Triangle” or other clinical developments such as APPs / CHARU. Again if successful and approached in the right way this could also potentially lead to some financial benefit.
33. On top of this, work is progressing to ensure correct alignment of funding and costs, including moving to an allocation approach (as opposed to spend and recover) for the 111 service, given its now fully rolled out and more bedded in as a national resource. This will include any required alignment of funding flows for the former NHS Direct Wales part of the service whilst ensuring that correct funding resources match the services being provided.
34. As we move through the financial year, there will also inevitably be other opportunities to further impact positively on the Trust’s in year financial position, including:
- a. The Trust is due an upcoming Internal Audit on our current and planned savings delivery. In scoping this with Internal Audit it has been requested that this be more future focused, to potentially assist in the development of the much more significant cost reductions required going forward;
 - b. Any further positive movements in the costs of some of the key areas of pressure and volatility currently within the plan, including energy, utilities and fuel;
 - c. Any potential contingencies being held by EASC for WAST commissioned services;
 - d. There always remains more drastic, shorter term measures that could be enacted in year, however these would not come without consequences. Examples could include a complete ban on overtime / variable pay, more draconian blanket vacancy freezes, ceasing any non-contractually committed outsourced spend with immediate effect and further reviews of patient eligibility for some services. Whilst the Trust wouldn’t necessarily be advocating any of these at this stage, depending on the financial performance of both the Trust and the wider NHS in Wales as we go through the financial year, these may be further choices that may need to be seriously considered;
 - e. There are also inevitably some areas of potential flexibility within the Trust balance sheet that could, subject to ensuring full audit compliance, be potentially enacted as

a one off towards the financial year end if absolutely needed, to move to a final balanced year end position.

35. This result of all of the above is the following high level summary Income & Expenditure plan for the 2023/24 financial year. More detail will also be provided in a separate budget setting paper being presented to the Trust Board on 30th March 2023, for approval:

Summary financial plan - 2023/24 AS AT 31/03/23	Opening Budgets 23/24 £m	Planned Savings £m	Savings to be allocated £m	Revenue Set Budgets 23/24 £m
Income	-270.9	-0.7		-271.6
Operating Expenses	262.1	-2.3	-2.6	257.2
Profit on Disposal	-0.2	-0.1		-0.3
Interest Payable	0.1			0.1
Interest Receivable	0.0	-0.3		-0.3
Depreciation and Impairments (Baseline)	14.9			14.9
Total Expenditure	276.9	-2.7	-2.6	271.6
Planned Budget Surplus (-) / deficit	6.0	-3.4	-2.6	0.0

Risks

36. No financial plan is risk free. However, as can be seen from that assumed within this financial plan, as we head into 2023/24 the level of financial risk of delivering a balanced in year and year end position is clearly much greater than in the recent past. This has therefore already been reflected by the agreed continued inclusion of a key risk for this on the Corporate Risk Register, despite the continued good financial performance and delivery through the 2022/23 financial year, and the agreement to undertake a more detailed review of this risk at the May 2023 meeting of the Trust's Finance & Performance Committee.

37. The main risks that will need close monitoring and mitigating actions through the upcoming financial year, include:

- The recovery of all of the income assumptions this balanced financial plan now makes, in particular ensuring the commitments and elements supported within the EASC IMTP are fully delivered upon;
- A key fundamental risk being the ability to work up additional schemes and delivery, at pace, to close the current residual c£2.6m financial gap for the coming financial year. Whilst this may be considered a manageable value going into the financial year, it must also be set in the context of that already assumed within the plan to get to this level of remaining balance;
- Linked to another key assumption in this plan, and one of the opportunities to continue to explore and progress in moving towards financial balance described in paragraph 32,

no other developments, enhancements or cost increases not currently funded within budgets, including potentially some linked to proposed areas of development within this IMTP, will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. However the ability to do this in the context of the current residual financial gap and total savings already required to balance in year makes this unlikely;

- The ability to therefore deliver a minimum of c£6m in savings and efficiencies in year. This equates to c2.5% of the Trusts discretionary income and would see a further c40% increase required in savings delivery from 2022/23 (which in itself has delivered over 50% more savings than that required over the previous two financial years). Finance & Performance Committee (F&PC) will be provided with significantly enhanced monitoring of the savings plan, including as some remaining elements of it are developed and agreed;
- The capacity and ability to focus on the required additional savings to balance during the continued period of Industrial Action;
- The ability to properly resource and support a number of the FSPs which in itself could result in further cost pressures. These would very much have to be considered as non-recurring and invest to save therefore;
- The inevitable impact much of this is likely to have on staff morale and Trust reputation;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

Draft Capital Programme 2023/24

38. The capital programme has continued to be developed in parallel with our service, estate and fleet plans. The Trust is in a good position with WG endorsed 10 year SOPs for both fleet and estates, with a number of business cases aligned to these in varying stages of development. Recognising the current capital funding outlook, the Trust is progressing with business cases so that when funding does become available this can be bid for and further work can be completed at that point to further progress with schemes, essentially maximising opportunities as they arise.
39. The Trust has already secured funding for major capital developments in 2023/24 which are currently progressing at pace including the residual funding for the 2022/23 fleet replacement programme, funding for EFAB works, funds toward the replacement of the CAD servers, ESMCP programme incorporating both Control Room Solution and Mobile Data Vehicle Solution and the new 111 system. The Trust has also demonstrated value for money from the investments it has made from its discretionary capital allocation over recent years.
40. As in previous years, as the 2022/23 financial year is yet to be fully closed, it is known that a number of the All Wales Capital Schemes are not going to fully deliver in year to their revised programmes, and as such discussions have been held with WG to agree brokerage arrangements of these monies between internal schemes to ensure achievement of the 2022/23 CEL and the best way to manage schemes that inevitably straddle financial year end.

41. Given the above, the initial narrative below for 2023/24 does not assume that any brokerage was required, as the final values for these will not be known until the 2022/23 financial year is fully closed and audited, therefore the figures stated within the documentation are based on future funding as advised through the original business case process or additional revisions during the programme. As in previous years, a detailed update on the final impact of the 2022/23 financial year end on the 2023/24 programme will be presented to both F&PC and the Trust Board in May 2023.

Discretionary Capital

42. The Trust was notified in January 2023 of a discretionary capital allocation of £5.128m for 2023/24. Following the approval of the EFAB funds this figure has been top sliced by £0.285m to fund the Trust 30% contribution towards these developments, as agreed with WG, therefore the revised discretionary allocation is now £4.843m, from which it will be necessary to fund a range of estates, Information and Communications Technology (ICT), medical equipment and other schemes.
43. The organisation has continued to strengthen its overall approach to capital planning, with the establishment of an Internal Capital Management Board, supported by SOP Delivery Groups which meet monthly and oversees all aspects of capital planning. On top of this, if funding is available, there is a specific discretionary capital Task & Finish Group that meets twice yearly to prioritise the discretionary capital schemes. These are all then taken to the Trust Board's F&PC via a Capital Management Board, and, where required, Trust Board for approval.
44. The table below shows a draft plan for 2023/24 considering items which the Trust has contractable obligations to complete along with the top slice funds which allow the Trust to progress with smaller less complex schemes.

		2023/24 £m
Approved CEL		4.843
Top Slice		
Set "top slice" as follows:		
-Estates works	0.300	
-Estates Fees	0.150	
-Fleet	0.255	
-ICT	0.215	
-Project Costs	0.180	
		-1.100
Pre-committed		
Monmouth	0.350	
Dolgellau	0.350	
SE Workshops	1.400	
		-2.100
Remaining to be allocated		1.643

45. As previously noted and agreed by CMB, EMT and, where required F&PC and Trust Board, the above includes two schemes which have been carried over from 2022/23, relating to Monmouth and Dolgellau. However it should be noted that the figures included above relates to the amounts previously brought through the internal governance routes, and hence approved, but some of the delay in progressing these schemes in 2022/23 related to the initial costs returned which were significantly more than anticipated. Therefore alternative options are currently being considered. It is likely that this will result in a need for additional funding to deliver these schemes in the final plan for 2023/24. In addition, there is also a worst case estimate included for c£1.4m to enable the completion of SE Wales Workshop development in Merthyr, in line with the Trust Board approved OBC addendum. However based on the assumptions within the business case, and the need for this to be an AWCP scheme (and indeed the fact that the Trust has been funded c£3.2m to date by WG to buy and start the initial works on site) the Trust will continue to seek this funding from WG through All Wales Capital Funding. At the very least, other funding sources are also being sought to further reduce the potential commitment of this from the Trust's discretionary capital funding for 2023/24, including EFAB monies, funding separately being made available for decarbonisation schemes and any unexpected or fortuitous VAT reclaims.
46. This would then leave a minimum of £1.6m to commit from the Trust's discretionary funding for the 2023/24 financial year, in the updated plan being progressed as soon as possible after the 2022/23 financial year end. Prioritisation will inevitably be needed against schemes being proposed, which include the following:
- a. Any additional spend required in year on previously agreed schemes (Monmouth and Dolgellau);
 - b. Llangunnor improvement works;
 - c. Bassaleg;
 - d. Blackwood;
 - e. North Wales CCCs
 - f. Clinical equipment to support service enhancements.
47. Work is however also progressing through the above groups and Boards to ensure cases are available for additional capital schemes; it is envisioned that the schemes which are unable to progress at this stage will be held in reserve should further monies become available throughout 2023/24.
48. On top of the above, there are other schemes such as Swansea Ambulance Centre, Llanelli, Newport, Llandrindod Wells Ambulance Stations and Bangor Fleet Workshops, which will all be AWCP submissions as part of the All Wales Capital funding BJC and business case process.

Appendix 1

Current Savings Schedule 2023/24 and that required to deliver balance

Live Scheme	Scheme Objective	Workstream	Estimated Savings / Income Target FY23/24	RAG
2.03(b) Acting Up Allowance Spend (T&Cs)	This scheme is one strand in a portfolio of Terms & Conditions Reviews, whereby the overall objective is to deliver cash-releasing and process efficiency savings. This scheme aims to minimise the spending on ad-hoc acting up.	Achieving Efficiencies	£11,000	
2.08(a) Accident Repair Spend	This scheme is one of two under Fleet, that aims to reduce the spend on avoidable fleet repairs, and avoidable associated spend on fleet-related damage (3rd party, claims)	Achieving Efficiencies	£20,000	
2.10 NEPTS Provider Re-Tendering	This scheme, delivered by Ambulance Care Transformation, aims to re-design and re-tender current agreements with private providers, in order to deliver efficiencies, and cash releasing savings	Achieving Efficiencies	£250,000	
2.11(a) De-Carbonisation Strategy - Renewable Energy Systems	This scheme falls under the current De-Carbonisation Strategy which is led by Estates. The objective is to replace current heating systems in WAST estate with energy efficient systems. Sustainability scheme, with cost savings being monitored	Achieving Efficiencies	£2,459	
2.19 Recruitment Control Process	This scheme aims to deliver a more robust approach to recruitment control, via the use of a recruitment control panel.	Achieving Efficiencies	£2,000,000	
1.04(a) Intelligent Routing Platform	This support system of Ambulance Trusts may generate income via re-dress or reimbursement.	Income Generation	£100,000	
1.10 Apprenticeship Training	This scheme monitors the value of the SLAs we agree for apprenticeship training, with the National Ambulance College	Income Generation	£350,000	
1.16 Asset Sales	This scheme monitors the value of our ongoing asset sales	Income Generation	£125,000	
1.17 Interest Receivable	This scheme monitors the income generated by our cash reserves with regards to interest	Income Generation	£300,000	
HMRC Microsoft VAT Rebate	This scheme captures non-recurrent VAT rebates.	Income Generation	£250,000	
Unidentified Savings			£2,591,541	

23/24 RAG %	Total 23/24 RAG Rating
0.2%	£11,000.00
0.4%	£22,459
56.3%	£3,375,000
Unidentified Savings 43.2%	£2,591,541
Total Savings / Income Generation	£6,000,000



Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	13 (part)
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1 (2)

INITIAL 2023/24 REVENUE BUDGET

MEETING	Trust Board
DATE	30 th March 2023
EXECUTIVE	Executive Director of Finance and Corporate Resources
AUTHOR	Jason Collins, Head of Financial Management
CONTACT	Jason Collins Tel 07921 584088 Jason.Collins@wales.nhs.uk

EXECUTIVE SUMMARY

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2023/2024 is translated into delegated budgets, the key assumptions made and any remaining choices required in doing so.
2. Following the requested approval of this initial 2023/24 budget, as in previous financial years, individual discussions will be held by the CEO, Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2023/24 budgets, in accordance with the Trust's Standing Financial Instructions (SFIs). These meetings will take place as early in Q1 2023/24 as practically possible.
3. In accordance with the SFIs, annual budget setting and IMTP timetable, budgets for the 2023/24 financial year have been produced within the framework of the Trust's anticipated resource envelope.
4. **Trust Board are asked to:**
 - **Approve** the initial 2023/24 revenue budget, building on the WAST Financial Plan included in the IMTP presented to Trust Board on 30th March 2023.

KEY ISSUES/IMPLICATIONS

1. The current planned resource envelope (planned income) for the Trust for the financial year 2023/24, as per the financial plan within the IMTP, totals **£271.6m** of which £220.5m is planned EMS commissioning funding via EASC, £26.7m is Ambulance Care commissioning funding via EASC, £17.5m from other NHS Welsh Organisations, £4.9m from Welsh Government (WG) and £2.0m from other sources of which £0.7m is assumed to be delivered via WAST Financial Sustainability Programme.
2. This total quantum is as presented to Trust Board on 30th March 2023 as part of the 2023/24 financial plan within the IMTP.
3. Key elements of planned income include the anticipated full year impacts of the 2022/23 EASC developments including the additional 100 WTEs to support frontline activities, the assumptions for which are fully detailed within the financial plan. Core Service Level Agreements (SLAs) will be uplifted by 1.5% for Welsh NHS Organisations and Welsh Government (WG), in line with the included in the NHS Wales HB Allocation Letter for 2023/24. Given report timing, no income (or expenditure) assumptions have been able to be included for any residual consolidated pay award for 2022/23 or for the 2023/24 pay deal, as final values currently unknown, although both are assumed to be fully funded and hence cost neutral.
4. Core initial operating revenue budgets for 2023/24 for Pay, Non Pay, plus any profit on sale of assets, interest and depreciation totals **£276.9m**. This recognises elements of the impact of non-pay inflation for power and fuel that in 2022/23 was funded via WG, full year impact of the recurrent cost of the 2022/23 developments (inc the above 100 WTEs to frontline services) and other identified cost pressures. This excludes any residual pay award for 2022/23 plus any offer for 2023/24 pay awards.
5. As a result, an initial savings requirement for the 2023/24 financial year within the balanced financial plan is **£6.0m** of which, as per the financial plan £2.6m remains to be fully identified at the outset of the 2023/24 financial year. Continuing development of the detailed plans for delivery and monitoring of the achievement of this will via the Financial Sustainability Programme. Finance & Performance Committee (F&PC) will be provided with significantly enhanced monitoring of the savings plan, including as some remaining elements of it are developed and agreed.
6. Key risks and issues identified in the financial plan include the need to ensure full recovery of all the updated income assumptions, ability to deliver a minimum of a 40% increase in savings over that made in 2022/23 (and recognising that 2022/23 savings plan was 50% higher than 2021/22 financial year) and manage any in year cost pressures as they arrive, within the small contingency this plan continues to hold.

REPORT APPROVAL ROUTE

A high-level summary of the latest draft of the 2023/24 financial plan was presented to Finance & Performance Committee on 21st March 2023.

Final financial plan as presented to Trust Board on 30th March 2023 as part of IMTP submission.

REPORT APPENDICES

Appendix 1 includes the detail and narrative to support the Financial Plan for 2023/24. This includes two annexes of:

- Annex 1 – Savings Schemes
- Annex 2 – Directorate Revenue Budgets

REPORT CHECKLIST

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

WELSH AMBULANCE SERVICES NHS TRUST**INITIAL 2023/24 REVENUE BUDGET****SITUATION / BACKGROUND**

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2023/2024 is translated into delegated budgets, the key assumptions made, and remaining choices required in doing so.
2. Following the approval of the initial 2023/24 budget, individual discussions will be held by the CEO, Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2023/24 budgets, in accordance with the Trust Standing Financial Instructions (SFIs).
3. A final underlying financial plan for 2023/24 was presented to Trust Board and included in the IMTP on the 30th of March 2023. The revenue elements of this paper is consistent with that contained within the IMTP financial plan and hence forms the basis of the revenue budget for 2023/24 with a recommendation to the Trust Board for approval.

ASSESSMENT

4. In accordance with the SFIs, annual budget setting cycle and IMTP timetable, budgets for the 2023/24 financial year have been produced within the framework of the Trust's anticipated resource envelope.

KEY INCOME ASSUMPTIONS

5. As detailed in the updated financial plan, the current WAST planned resource envelope for the 2023/24 financial year is currently **£271.6m**, summarised in table below.

Income Sources	£m	£m
EASC / WHSSC		
EMS	220.5	
Ambulance Care	26.7	
Total EASC / WHSSC		247.2
Welsh NHS Organisations		
111 - estimated	12.2	
Ambulance Care	1.3	
EMS Related	3.0	
Other	1.0	
Total Welsh NHS Organisations		17.5
Welsh Government		
HART / CBRN / SORT	3.1	
PIBS	1.0	
Mental Health & Dementia	0.3	
COVID Costs - PPE	0.4	
Other	0.1	
Total Welsh Government		4.9
Other Income		
Savings Targets	0.7	
Other Sources	1.3	
Total Other Income		2.0
Total Income Assumptions		271.6

“Core” EASC income

6. As can be seen above, the biggest single funding source to the Trust is via EASC and current assumed income for 2023/24 is currently of **£247.2m** with £220.5m for EMS related services and £26.7m for Ambulance Care and include:

EMS Income includes the following:

- £5.8m as the recurrent cost of the recruitment in 2022/23 of an additional frontline c100 WTEs supporting Operational Managers and non-pay costs, based on the assumptions within and the support provided via the EASC IMTP and CASC (see financial plan for more details);
- £8.6m for the recurrent cost of 2022/23 pay award that was funded direct by WG;
- £1.5m for the recurrent cost of holiday pay on overtime;
- c£4.5m for the continued baseline funding as the cost to support the Grange University Hospital inter transport service which, whilst funded specifically by ABUHB, the funding for which flows through to the Trust via this route;

- £1.2m for Mental Health Crisis vehicles;
- £1.8m for the recurrent recovery from health boards in 2022/23 to support frontline activities;
- 1.5% growth uplift of £3.1m;
- Funding is also assumed to continue to flow from Welsh Government (WG) to EASC for the 2023/24 cost estimates of delivering the Emergency Services Mobile Communications Programme (ESMCP) & airwave extension costs;

Ambulance Care Income

- Core Ambulance Care contract values (including transfer of services values) transferred from NHS Wales Health Boards in 2022/23 financial year and these values have been increased by 1.5% growth. Income assumptions for 2023/24 are £26.7m;
7. There are also several other developments / offers WAST can make to the wider NHS system in Wales, but these have **not** yet been included in the financial plan and budgeted income assumptions. These could be delivered to the wider NHS system if funding was made available and would see a resulting increase to both the Trust's income and expenditure budgets in year, with the key financial planning assumption being costs would only be incurred should such required additional income and funding to support these be confirmed upfront. These include:
- That previously described in an "EMS Transition plan" / inverting the triangle;
 - Virtual Ward;
 - Any further increase in frontline numbers for 2023/24;
 - Further enhancements of CHARU / APP offer;
 - CSD / CCC enhancements inc supervisory structure;
 - Transfer & Discharge contracts / transport services.

2023/24 Income from Welsh NHS bodies

8. The main items included here are as follows:
- Income assumed for the 111 service for 2023/24 is currently £12.2m with corresponding expenditure budgets set for the same value. Discussions continue with the 111 Programme Team / six goals programme and ABUHB on finalising income values and via a new commissioning framework which will also focus on what the recurring baseline funding and staffing is now needed to be for the full delivery of this service. It is however currently assumed that any fluctuations in this income level will be cost neutral;
 - Ambulance Care income of £1.3m includes of £0.5m for pending Transfer of Services for Cwm Taf HB which is currently on a cost and recover basis, £0.1m for Renal Transport Services and £0.7m for Velindre NHS Trust of which funding cannot flow via EASC as it's a non-Health Board;
 - Locally commissioned EMS services include services such as prompt cardiac transport, dedicated discharge services, APP support to primary care services and neonatal clinical transport total £3.0m;

- Other health board income totals £1.0m and includes fleet maintenance income, rental income from WAST Estate, provision of Occupational Health Services, operational CPD income support and external secondments.

Income from Welsh Government

9. Included here are the following:

- Income from WG includes directly funded services for Hazardous Area Response Team (HART), Special Operations Response Team (SORT) and Chemical, Biological, Radiological and Nuclear (CBRN) totalling £3.1m;
- WG also provide support for the cost of Personal Injury Benefit Cases (PIBS) to which a corresponding expenditure budget has been set, thus assuming overall neutrality to WAST. Value assumed for 2023/24 at £1.0m;
- No additional income has been included currently for 'technical adjustments' of Depreciation and Impairments above baseline. These are invoiced on actual values as the year progresses. Corresponding expenditure budgets have been set for the same value so any fluctuation is cost neutral;
- WG also provide funding to support WAST activities for mental health and dementia totalling £0.3m;
- Ongoing impact of the unavoidable COVID estimated related costs such as PPE (£0.4m) are assumed to be covered by WG.

Other Income

10. Other income includes :

- £0.7m of the £6.0m savings target for 2023/24 and this includes £0.1m for Intelligence Routine Platform, £0.35m for apprentice income and £0.25m VAT recovery challenge as part of an overall NHS Wales reclaim;
- Other income sources include Ambulance Care provision provided to English organisations, Compensation Recovery Unit (CRU) for Road Traffic Accidents, Welsh Universities for Paramedic Training, Operational Cover at Sports Events and Education Purchasing Unit supporting Clinical training and CPD totalling £1.3m.

OPENING REVENUE BUDGETS

11. The Trust is required to set expenditure budgets within the total resource income available, and which are set to achieve financial balance in line with the Trust's SFIs, statutory break-even duty that align to the operational delivery plans of the organisation. From a high-level budget setting perspective, the financial plan for 2023/24 is summarised below.

	Opening Budgets 23/24 £m	Planned Savings £m	Savings to be allocated £m	Revenue Set Budgets 23/24 £m
Income	-270.9	-0.7		-271.6
Operating Expenses	262.1	-2.3	-2.6	257.2
Profit on Disposal	-0.2	-0.1		-0.3
Interest Payable	0.1			0.1
Interest Receivable	0.0	-0.3		-0.3
Depreciation and Impairments (Baseline)	14.9			14.9
Total Expenditure	276.9	-2.7	-2.6	271.6
Planned Budget Surplus (-) / deficit	6.0	-3.4	-2.6	0.0

12. The Operating Expenses line is where the main Divisional and Directorate budgets will be delegated within, primarily split between pay and non-pay budgets. Whilst a key budget setting principle is that such budgets are initially set based on the recurring “rollover” position from the 2022/23 budget, the current and future expected expenditure against each of the existing budgets has been scrutinised in detail as part of the budget setting process.

Pay

13. The pay budget for 2023/24 has been set based on the following assumptions.

14. NHS pay award rates for the 2023/24 financial year are currently unknown and therefore pay scales have been set at 2022/23 pay rates (which also excludes any residual settlement of consolidated pay offers for 2022/23). Employers on costs reflect the reversal of the 1.25% increase in employers National Insurance that occurred part year in 2022/23. Overall directorate budget control totals will manage the pay progression up spinal points and attrition salary differences and all vacancies have all been set at entry point of scales. The following other key assumptions have been made:

- Funded whole time equivalents (WTEs) are rolled over from 2022/23 and flexed for agreed developments in 2023/24 and any skill mix changes;
- Impact of the additional bank holiday for King Charles coronation and also the impact of 1 extra day's bank holiday for easter Sunday falling into March 2024 will be met by existing enhancements budgets;
- Impact of any holiday pay on voluntary overtime is now included in core budgets as this has been funded by WG and income flows via WAST EASC contract payment.

15. The plan provides that £0.180m of pay costs will be capitalised to support the development of the 2023/24 capital schemes (similar value to 2022/23) with a corresponding requirement being highlighted against the discretionary capital allocation for 2023/24.

Non-pay, contingency and “below the line” items

16. Non pay budgets for 2023/24 will be set taking into consideration the existing budget levels together with 2022/23 forecast expenditure outturn. Recognition of inflation uplifts on certain non-pay expenditure areas will be increased but there is an expectation that some of this will be required to be met within directorate core budgets and saving schemes. Revenue cost increases of the 2022/23 approved capital business cases have also been funded as part the 2023/24 budgets and these are predominately around fleet and estates.
17. As per previous years a contingency budget is included and the 2023/24 value proposed is £1.0m.
18. For the 2023/24 financial year, the opening profit on asset disposal budget is £0.220m. This includes the sale of vehicles, obsolete and replaced equipment of which a stretched target of an additional £0.125m has been included as part of the savings programme. Hence the proposed budget for 2023/24 is £0.345m.
19. Interest receivable budget was brought forward from 2022/23 at zero but due to the significant increase in interest rates now received on government and commercial accounts then an estimated recovery of £0.3m has been included as part of the savings programme. Hence proposed budget for 2023/24 is £0.3m. Interest payable budgets have been ‘rolled over’ at 2022/23 values.
20. Depreciation and impairment budgets correspond with an income budget totalling £14.9m. This does not include any additionality in depreciation or indexation planned for 2023/24 and when this figure is available any impact will be cost neutral as these areas are assumed as ‘ring fenced’ allocation by Welsh Government with under spends clawed back and agreed increases because of capital investments funded, therefore assumption is no under or overspends in this area during the 2023/24 financial year.

Cost pressures / Developments

21. Main cost pressures included in the financial plan for 2023/24 include
 - Cost Pressures of power and vehicle fuel that in 2022/23 was funded by WG. Power costs currently contain a high degree of volatility that could stabilise as the financial year progresses due to proposed new NHS contractual arrangements;
 - Microsoft Licences costs;
 - Non Pay inflation uplifts;
 - Previously committed costs including revenue impact of capital developments;
 - Non recurrent savings brought forward from 2022/23;
 - Residual costs from previous funded developments.

SAVINGS AND EFFICIENCIES

22. A key part of the financial plan, and which therefore also needs to be reflected in the budget setting, is the savings target for 2023/24. As above, this is currently £6.0m of which £2.6m remains to be fully identified at the outset of the 2023/24 financial year. Themes currently agreed which are to progress are detailed in **Annex 1**.
23. Financial Sustainability Programme and workstreams have been delegated and each savings theme will include a profile of savings over the financial year by month, risk assessment for achievement, including quality and performance risks, and the procedure for monitoring each scheme.
24. Unallocated value of savings scheme (£2.6m) is planned to be profiled from the commencement of Quarter 2 to allow themes to be identified. Although this does provide a

higher degree of risk and will need to be considered and fully understood as part of the reporting of the actual financial performance and year end forecast of the Trust in the earlier months of the 2023/24 financial year.

25. Key risk is the ability to deliver a minimum of a 40% increase in savings over that made in 2022/23 (and recognising that 2022/23 savings plan was 50% higher than 2021/22 financial year) and manage any in year cost pressures as they arrive, within the small contingency this plan continues to holds. Despite this, in the current environment this remains a challenging target, the size of which proportionality is not out of the range being suggested by large parts of the rest of the NHS in Wales. There is also a clear track record of recent achievement within WAST.
26. Formal development of the detailed plans and delivery and monitoring of the achievement of this will be via the Financial Sustainability Programme, through to the Strategic Transformation Board. Finance & Performance Committee (F&PC) will also be provided with significantly enhanced monitoring of the savings plan, including as some remaining elements of it are developed and agreed. Reporting against these plans for the 2023/24 financial year will continue to be incorporated in financial reports to EMT, Finance and Performance Committee, Trust Board and externally to Welsh Government and Commissioners.

Approach to approving delegation of remaining budgets and developments

27. As with previous financial years, there will inevitably also be a range of potential developments and cost pressures other than those already included in the financial plan that will emerge during the 2023/24. Each of these will require to be evaluated in detail and prioritised accordingly and only implemented where there is a corresponding funding source or agreed budget stream (i.e. from contingency or residual budgets).

Initial Directorate Budgets

28. **Annex 2** therefore provides a summary of much of the above and how these translate into proposed opening 2023/24 revenue budgets by Directorate. Due to the continuation of work on some funding / cost pressures / unidentified saving targets these will be included in final budget values to be discussed in budget meetings planned with CEO, Director of Finance and Corporate Resources and each delegated Executive Director budget holder, for final agreement and formal sign off, as required by the Trust's SFIs.

Key risks

29. No financial plan is risk free, however as we head into 2023/24 the level of financial risk of delivering a balanced in year and year end position is clearly greater than in the recent past. This has therefore already been reflected by the agreed continued inclusion of a risk for this on the Corporate Risk Register, despite the continued good financial performance and delivery through the 2022/23 financial year, and the agreement to undertake a more detailed review of this risk at the May 2023 meeting of the Finance & Performance Committee.
30. As detailed in the financial plan, the main risks that will need close monitoring and mitigating actions through the upcoming financial year, include:-
 - The recovery of all of the income assumptions this balanced financial plan now makes, in particular ensuring the commitments made in the EASC IMTP are fully delivered upon;
 - A key fundamental risk being the ability to work up additional schemes and delivery, at pace, to close the current residual c£2.6m financial gap for the coming financial year. Whilst this may be considered a manageable value going into the financial year, it must also be set in

the context of that already assumed at £3.4m within the plan to get to this level of remaining balance;

- No other developments, enhancements or cost increases not currently funded within budgets, including potentially some linked to proposed areas of development within the IMTP, will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. However the ability to do this in the context of the current residual financial gap and total savings already required to balance in year makes this unlikely;
- The ability to therefore deliver a minimum of c£6m in total savings (£2.6m+£3.4m as noted above) and efficiencies in year. This equates to c4% of the Trusts discretionary income and would see a further c40% increase required in savings delivery from 2022/23 (which in itself has delivered over 50% more savings than that required over the previous two financial years). Finance & Performance Committee (F&PC) will be provided with significantly enhanced monitoring of the savings plan, including as some remaining elements of it are developed and agreed;
- The capacity and ability to focus on the required additional savings to balance during any continued period of Industrial Action;
- WG fully fund any residual pay award for 2022/23 and that agreed for 2023/24 and support any additional costs that may be incurred due to any resolutions of industrial action;
- The ability to properly resource and support a number of the Financial Sustainability Programmes (FSPs) which in itself could result in further cost pressures. These would very much have to be considered as non-recurring and invest to save therefore;
- The inevitable impact much of this is likely to have on staff morale and Trust reputation;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.
- Other NHS Wales organisations commence a return to baseline healthcare provision and assess backlog workload, it is currently unknown the impact on demand this may have for the core EMS and Ambulance Care services as the financial year progresses;
- Workforce challenges and sickness reduction.

RECOMMENDATION:

31. *Trust Board are asked to:*

- **Approve** the initial 2023/24 revenue budget, consistent with the financial plan contained within the IMTP.

Live Scheme	Workstream	Estimated Savings / Income Target FY23/24
2.03(b) Acting Up Allowance Spend (T&Cs)	Achieving Efficiencies	£11,000
2.08(a) Accident Repair Spend	Achieving Efficiencies	£20,000
2.09 Extended Vehicle Warranties	Achieving Efficiencies	£0
2.10 NEPTS Provider Re-Tendering	Achieving Efficiencies	£250,000
2.11(a) De-Carbonisation Strategy - Renewable Energy Systems	Achieving Efficiencies	£2,459
2.19 Recruitment Control Process	Achieving Efficiencies	£2,000,000
1.04(a) Intelligent Routing Platform	Income Generation	£100,000
1.10 Apprenticeship Training	Income Generation	£350,000
1.16 Asset Sales	Income Generation	£125,000
1.17 Interest Receivable	Income Generation	£300,000
HMRC Microsoft VAT Rebate	Income Generation	£250,000
Unidentified Savings		£2,591,541

						Annex 2
Welsh Ambulance Services NHS Trust						
Opening Revenue Budgets 2023/24						
	Income	Pay & Non Pay	Savings			Net Opening Budget
			Allocated to Directorates	Not Yet Allocated to Directorates	Unidentified	
	£000	£000	£000	£000	£000	£000
Chief Executive Directorate	-52	1,965				1,913
Board Secretary	0	468				468
Partnership & Engagement	-42	892				850
Operations	-46,051	199,787	-250			153,486
Finance & Corporate Resources	-1,397	34,978	-697			32,884
Planning & Performance	0	2,446				2,446
Quality, Safety and Patient Experience	-456	6,444				5,988
Digital Directorate	-48	13,208				13,160
Workforce and OD	-751	5,690	-350			4,589
Medical & Clinical	-393	3,862				3,469
Trust Core Income	-221,433	0				-221,433
Reserves	-287	7,170				6,883
Savings Identified but not allocated to directorates				-2,111		-2,111
Savings not yet identified and not allocated to directorates					-2,592	-2,592
TRUST TOTAL	-270,910	276,910	-1,297	-2,111	-2,592	0



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

AGENDA ITEM No	14
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

Financial Performance as at Month 11 – 2022/23

MEETING	Trust Board
DATE	30 th March 2023
EXECUTIVE	Chris Turley (Executive Director of Finance & Corporate Resources)
AUTHORS	Edward Roberts (Head of Financial Business Intelligence & Capital Planning)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Board the Financial Performance Report of the 2022/23 financial year, as at Month 11 (February 2023).

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 any remaining risks of continuing to deliver this, even at this stage of the financial year and as we enter the year end / accounts period.

KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue surplus (£12k) for the period to Month 11 2022/23. Consistent with the rest of this financial year, this is after funding has been received for all of the exceptional cost impacts from Welsh Government (WG);
- In line with the balanced financial plan approved as part of the 2022-25 IMTP, the Trust is currently forecasting to breakeven for the 2022/23 financial year, with any remaining risks of not doing so described within this paper along with mitigating actions. In a practical sense, this will in all likelihood mean a small surplus at M12;
- 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 £4.025m have been achieved against a target of £3.942m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.2% for the number, and 97.8% of the value of non NHS invoices paid within 30 days.

REPORT APPROVAL ROUTE

- F&PC via a detailed presentation – 21st March 2023
- EMT via sharing this paper – 24th March 2023
- Trust Board – 30th March 2023 – for noting

REPORT APPENDICES

Appendices 1 – 4 – Monitoring return submitted to Welsh Government for months 10 and 11 – as required by WG

Appendix 5 – Saving details

REPORT CHECKLIST

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

**WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD**

FINANCIAL PERFORMANCE AS AT MONTH 11 2022/23

INTRODUCTION

1. This report provides the Board with a summary of the revenue and capital financial performance of the Trust as at 28th February 2023 (Month 11 2022/23). This follows a detailed presentation on the current position that was provided to the F&PC on 21st March 2023.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for M11 2022/23** (1st April 2022 – 28th February 2023) are that:
 - The cumulative revenue financial position reported is a small **underspend against budget of £0.012m**, after the 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 £4.025m have been achieved against a target of £3.942m, 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 97.2% for the number, and 97.8% of the value** of non-NHS invoices paid within 30 days.
3. Any risks that the Trust may face in delivering the year end financial position will continue to be fully monitored, however at present, and as would be expected at this stage of the financial year, all current risks have been removed, as either mitigated or now managed, including the remaining risk from Month 10 around the balance of funding associated with COVID and Energy, following invoices being raised to WG and paid.

REVENUE FINANCIAL PERFORMANCE

4. The table below presents an overview of the financial position for the period 1st April 2022 to 28th February 2023.

Revenue Financial Position for the period 1st April - 28th February				
	Annual Budget	Year to date		
	£000	Budget £000	Actual £000	Variance £000
Income	-280,361	-255,233	-255,584	-350
Expenditure				
Pay	197,633	180,247	177,520	-2,727
Non-pay	57,735	52,076	55,507	3,430
Total pay & non-pay expenditure	255,368	232,323	233,027	703
Depreciation & Impairments / interest payable & receivable	24,993	22,910	22,545	-365
Total	0	0	-12	-12

Treatment of Covid-19 spend

5. Due to the Covid-19 pandemic, and that which had 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 11 position totalling **£1.365m**, of which **£0.555m** are pay costs, and **£0.810m** are non-pay costs. This is somewhat less than the figure estimated at the outset of the financial year in the submitted financial Annual Plan within the IMTP. Full additional funding has been provided to cover these costs.
6. A summary of the Covid-19 revenue costs reported in the Month 11 financial position is shown in the table below, including an update of the full year forecast:

Covid-19 Revenue Costs	YTD £'000	FYF £'000
Total Pay	555	604
Total Non Pay	810	893
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
NET COVID	1,365	1,497

Other exceptional cost pressures

7. In addition to the above, included within the WG Monitoring Return submissions for 2022/23, additional analysis was requested for some of the COVID-19 costs and the other exceptional cost pressures for the 2022/23 financial year, which were also, as part of the 2022-25 IMTP finalisation, indicated by WG would be funded in year, and was therefore the basis for the presentation of a balanced financial plan

for this financial year. This detail is summarised in the table below; as above, additional funding has been assumed for these costs.

		Actual YTD £'000	Annual Forecast £'000
1	Expected Other C-19 Response Costs	728	788
2	Total Energy Costs	8,732	9,579
3	Total National Insurance Costs	1,198	1,198
4	Total Real Living Wage Costs	0	0

8. A number of the elements that make up these costs, especially in relation to the forecasted values and in particular those relating to energy (electricity, gas, fuel, etc) could still remain volatile, even at this stage of the financial year and are subject to change in M12 and as we finalise the 2022/23 year end position. It is also important to continue to note that this funding has been provided non-recurrently for these costs.

Income

9. Reported Income against the initial budget set to Month 11 shows an overachievement of **£0.350m**.
10. As above, income was fully provided by WG for the reported Covid costs as well as the exceptional cost pressures of additional National Insurance costs, energy, utilities, and fuel.

Pay costs

11. Overall, the total pay variance at Month 11 is an underspend of **£2.727m**. As has been previously reported to the Board, much of this is planned to offset variations elsewhere.
12. As noted above, unavoidable Covid-19 related pay costs incurred to date amounted to **£0.555m**.

Non-pay Costs

13. The overall non-pay position at Month 11 is an overspend of **£3.065m**, this is due to overspend on medical & surgical consumables, fleet maintenance costs and some taxi spend.
14. As again noted above, Covid-19 related additional unavoidable non pay expenditure incurred to Month 11 totalled **£0.810m**. Areas of additional spend included:
- PPE - £0.355m;
 - Cleaning Standards - £0.366m.
 - Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) £0.089m.

Savings

15. As Board members will recall, the 2022/23 financial plan identifies that a minimum of **£4.300m** of savings, cost avoidance and cost containment measures are required to achieve financial balance in 2022/23. This is a significant increase in that which has been able to be achieved in the recent past, and especially over the last couple of years.
16. As at Month 11 for the financial year 2022/23 the Trust has achieved total savings of **£4.025m** against a target of **£3.942m**, an over achievement against the target of **£0.083m**.
17. **Appendix 5** provides an overview of Month 11 performance by thematic and organisational / directorate levels.
18. On top of this, a series of highlight reports have again been developed that provide detail of savings delivery at thematic levels. The highlight reports present financial information which is supported by a narrative that denotes progress and identifies actions for the full delivery of our savings plans. Whilst shared locally at a detailed level to inform budgetary decisions, these highlight reports are always also available to Board members for review, should they wish to receive them.
19. The key points drawn from these are;
 - Workforce, efficiencies and transformation has achieved savings / cost containment of £1.711m, under-achieving cumulative target by £0.056m;
 - Fleet savings totalling £0.006m has been achieved, under-achieving cumulative target by £0.068m;
 - Through management of non-operational vacancies £1.838m has been saved which exceeds the cumulative target to date by £0.385m;
 - Despite high pump prices over much of this financial year, some fuel savings totalling £0.040m has been achieved, under-achieving cumulative target by £0.004m;
 - There are a number of local schemes in directorates, some of which are attracting additional income rather than reducing costs and savings totalling £0.171m has been achieved, under-achieving cumulative target by £0.126m.
 - Estate savings totalling £0.259m has been achieved, under-achieving cumulative target by £0.048m
20. The delivery of savings also 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

21. Whilst there is a small surplus reported at Month 11 there are some variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. These are fairly minor in nature, but they will be continued to be closely monitored.

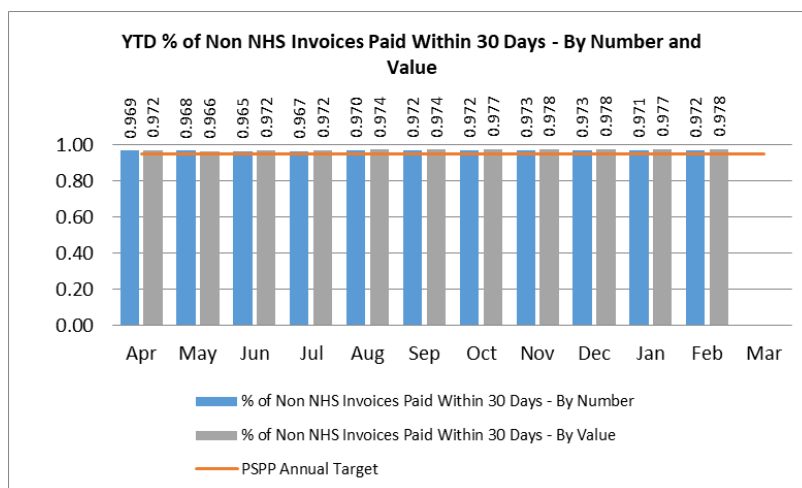
Financial position by Directorate @ 28th February	Annual Budget £000	Year to date			
		Budget	Actual	Variance	Tolerance 5%
		£000	£000	£000	%
Directorate					
Operations Directorate	152,668	139,358	137,617	-1,741	-1.2%
Chief Executive Directorate	1,807	1,658	1,773	115	7.0%
Board Secretary	443	405	380	-25	-6.1%
Partnerships & Engagement Directorate	552	509	440	-68	-13.4%
Finance and Corporate Resources Directorate	32,054	29,613	29,914	301	1.0%
Planning and Performance Directorate	2,277	2,060	1,968	-92	-4.5%
Quality, Safety and Patient Experience Directorate	5,613	5,142	5,092	-49	-1.0%
Digital Directorate	12,459	10,873	10,619	-254	-2.3%
Workforce and OD Directorate	4,640	4,280	4,291	11	0.3%
Medical & Clinical Services Directorate	3,297	2,593	2,498	-95	-3.7%
Trust Reserves	3,812	2,478	3,389	911	36.8%
Trust Income (mainly WHSSC)	-219,622	-198,969	-197,993	976	0.5%
Overall Trust Position	0	0	-12	-12	

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

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

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

23. Public Sector Payment Policy (PSPP) compliance up to Month 11 was **97.2%** against the **95%** WG target set for non-NHS invoices by number and **97.8%** by value.



RISKS AND ASSUMPTIONS

24. The risks for the Trust will continue to be fully monitored, even at this stage of the financial year, however at present, and as would now expect, all current risks have been removed, including the remaining risk from Month 10 around the balance of funding associated with COVID and Energy, following the invoice being raised and paid.
25. .
26. The previously included risk of £0.5m around Winter pressures was removed in Month 10.
27. The previously included low risk for PIBS (Permanent Injury Benefit Scheme) of £1m was removed in Month 10. The change is due to the discount rate movement from -1.3% to +1.7% based on the December 2022 PES Paper from HM Treasury, these papers advise national the rate that must be applied to the provisions. This has resulted in the assumed income from WG of £1m now being revised to an anticipated invoice from WG of £2.5m (subject to new cases received in Q4) as WAST do not require the level of funding previously anticipated. Matched funding for this highly volatile area is provided by WG on an annual basis but is routinely flagged as a risk until received.
28. As previously advised, we continue to exclude risks associated with the Industrial Action by multiple unions, this will continue to be monitored and flagged in future months, and into 2023/24, if this risk re-materialises.
29. The risk previously included in relation to the additional bank holiday for the State Funeral of HM Queen Elizabeth II was removed in Month 10.
30. On top of the above, as per all discussions and guidance received, it is also continued to be assumed that the impact of IFRS16, and also holiday pay on overtime will all be fully funded by WG and hence not included as a risk.
31. Whilst there are therefore currently no presented risks to the financial position as we progress through to the financial year end, the number and total value of financial risks we have managed this financial year is clearly greater than in recent years, which in itself raised the level of risk in relation to the continuing delivery of

our statutory financial duties. When this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality, and experience, it is clear that, as expressed within the IMTP, this has been, and remains to be a challenging financial year, despite the initial continued good financial performance in Month 11. This must also be seen in the context of the progressing financial plan for 2023/24.

32. Alongside and as a result of some of the above, as Board members will recall, the risk of non-delivery of statutory financial duties has also recently been increased on the Trust's Corporate Risk Register. It was also agreed at F&PC on 21st March to undertake more of a deep dive into this corporate risk at the next meeting of the committee, in May 2023, and in the context of the significantly challenging financial outlook from 2023/24 and beyond.

2022/23 CAPITAL PROGRAMME

33. At Month 11 the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2022/23 is **£26.862m**. This includes **£22.424m** of All Wales Approved schemes and **£4.438m** for Discretionary schemes.

34. Whilst the above values are now fully committed, to M11, the Trust has expended **£9.853m** against the current All Wales capital scheme full year budget of **£22.424m** (as detailed below), and **£2.633m** against the discretionary budget of **£4.438m**, also as per the table below.

	Actual £'000	Plan £'000
All Wales Capital Programme:		
Schemes:		
ESMCP – Control Room Solution	54	443
111 Project Costs	343	429
DPIF -EPCR	514	1,150
MDVS	45	2,000
Airwave Extension	2,522	2,522
DPIF - NDR	8	78
End of Year Funding - Nov 2022	81	360
GUH transfer vehicles	99	694
Ambulance Replacement Programme 21-22	1,124	1,916
Ambulance Replacement Programme 22-23	3,464	9,464
Phone First	1,040	1,040
EFAB	91	92
WAST- Make Ready Depot - Cardiff	289	290
New SDP at Ruthin Fire Station	4	130
Energy Savings schemes	70	516
Vehicle Repair Workshop, Merthyr Tydfil.	106	1,300
Sub Total	9,853	22,424
Discretionary:		
I.T.	14	249
Equipment	207	1,070
Statutory Compliance	0	0
Estates	2,341	3,278
Other	71	180
Unallocated Discretionary Capital	0	11
Sub Total	2,633	4,788
Total	12,485	27,212
Less NBV reinvested		(350)
Total Funding from WG	12,485	26,862

35. Per the above table the Trust currently has £0.011m within its discretionary funding described as “unallocated”, this is routinely required through March and as part of the year end process as flexibility to ensure this Trist delivers as close as possible to the provided CEL with maximum benefit.
36. As in previous years, a detailed update on the final 2022/23 capital spend, and any carry forward impact this has on the 2023/24 programme, will be provided following the financial year end, in the May round of Committee and Board meetings. Ahead of this however, the table below shows the current movement since the last update to F&PC and Board, given some of the movements the Trust has had to manage. As is normal at this time of the year it has then been necessary to make decisions, some in conjunction with WG, in terms of delivering the Trusts CEL. Any expenditure that has had to be accelerated to do so however has either been within delegated limits, or on the back of previously approved schemes.
37. One significant movement as we moved towards the end of the financial year is in relation to the ESMCP Control Room Solution project. Given a staff safety element, this project had to be delayed until the supplier could rectify the issue, which resulted with the go live moving into early 2023-24 and as such the accounting for the cost also moved across financial years. This only became known in late February and therefore, in conjunction and with agreement of WG colleagues (as a return of over £600k capital funding to WG at this stage of the financial year was not something WG wanted to facilitate), and in lesser part due to some other movements in in year spend the Trust was required to make the following urgent decisions:
- Some acceleration of expenditure against the SE Workshop project. This is an All Wales Capital scheme, which over the past two financial years WG have supported through the funding for the purchase of the land and building in 2021-22 and also providing £1.3m this financial year for the initial works. Given the need to progress at pace on the building to ensure the benefits are achieved, for the Trust to be finally able to fully vacate the Blackweir site and to ensure that the monies provided by WG are fully expended, the Trust contracted with the same contractor the Landlord at Beacon's House had used for the works there, and the contractor has been able to accelerate the programme which has allowed for us to maximise the value from the in year capital programme due to the above slippages. It should be noted that whilst at present this additional spend is being funded in this financial year (and currently prudently planned into next financial year) as a potential call against the Trust's discretionary capital funding, given the prior funding approval by WG the Trust will continue to seek this funding back through the All Wales Capital Programme. The Board should note that given the current funding climate this isn't without risk, although other funding routes, including that being separately funded for decarbonisation schemes and enhancements, VAT recovery etc are also being sought to fund this, to minimise the impact on the Trust's discretionary capital funding. As a minimum at least £250k - £300k of this additional spend will be able to be funded through these alternative funding sources;
 - The second issue which was confirmed during this reporting period was the requirement to purchase a number of SQL licences, these licences are purchased on a three yearly cycle and ideally required replacement prior to

31st March, this has in part been funded by underspends on other areas within the ICT capital budget such as NDR and Salus underspends. If this had not been the case, this would have been an initial call on the 2023/24 ICT capital budget.

38. The current 2022/23 year end capital plan is therefore summarised in the table below, building on from that previously reported to F&PC and Board in detail earlier in the financial year:

	2022-23 £000
Unallocated budget at Month 7	26
Plus Contingency held at mid year review	450
Plus NBV reinvestment from the sale of HM Stanley, St Asaph site	350
Above remaining budget	826
Materialisation of previously held contingency risk for Multiple schemes/projects/enhancement/inflationary pressures etc	-500
Other in year movements:	
Bennett Street, Bridgend - scheme underspend	100
Monmouth - Alternative solutions being explored	180
Dolgellau - Alternative solution being sought	100
Sub total updated balance remaining	706
Current plan to manage by 31/03/23:	
Bluetooth enhancement to Corpuls for EPCR	-119
Acceleration of Corpuls purchase ahead of 23-24 Fleet BJC (NO 24)	-576
Remaining budget - to be managed through to end of March 2023	11
ESMCP Slippage	607
EPCR Slippage	101
Fleet NEPTS Slippage + comms	241
Accelerated spend on SE Workshops	-716
SQL Licences	-425
NDR underspend	70
WG ICT Devices saving	59
EMS CCC C3 Model not deliverable	34
111 Salus underspend	29
Left to spend	11

39. As always at this time of the year, detailed work is on going to ensure all other schemes deliver as close as possible to plan, however it should be noted that multiple issues can arise that slow or stop certain schemes however we continue to ensure we have plans in place to utilise any underspends or slippage to maximum benefit as we enter the year end period.

PLANNING FOR 2023/24 AND BEYOND

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

RECOMMENDED that the Board:

- a) **Notes** and gains **assurance** in relation to the Month 11 revenue and capital financial position and performance of the Trust as at 28th February 2023 along with current risks and mitigation plans;
- b) **Notes** the delivery of the 2022/23 savings plan as at Month 11, and the context of this within the overall financial position of the Trust;
- c) **Notes** the updated discretionary capital plan for 2022/23 year end, and
- d) **Notes** the Month 10 and 11 Welsh Government monitoring return submission included within Appendices 1 – 4 (as required by WG); 1 and 3 attached, 2 and 4 sent separately by e mail.

Appendix 5

[illegible]



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

13th February 2023

Your ref: WAST\m9\ajh\ry

Dear Andrea

Re: JANUARY 2023 (MONTH 10 2022/23) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for January 2023. All automatic validation rules incorporated in the reporting template have been successfully passed.

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

The Trust's performance against financial targets for Month 10 2022/23 is as follows: -

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

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

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

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

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

Anfonwch unrhyw
ohebiaeth i'r cyfeiriad
canlynol:-

Please forward any
correspondence to the
following address:-

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

As such, Month 10 2022/23 continues to include an income assumption to offset elements of net additional unavoidable revenue costs incurred by WAST due to COVID-19. The year-to-date COVID-19 value stands at £1.278m as shown in Table B3, of which the Trust has raised invoices for £0.916m. Further invoices will be raised on the basis agreed.

The resulting reported performance at Month 10 as per Table B continues to be a very small under-spend against budget of £0.005m, after allowing for the above IMTP, exceptional cost pressures and COVID-19 funding assumptions.

The reported total pay variance against plan as at Month 10 is an underspend of £2.569m. Much of this is planned to offset variations elsewhere.

The non-pay position at Month 10 is a reported overspend of £2.981m, this is made up of known overspends on medical & surgical consumables, fleet maintenance costs and taxis. As per Table B3 the COVID-19 non pay related costs to Month 10 totalled £0.752m.

Income at Month 10 shows an overachievement of £0.417m. Within this we are assuming income will be fully provided by WG for the reported Covid costs as well as the exceptional cost pressures.

In addition, included in income expectations from Month 10 is the additional £3m funding for emergency ambulance capacity, following the previously received confirmation to the Trust from the Emergency Ambulance Services Committee. We continue to work with the commissioner to finalise the drawdown mechanisms for this.

2. Movement (Table A)

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

3. Risk (Table A2)

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

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

In Month 10 the medium risk has been reduced to low risk in relation to 'WG exceptional cost pressures and Covid funding' and was reduced again from £2.826m to £1.472m in part due to revised assessments around energy and fuel costs and following invoices being raised during month 10. It should be noted that energy prices are clearly still fluctuating, although it accepted that the remaining actual costs for exceptional pressures are assumed to be fully funded between now and the end of this financial year, once received the remainder of this risk will be able to be removed.

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

The previously included risk around Winter pressures has now been removed. **(Action Point 9.1)**

As previously confirmed we continue to exclude risks from table A2 associated with the Industrial action by multiple unions, this will continue to be monitored and flagged in future months if this risk re-materialises.

Following revision of the discount rate, the previously assumed income of £1m from WG in relation to PIBS (Personal Injury Benefit Scheme) has now been removed. The change is due to the discount rate movement from -1.3% to +1.7% based on the December 2022 PES Paper. This has resulted in the assumed income from WG of £1m now being revised to an anticipated invoice from WG of £2.5m (subject to new cases received in Q4) as WAST do not require the level of funding previously anticipated, of which WAST informed Jackie Salmon at WG of this issue towards the end of January and would appreciate confirmation that this has been noted. Matched funding for this highly volatile area is provided by WG on an annual basis, arranged previously between Jillian Gill and Jackie Salmon.

As advised recently, the risk previously included in relation to the additional bank holiday for the State Funeral of HM Queen Elizabeth II has now been removed as funding has been agreed for the direct costs of c£0.050m for the impact of the overtime and unsocial hours payments incurred. **(Action Point 9.2).**

On top of the above, as per all discussions and guidance received, it is also continued to be assumed that the **impact of IFRS16**, and also **holiday pay on overtime will all be fully funded by WG and hence not included in the risk table.**

4. Monthly Profiles (Table B)

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

Included within Table B is the impact of the transitional leases, thank you again for the confirmation around the funding adjustment, and additional time to ensure the adjustments are correct prior to the invoicing taking place towards the end of the financial year. Following conversations between Steph Taylor and Andrea Hughes, invoices will be raised by both parties in accordance with the Technical Update Note 03.

Annual leave accrual **(Action Point 7.2)**. Following recent agreements at the Trust's Executive Management Team in how some of the remaining annual leave colleagues have (in part due to the prolonged periods of Industrial Action though Q4) will now be locally treated, the Trust should be in a position to manage the annual leave position within its own finances at year-end.

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

Agency costs for Month 10 totalled £0.074m. The Trust is always attempting to minimise agency costs by recruiting into permanent positions.

6. COVID-19 (Table B3)

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

It was acknowledged that the rate of spend in relation to the PPE was lower than previously forecasted and following some further detailed work carried out during the year with operational colleagues the forecast was re-modelled based on the latest trends and forecasts, resulting in a forecast of £0.388m. The forecast remains as previously reported, but the Trust will continue to review on a monthly basis.

It should also be noted that the COVID-19 table continues to include the MTU pay and non-pay costs as requested by Adrian Davies within Welsh Government, these were billed for at the end of quarter 3 along with the cost incurred for PPE. The costs in relation to cleaning standards have now been part invoiced up to month 8 as at month 10 with the remaining costs to be invoiced in due course.

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

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

For Month 10 the Trust is reporting planned savings of £3.587m and actual savings of £3.692m, this is an over achievement to plan.

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

8. Exceptional Costs Template

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

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

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

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

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

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

Thank you for your confirmation around the invoicing of the Q3 Testing and PPE, this will be completed during M11.

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

At month 10 there were 6 invoices over 11 weeks with a total value of £0.013m. These will be reviewed during month 11.

11. Cash flow (Table G)

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

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	18	19	22	16	16	18	15	17	20	13	15	14	203
Other Non NHS Income	1,913	135	326	235	1,210	198	626	(50)	116	101	0	0	4,810
Pensions Agency	15	0	0	0	0	0	0	0	0	0	0	0	15
Vat Refund	450	432	171	609	719	84	428	625	464	482	300	300	5,064
Risk Pool Refund	0	0	339	0	518	0	5	0	1,184	0	0	0	2,046
Total	2,396	586	858	860	2,463	300	1,074	592	1,784	596	315	314	12,138
PAYMENTS													
Other items (specify in narrative)													
VAT Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Pensions / Retirements	173	0	51	232	122	0	222	0	0	135	0	0	935
Total	0	0	51	232	122	0	222	0	0	135	0	0	935

As a result of requirements within the capital programme, we are at present highlighting a need for £8.347m cash to be drawn down in March 2023 to support the forecast cash flow, however as always this will be closely monitored.

12. Public Sector Payment Compliance (Table H)

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

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

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

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

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

The Trust is happy to confirm that the adjustment for the transitional leases have been reflected within the ledger,

as discussed between a number of the finance team and WG colleagues, the Trust is in the process of finalising these numbers and will provide a further update as soon as we can and which point we are assuming WG will invoice WAST.

14. Committee to receive Financial Monitoring Return

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

The Month 10 financial performance of the Trust will be presented to the Finance and Performance Committee meeting on 21st March 2023.

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

15. Other Issues

We have received confirmation of an approved application made in 2019/20 in relation to the NHS Pension Scheme Pays topic. We have raised this item with Jackie Salmon at WG when confirmation was received towards the end of January to confirm whether this issue has any implications for WAST as this application was for a former employee of WAST and whether there are any implications that WAST need to be cited on for the production of the year-end financial accounts and potential Auditor opinions.

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

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

Yours sincerely



Chris Turley
Executive Director of Finance & Corporate Resources



Jason Killens
Chief Executive

Enc

cc:

Mr C Dennis, Chairman
Non-Executive Directors Executive Directors



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

13th March 2023

Your ref:

WAST\m10\ajh\ry

Dear Andrea

Re: FEBRUARY 2023 (MONTH 11 2022/23) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for February 2023. All automatic validation rules incorporated in the reporting template have been successfully passed.

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

The Trust's performance against financial targets for Month 11 2022/23 is as follows: -

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

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

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

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

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

Anfonwch unrhyw
ohebiaeth i'r cyfeiriad
canlynol:-

Please forward any
correspondence to the
following address:-

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

The year-to-date COVID-19 value stands at £1.365m as shown in Table B3, of which, as requested by WG the Trust has raised invoices for the full year forecast, which remains at £1.497m.

The resulting reported performance at Month 11 as per Table B continues to be a very small under-spend against budget of £0.012m.

The reported total pay variance against plan as at Month 11 is an underspend of £2.727m. Much of this is planned to offset variations elsewhere. It should be noted at present nothing is included with the tables for the assumed pay award funding or expenditure, it would be helpful for confirmation around the mechanism and assumptions the Trust should be including in the month 12 submission and accounts around these elements.

The non-pay position at Month 11 is a reported overspend of £3.065m, this is made up of known overspends on medical & surgical consumables, fleet maintenance costs and taxis. As per Table B3 the COVID-19 non pay related costs to Month 11 totalled £0.810m.

Income at Month 11 shows an overachievement of £0.350m.

2. Movement (Table A)

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

3. Risk (Table A2)

The risks for the Trust will continue to be fully monitored, however at present, and as would be expected at this stage of the financial year, all current risks have been removed, including the remaining risk from Month 10 around the balance of funding associated with COVID and Energy, following the invoice being raised and paid. **(Action Point 9.2)**

However, as per all discussions and guidance received, it is also continued to be assumed that the **impact of IFRS16 will all be fully funded by WG and hence not included in the risk table.**

4. Monthly Profiles (Table B)

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

Included within Table B is the impact of the transitional leases, thank you again for the confirmation around the funding adjustment, and additional time to ensure the adjustments are correct prior to the invoicing taking place in month 12. Following conversations between Steph Taylor and Andrea Hughes, invoices will be raised by both parties in accordance with the Technical Update Note 03.

Following the agreements last month at the Trust's Executive Management Team, the remaining annual leave colleagues have (in part due to the prolonged periods of Industrial Action though Q4) will now be locally treated, the Trust should be in a position to manage the annual leave position within its own finances at year-end.

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

Agency costs for Month 11 totalled £0.087m. The Trust is always attempting to minimise agency costs by recruiting into permanent positions.

6. COVID-19 (Table B3)

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

It was acknowledged that the rate of spend in relation to the PPE was lower than previously forecasted and following some further detailed work carried out during the year with operational colleagues the forecast was re-modelled based on the latest trends and forecasts, resulting in a forecast of £0.388m. The forecast remains as previously reported, but the Trust will continue to review on a monthly basis.

It should also be noted that the COVID-19 table continues to include the MTU pay, and non-pay costs as requested by Adrian Davies within Welsh Government, these were billed for at the end of quarter 3 along with the cost incurred for PPE.

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

All these costs have now been invoiced up to the end of month 12 and paid in full.

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

For Month 11 the Trust is reporting planned savings of £3.947m and actual savings of £4.025m, this is an over achievement to plan.

8. Exceptional Costs Template

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

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

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

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

The Trust can confirm that all the assumed funding has now been received and the table E1 has been updated to document the funding has now been received. **(Action Point 10.1)**

At month 6 of the 2022/23 financial year, WAST were informed by our commissioner EASC that all Health Boards had agreed to provide £1.8m of recurrent funding to support additional demand. An element of this Income funding, for which cost was incurred by WAST, was for patient Cohorting services covering agency, vehicle hire and in house overtime costs at the Grange University Hospital (which is within the Anuerin Bevan Health Board region) as well as Morriston Hospital (which is within the Swansea Bay University Health Board region) for the 2022/23 and 2021/22 financial years.

We have come to learn only recently via EASC that Swansea Bay University Health Board (SBUHB) has withheld its share of the £1.8m funding at a value of £186k. We are trying to understand from SBUHB and EASC as to the reason for the funding being withheld especially as no other Health Boards have withheld any payments.

We will work to resolve this matter as quickly as possible especially with year end and agreement of balances required.

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

At month 11 there were 2 invoices over 11 weeks with a total value of £0.020m. These will be reviewed during month 12 and resolved in accordance with the TMS agreements.

11. Cash flow (Table G)

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

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	18	19	22	16	16	18	15	17	20	13	18	15	207
Other Non NHS Income	1,913	135	326	235	1,210	198	626	(50)	116	101	271	0	5,081
Pensions Agency	15	0	0	0	0	0	0	0	0	0	0	0	15
Vat Refund	450	432	171	609	719	84	428	625	464	482	350	164	4,978
Risk Pool Refund	0	0	339	0	518	0	5	0	1,184	0	31	0	2,077
Total	2,396	586	858	860	2,463	300	1,074	592	1,784	596	670	179	12,358
PAYMENTS													
Other items (specify in narrative)													
VAT Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Pensions / Retirements	173	0	51	232	122	0	222	0	0	135	0	0	935
Total	0	0	51	232	122	0	222	0	0	135	0	0	935

As a result of requirements within the capital programme, we are at present highlighting a need for £8.347m cash to be drawn down in March 2023 to support the forecast cash flow, however at the time of writing the Trust is awaiting a revised EFL to confirm the level of drawdown required.

12. Public Sector Payment Compliance (Table H)

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

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

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

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

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

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

Now included within tables I & J are the new and renewal leases, these are yet to be reflected in the ledger due to the minor adjustments following the inclusion of these in the Prolease system, once the final adjustments are completed these adjustments will be made. **(Action Point 10.2)**

14. Committee to receive Financial Monitoring Return

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

The Month 11 financial performance of the Trust will be presented to the Finance and Performance Committee meeting on 21st March 2023.

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

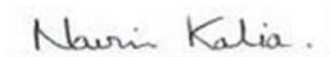
15. Other Issues

We have received confirmation of an approved application made in 2019/20 in relation to the NHS Pension Scheme Pays topic. We have raised this item with Jackie Salmon at WG when confirmation was received towards the end of January to confirm whether this issue has any implications for WAST as this application was for a former employee of WAST and whether there are any implications that WAST need to be cited on for the production of the year-end financial accounts and potential Auditor opinions.

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

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

Yours sincerely



Navin Kalia
Deputy Director of Finance & Corporate Resources



Jason Killens
Chief Executive

Enc

cc:

Mr C Dennis, Chairman

Non-Executive Directors Executive Directors



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlaens Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	15
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – February 2023

MEETING	Trust Board
DATE	30 th March 2023
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance Mark Thomas – Commissioning & Performance Manager Nicola Quiller – Senior Commissioning & Performance Analyst
CONTACT	Hugh.bennett2@wales.nhs.uk Mark.Thomas12@wales.nhs.uk Nicola.Quiller@wales.nhs.uk

EXECUTIVE SUMMARY

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 **February 2023** (with the exception of sickness, where January 2023 is reported).

This report contains information on 26 key indicators. The indicators used at this high-level show an easing of system pressure in many areas and therefore improved quality and performance, but from a low base (December 2022). Overall the picture remains a poor one in terms of the quality and safety of the service that the Trust can provide to its patients.

RECOMMENDATION

Trust Board is asked to: -

- **Consider** the February 2023 Integrated Quality and Performance Report and actions being taken and determine whether:
 - a) The report provides sufficient assurance.
 - b) Whether further information, scrutiny or assurance is required, or
 - c) Further remedial actions are to be undertaken through Executives.

SITUATION

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **February 2023**.

BACKGROUND

2. This Integrated Quality & Performance Report contains information on 26 key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus:-
 - Our Patients (Quality, Safety and Patient Experience);
 - Our People;
 - Finance and Value; and
 - Partnerships and System Contribution
3. These four areas of focus broadly correlate with the Quadruple aims set out in ‘*A Healthier Wales*’.
4. As previously agreed, the metrics which form part of this committee/Board report will be updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust’s plans (Integrated Medium Term Plan - IMTP) and strategies. This annual review is complete and was endorsed at the July 2022 Finance & Performance Committee with a further annual review now planned for Q1 2023/24.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

5. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
6. **999** answering times have been challenged through significant increases in call demand through the year; however, in February 2023 the median and 65th percentile performance were good and the **95th percentile performance continued to stay at the three second answer** time, which had not been seen since May 2021. This is a very high level of performance. An Intelligent Routing Platform (IRP) was switched on in November 2022, which enables BT to re-route 999 calls between different ambulance services in the UK. These re-routed 999 calls accounted for up to 9% of the Trust’s daily 999 demand. This percentage continued to increase during December 2022 and on the 21 December 2022 it was suspended, which is a clear factor in the uplift in the Trust’s performance. The IRP has now been switched back on as a pilot; however, call volumes at present through this stream are low.

7. No additional funding was secured into 2022/23 for 999 call handlers (demand/relief gap 39 FTEs); however, plans are in place to review rosters to maximise utilisation of existing resource.
8. **111 call answering performance remains poorer** than the Trust would want. December 2022 saw unprecedented levels of demand and poor performance. Performance did improve in January and February 2023 to 34.8% and 28.7% respectively, but remains substantially off target (95%). Negotiations with commissioners earlier in the year suggested that the Trust has broadly the right number of commissioned and funded call handlers in post; however, there has been a recent agreement to uplift numbers by 10 WTE and work is ongoing to recruit these additional staff. Further work is required to reduce capacity lost through sickness absence, aligning capacity with demand and improving the efficient use of resource. A priority is now re-rostering 111, which will involve a further consideration of the required FTEs to meet demand.
9. **111 Clinical response:** whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls the Trust has **seen a significant improvement** in February 2023's P2 and P3 call back times, with performance being just shy of the 90% target. Recruitment and retention of clinicians remains a priority, with significant numbers of clinical vacancies. An urgent set of actions within a focused plan are now in place to increase clinician numbers. This includes the introduction of a new base for staff within the Cardiff area, a more focussed recruitment campaign and consideration of expanded numbers of clinical professions. The targeted establishment for 111 clinicians is 140 FTEs, but the staff in post is significantly below this currently. Discussions are ongoing with 111 commissioners and the Trust on 2023/24 111 clinician numbers.
10. **Ambulance Response** (safety / patient experience): the Red 8-minute response performance for February 2023 was 50.9%, an improvement when compared to January 2023, but still far below the target of 65%. The Amber 1 median was under one hour at 55 minutes (ideal 18 minutes) and the Amber 1 95th percentile was five hours 54 minutes. These long response times have a direct impact on outcomes for many patients. Actions within the Trust's control include:

Capacity:

- **Recruitment:** the Trust has received an additional £3m in 2022/23 which has allowed the Trust to recruit 100 FTEs over and above the existing establishment. The Trust expects to deliver most (+90 FTEs) of the additionality by the end of quarter four. Some additional funding has also been made available to pilot an Amber Virtual Ward in partnership with St John Cymru. The Trust has indicated to commissioners that further growth of 100 WTE could be possible if funding was secured next year.
- **Additional Unscheduled Care Service (UCS) Capacity:** the Trust has made additional funding available for third party capacity. Four vehicles a day, seven days a week have been secured with funding through to the end of the financial year.

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

- The Ambulance Response roster review completed its go live in November 2022. This has been a complex large-scale project involving 1,800 staff, 146 rosters, and 60 working parties. This will have had the equivalent performance impact of +72 FTEs. A project evaluation is planned for quarter four.
- A Managing Attendance Programme has been agreed with EMT, which includes seven work-streams. This is now live and being reported to EMT every two weeks).
- Discussions with trade union partners on a range of other potential workforce efficiencies have paused due to industrial action.

Demand Management

- The increase in Clinical Support Desk capacity has meant that the Trust has been able to increase its consult and close rate, achieving 14.2% in February 2023.

Red Improvement Actions

- The full roll out of the Cymru High Acuity Response Units (CHARUs). Recruit and training is being undertaken at pace with the aim to fully populate the CHARU rosters keys (153 full time equivalents -FTEs). The Trust is commissioned for 53 FTEs currently, so the 100 FTEs is an internal movement between the emergency ambulance roster and the CHARU rosters, not additional resource.
 - The clinical screening of Red calls. This is being undertaken within additional resource when possible, but ideally clinical screening, as previously modelled, would require additional FTEs.
 - A more efficient response logic. This is complex and is currently being worked through between the Clinical & Medical Directorate and Operations.
 - The modelling of the impact of these changes.
- 11.** One of the key factors in relation to response times is the capacity lost to handover outside Emergency Departments. 19,110 hours were lost in February 2023, a continued reduction compared to the +32,000 hours lost in December 2022; however, the levels are still so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss. Despite urgent and high-level discussions taking place between the Trust, Health Board CEOs and the Minister, required improvements have not been made. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus. Immediate Release figures for February 2023 were: Red 112 accepted and 5 declined; and Amber 176 accepted and 90 declined.
- 12.** Clearly, the on-going industrial action will affect quality and performance. The Trust has robust arrangements in place for managing industrial action (IA) days, health boards have increased their focus on hospital handover reduction and trade union partners have negotiated with the Trust on derogations for high acuity

incidents. Red performance has reduced on IA days, but the real impact has been seen in the Amber 1 category, with the median exceeding three hours on some days. Inevitably long waits in the Amber 1 category have led to a spike in severe/catastrophic harm reports.

- 13. Ambulance Care (formally NEPTS) (Patient Experience):** performance remains above target for enhanced renal patient arrivals prior to appointment (December 2022). Discharge performance declined to 79% (target 90%) caused by IA impact and the implementation of changes to the CLERIC software that supports the planning and management of NEPTS transport. Overall demand for the service continues to increase, although it has not yet recovered to pre-CoVID-19 levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of efficiencies and improvements, for example: improved procurement through the plurality model, aligning clinic patient ready times to ambulance availability, re-rostering (NET Centre and NEPTS transport) and addressing oncology performance. The Unscheduled Care Service (UCS), part of Ambulance Care, is currently being rebased via a modelling exercise.
- 14. National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported 12 NRIs to the Delivery Unit in February 2023, compared to five in January 2023; sixteen serious patient safety incidents were referred to health boards in February 2023. It should be noted that the relatively small numbers may represent a delay in referral across rather than an actual drop in numbers of serious cases. In February 2023 complaint response times remained low at 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. The Trust has put more capacity into the Putting Things Right (PTR), which has had a positive impact for the Legal Team and answering the PTR in-box, however, vacancies and the level of concerns continues to severely affect the team. The Trust is concerned for the welfare of the team, given the nature and volume of what colleagues are reviewing. Consideration is being given to what further support can be provided in terms of the team's welfare; and an organisational change process discussion is due to start in April 2023.
- 15. Clinical outcomes:** the Trust is unable to fully report on the performance of all clinical indicators whilst work continues to link ePCR with the Computer Aided Dispatch (CAD) and quality assure metrics. The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 76.56% in February 2023, 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) – criteria to define 'call to door' and a reporting dashboard were determined.
 - Q4 (Jan – Mar 2023) – the data will be tested internally to include data from April 2022.
 - April-June 2023 – approve for ASI reporting.

Our People (workforce resourcing, experience, and safety)

- 16. Hours Produced:** The Trust produced 105,568 Ambulance Response ambulance unit hours in February 2023. Emergency ambulance unit hours production (UHP) was 95% in February 2023, achieving the 95% target. CHARU UHP increased month on month to 86% in February 2023 (note this is 86% of the commissioned level, which is not the full roll out, which would halve this number). Key to the number of hours produced are roster abstractions, which remain above benchmark, but are reducing i.e. improving, and the completion of planned recruitment into the CHARUs and the 100 FTEs. It is important to note that the Trust is not fully funded for the CHARU service (52 FTEs v a modelled need of 153 FTEs).
- 17. Response Abstractions:** abstraction levels decreased to 36% in February 2023, remaining higher than the 30% benchmark, but reducing. EMS Response sickness abstractions stood at 10.22% in January 2023 (benchmark 5.99%).
- 18. Trust sickness absence:** the Trust's overall sickness percentage was 10.64% in December 2022 and improved to 8.94% in January 2023. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level.
- 19. Staff training and PADRs:** PADR rates did not achieve the 85% target in February 2023 (78.7%), compliance for Statutory and Mandatory training also dropped significantly below the target achieving 60.1%. The reasons for this decline in Statutory & Mandatory training are being reviewed with a possible reason being new courses.

Finance and Value

- 20. Financial Balance:** The Trust has reported outturn performance for February 2023 with a surplus of £12,000, and a forecast to the year-end of breakeven. At present the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit for 2022/23.
- 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. Dialogue between the Trust and TU partners on options for change has paused due to industrial action.

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 14.2% in February 2023, close to the Trust's 2022/23 IMTP ambition of 15%.
- 23.** The Trust **conveyed** 39% of patients to emergency departments in February 2023. This figure needs to be treated with caution as analysis shows that

conveyance rates are linked to pressures within the system and the application of the Clinical Safety Plan (CSP), which will trigger the Trust being unable to send ambulances to lower acuity calls, with many patients cancelling the ambulance due to the long response times. In February 2023, over 6,500 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 220 callers. In the longer term, as the Trust knows, the system needs to transform if it is to become more sustainable. A formal programme to take forward “inverting the triangle” has been established. The Trust has proceeded with growing the numbers of APPs in training. The current focus is on developing a “strategic case for change” and a stakeholder engagement process.

Summary

- 26.** The indicators used in this high-level report paint a continued poor picture in terms of the quality and safety of the EMS. 111 call answering rates remain problematic, but the clinician call back rates are above or close to target. Ambulance Care NEPTS performance is stable with the UCS being rebased through a modelling exercise. EASC, WG and the 111 Programme Board have been very supportive of the Trust through the pandemic, investing in a range of mitigations; however, funding for further initiatives is currently limited and is expected to worsen significantly in 2023/24. For 111 and Ambulance Care (NEPTS) the Trust can look to take a range of actions to optimise the balance between patient demand and capacity; however, for EMS and Ambulance Care (UCS) 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 and that further actions to shift patient demand left are supported.

RECOMMENDATIONS

Trust Board is asked to: -

- **Consider** the February 2023 Integrated Quality and Performance Report and actions being taken and determine whether:
 - a) The report provides sufficient assurance.
 - b) Whether further information, scrutiny or assurance is required, or
 - c) Further remedial actions are to be undertaken through Executives.

REPORT APPROVAL ROUTE	
Date	Meeting
29 Mar-23	Executive Management Team
30 Mar-23	Trust Board

REPORT APPENDICES	
Appendix 1 – Top Indicator Dashboard	

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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Monthly Integrated Quality & Performance Report

February 2023

Annex 1 – Top Indicator Dashboard





Section 1: Monthly Indicators / Top Indicators Dashboard

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Jan-23	Feb-23	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience						
NHS111 Abandoned Calls	< 5%	18.60%	16.0%	14.9%		R
999 Call Answer Times 95th Percentile	95% in 00:00:06	00:52	00:03	00:03		G
999 Red Response within 8 minutes	65%	55.2%	48.9%	50.9%		R
999 Amber 1 Median	00:18	01:10	00:50	00:55		A
Stroke Patients with Appropriate Care	95%	TBD	76.2%	76.6%		R
Acute Coronary Syndrome Patients with Appropriate Care	95%	TBD	42.3%	35.7%		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	74%	71%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	90.0%	78.6%		R
National Reportable Incidents reports (NRI)	Reduction Trend	5	5	12		R
Concerns Response within 30 Days	75%	61%	21.0%	24.0%		R

In-Month RAG Indicates =
Green: Performance is at or has exceeded the target (Indicates no action is required)
Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Jan-23	Feb-23	2 Year Trend	RAG
Our People						
Capacity						
EMS Abstraction Rate	29.92%	42.00%	39%	36%		R
Hours Produced for Emergency Ambulances	95%	95.0%	97%	95%		G
Health and Wellbeing						
Sickness Absence (all staff)	8.00%	10.48%	8.95%	-		A
EMS Operations Sickness Rates	8.00%	7.76%	10.22%	8.98%		A
Staff Turnover Rate	Reduction Trend	8.71%	10.69%	10.86%		R
Statutory & Mandatory Training	>85%	82.3%	76.51%	60.10%		R
PADR/Medical Appraisal	>85%	60%	79.1%	78.7%		A
Value						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%		G
Post-Production Lost Hours (EA, RRV, UCS)	Reduction Trend	9,128	9275	8057		A
Partnerships / System Contribution						
NHS111 Consult and Close	Increasing Trend	1,215	811	949		A
Combined 999 & NHS111 Consult & Close	15.0%	12.5%	14.9%	14.2%		A
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	11.92%	10.72%	10.05%		A
Number of Handover Lost Hours	25% reduction from Oct-21 position	15,955	23,525	19,110		R

Amber: Performance is at or within 10% of target (Indicates some issues/risks to performance (monitoring is required))
TBD: Status cannot be calculated (To Be Determined)





Our Patients: Quality, Patient Safety & Experience

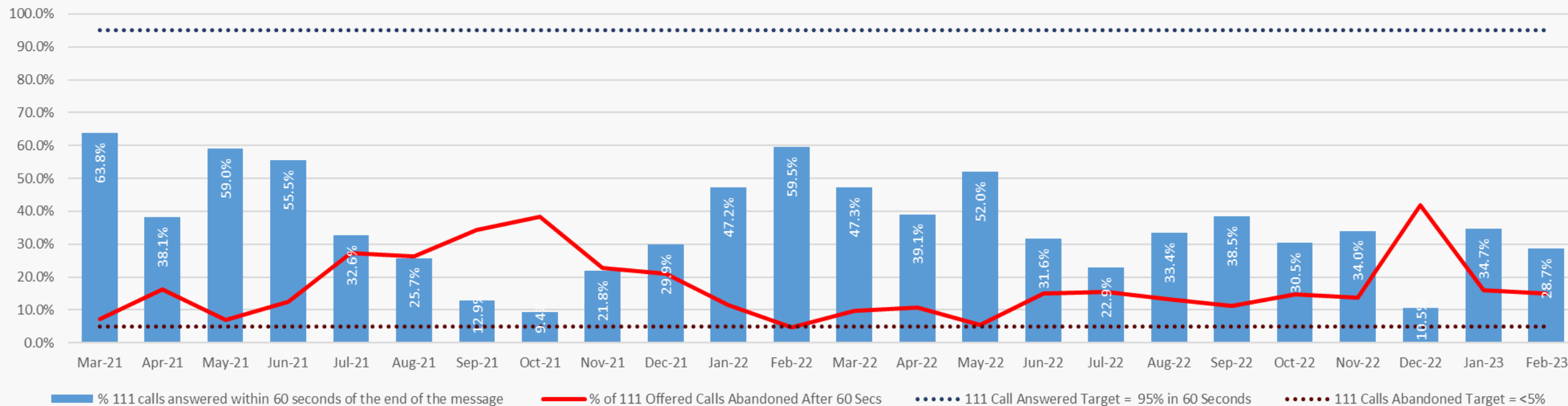
111 Call Answering/Abandoned Performance Indicators



Influencing Factors – Demand and Call Handling Hours Produced

NB: Feb-23 Abstraction data not yet published

NHS111 Calls Answered vs Calls Abandoned within 60 Seconds



Analysis

111 call abandonment is a key patient safety indicator for the service. February 2023 saw an abandonment rate of 14.9%, an improvement when compared to January 2023 (16%), but still failing to meet the 5% target.

The percentage of 111 calls answered within 60 seconds of the end of the message decreased in February 2023 to 28.7%. This was despite 111 call demand also decreasing when compared to January 2023.

Capacity (staff hours) has generally been increasing in line with planned roll-outs; however, this is impacted by sickness abstractions for Call Handlers (which includes COVID-19 Sickness). A significant reduction was seen in January 2023, with sickness absence levels falling to 11.28%.

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.

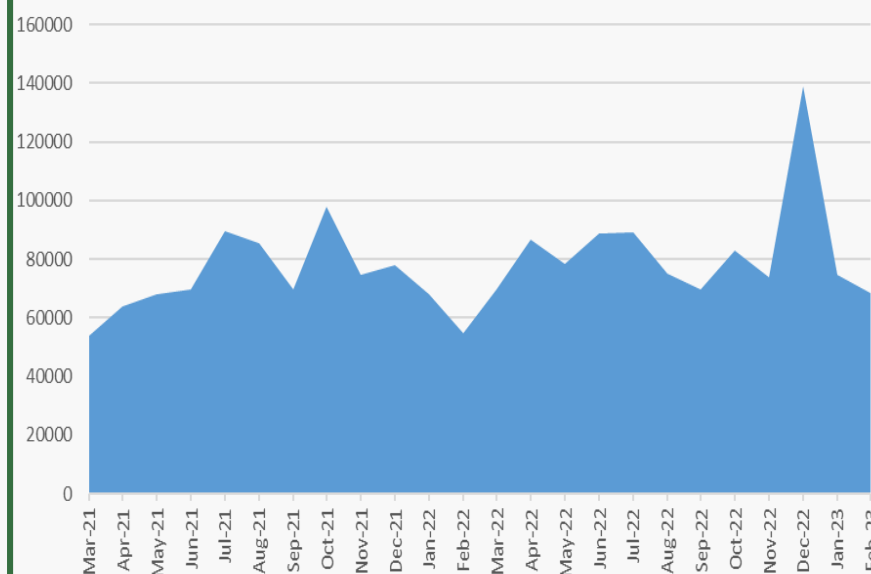
- Agreement has been reached with commissioners that 188 WTE call handlers will be funded this year. The Trust currently has a vacancy rate of 12.5 FTE. (data correct as of 16/02/23 and therefore subject to change).
- Work continues with sickness absence in line with the Trust's managing absence work programme to increase capacity.
- Work is underway to look at the rosters and ensure that capacity is aligned to demand and to try and even out performance through the week. A particular area of focus is to develop a new Resource Policy.
- 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.

Expected Performance Trajectory

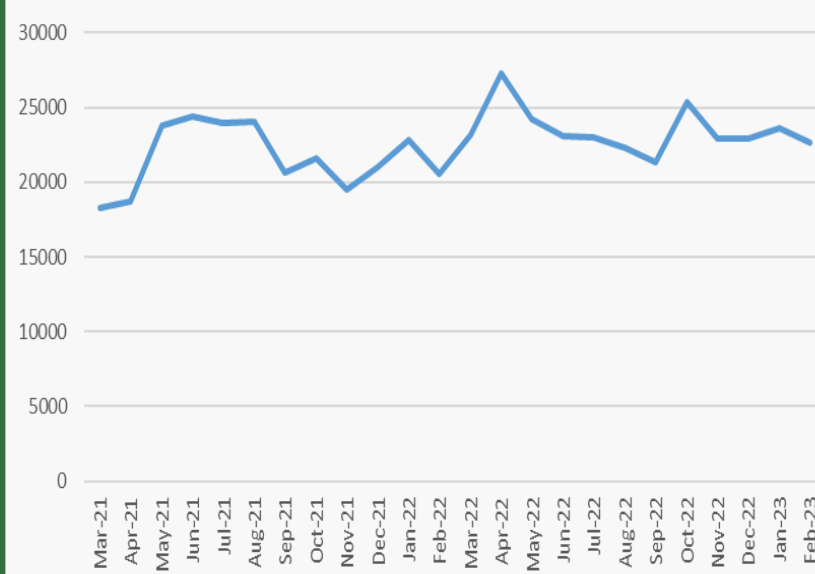
With call handler numbers broadly at commissioned levels call answering times will only be improved through improved efficiency gains (reducing sickness absence, re-rostering, reducing time for CAL line).

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

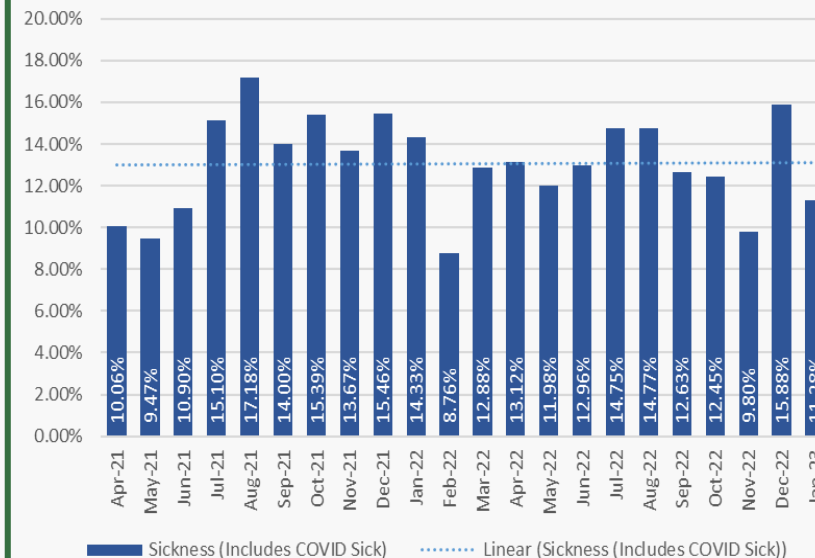
Total NHS111 Calls Offered



NHS111 Call Handler - Total Actual Shift Fill



NHS111 Call Handler Sickness Absence



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

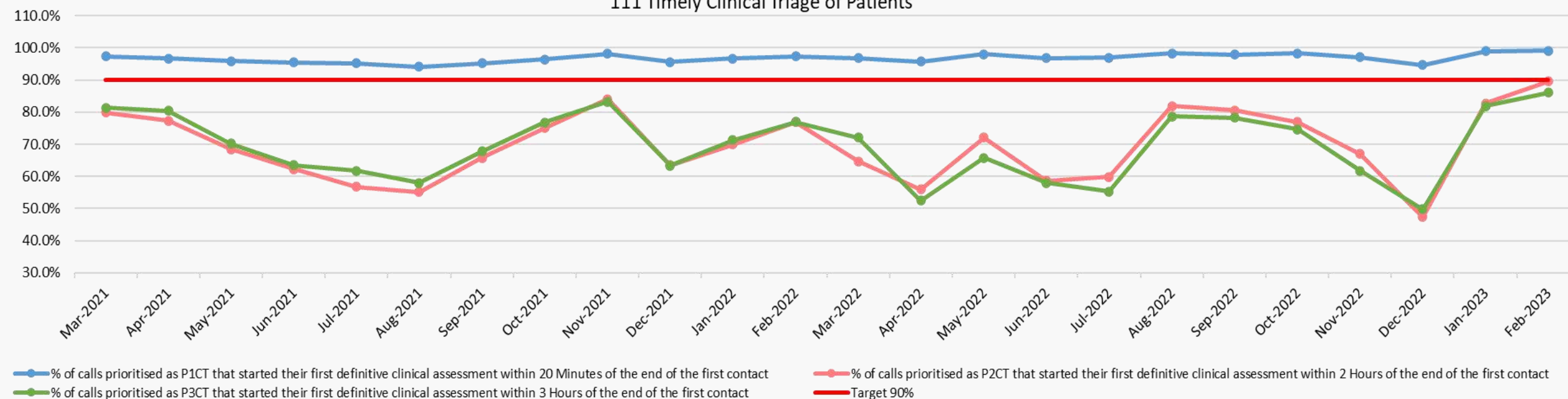
111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced



NB: Feb-23 Abstraction data not yet published

111 Timely Clinical Triage of Patients



Analysis

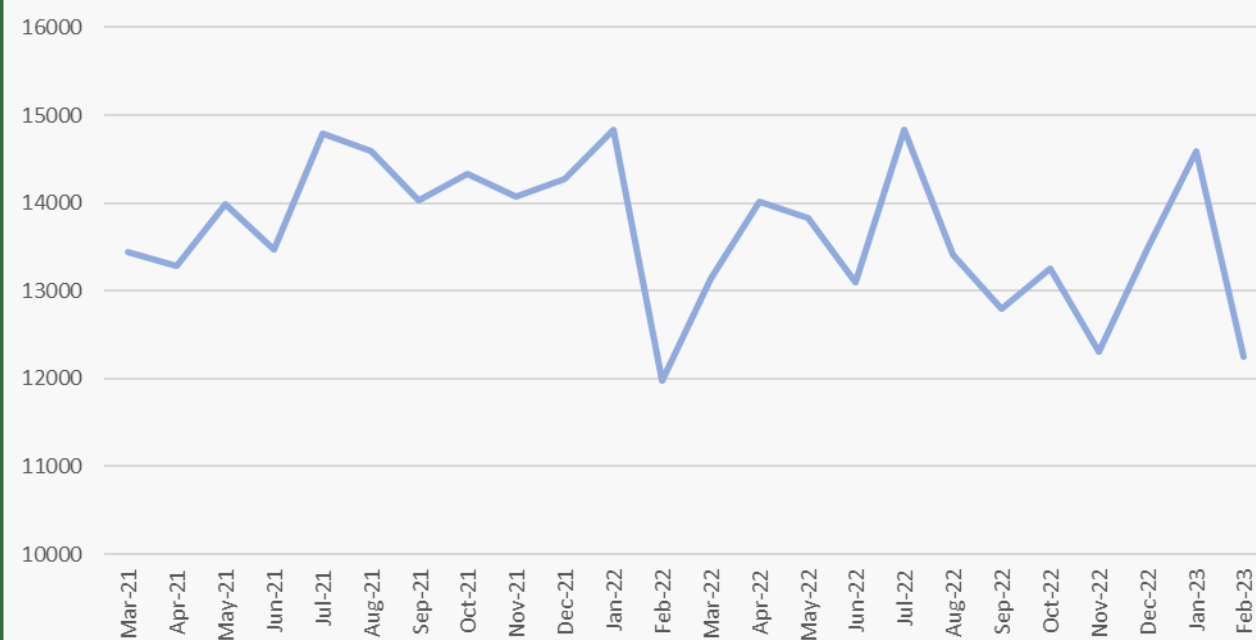
The performance of 111 calls receiving a timely response to start their definitive clinical assessment saw an increase across the priorities. The highest priority calls, P1CT, continues to achieve the 90% target (which it has done for the past 2 years), with the figure for February 2023 increasing to 99.1%.

For lower category calls (P2CT & P3CT) the figures were just shy of the 90% target, with P2CT achieving 89.5%. Following unprecedented levels of demand in December 2022 (138,782), call volumes have since reduced, with the February 2023 figure being 68,284.

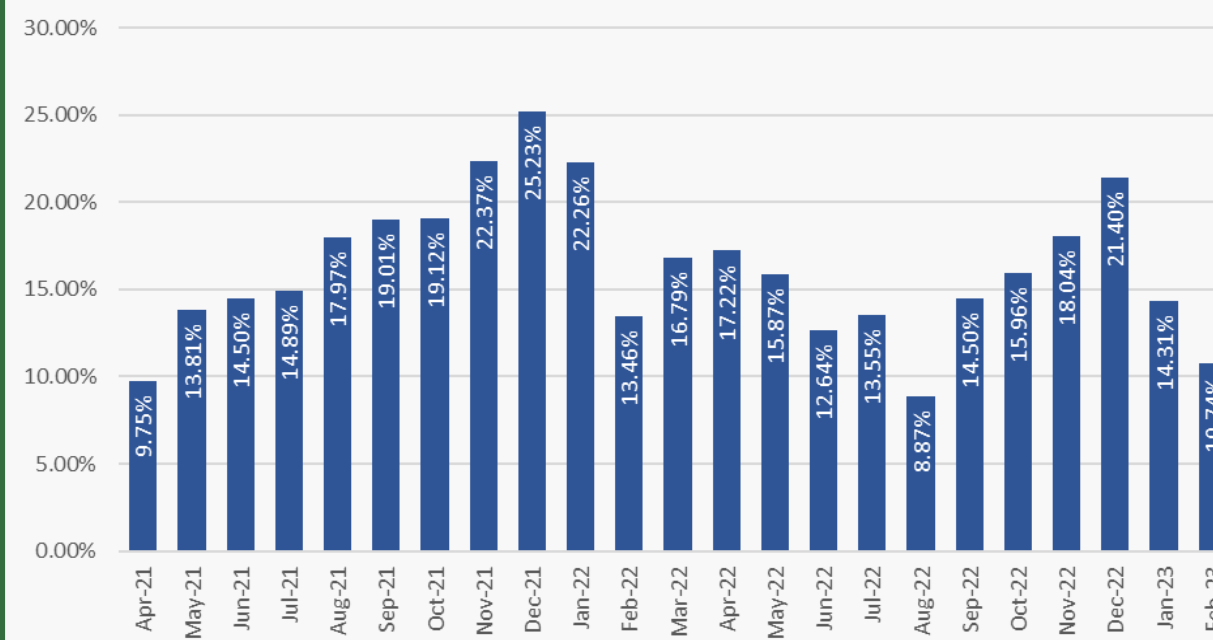
Recruitment and retention of clinical staff continues to be a key issue.

12,243 hours were filled by clinicians in February 2023 a decrease when compared to 14,588 in January 2023, but slightly impacted by the shorter month. Clinician sickness absence decreased from 14.31% in January 2023 to 10.74% in February 2023. In the last 12 months the turnover rate for 111 staff was 5.16% and for nursing & paramedic staff 5.36%. (data correct as of 16/02/23 and therefore subject to change).

NHS111 Clinicians - Total Actual Shift Fill



NHS111 Clinician Sickness Absence



Remedial Plans and Actions

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

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

Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

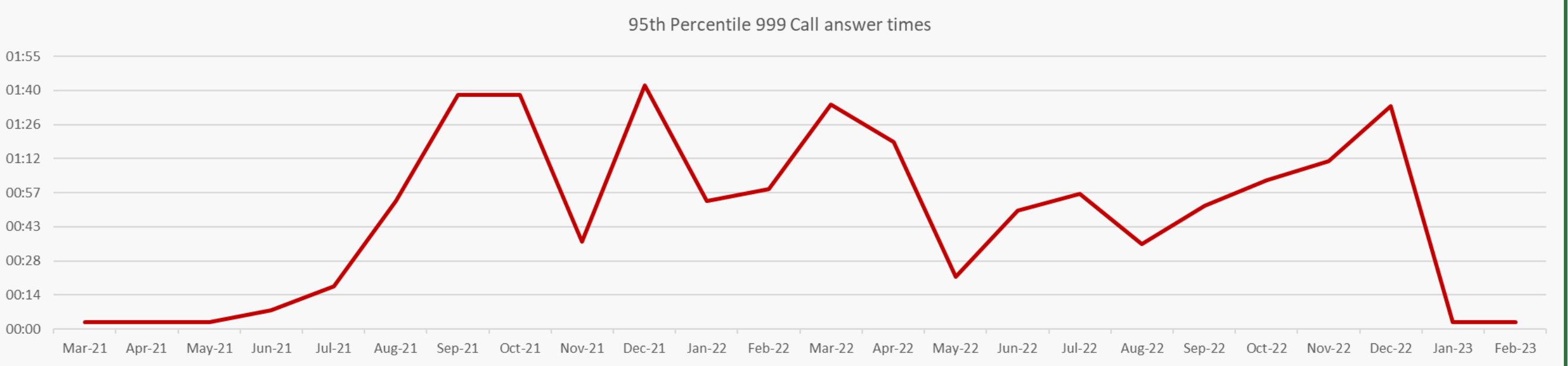
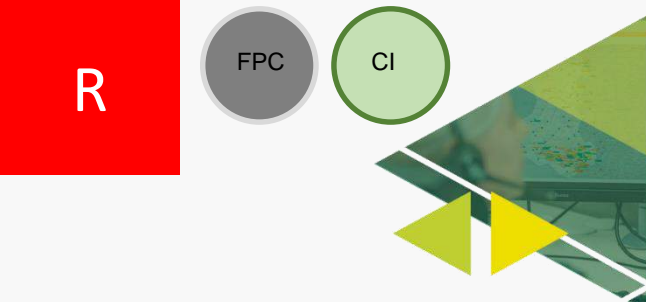
Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

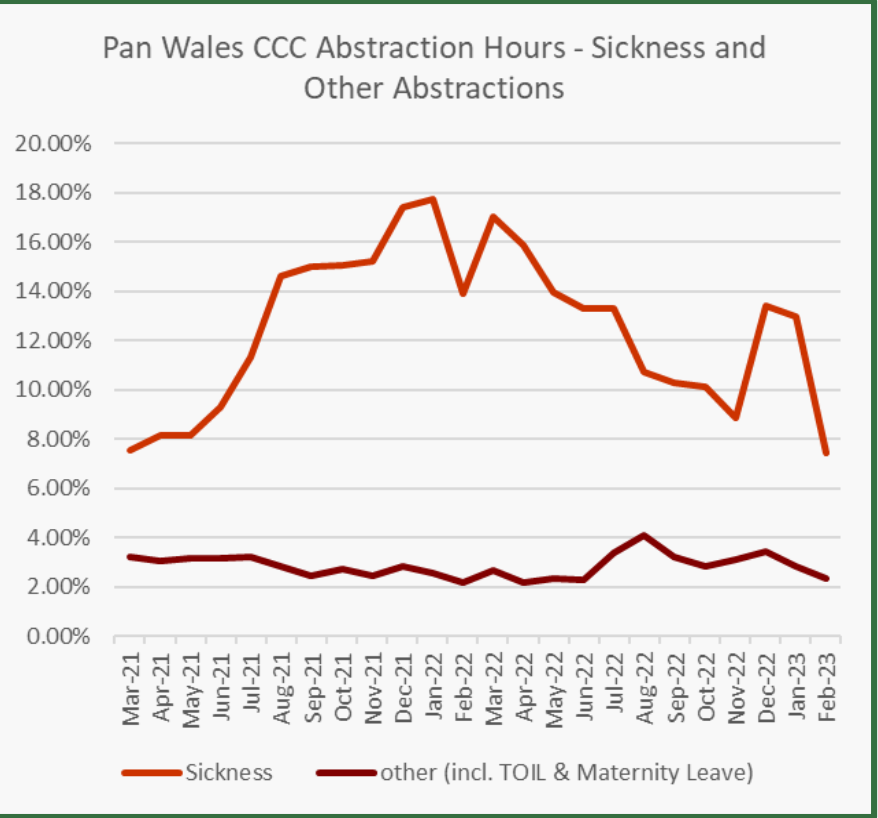
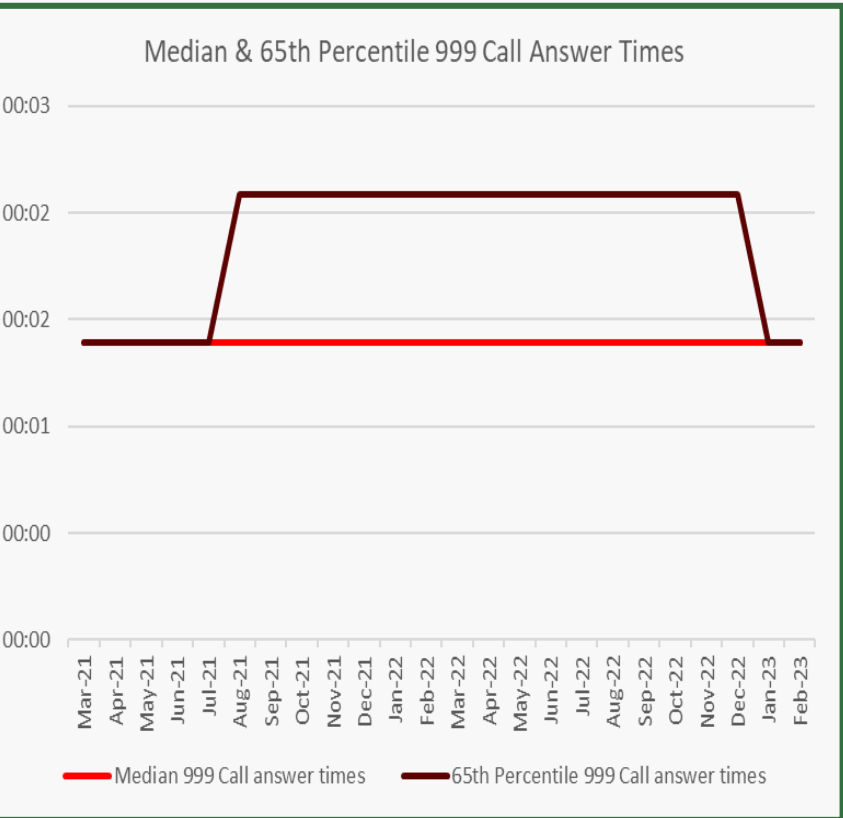
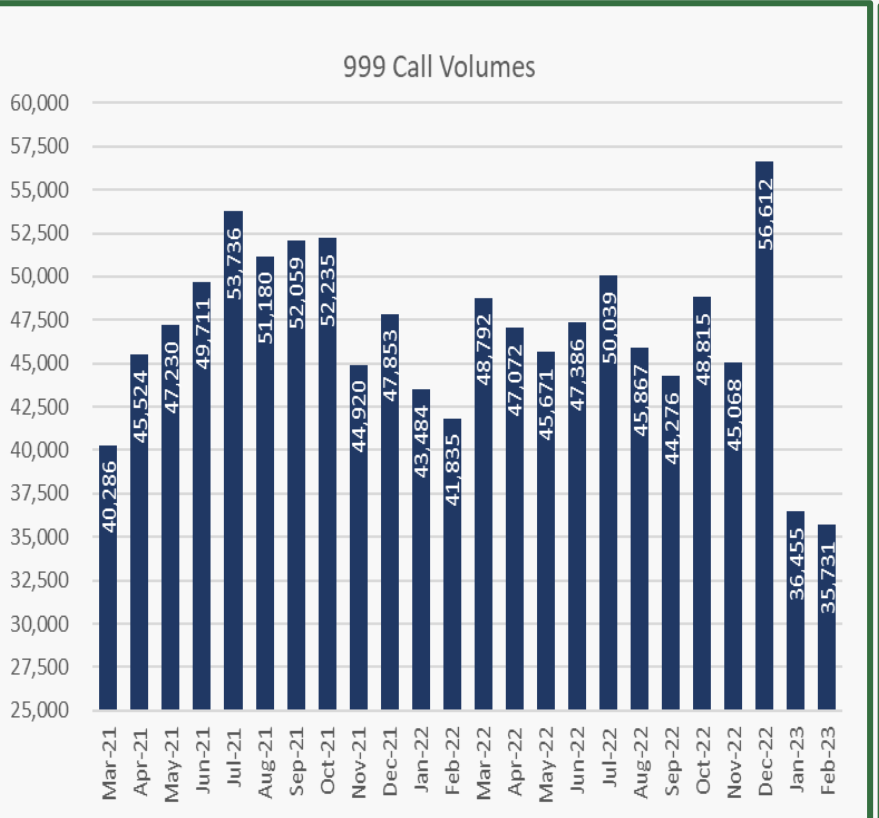
Influencing Factors – Demand and Hours Produced



Analysis
The 95th percentile 999 call answering performance remained at 3 seconds, which is a significant, and sustained improvement, when compared to the 1 minute 34 seconds seen in December 2022. This is the first time since May 2021 that the Trust has been operating within the usual 3 second answer time.

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

The Trust received 35,731 emergency 999 calls in February 2023, a further slight decrease from the 36,455 received in January 2023, although the shorter month would have had an impact on that figure. February 2023 also saw a continued decrease in sickness absences, in line with the planned trajectory, with the figure now below 8% for the first time since March 2021.



- Remedial Plans and Actions**
- EMS Coordination meet twice weekly to review demand profiles and align staffing levels appropriately.
 - No additional funding is available this year to increase numbers of call handlers.
 - Increased pressure and sustained levels of 999 demand is impacting on staff attrition and wellbeing.
 - EMD FTE is currently 111.34 against a funded establishment of 111.76
 - Intelligent Routing Platform is now in operation following configuration changes
 - Additional EMD training cohorts are scheduled for May start dates with further recruitment scheduled for September.

Expected Performance Trajectory
January and February performance met required targets for % answered in 6 seconds. March is also on target to achieve the required target.

Re-introduction of IRP has had minimal impact on performance. Industrial Action has impacted performance with the lowest performing dates coinciding with Joint IA dates

Future performance levels will be dependent on stable demand and sufficient capacity.

There remains a 39 FTE relief gap and an unfunded proposal for a revised management structure.

Any changes to the GUH transfer model for step up workload may have an unforeseen implication for funded EMD capacity.



(Responsible Officer: Lee Brooks)

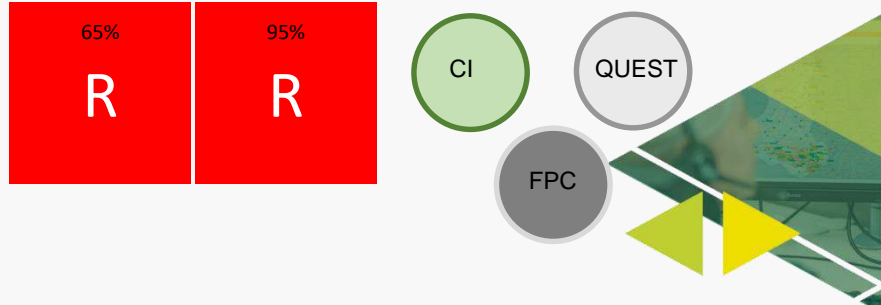
Welsh Ambulance Services NHS Trust



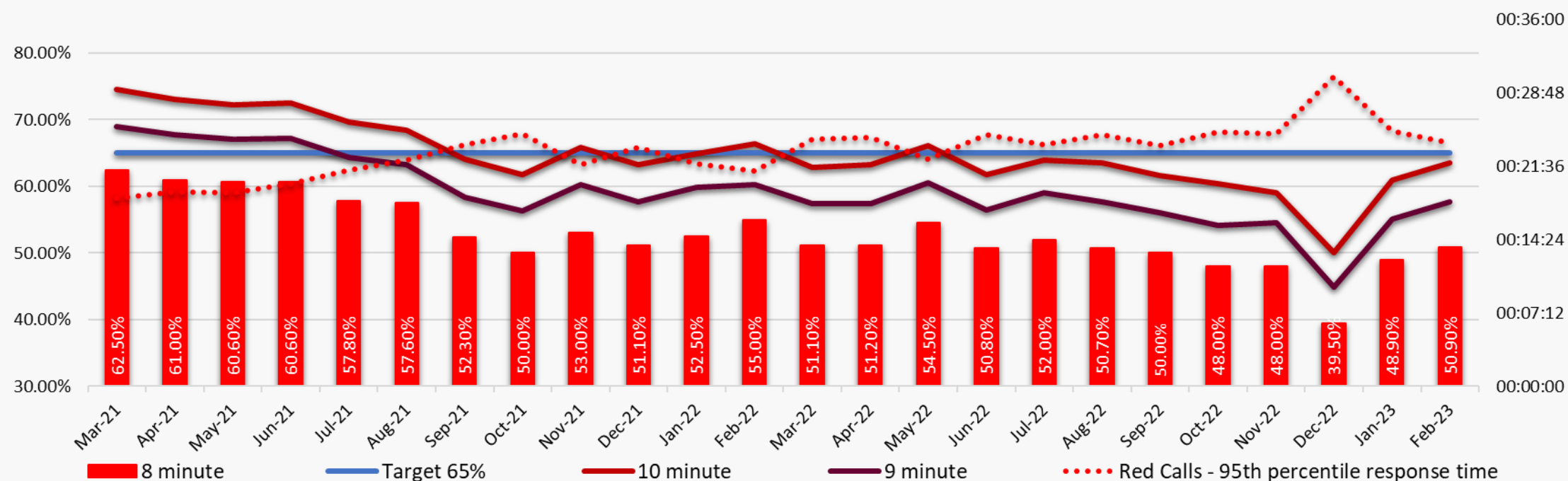
Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



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



Analysis

Red performance improved in February 2023, with Red 8 minute performance achieving over 50% for the first time in six months; however, it still remains below the 65% target; which has not been achieved since July 2020. Although there was variation between the health boards, none of the seven achieved the 65% target. Red 10-minute performance was 63.5% in February 2023, which was continued improvement from the 60.9% seen in January 2023.

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

Red demand over the past 2 years had seen a steadily increasing trend, which was outside of normal expected variation, and was impacting upon response times. This reached a peak in December 2022, with demand recorded at 5,961, but has declined over the past two months, with the figure for February 2023 being 3,697. Although this is an improving picture, demand remains above levels recorded for the same period last year.

The lower centre graph demonstrates the correlation between overall Red performance and hospital handover lost hours. After peaking at over 32,000 lost hours in December 2022, this area also shows an improving picture, with the lost hours figure for February 2023 being 19,110. This is the lowest figure recorded since September 2021, and may indicate that reduction plans are beginning to have a positive impact; however, these levels are still extreme and continue to have an impact on overall service.

There are other factors which affect Red performance, including additional time taken to don level 3 PPE to Red calls relating to some respiratory disease/issues. Industrial Action days will also affect performance.

Remedial Plans and Actions

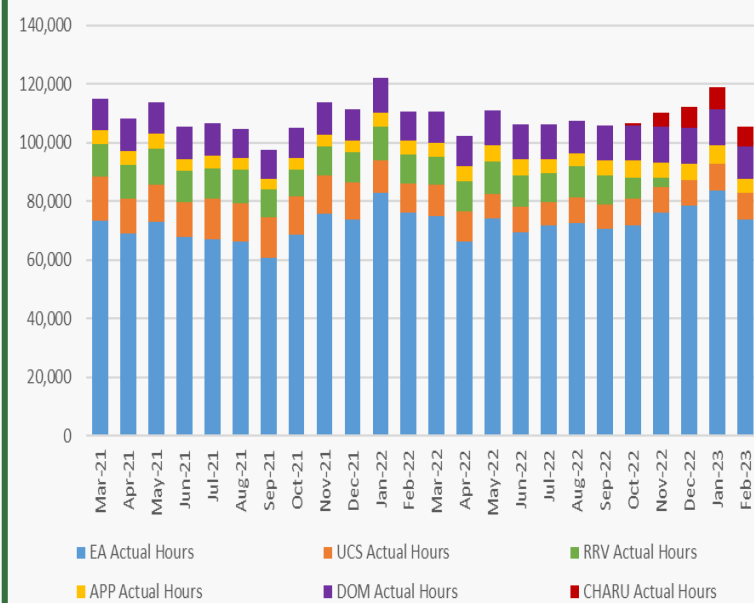
The main improvement actions are:

- Increase capacity where funded - recruitment of 100 FTEs, EMTs and ACA2s during 2022/23 (off target by end of Jan 2023, but +90 expected to be delivered by the end of Mar 2023);
- Full roll out of the Cymru High Acuity Response Unit (CHARU);
- Potential changes to the response logic and clinical screening of calls;
- Reduce hours lost through sickness absence via managing attendance programme – trajectory for improvement in place as part of IMTP (8% by Mar-23 attainable);
- Health Board handover reduction plans are in place;
- Improving efficiency; the role out of new Response rosters provided the equivalent of 72 WTE additional staff (action complete);
- A clinical review of Red demand using ePCR data (initial findings reported to EMT);
- Tactical responses linked to escalation including: clinical managers responding, DOMs responding, targeted overtime on demand hot spots(actioned);
- Modelling of full roll out of Same Day Emergency Care (SDECs) by health boards and further modelling on Red improvements (completed). Further iteration of Red modelling being worked on.

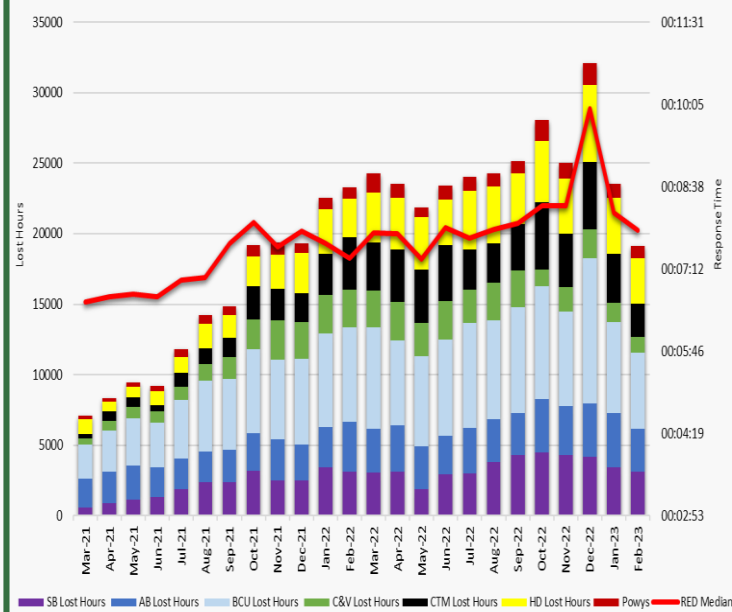
Expected Performance Trajectory

Further modelling is currently being undertaken on the impact of various remedial actions, in particular, full roll out of CHARUs, improved management of Red demand and reduced handover. Another factor in future trajectories will be the impact of continued industrial action.

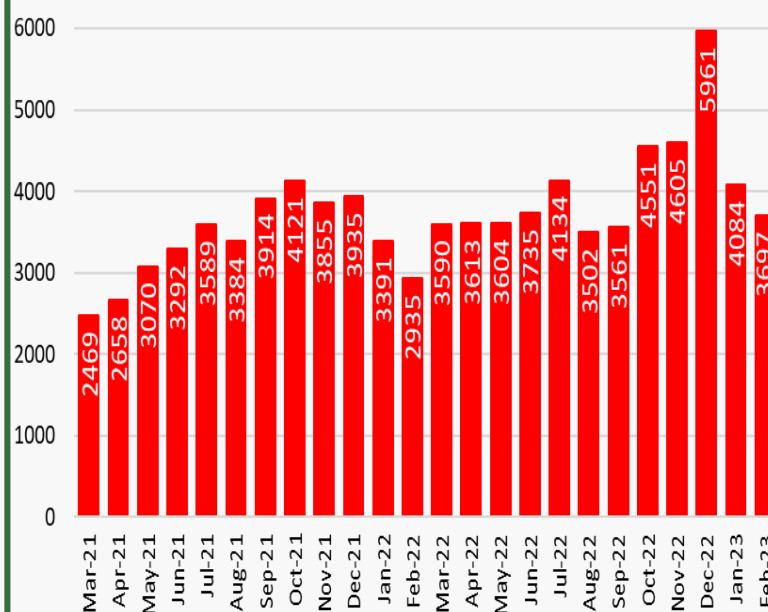
Total EMS Actual Hours Produced



Red Median Response Times Against Lost Hours to Notification to Handover Delays



RED Demand



NB: Data correct at time of abstraction



(Responsible Officer: Lee Brooks)

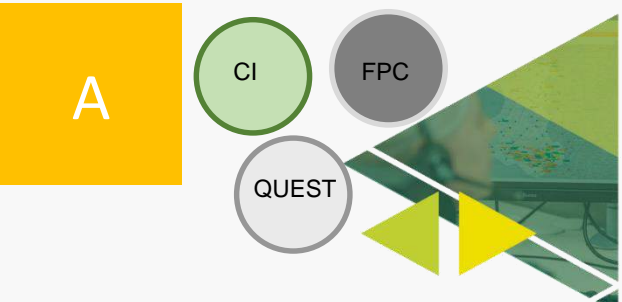
Welsh Ambulance Services NHS Trust



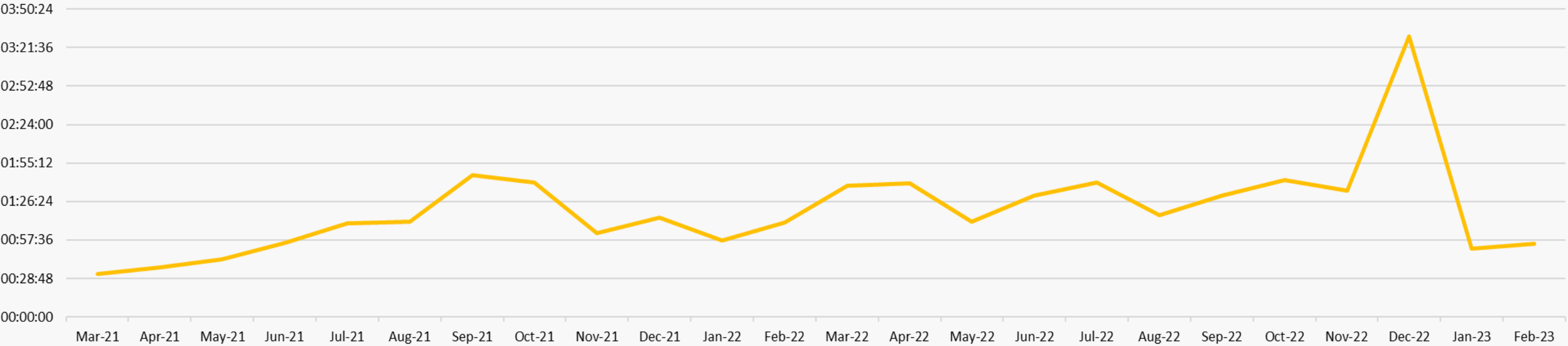
Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



Amber 1 - Median Percentile



Analysis

Following significant improvement in the Amber 1 median response time for January 2023, it worsened slightly in February to just over 55 minutes. The ideal Amber 1 median response time is 18 minutes. The Amber 1 95th percentile has continued to fall, and was under 6 hours for the first time since August 2022 (the ideal is 40 minutes).

There were still some very long patient waits in February 2023, with 389 patients (all categories, not just Amber) waiting over 12 hours; although this is a significant reduction compared to December 2022 (2,064), and is the lowest number reported since July 2021.

Amber demand decreased further in February 2023 to its lowest levels for 2 years, following a larger decline in January 2023.

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

Remedial Plans and Actions

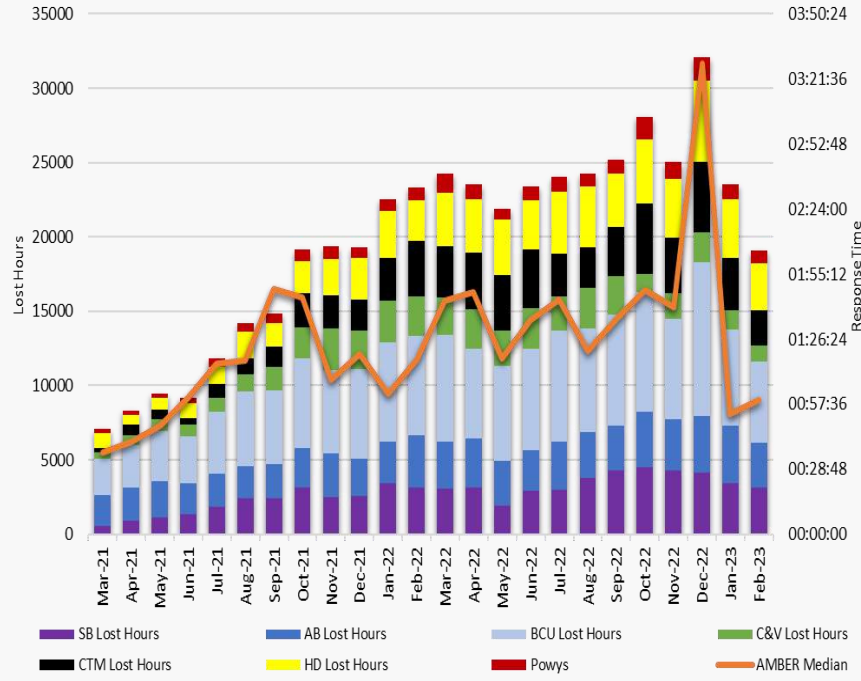
The Trust carefully monitors long response times and their impact on patient safety and outcomes. The Trust supplies regular information to the CASC and EASC; and from November 2020 the Trust began producing monthly quality, safety & patient experience (QSPE) reports for each health board. The actions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

Expected Performance Trajectory

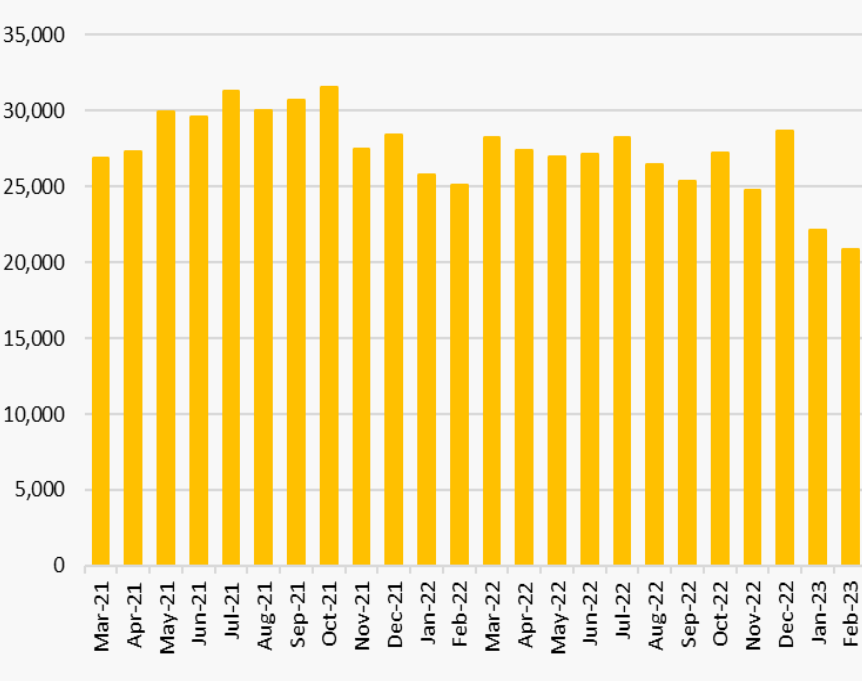
The EMS Operational Transformation Programme is the Trust's key strategic response to Amber. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments and system efficiencies, not all of which are within the Trust's control.

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

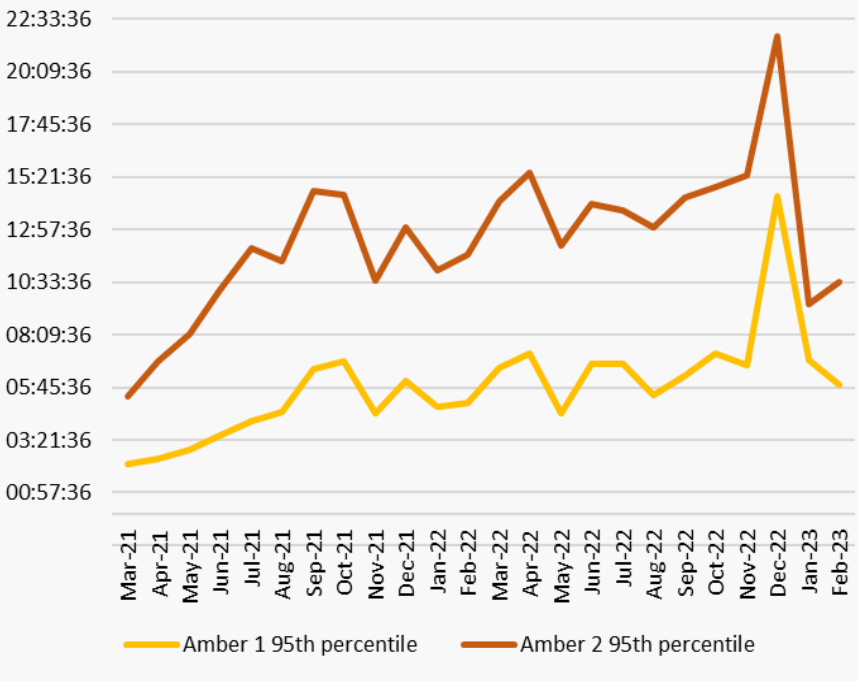
Amber Median Response Times against Lost Hours to Notification to Handover Delays



Total Verified AMBER Demand



Amber 1 & 2 - 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

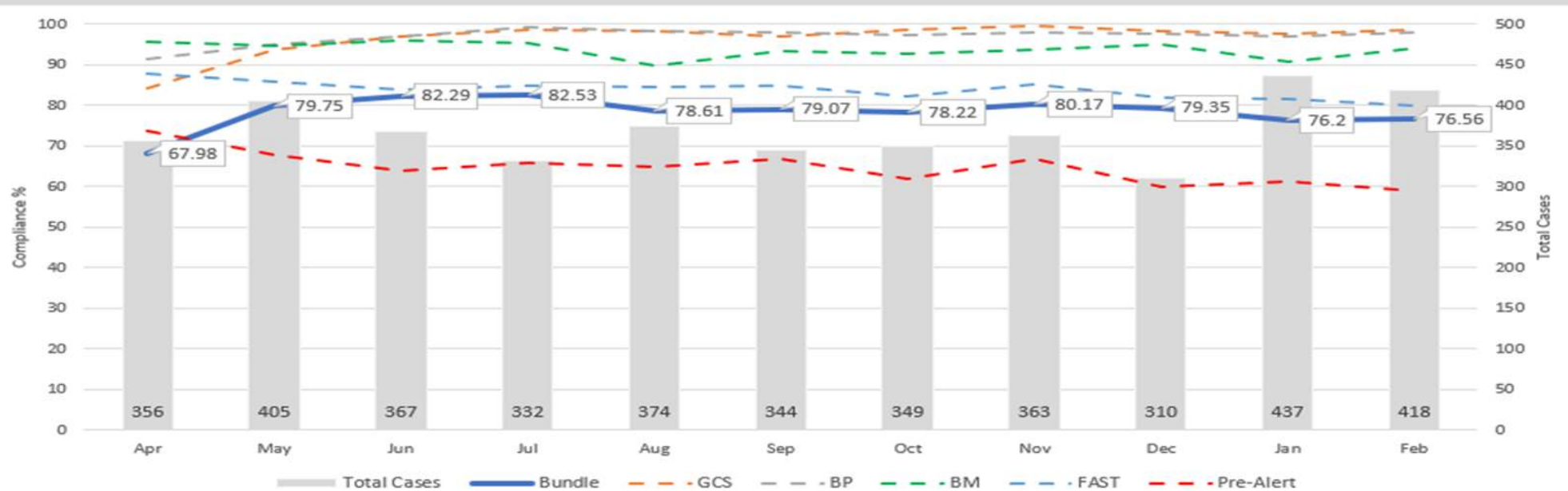
Stroke/Hip Fracture/Hypoglycaemic.
R

Self Assessment:
Strength of Internal Control: Moderate

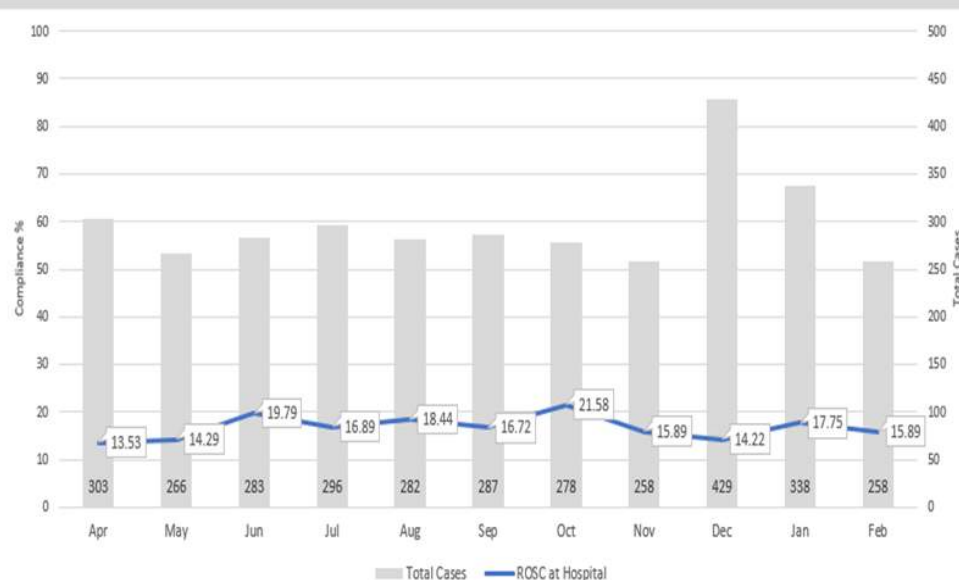
QUEST



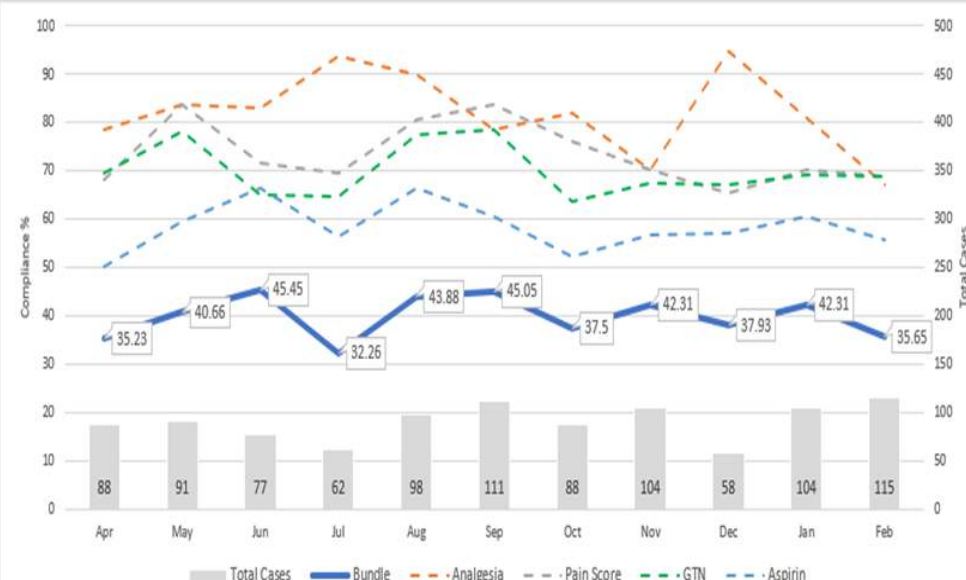
STROKE



Return of Spontaneous Circulation (ROSC) at Hospital



ST Elevation Myocardial Infarction (STEMI)



Analysis

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

It is likely that as the system continues to embed within clinical practice, that users are still getting used to an adjusted workflow and data points might be missed. An improvement approach has been taken and a series of 'Top Tips' posters have been circulated and specifically shared with Senior Paramedics to support their conversations with WAST clinicians as part of the ride-out process. This is based on deep dive quality assurance audits conducted for each of the CIs and reported through the Clinical Intelligence Assurance Group prior to approving publishing CI data as Ambulance Service Indicators to EASC. In addition, the deep dive quality assurance audits are contributing to recommending improvements that can be made to the ePCR user interface to enable better data capture in future versions of the application, change requests have been submitted to Terrafix and are being processed.

Remedial Plans and Actions

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

New agreed indicators for this year (commissioning intention) include:

- (1) Call to door time for STEMI and Stroke and;
- (2) Reporting on Outcomes (by response type).

There is a lot of work required to agree and then report on these indicators:

Q3 (Oct – Dec 2022)

(1) Discussions commenced between the CIAT/HI/NCCU to define 'call to door' and 'at hospital' for the STEMI & Stroke time-based metrics. The various data points available are not always consistently available for all calls so options on the best approach will be discussed and decided on at the CIAG.

(2) Establish initial requirements with the NCCU for Reporting on Outcomes (by response type), this may be by staff grade, patients conveyed or not conveyed. Initial consideration is to use Stroke and #NOF data.

Q4 (Jan – Mar 2023)

(1) Work continued with CIAT/HI/NCCU to decide on the most appropriate data points, taking into consideration those used by English Ambulance Trusts to look at potentially comparing like-for-like data.

HI have produced sample data (December 2022) for discussion at CIAG which has representation from the NCCU.

Review potential data points for use as test data/discussed with NCCU.

Test reporting with initial data points/discussed with NCCU.

Q1 (Apr - Jun 2023)

(1) Agree criteria and reporting format for STEMI and Stroke time based metrics.

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

Approve time based metrics for ASI reporting.

(2) Submit sample data (December 2022) to CIAG for the Reporting on Outcomes (by response type).

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

Expected Performance Trajectory

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



(Responsible Officer: Andy Swinburn)

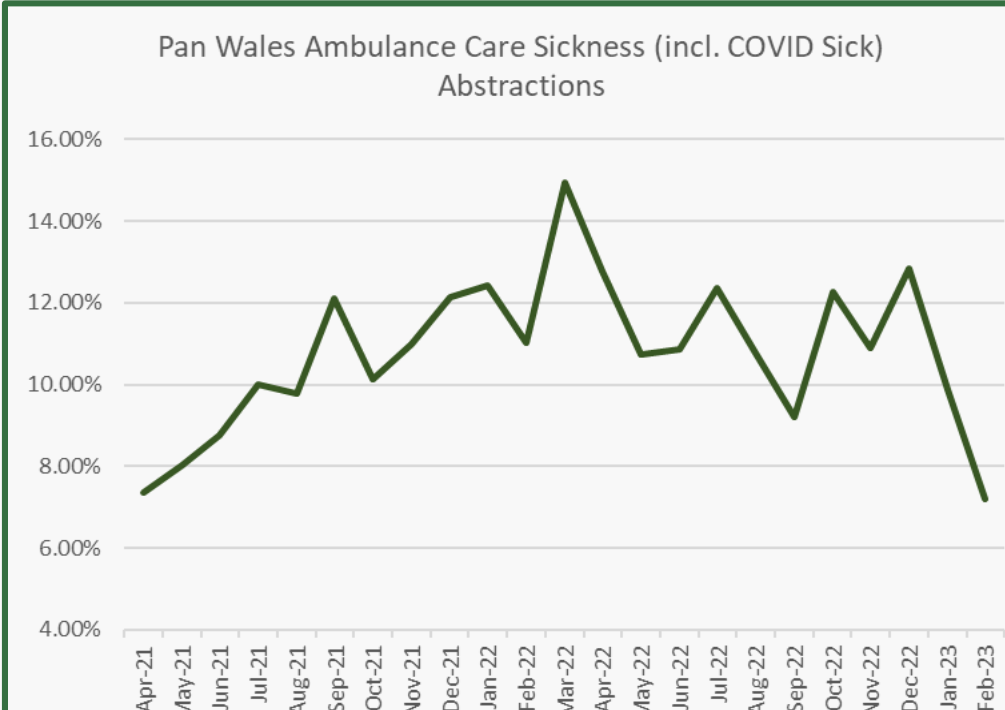
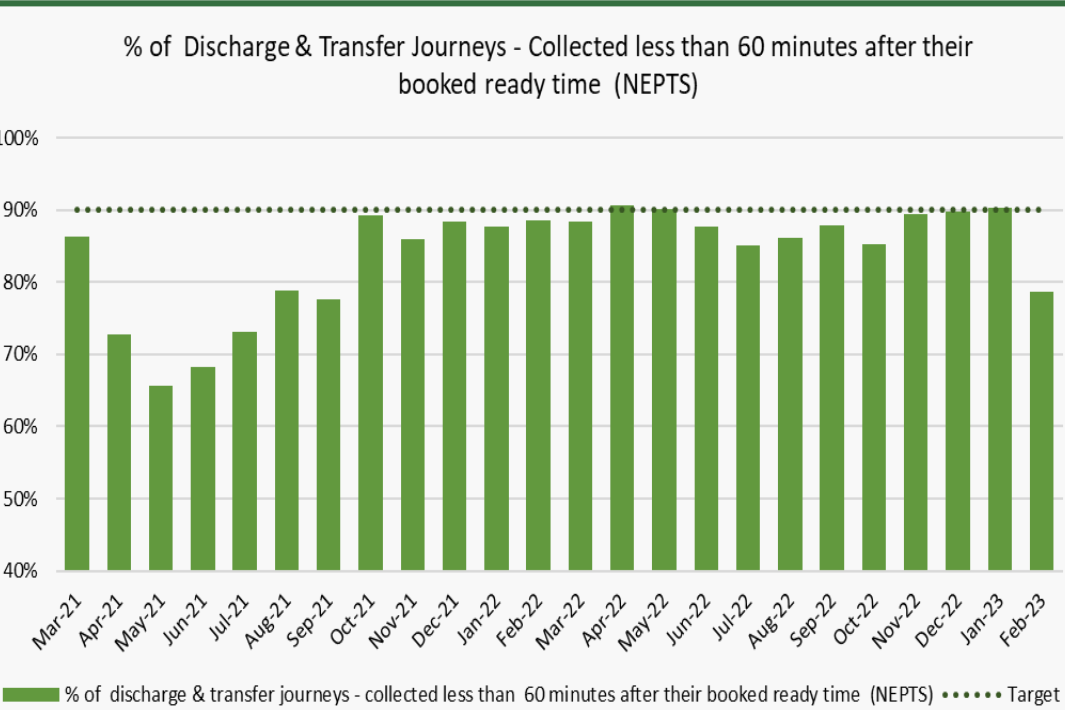
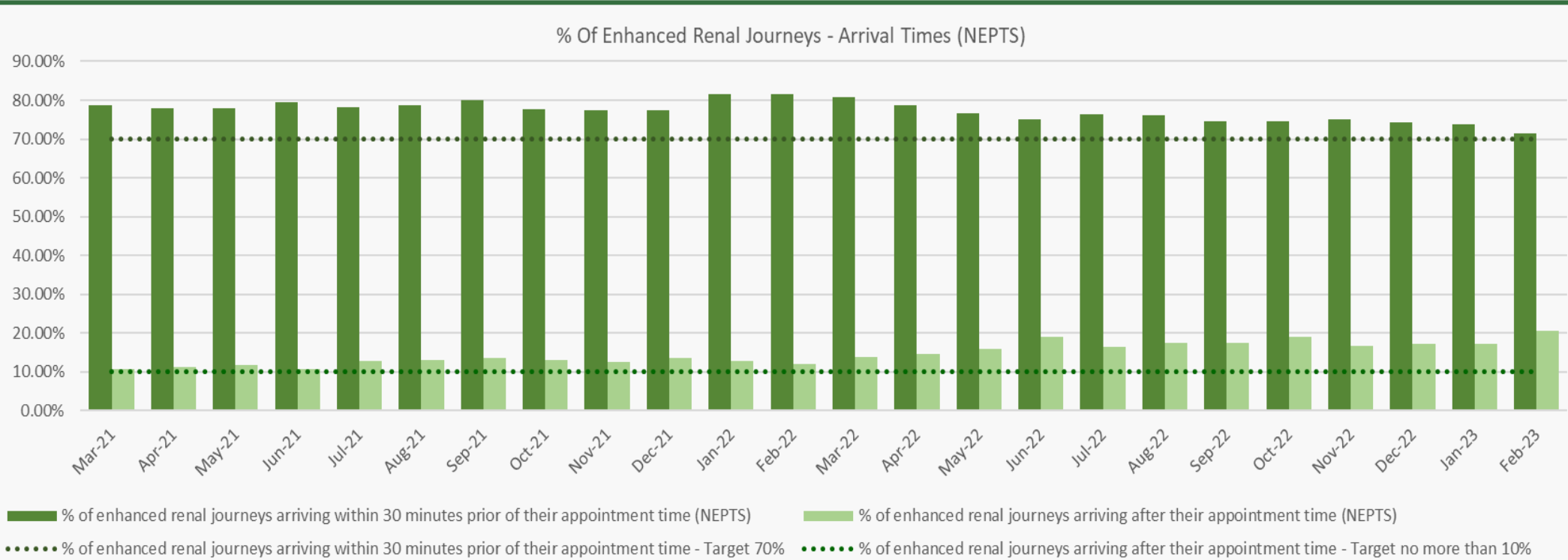
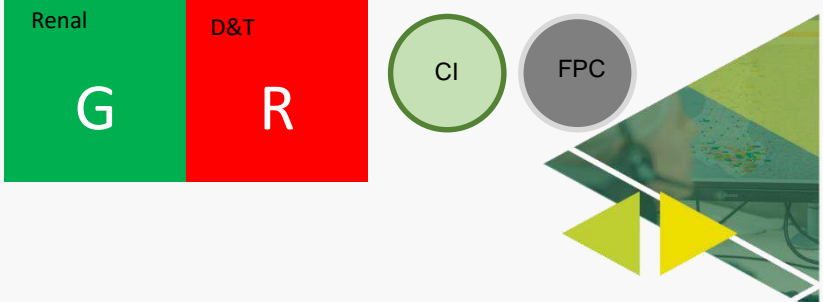
Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Ambulance Care Indicators

Patient Experience



Analysis
Ambulance Care (NEPTS element) performance has deteriorated slightly during February 2023. 71.4% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target, but down slightly on the previous month and presenting as the lowest figure over the reporting period.

79% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, which is the first time in four months that the 90% target has not been achieved.

Key factors affecting these indicators are demand and capacity:

- Overall demand has been increasing since the initial reduction at the beginning of the pandemic, but 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.
- Days of continuing Industrial Action have adversely affected the Trust’s capacity during the past few months.
- The NEPTS CAD updated has also temporarily affected performance.

Remedial Plans and Actions

- D&C Project: currently awaiting feedback from tests of change for revised roster keys. Once received, the draft PID will be completed. Aim was to deliver by Nov-22, but delayed linked to escalation levels.
- NEPTS Operational Improvement: Discharge Lounge trial restarted on 21st November; however, HB operational pressures have brought the very brief start to a halt. WAST will again be engaging with BCUHB to establish a trial to be completed in the face of escalation. WAST may need to look at another HB to trial.
- Transfer and Discharge Service: work is in progress with regards to the modelling (ToR created and data collection almost complete with weekly project call now in place). Aim is to have the modelling complete by year end.
- Transport Solutions: Training of Health Boards for the online booking system was completed in December 2022, and going forward telephone bookings from HCP’s will no longer be accepted. A position paper on eligibility is being created and has been discussed with NCCU with the view of then sharing with WG.
- NEPTS CAD Upgrade: second penetration (PEN) test took place on 28th November and all identified issues were rectified. The scheduled go live has been postponed twice now due industrial action dates and has been rescheduled with the go live day being the 31st January 2023.

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



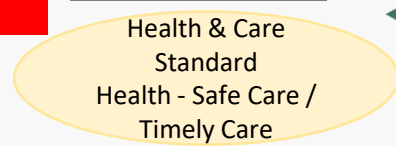
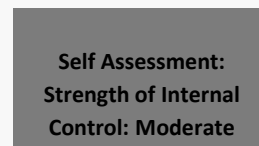
(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

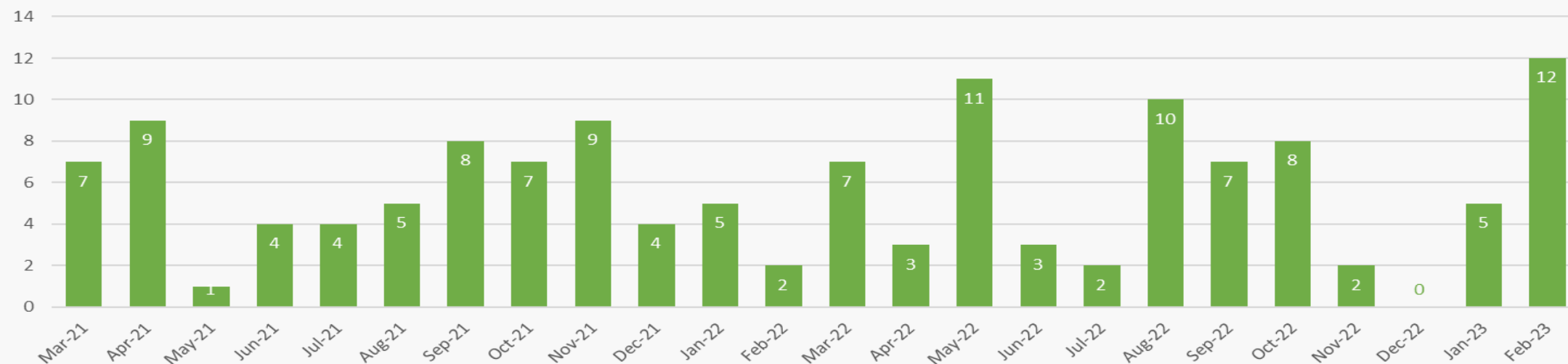


Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Patient Concerns Responses Indicators



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



Analysis

The percentage of responses to concerns in February 2023 increased marginally to 24% against a 75% target. Several factors continue to affect the Trust's ability to respond to concerns, including, a rise in the number of inquests, continuing volumes of Nationally Reportable Incident's (NRIs) and timely response to requests for information from key parties. The number of total concerns continues to decrease with 67 complaints being received in February 2023.

Six Serious Case Incident Forums (SCIF) were held during the month and 51 cases were discussed. Following discussion 12 serious patient safety incidents were reported to the NHS Wales Delivery Unit and 16 cases were referred to HBs for investigation under the Joint Investigation Framework. The Trust did not receive any referrals from Health Boards under the Joint Investigation Framework during the period.

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

In February 2023 there were no NRIs relating to Red calls, 2 relating to Amber calls and 1 in relation to Green calls. There were 9 NRIs prioritised as Amber that should have been red. As reported earlier, in February, 389 patients waited over 12 hours for an ambulance response, a continued reduction month on month, also a reduction when compared to 614 in February 2022, but an increase compared to 41 in February 2021.

The cases within the Complex Case Panel and Redress figures, indicate the number of cases within the reporting period, where the Trust has potentially breached its duty of care to the patient. In January 2023 there were 45 open redress cases; 4 cases have been re-opened to undertake CRU appeals. Actions with the complainant/patient/family have been concluded.

36 Compliments were received from patients and/or their families in February 2023, a decrease compared to the previous month (56).

Remedial Plans and Actions

A range of actions are in place:-
Recruitment, redeployment and assessment of workload and where to best place resources continues corporately and within the EMS Co-ordination Team. An organisational change process is planned across the putting things right functions early in 2023/24.
Delayed community response (Risk 223) and handover of care delays at hospitals (Risk 224) are the two highest rated risks on the Trust's Corporate Risk Register (both rated 25) and include detailed mitigations and current actions.
The Joint Investigation Framework pilot (to replace the 'Appendix B' process) continues to have good engagement from system partners overall.
Immediate improvement actions following the SCIF include education and training for individual staff, updates to operating procedures and circulation of bulletins to share learning and provide updates.
The Trust submitted the quarter 3 complaints return to Welsh Risk Pool on 03.03.2023 which was validated and subsequently forwarded to Welsh Government in line with reporting requirements on 06.03.2023. The key strategic action is the EMS Operational Transformation Programme.

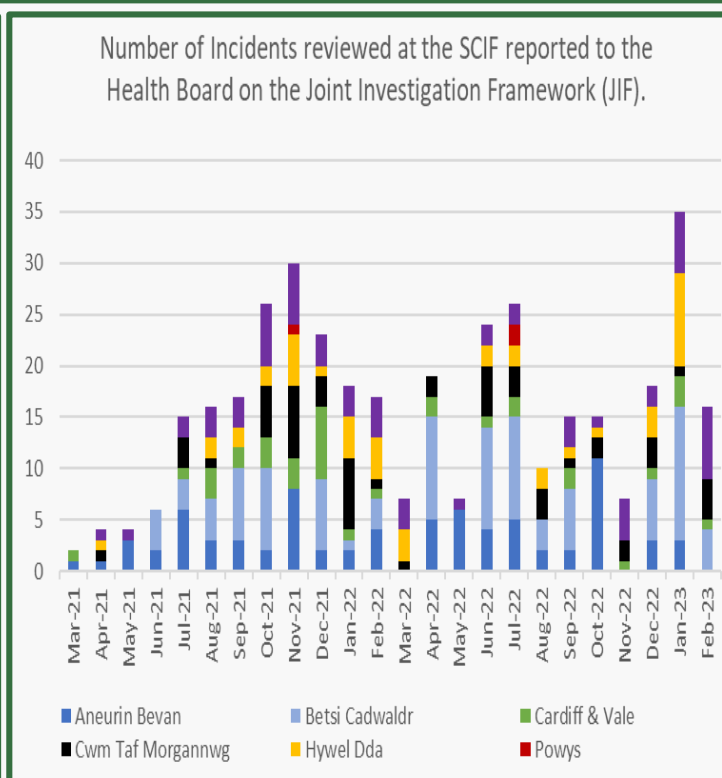
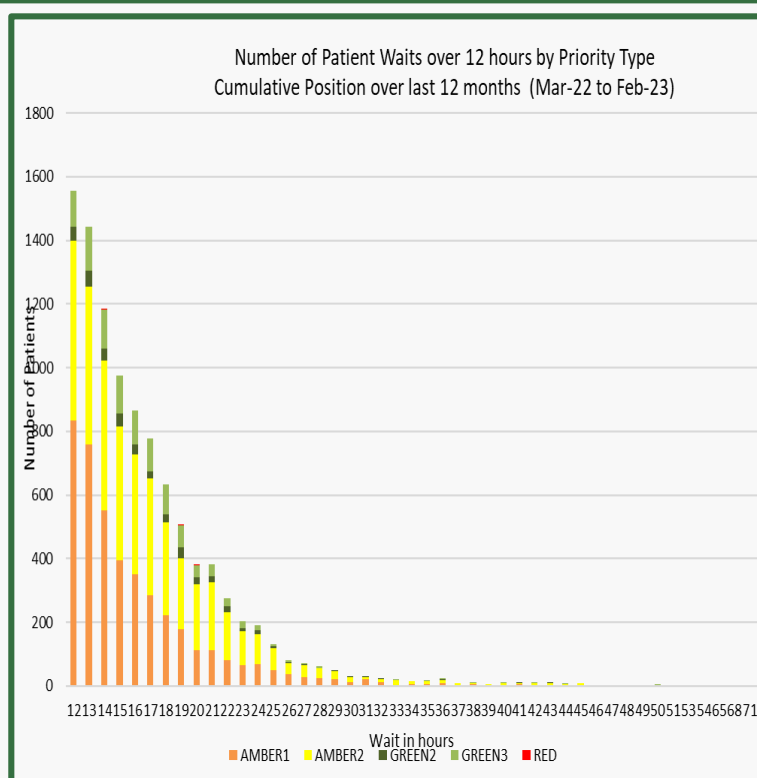
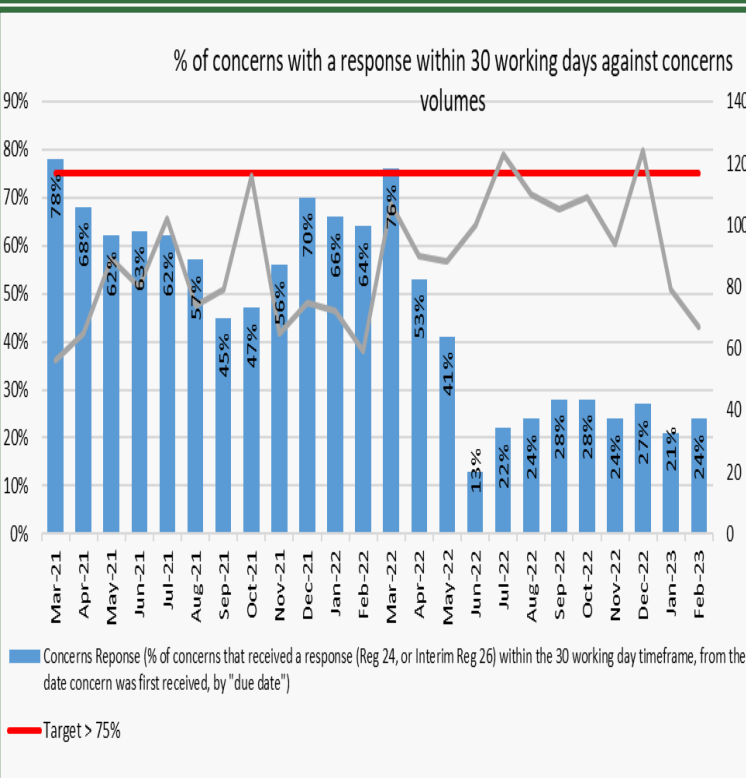
Expected Performance Trajectory

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

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

***NB: Complex Case Review will always report 1 month in arrears**

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



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Patient & People Safety Indicators

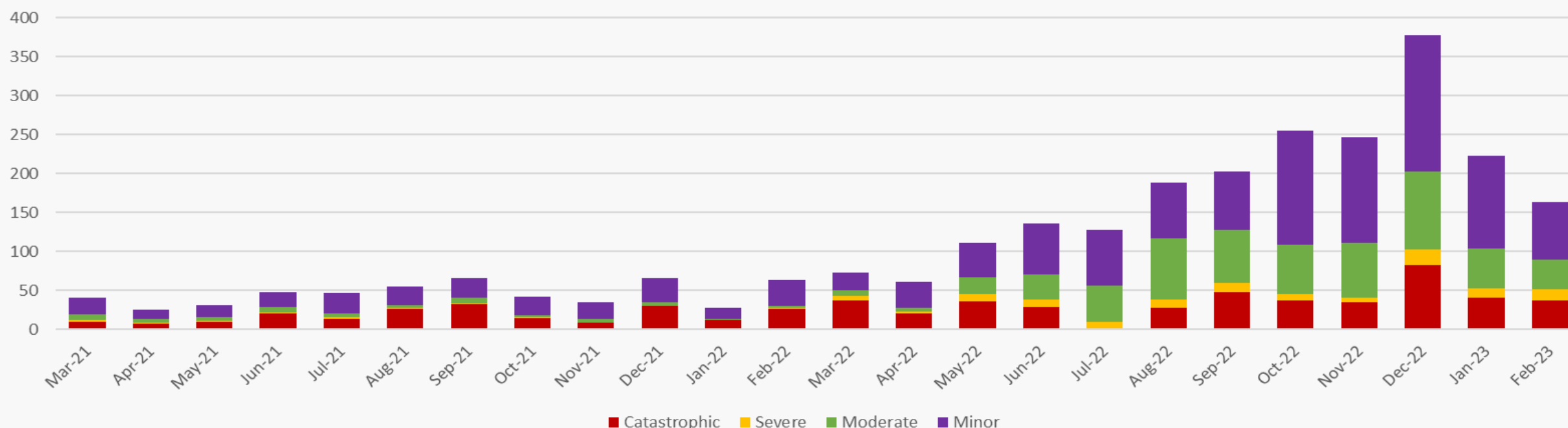
Self Assessment:
Strength of Internal
Control: Moderate

PCC

Health & Care
Standard
Health – Safe Care



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



Analysis

The number of patient safety adverse incident volumes submitted on Datix Cymru via frontline crews, health boards, the Operational Delivery Unit (ODU) and EMS Co-ordination Centre during February 2023 decreased to 266 when compared to 394 in January 2023. The 266 reports relate to incidents where the outcome for our patients was:

- No harm or hazard – 103
- Minor harm – 74
- Moderate harm - 38
- Severe Outcomes - 14
- Catastrophic - 37

Once cases are investigated and any improvement actions / learning is identified by the Patient Safety or Clinical Team, (or for instances where serious harm has occurred referred to the Serious Case Incident Forum (SCIF) for review) they are closed. 245 cases were closed in February 2023. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

Remedial Plans and Actions

Workload for all members of the Putting Things Right team has increased during the current pressures resulting in a backlog of PTR concerns. Additionally, during periods of escalation and industrial action members of the team have been undertaking roles outside of their usual PTR functions.

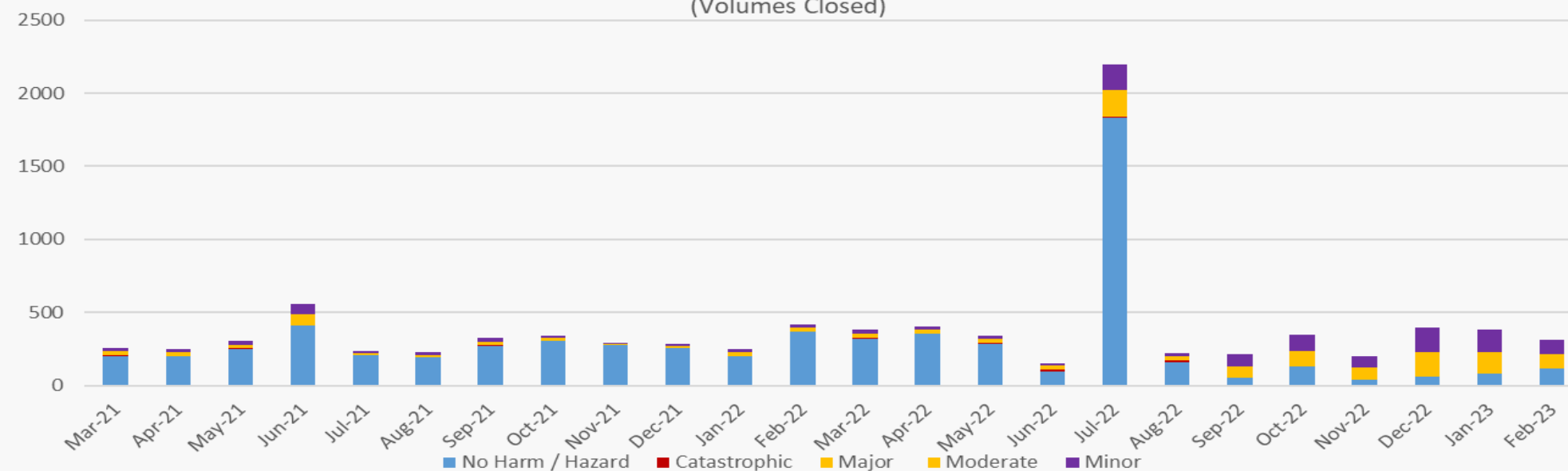
An organisational change process is planned which will consider our local and national priorities and resources to meet the needs of our patients and families.

Expected Performance Trajectory

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

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

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



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

Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Coroners, Mortality and Ombudsmen Indicators

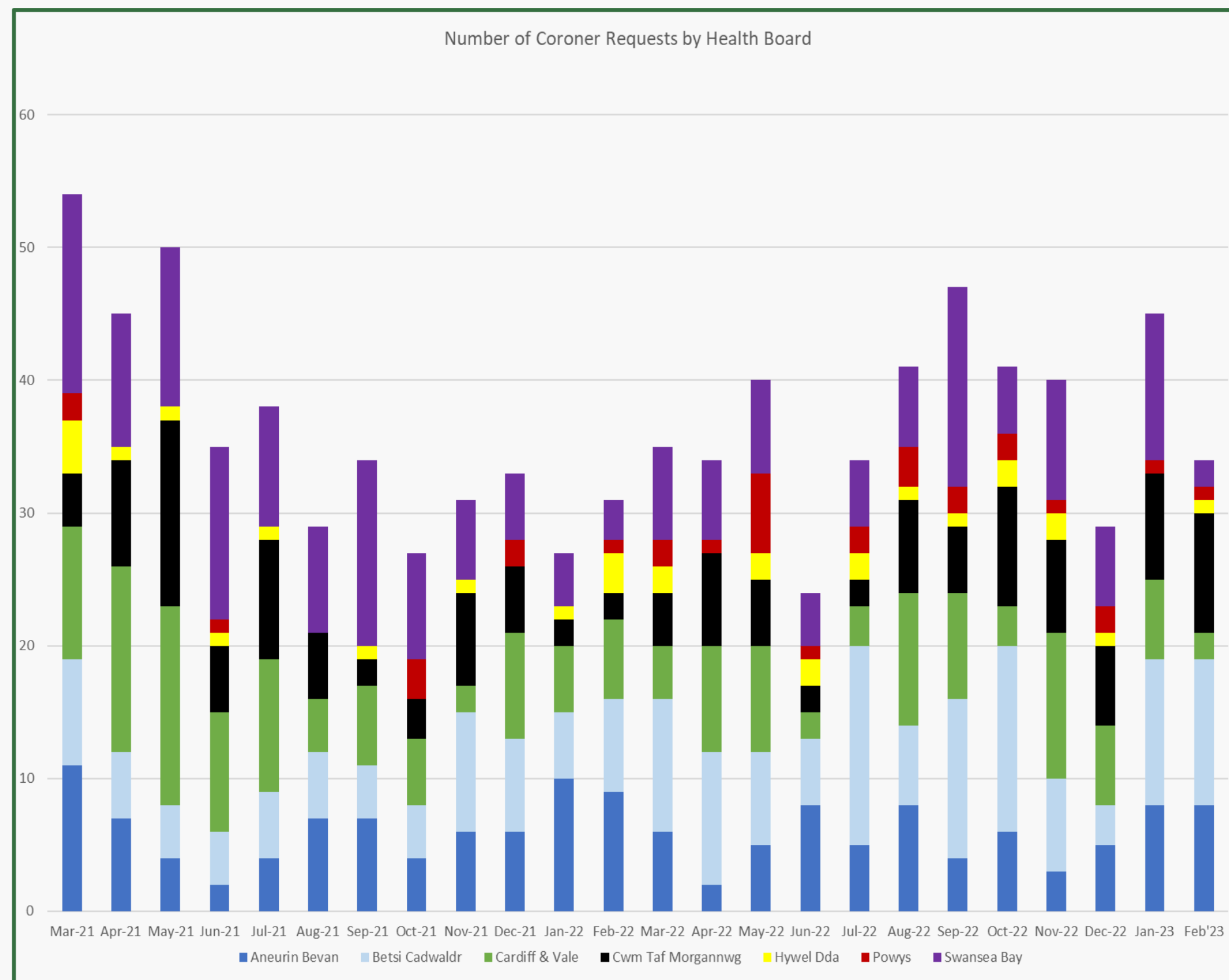
Coroners
Self-Assessment:
Strength of Internal
Control: Moderate

Mortality
Self-Assessment:
Strength of Internal
Control: Moderate



Health & Care
Standard
Health – Safe Care

Number of Coroner Requests by Health Board



Analysis

Coroners: The number of in month requests continues to be higher than pre pandemic. The increased numbers continue and have now become the 'new normal', rather than the exception. The Trust has received a further Regulation 28 this month and these do appear to be increasing in number. During 2022 the Trust received 6 Prevention of Future Deaths reports; it has received two already this year.

At the end of February 2023 there were 437 claims open; these relate to Personal Injury (80 Claims); Personal Injury - Road Traffic Accidents (52 Claims), Clinical negligence (122 claims); Road Traffic Accident (170 claims) and Damage to Property (13 claims).

Ombudsman: There are currently 14 open Ombudsman cases in February 2023. At present cases are not being investigated, which supports the Trusts actions.

Mortality Review: The Trust continues to participate in Health Board led mortality reviews as appropriate, with attendance from the patient safety team and clinical colleagues. Data and information is also provided by the Trust as required to the Medical Examiner Service (MES) to inform their reviews of deaths in acute care. To date the Trust has not received any requests to undertake a Level 2 mortality review of patients in our care under the new processes in place across NHS Wales. Currently the focus of MES is undertaking mortality reviews in the acute care setting and the plan is for all non-coronial deaths, including community deaths to be reviewed by the MES from Spring 2023. The NHS Wales Delivery Unit is leading a thematic review of 'do not attempt cardiopulmonary resuscitation' (DNACPR) processes across Wales in May 2023 with WAST representation (End of Life Care Lead).

Remedial Plans and Actions

Coroners: Cases continue to be registered and distributed in a timely manner. If there is likely to be a delay in responding the Trust ensures that the coroner is kept informed of the expected date of response. Inquests are now being arranged into April 2023. Whilst the Team has now recruited to vacancies, and following some training, the numbers on hand were expected to reduce, one experienced Team member has worked for 111 services for 6 weeks. This has affected the Teams capacity.

Ombudsmen: All cases are recorded and monitored on the Datix System and a report in relation to lessons learned is prepared and taken to the Patient Safety and Experience Learning and Monitoring Group.

Expected Performance Trajectory

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

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



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Safeguarding, Data Governance & Public Engagement Indicators

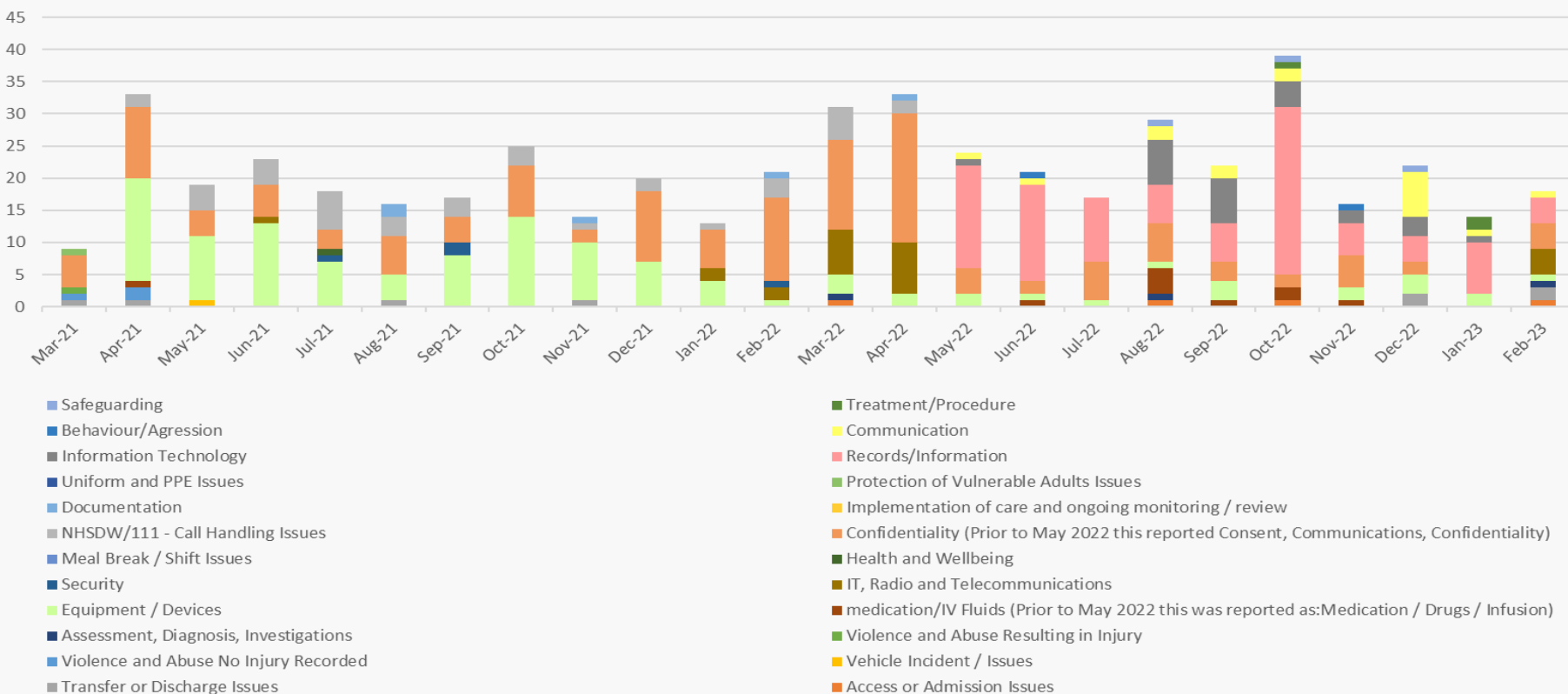
Health & Care
Standard
Health – Safe Care

Self Assessment:
Strength of Internal
Control: Moderate

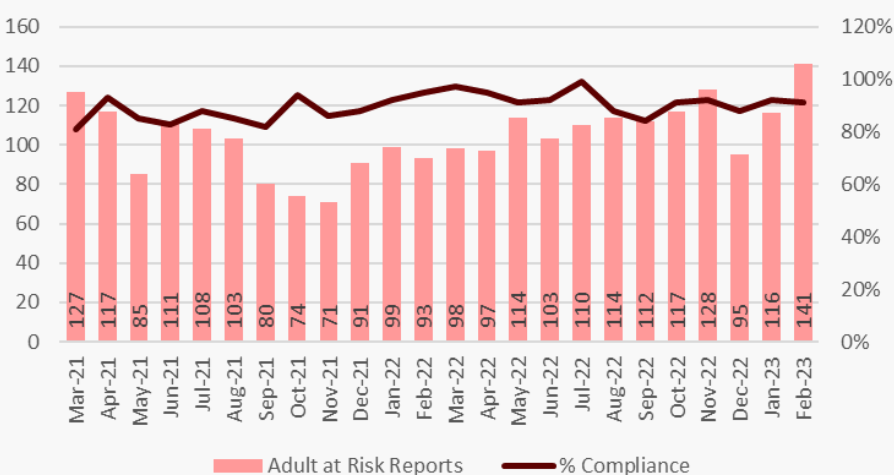
QUEST



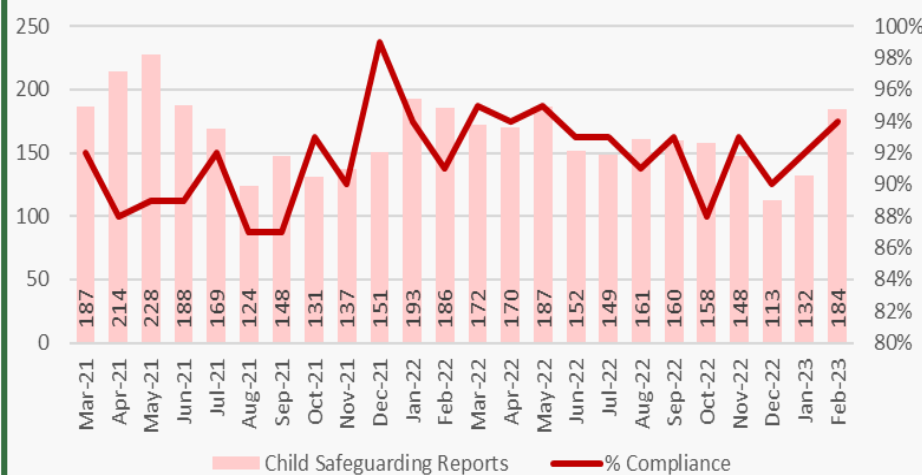
Volume of High Level Breaches of the UK General Data Protection Regulation (GDPR) 2018 (Date Reported)



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



Number and Percentage of Child Safeguarding Reports sent within 24 Hours



Analysis

Safeguarding: In February 2023 staff completed a total of 141 Adult at Risk Reports, 91% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 383 referrals were received and processed to the local authority during this reporting period. There have been 184 Child Safeguarding Reports in February 2023, 94% of these were sent within 24 hours.

Data Governance: In February 2023 there were 18 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach, an increase from the 14 seen the previous month. Of these, 1 related to Access or Admission Issues; 2 to Transfer or Discharge Issues, 1 to Assessment, Diagnosis, Investigations; 1 to Equipment/Devices; 4 to IT, Radio and Telecommunications; 4 to Confidentiality; 4 to Records/Information and 1 to Communication.

Public Engagement: During February, the Patient Engagement and Community Involvement Team attended 11 engagement opportunities, engaging with 234 people. At engagement events throughout the month, we continued to place an emphasis on sharing information about pressures being experienced by the Trust and wider NHS and were able to provide information about other services people can access in their communities. Outcomes of our engagement are consistent and tell us that people continue to be concerned that help will not be available when they need it and that people have experienced delays after calling 999. 111 callers have told us that they experienced long waits for their calls to be answered and reported long waits for call backs. NEPTS users told us that overall, they continue to be happy with the transport they receive but experience long delays when making their initial telephone booking.

Remedial Plans and Actions

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

Data Governance: During the reporting period, of the 14-information governance related incidents reported on Datix, 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO). Incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate.

Progress continues to be made with the IG Toolkit improvement actions. The next submission was due to open in January 2023 which has since been delayed and is now expected to open in February.

Public Engagement: Community involvement and engagement with patients/public will form an integral part of the Trust's ambition to 'invert the triangle' and deliver value-based healthcare evaluated against service users' experiences and health outcomes. The work delivered by the PEI team is supporting the Trust's principles of providing the highest quality of care and service user experience as a driver for change and delivering services which meet the differing needs of communities we serve without prejudice or discrimination. The PEI team will continue to engage in an ongoing dialogue with the public on what they think are important developments the Trust could make to improve services they receive. Throughout December the Trust faced severe to extreme pressures and declared a critical incident. The team supported the push in public messaging to promote NHS 111 Wales and its health information website. Key public health concerns were predominately driven by; Respiratory issues; Strep A; Flu and Covid. People have been encouraged to share their concerns which have mainly focused around length of wait for an emergency ambulance; length of wait for calls to be answered by NHS 111 Wales and accessibility of information on the NHS 111 Wales website. The team also engaged with local communities as a response to the demands on the Trust in the provision of information on a range of other services across communities that could help when faced with a health emergency. This included attendance at a large number of Food Banks; engaged, listened and captured people's feedback and experiences through face-to-face meetings; online events and experience surveys and reported back to communities to strengthen relationships and confidence that the Trust is listening and acting to improve services. All feedback received has been shared with relevant Teams and Managers and continues to be used to influence ongoing service improvement.

Expected Performance Trajectory

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

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

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

Safeguarding Data source: Doc Works

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

(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust





Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

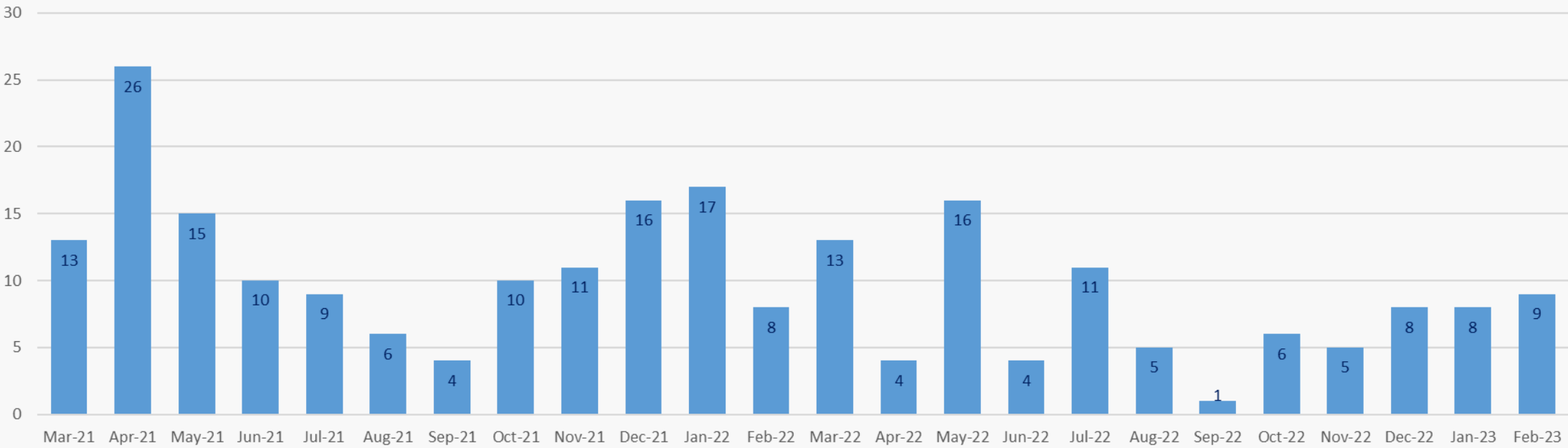
Self Assessment:
Strength of Internal
Control: Moderate

PCC

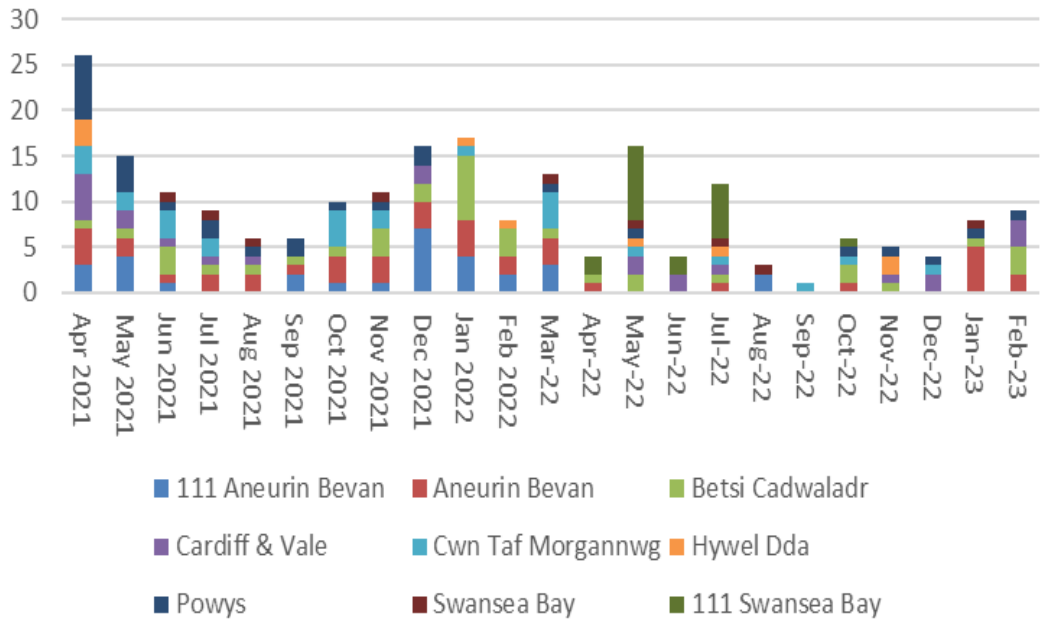
Health & Care
Standard
Health – Safe Care



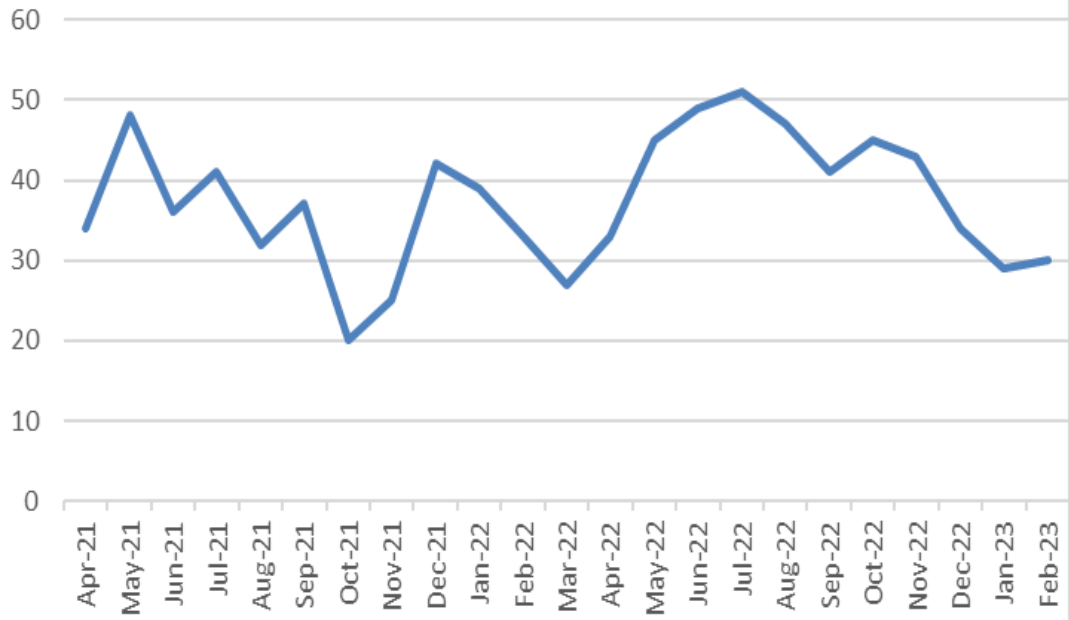
Volume of RIDDOR Reports by Month



Volume of RIDDOR Reports by Health Board



Total Violence and Aggression Reports by Month



Analysis

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

Nine RIDDORS were reported in February 2023, with all being reported in-line with HSE requirements. Over 7-day injuries continues to be the highest reported RIDDOR reportable category, while Manual handling of patient's injuries continues to be the highest reported RIDDOR trend in February 2023. Many of these were encountered while extricating patients from their own homes. Work is planned to understand the main issues and provide training where required as part of the annual safety plan 2023/24.

Violence and Aggression: 30 incidents for physical behaviour were reported in February 2023.

Incidents have reduced in recent months but remain consistent with the same period last year.

Support for staff in preparing victim impact statements is ongoing and court outcomes are being recorded and communicated to the senior team.

Remedial Plans and Actions

RIDDOR: DATIX incident review meetings continue to be held on a weekly basis to review non-patient safety incidents to check for potential RIDDORS and associated coding and allows for further scrutiny. Non patient health and safety incidents are reviewed daily by the Health and safety Advisors. RIDDOR performance is presented in monthly reports and service units business meetings.

Violence and Aggression: The V&A Manager was appointed into the function in Q3 2022. The post-holder will undertake a strategic lens in relation to V&A processes within the Trust with an evaluation report to be presented during Q4 2023.

Collaborative working is ongoing with Training team in the review of V&A training.

Re-establishment of working relationships with all four Welsh police forces have been undertaken.

Expected Performance Trajectory

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

Violence and Aggression: Work is underway in the development of further DATIX dashboards to allow for further scrutiny into V&A incidents to influence strategic interventions where required.

Board-level Health & Safety Metrics: Work has commenced in Feb 23 to revise the Board-level metrics contributing to the MIQPR, the desired outcome is a wider breath of safety performance information that is available to Board members.

****NB:** Data 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

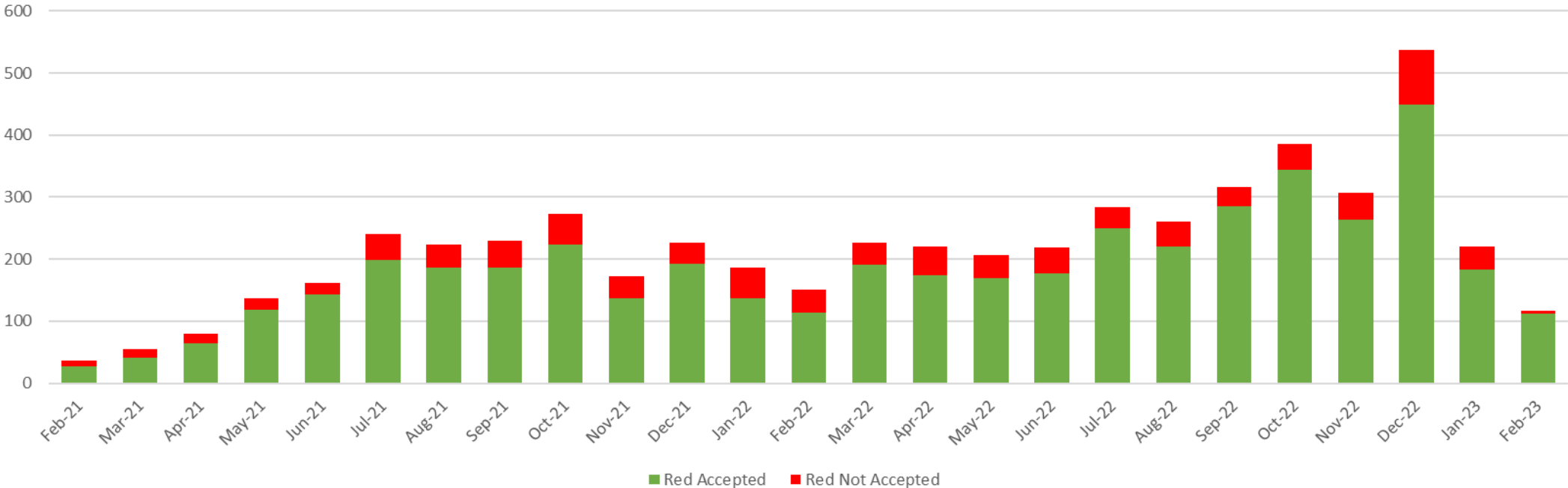
Escalation and Patient Experience

TBD

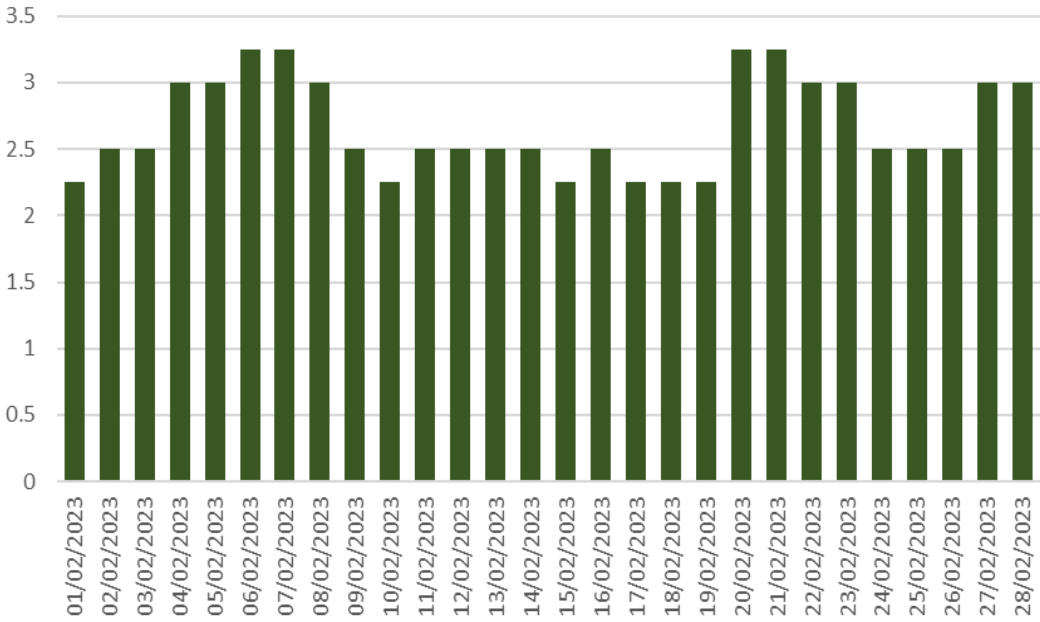
FPC



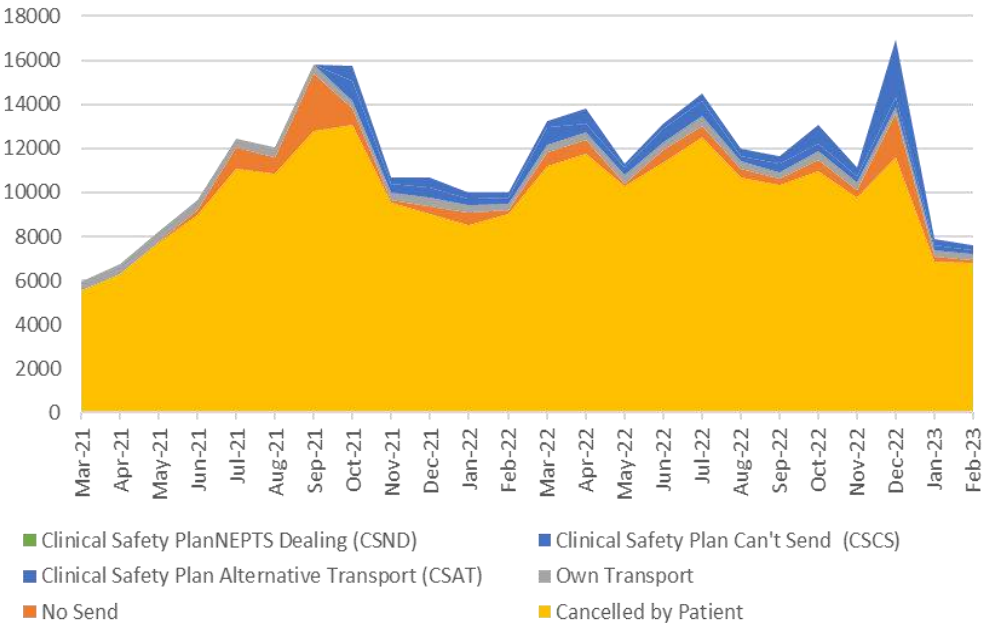
Pan-Wales Immediate Red Release



Maximum Daily CSP Level



Numbers of Patients with No Send or Cancelling Ambulance



Analysis

There were 283 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in February. Of these 112 were accepted and released in the Red category, 5 were not accepted. In conjunction to this, 76 ambulances were released to respond to Amber 1 calls, but 90 were not.

In February 2023, 157 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 220 were stopped as a result of CSP Can't send options. In addition, 9,816 ambulances were cancelled by patients (including patients refusing treatment at scene) and 291 patients made their way to hospital using their own transport.

In February 2023 CSP levels for the Trust were:

CSP Level	No Of Days in February 2023	RED	AMBER 1	AMBER 2	GREEN	HCP
0	0	Business as Usual				
1	0	Respond	Respond	ETA – Alt Transport Respond to Exceptions		
2a	0	Respond	Respond	ETA – Alt Transport Respond to Exceptions		
2b	6	Respond	65 th ETA Script ALT Transport Respond to Exceptions			
2c	11	Respond	65 th ETA Script ALT Transport Respond to Exceptions		Can't Send Respond to Exceptions	Can't Send Pass to ROU or EMG
3a	7	Respond	90 th ETA Script ALT Transport Respond to Exceptions	Clinical Screening	Can't Send	Can't Send
3b	4	Respond	Clinical Screening	Can't Send	Can't Send	Can't Send
4a	0	Clinical Screening		Can't Send	Can't Send	Can't Send
4b	0	Clinical Screening	Can't Send	Can't Send	Can't Send	Can't Send

Remedial Plans and Actions

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

Expected Performance Trajectory

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

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



(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust

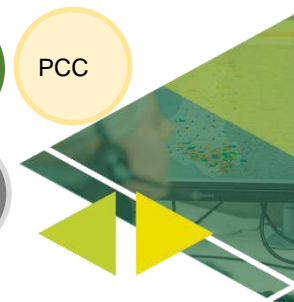


EA Production
G

Abstractions
R

CI
FPC

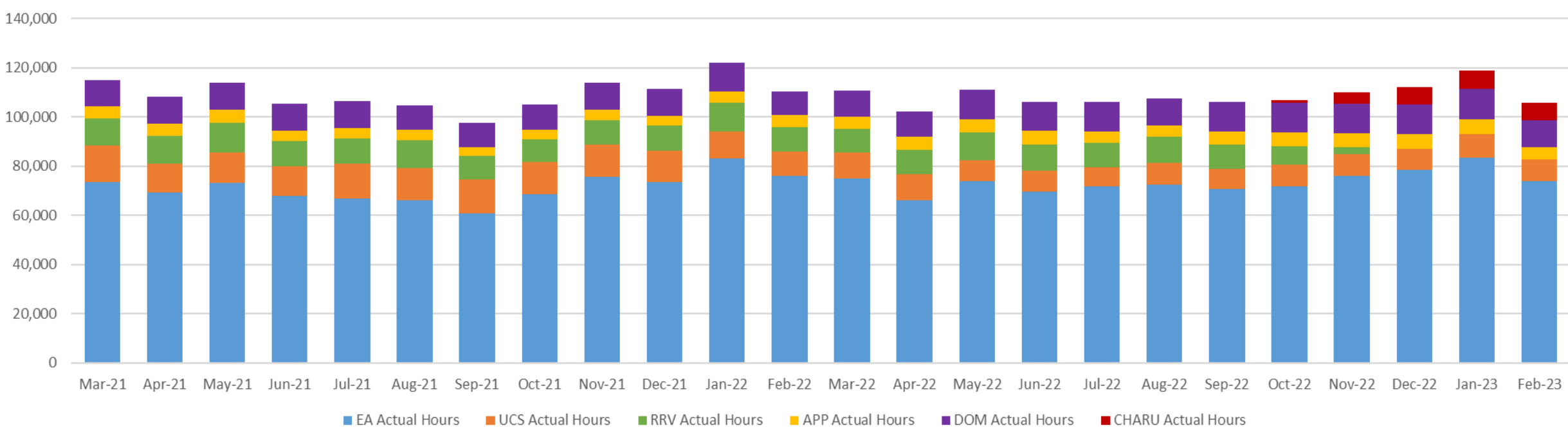
PCC



Our People

Capacity - Ambulance Abstractions and Production Indicators

Total EMS Actual Hours Produced



Analysis

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In February 2023, total abstractions stood at 35.9%. This compares to a benchmark set in the Demand & Capacity Review of 30% which the Trust was achieving pre-COVID-19. The highest proportion was Annual Leave at 14.99% and sickness at 8.98%. Sickness abstractions for February 2023 were lower when compared to the previous year (12.76%). COVID-19 (non-sickness) related abstractions decreased again in February 2023 when compared to the previous month and when compared to the same period last year accounting for 0.10% of overall abstractions.

Emergency Ambulance Unit Hours Production (UHP) was 95% in February 23 (73,778 Actual Hours), therefore achieving the 95% benchmark. CHARU UHP achieved 81% (6,918 Actual Hours) compared to 76% in January 2023 (this is the commissioned level not the modelled level, which would halve the UHP). The total hours produced is a key metric for patient safety. The Trust produced 105,568 hours in February 2023, which is lower than the figure produced in January 2023, but February saw hours affected by the shorter month and the industrial action days which took place.

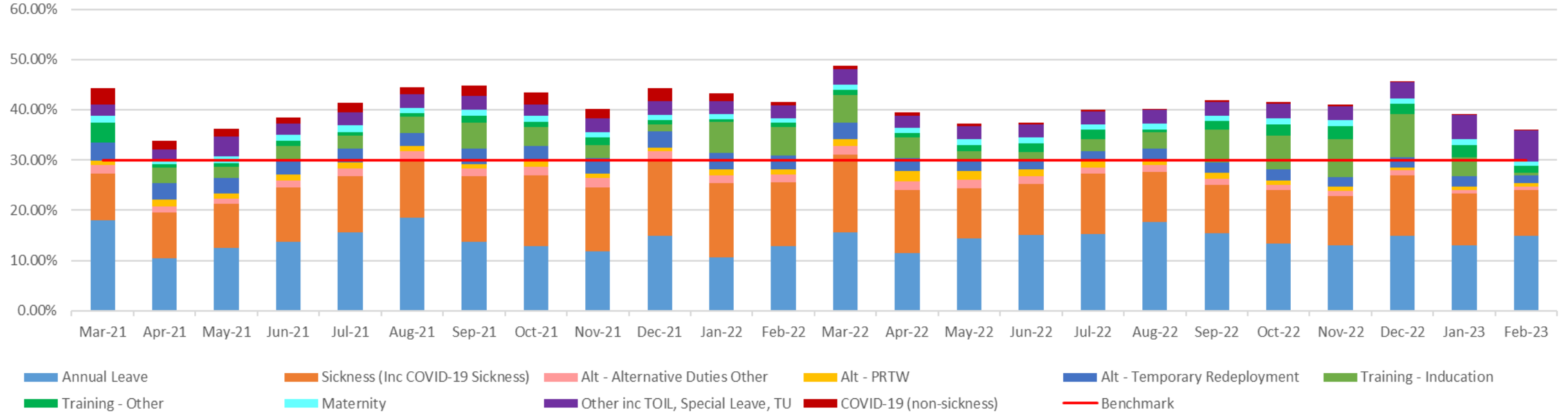
Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A formal programme of work has commenced to review and take action to reduce sickness absence / alternative duties, which is reported into EMT every two weeks. The Trust has a budgeted establishment of 1,661 FTEs for 2022-23. The key actions to maximise production will continue to be the EMS Operational Transformation Programme with an additional 100 WTE to be recruited this year. The original target date was by 23 Jan-23. Due to higher than forecast attrition this date has been pre-programmed to the end of Mar-23. The new EMS Response rosters are now live; which concludes a two and a half year project.

Expected Performance Trajectory

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

Pan Wales EMS Total Rota Abstraction Hours



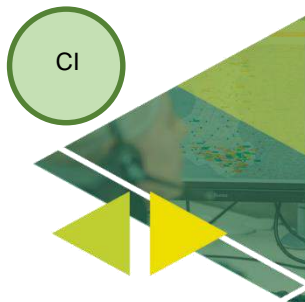
(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

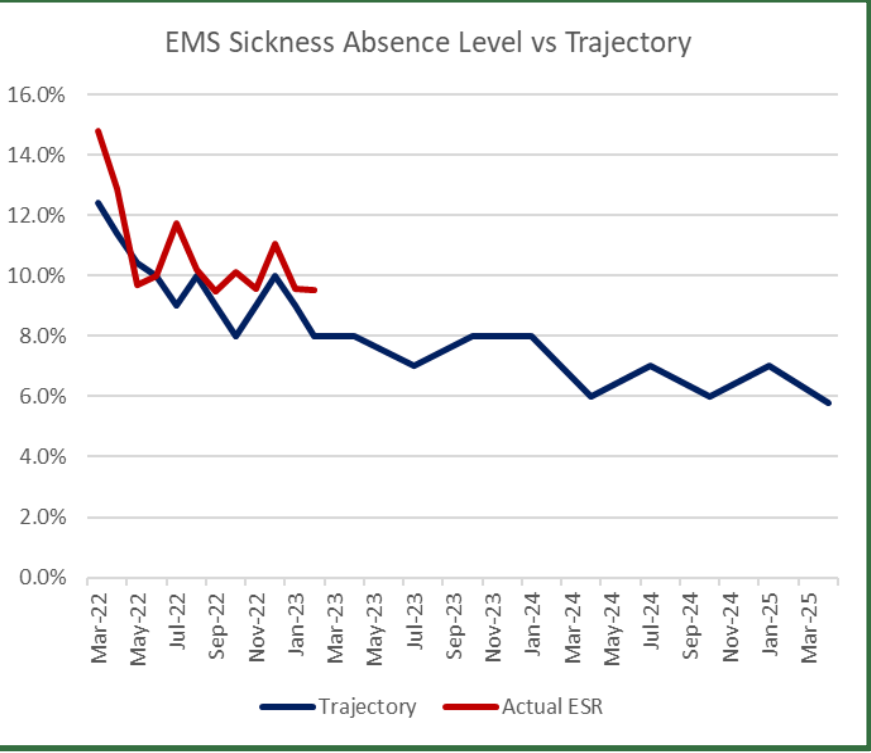
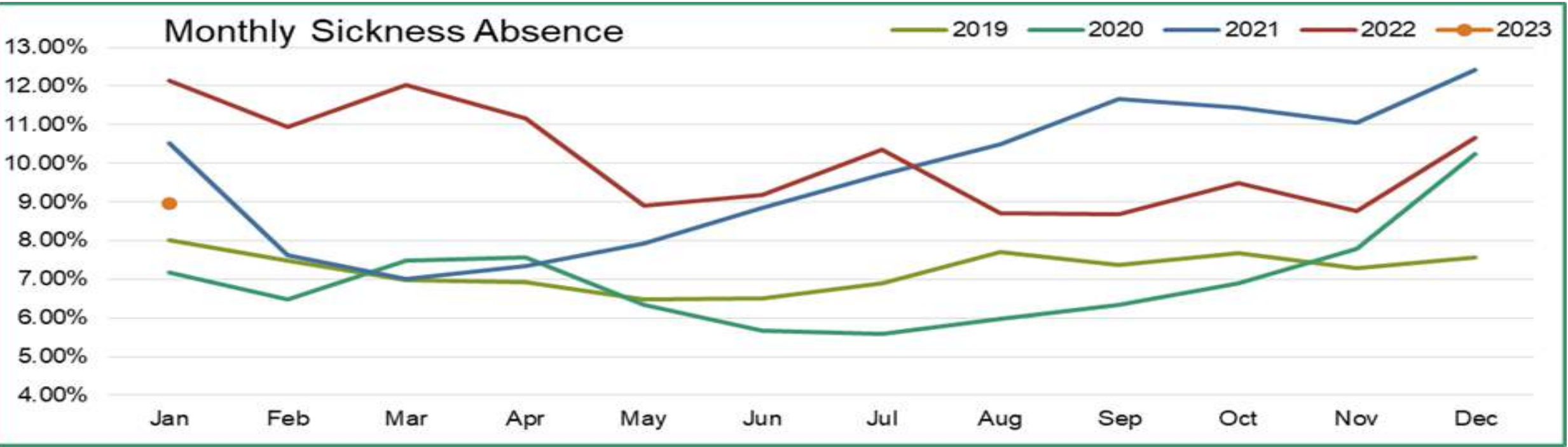


Our People

Health & Wellbeing – Sickness Absence Indicators

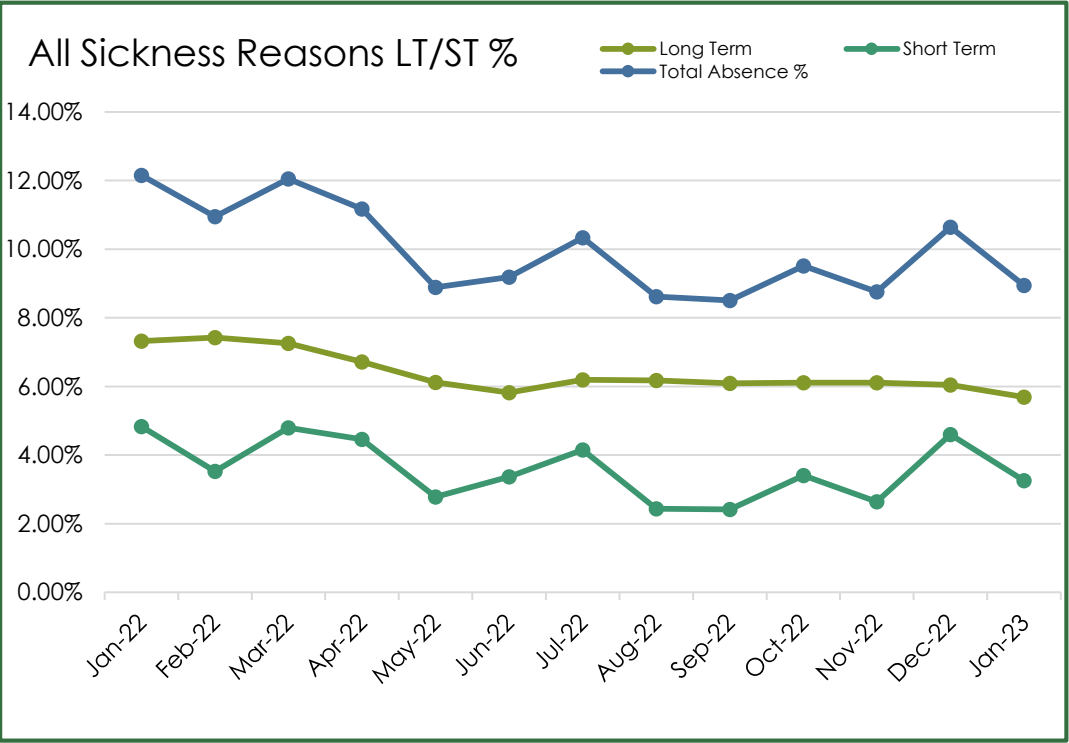


NB: Sickness data will always be reported one month in arrears (except for ESR reported Sickness Trajectory)



Average working days lost per FTE (Annual)	
22.38 days	
Single month Absence %	
8.94%	
Long Term	Short Term
5.69%	3.25%
Mental Health	Other MSK
(S10 Stress/Anxiety) 2.35%	(excluding Back) 1.04%

January 2023



Analysis

- Sickness decreased in January across the Trust, falling from 10.64% in December 2022 to 8.95% in January 2023, with short-term sickness (recorded as COVID and seasonal illnesses) declining by 1.35%.
- The number of individuals off with long COVID continues to remain low (currently 7).

Remedial Plans and Actions

- Targeted support continues to be directed to current 'hotspot' areas with a recent case review in one HB area which is an outlier. Investigations noted the need for more accurate reporting of reasons for absence and that most absences last 8-14 days. Senior Manager review meetings to track sickness and provide support are undertaken each month.
- 16 Bitesize training sessions have been delivered with 354 managers attending. These sessions were paused mid-January & February 2023 due to Industrial Action. Further sessions are being scheduled from mid-March 2023.
- Long term sickness case management continues and indicative figures for February 2023 shows a decrease to 5.10% from 6.08% in January.
- Occupational Health continue to engage with Health Board colleagues to fast track appointments and treatment to reduce length of absences

Expected Performance Trajectory

The Trust is aware that some staff may need more time to recover due to long-CoVID-19 and may require a longer phased return to work alongside putting in place other supporting mechanisms. Work is also ongoing to consider the mental health aspects of COVID-19 and working from home and the Trust is actively seeking ways to consider the possibility of hidden health and wellbeing issues. It is therefore difficult to forecast or predict performance against this indicator, but the expectation is that the target of 8% by year end is unlikely to be achieved in this financial year.



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust

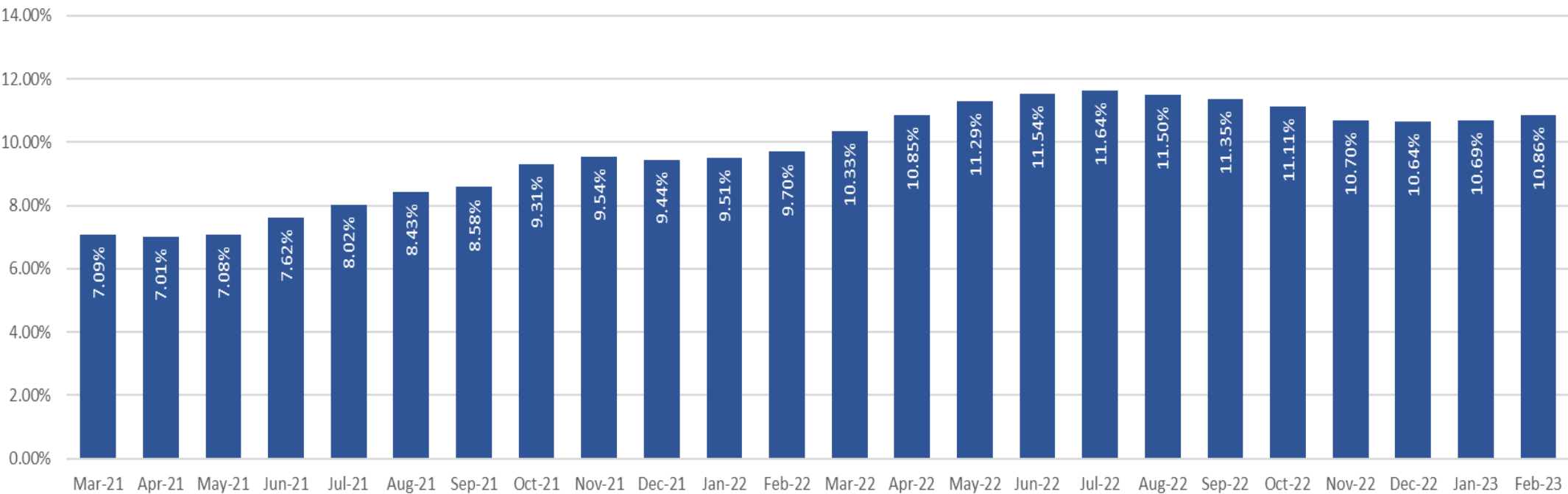


Our People

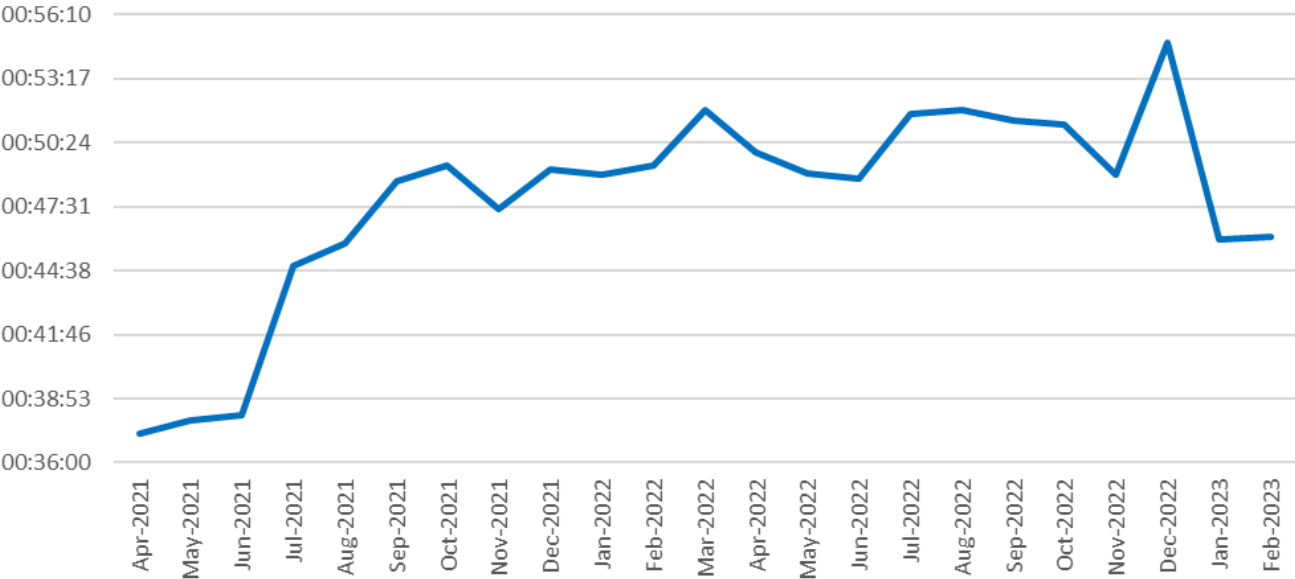
Health and Wellbeing – Turnover



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



Total Shift Overrun Time (All Resource Types)



February 2023

		FTE by Month		
Org L4		2022 / 12	2023 / 01	2023 / 02
020 Ambulance Care L4 (NX10)		881.43	893.79	894.14
020 Emergency Medical Services L4 (DX04)		1,800.69	1,792.67	1,802.21
020 Integrated Care L4 (DX03)		409.17	418.25	430.41
020 National Operations & Support L4 (DX02)		154.72	153.22	154.22
020 Resourcing & EMS Coordination L4 (DX05)		355.16	367.97	356.97
Grand Total		3,601.17	3,625.90	3,637.95
Ambulance Response				1,543.69

Analysis

Staff turnover rates in February 2023 were 10.86%. In comparison staff turnover rates were 9.70% in February 2022. As highlighted in the Staff & Wellbeing Deep Dive presented to People and Culture Committee in September 2022, the number of staff leavers has increased over the last 3 years with rates remaining high, but relatively static, between 10.5% and 11.7% over the past year. These rates were considerably lower pre-pandemic. Staff leave the Trust for a variety of reasons including promotions, relocations and due to the pressures of NHS working.

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

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

Remedial Plans and Actions

A Digital suggestion box has been launched and remains open for colleagues to share thoughts and ideas to support the continuing cost of living crisis, 55 responses have been received to date.

Twice weekly 15 minute financial wellbeing and benefits learning sessions have seen suspended and replaced with a recording which has proved more successful at reaching colleagues due to it being available 24/7.

A dedicated Financial Wellbeing resource page has been set up via SharePoint and WASTKeepTalking. A cost of living page has also been created on the SharePoint landing page and work continues to keep this updated.

The WAST Community Swap Shop is now being shared at each Warm WAST Welcome session.

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.

The offer of salary advance and salary savings with Wagestream is being explored. Research into alternatives along with alternatives, along with seeking guidance from Health Boards, networks and partners is being sought.

Development of a podcast exploring building financial wellbeing with the Money & Pension Service has been agreed for 2023. This service is being offered free of charge.

It has been agreed in principle that a podcast will be developed with TASCs money expert around benefits and dates will be publicised in the coming months.

A new People and Culture Plan is due to be launched in the coming months along with an accompanying enabling framework that covers People and Culture Directorate Plans that focus on our people.



(Responsible Officer: Angela Lewis)

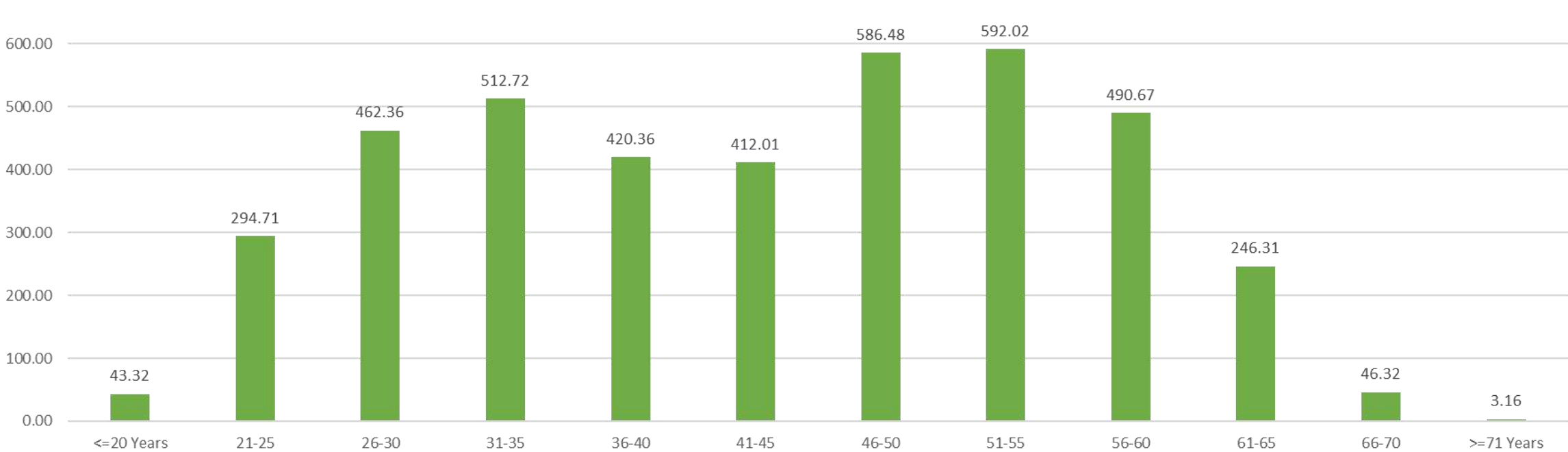
Welsh Ambulance Services NHS Trust



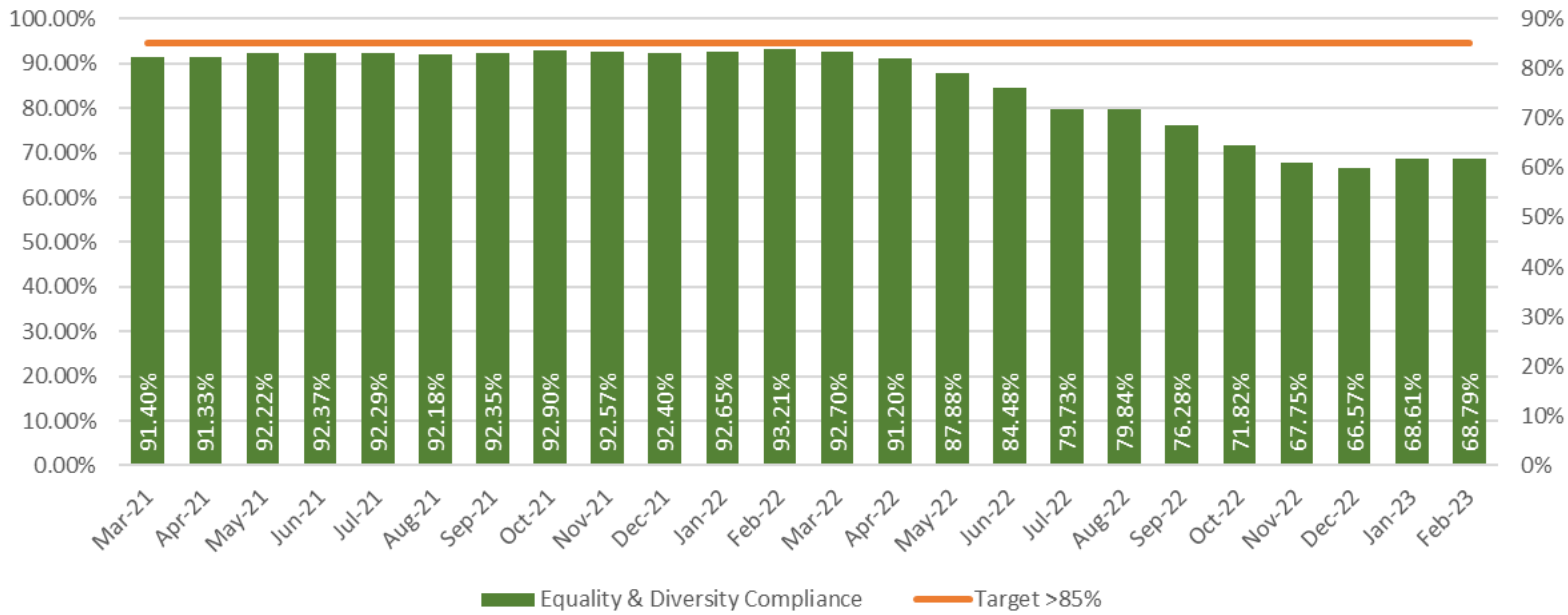
Our People Inclusion and Engagement



WAST Employee FTE Rates by Age Band (February 2023)



Equality and Diversity Statutory & Mandatory Compliance



February 2023	Female	Male
Band 2	1.24	1.39
Band 3	17.40	14.45
Band 4	8.31	10.41
Band 5	4.99	4.21
Band 6	11.95	13.13
Band 7	2.94	5.07
Band 8 - Range A	0.93	1.26
Band 8 - Range B	0.50	0.42
Band 8 - Range C	0.17	0.50
Band 8 - Range D	0.13	0.11
Other	0.23	0.27

Analysis

In February 2023 of the 4,092 employees at the Trust, 0.97% fall in the under 20 category and 0.36% in the over 71 age category. 86.39% of staff employed at the Trust define themselves within the White ethnic grouping; with 71.62% of staff identifying within the White, British category, 0.8% within black ethnic groups, 0.7% within Asian ethnic groups and 0.67% are of mixed heritage. 0.11% of staff fall into other ethnic groups. 4.33% fall in the unspecified category and 8.01% have not stated their ethnicity.

As of February 2023, 68.79%, of staff have completed mandatory Equality and Diversity Training a slight increase compared to January, however still failing to meet the 85% target.

Gender pay as a percentage of the workforce indicates that in February 2023 for those employed within bands 2 - 5 employment is more equally distributed, with 31.93% of females and 30.46% of males fulfilling those roles; however, there are higher levels of men employed within the more senior grades. 14.89% of females are employed in Band 6 and 7 roles compared to 18.20% of males and of those employed within Band 8 roles 1.72% are females and 2.29% are males.

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

Remedial Plans and Actions

The Trust has published a selection of 15 minute engaging and effective Skills Boosters films, via the Learning and Development intranet page on Siren. These cover a range of topics including Equality, Diversity & Inclusion; Leadership; Personal Effectiveness and Support & Wellbeing to support staff learning and development and to enable individuals to be the very best that they can be.

Plans are underway to support Stress Awareness month in April 2023 to raise awareness of the causes and cures for the modern-day stress epidemic. Presentations are planned on various dates throughout April 2023 for staff to learn about the REACT (Recognise, Engage, Actively Listen, Check risk and Talk about specific actions) on and Understanding Stress, Trauma & Burnout.

Expected Performance Trajectory

The Trust listened to feedback from communities, stakeholders and over 4,000 colleagues to develop seven new behaviours to ensure we can always be our best and is more committed than ever to improving the future and embracing new ways of working. These behaviours have been explored and promoted at the CEO roadshow and work to continuing promoting them continues.

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



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust



Our People

Staff Vaccination Indicators

Self Assessment:
Strength of Internal
Control: Moderate

Flu
R

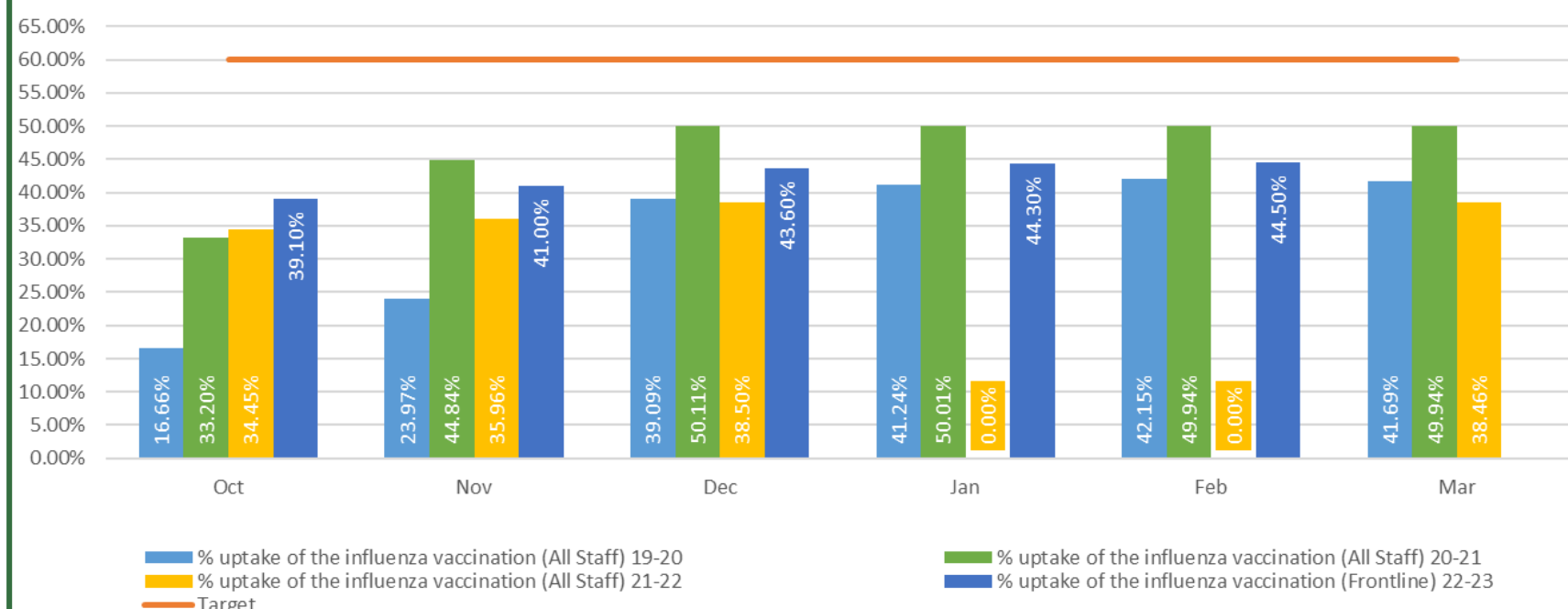
CI

PCC

Health & Care
Standard
- Health (PPI)

NB: Jan & Feb-23 COVID data unavailable

% Uptake of the Influenza Vaccination amongst WAST Frontline Healthcare Workers



Analysis

1,813 flu vaccines have been administered by Occupational Health Vaccinators and Peer Vaccinators (this includes flu vaccines administered to PHW staff / Students / HCS staff etc.) since the launch of the 2022/23 campaign.

1,601 WAST staff received their flu vaccine in a WAST setting with a further 289 WAST staff receiving the vaccine elsewhere (i.e., GP Surgery / COVID-19 Booster Setting). A total of 1,890 WAST staff are now protected against the flu, equating to 44.5% of the overall workforce.

Since the launch in September 2023, the Trust has surpassed the overall flu vaccine uptake figure of 38.5% from last year's (2021/22) Flu Campaign and the 2019/20 Flu Campaign of 42.2%.

There has been further engagement from 247 WAST staff who have completed the Microsoft Form indicating that they have chosen to opt-out of having the flu vaccine. Bringing the overall engagement rate to 50.3% passing the 40.7% engagement in the last campaign.

As of February 2023, front line (Patient Facing and Non-Patient Facing staff), 94% (4,403) of staff have received a first dose COVID-19 vaccination, 94% (4,374) have received a second dose and 35% (1014 Staff) have received the SPIKEVAX booster vaccination.

Remedial Plans and Actions

- Planning commenced earlier than ever for the 2022/23 campaign.
- Monthly Flu Update meetings have now come to an end, but a closure meeting is set to take place over the coming weeks as a final engagement with the team and Flu Leads.
- The Flu Siren page launched, with all details of clinics, Flu Leads, Peer Vaccinators.
- The Digital Directorate is currently creating an online booking page for staff to directly book flu vaccinations with the Occupational Health Department (this is a new idea, as previously if staff wish to have their flu vaccine with OH, they have had to phone a booking line)
- The flu consent / opt-out form has been simplified with fewer questions in a bid to encourage the staff who do not wish to have the flu vaccine or have had the vaccine elsewhere to let us know, which will hopefully increase engagement across the Trust.

Expected Performance Trajectory

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

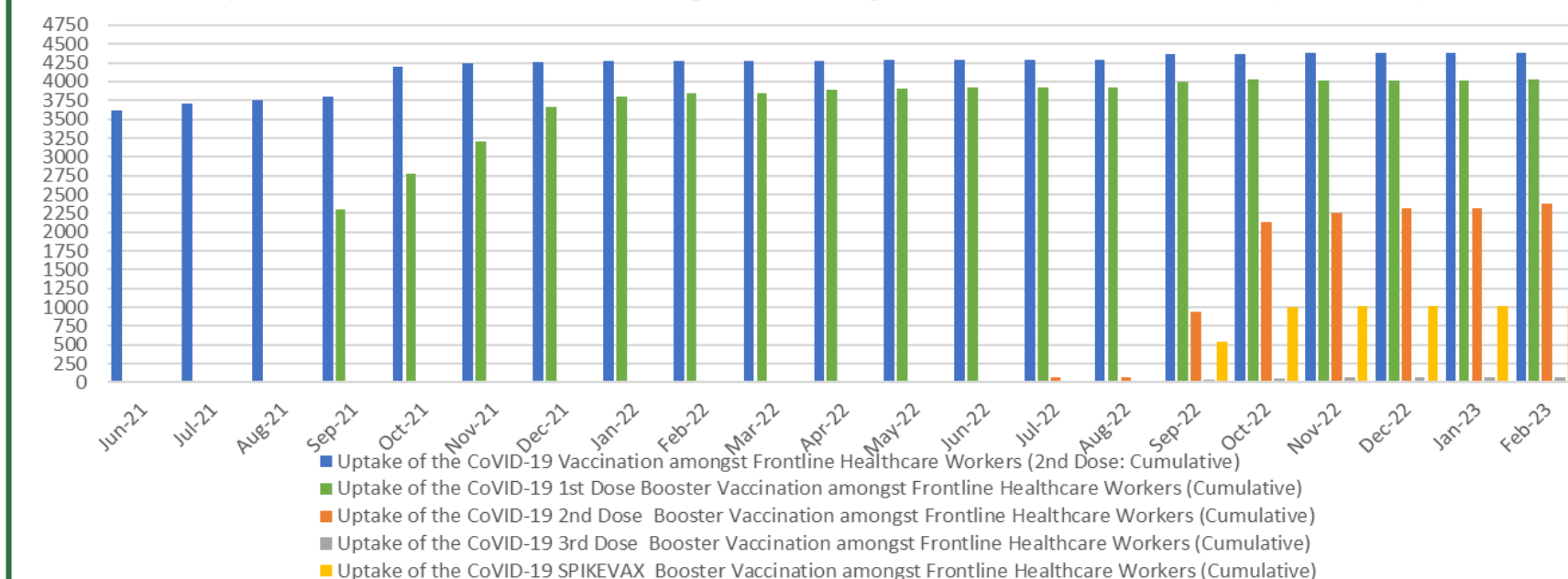
NB: Due to a technical error in the downloading of data for the Trust are unable to report monthly flu data for January & February 2022.

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

NB: Flu data accurate at time of publication and subject to change.

:NB: Spikevax vaccination data correct at time of publication and subject to change.

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



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

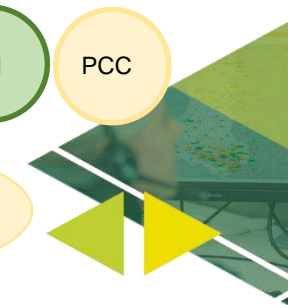
A

Self Assessment:
Strength of Internal
Control: Strong

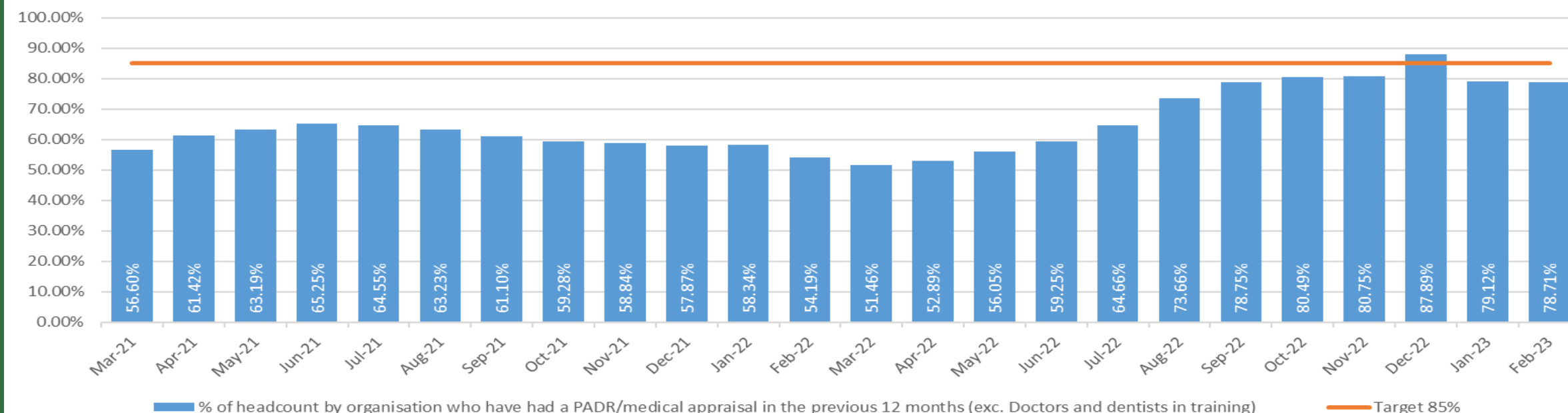
CI

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 February 2023 declined compared to the previous month to 78.71%, therefore failing to achieve the 85% target. Over the reporting period this target was only achieved once in December 2022, although current rates are much higher than the same period last year.

In February 2023 Statutory & Mandatory Training rates reported a combined compliance of 60.10%; only Safeguarding Adults (90.39%) and Dementia Awareness (88.88%) modules achieved the 85% compliance target; however, Violence Against Women, Domestic Abuse & Sexual Violence (83.50%), Moving & Handling (78.91%), Information Governance (73.04%), Fire Safety (70.53%), Equality & Diversity (68.79%) and Paul Ridd (16.66%) fell below the 85% target.

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

At the end of February 2023 417 of 1,836 (22.7%) EMS, 30 of 284 (10.56%) ACA2 and 81 of 540 (15.00%) ACA1 staff have completed MIST training days. Sessions continue to be facilitated Pan-Wales and in March 2023 the Education and Training Team will continue to manage these via the online booking system and monitor accordingly.

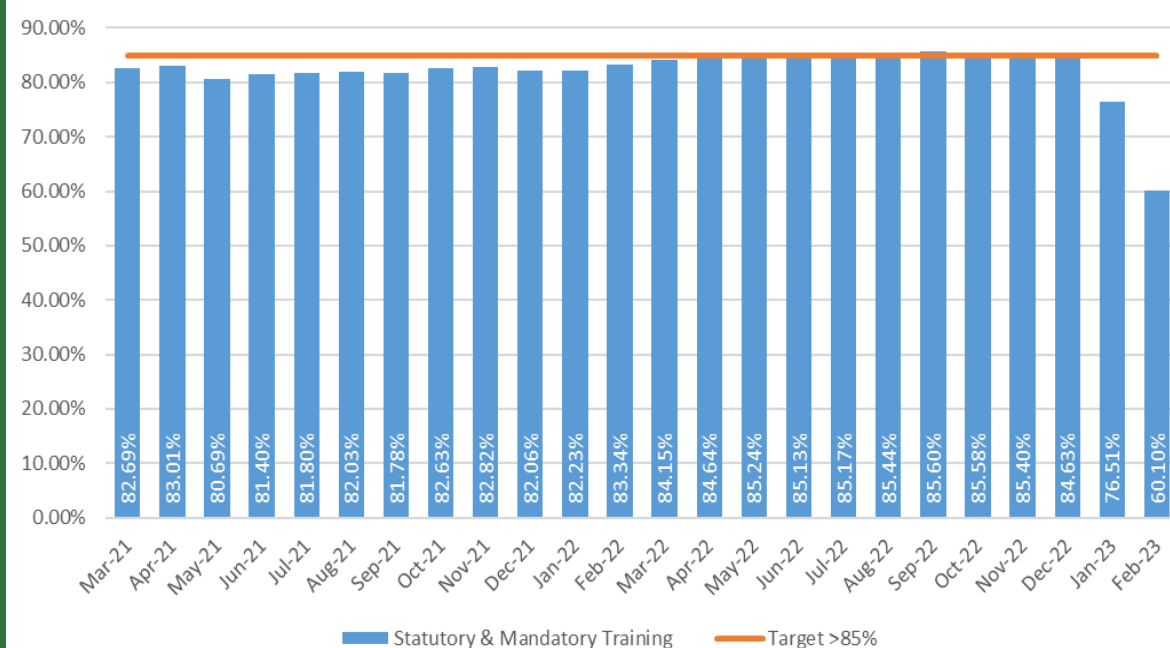
From the 01st April 2023 e-learning mandated by Welsh Government in relation to Welsh Language will be added to all colleagues' compulsory competencies via ESR. Communication to ensure colleagues are prepared and aware of this continues to be circulated to staff via Siren and Yammer.

Expected Performance Trajectory

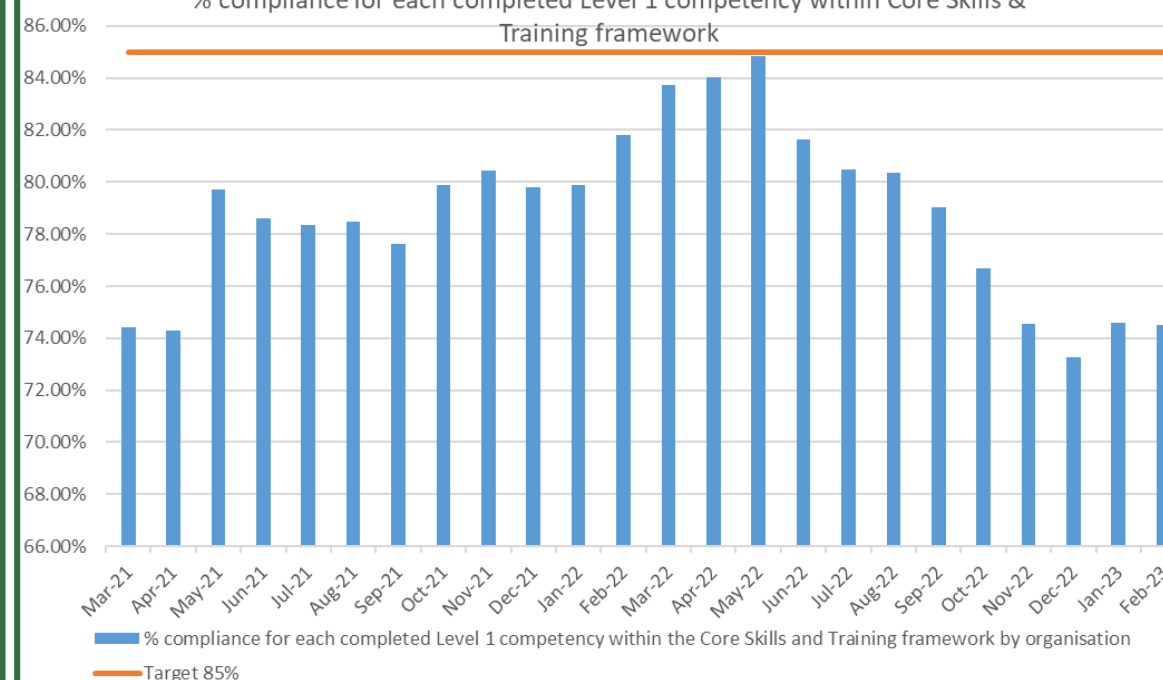
The Stat & Mand compliance needs to be addressed, but further analysis of the cause is required before an improvement trajectory can be set.

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

% 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



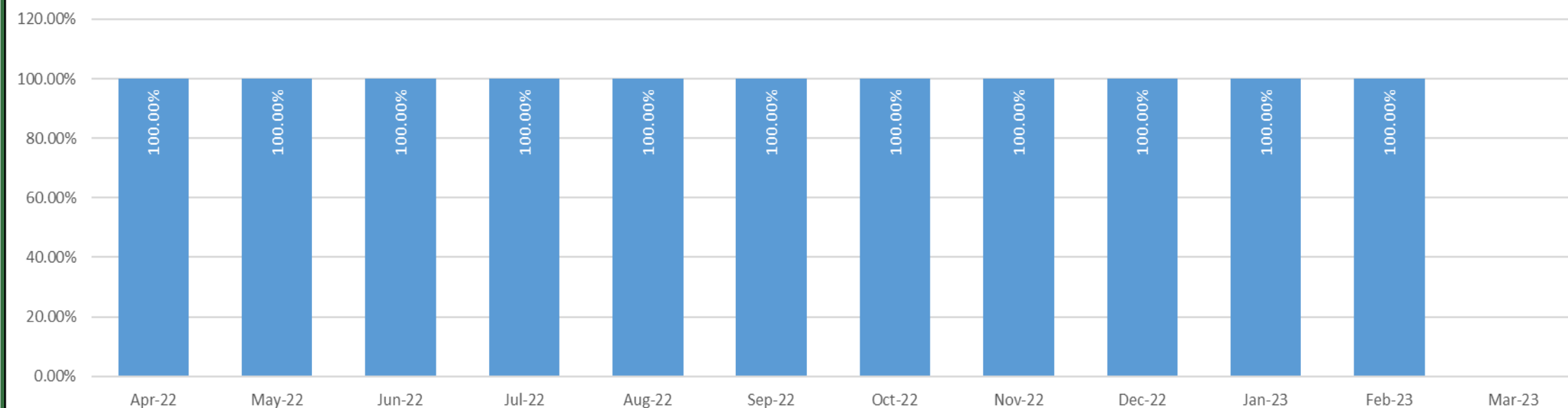
Finance, Resources and Value

Finance Indicators

G

FPC

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



Analysis

The reported outturn performance at Month 11 is a surplus of £12k, with a forecast to the yearend of breakeven.

For Month 11, the Trust is reporting planned savings of £3.942m and actual savings of £4.025m (an achievement rate of 102.1%).

The Trust's cumulative performance against PSPP as at Month 11 is 97.2% against a target of 95%.

The agency spend in February 2023 (0.5%) remained the same as January 2023 (0.5%).

Remedial Plans and Actions

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

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

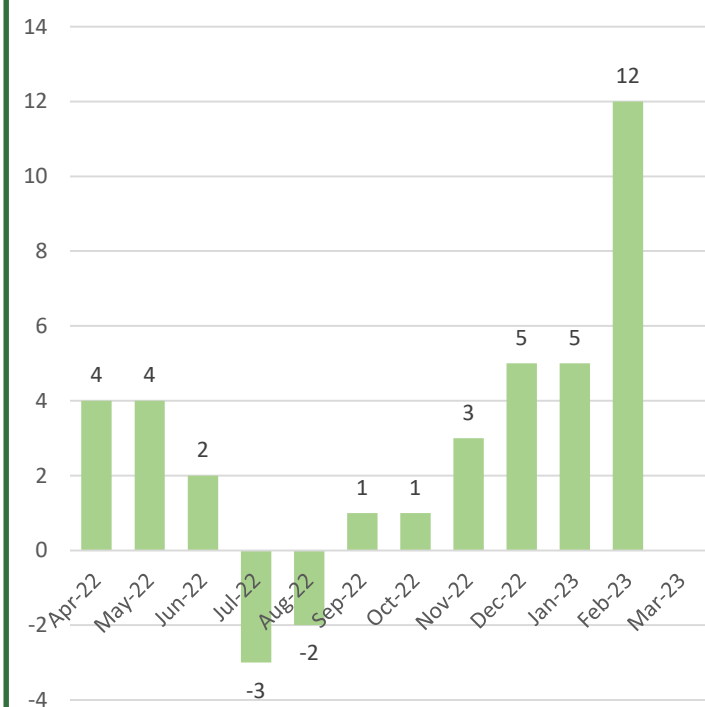
Key specific risks to the delivery of the 2022/23 financial plan include:

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

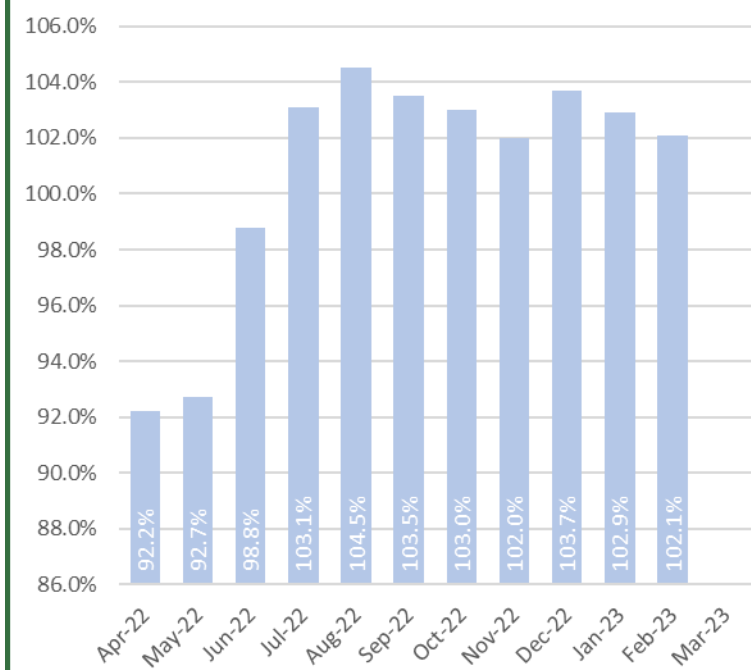
Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2022/23 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver further significant level of savings into the 2023/24 financial year.

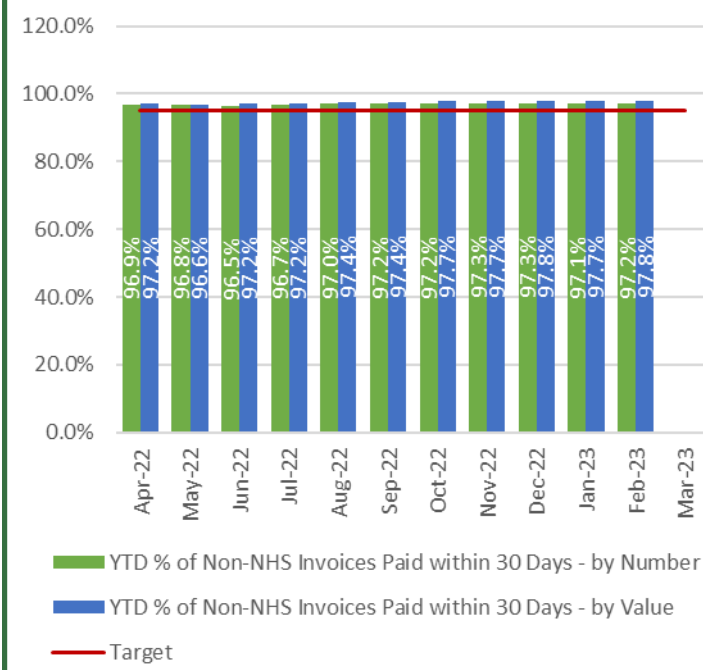
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



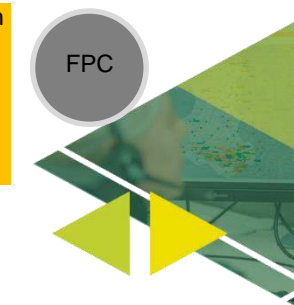
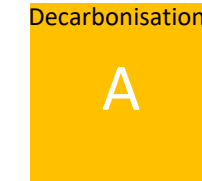
(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust

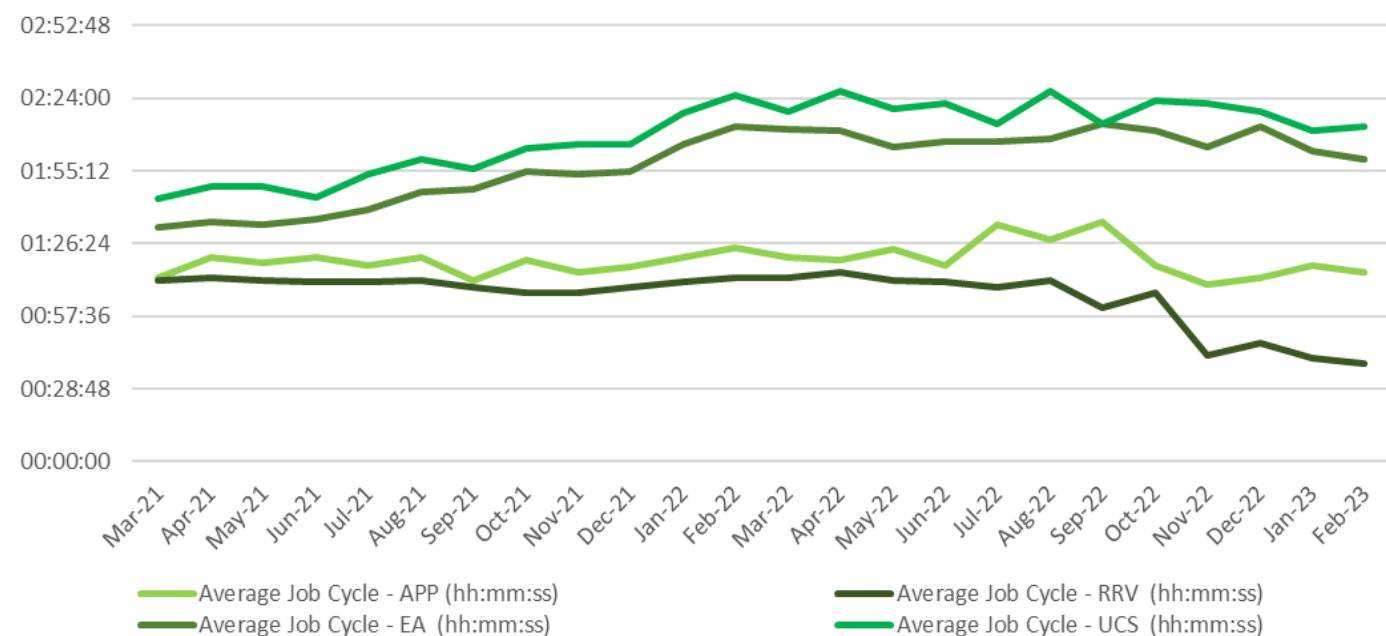


Finance, Resources and Value

Resource and Value Indicators



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



Value – Job Cycle and Volume Analysis

As demonstrated in the top graph, the average job cycle decreased in February 2023 for all vehicle types, except for UCS crews. EA calls averaged exactly 2 hours while UCS crews saw their average increase to 2 hours 13 minutes.

Average jobs attended by all crew types increased in February 2023, except for UCS crews. APPs attended on average 3.62 jobs per shift, EAs 2.41 jobs per shift, UCS crews 1.72 jobs per shift and RRV's 1.85 jobs per shift.

Overall average jobs per shift has remained relatively static for EA, RRV and UCS throughout the past year, following a period of decline during 2021. In comparison average jobs per shift for APPs is on a fluctuating, but generally increasing trajectory.

Remedial Plans and Actions

The increase in average job cycle time since 2021 can be attributed to numerous factors including the introduction of ePCR and increasing hospital delays (staff pre-empting and packaging patients in readiness for long waits and patients waiting longer for an ambulance response therefore requiring more treatment/assessment). These times are monitored at Weekly Performance Meeting and local work to establish appropriate efficiency initiatives is ongoing

Expected Performance Trajectory

The increase in job cycle time since 2021 is caused by numerous complex factors. As ePCR embeds, a decrease may be seen, but with the factors outside of WAST's control a reduction to pre pandemic levels may not been seen.

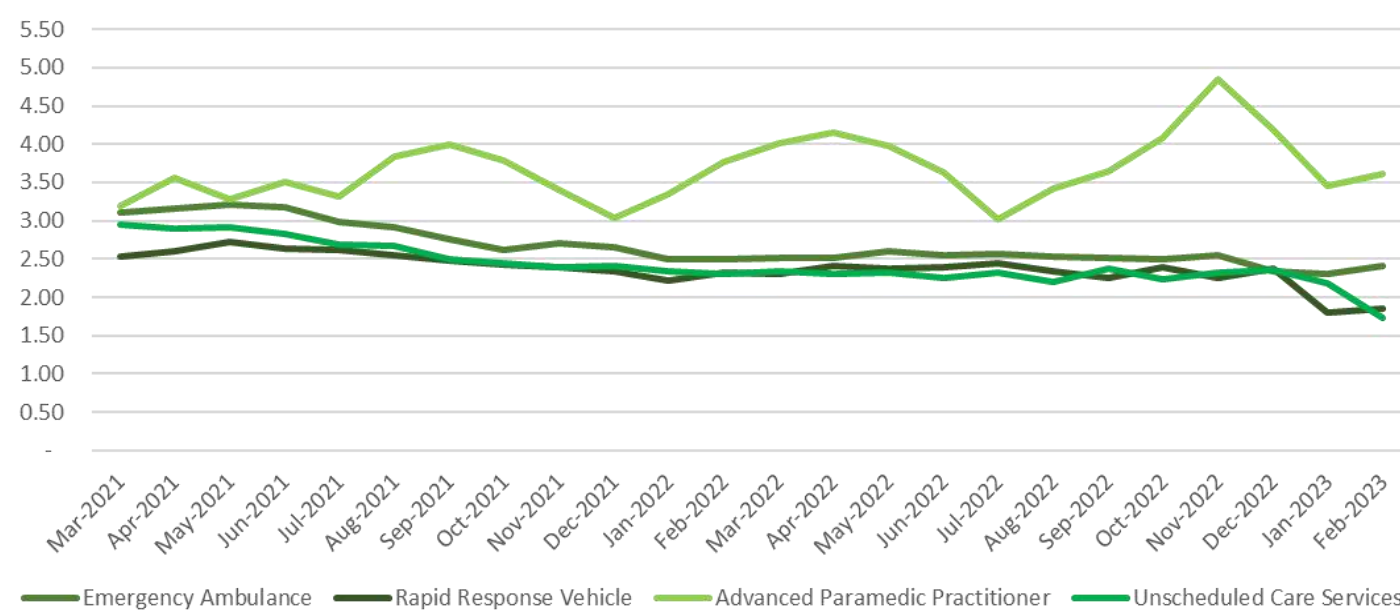
****NB: Average jobs per shift only includes data where the full shift worked is less than 20 hours.**

Total shift hours currently includes the meal break for the shift

Total shift hours also includes Postproduction Lost Hours

NB: CHARU data is not yet available

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



Resource - Decarbonisation

Analysis

In 2021-21 the Welsh Government approved funding for major decarbonisation projects at:

- AAC Flintshire (Dobshell)
- Lampeter Ambulance Station
- Porthcawl Ambulance Station
- Bargoed Ambulance Station

The projects aimed to reduce carbon emissions from operational energy, whilst upgrading the sites building infrastructure.

This was achieved by installing a PP array and battery storage, plus replacing old natural gas heating with an air source heat pump. The AAC Flintshire project also included redevelopment of 2 hectares of surrounding land, planting 2,500 British native trees to enhance the existing woodland.

These 4 projects are projected to reduce the operational carbon emissions at those sites by an average of 60%, and due to their success, the Trust has been successful in securing funding to complete 8 more projects over the next 2 years.

Remedial Plans and Actions

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

Responses to both internal audit report and Audit Wales report

Confirmation of successful bids against 23/24

Expected Performance Trajectory

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



(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust

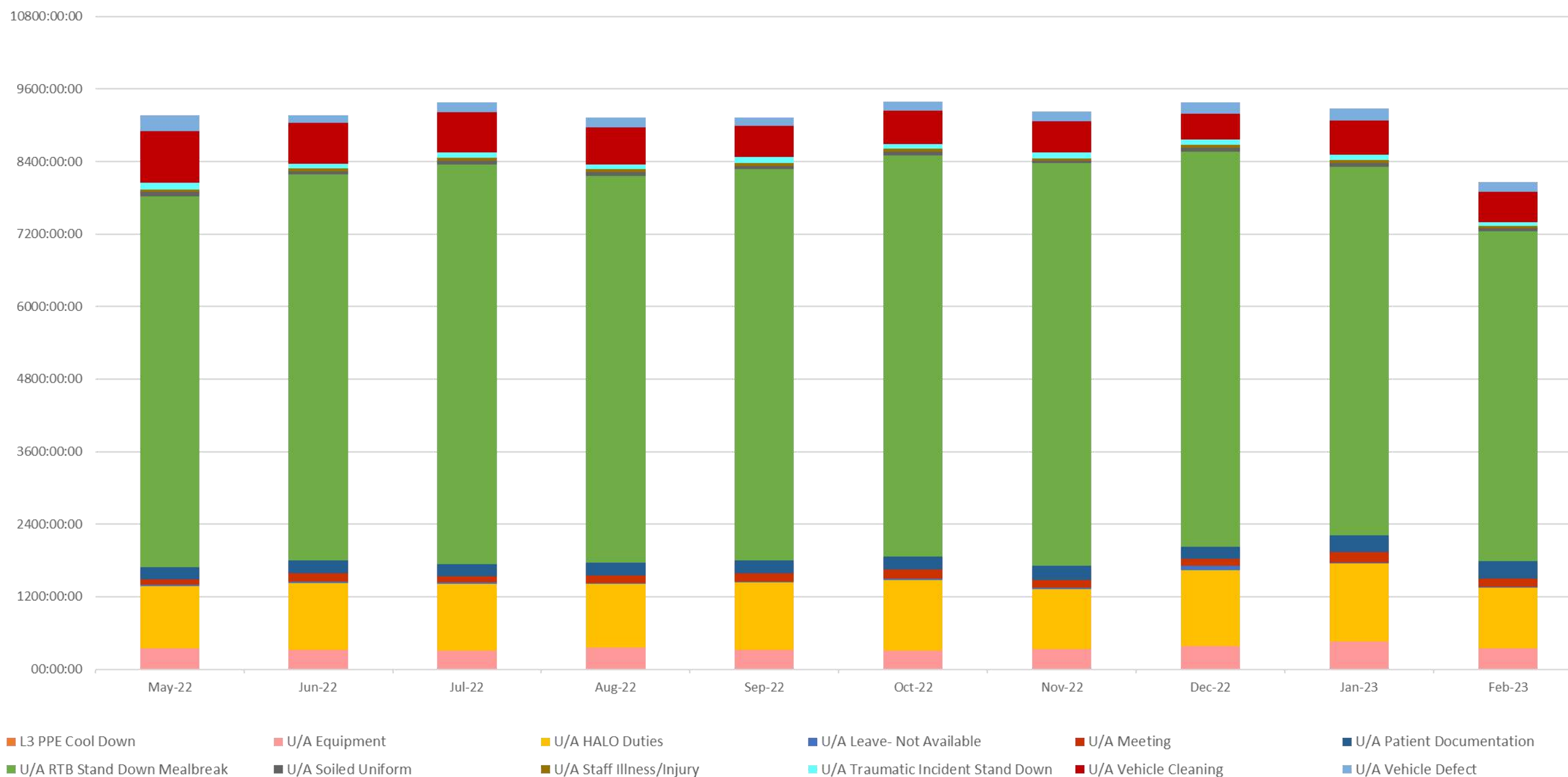


Value / Partnerships & System Contribution

EMS Utilisation & Postproduction Lost Hours Indicators



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



Analysis

There were 8,057 postproduction lost hours (PPLH) across EA, RRV/CHARU & UCS vehicles in February 2023; a decrease when compared to January 2023 (9,275). PPLH are due to numerous factors, as outlined in the bar chart, which demonstrates they have remained relatively consistent from May 2022 (the month a retrospective fix was undertaken for the under-reporting of U/A RTB Stand Down Meal-break code).

Remedial Plans and Actions

The Trust will not be able to eliminate PPLH, however, efficiency options continue to be worked through, and PPLH are monitored and scrutinised closely, forming part of the weekly performance meeting. In relation to the U/A RTB Stand Down Meal-break reason, the rest break automation initiative has been paused due to industrial relation.

Expected Performance Trajectory

The current data needs to be treated with a degree of caution. As stated above, the Trust will not be able to eliminate PPLH. Although delayed handover hours outside EDs have improved from December 2022, the lost hours for February 2023 were still extreme, meaning resources are returning to base for rest predominantly outside of the rest break window, resulting in an unavailable status being assigned.

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



(Responsible Officer: Lee Brooks)

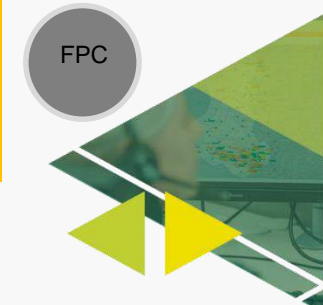
Welsh Ambulance Services NHS Trust



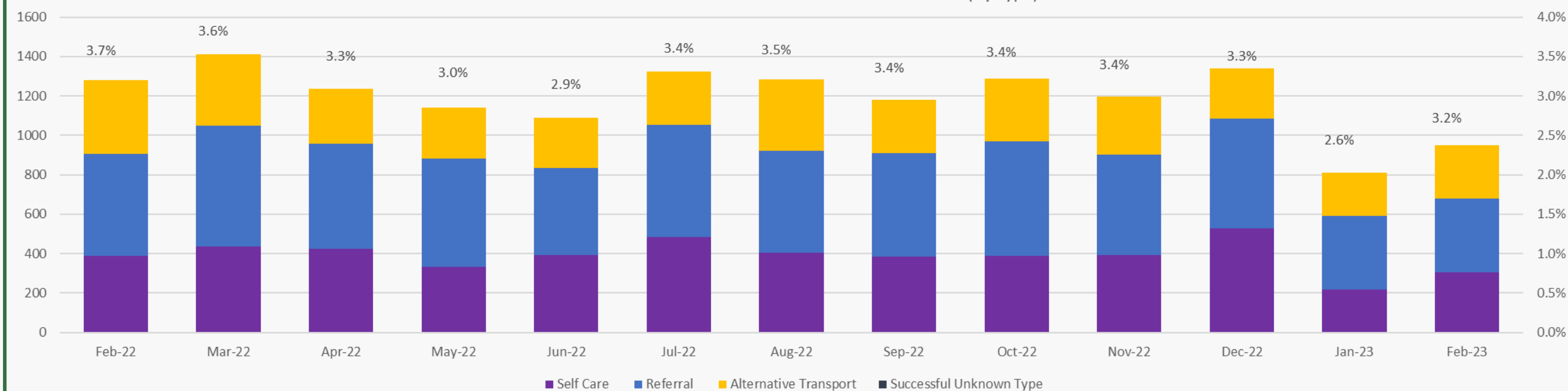
Partnerships / System Contribution

NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced



NHS111 Successful Consult & Close Outcome Volumes via AS1 (By Type)



Analysis

The top graph depicts the outcomes for calls handled through NHS111 Consult and Close. In February 2023 referral was the top outcome for calls handled by NHS111 followed by self-care and alternative transport.

In February 2023, calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 42% of all calls.

56,917 calls were received into the 9 categories displayed in the bottom graph during February 2023, a decrease when compared to 61,900 received in January 2023; and the lowest number of calls recorded since March 2022.

Remedial Plans and Actions

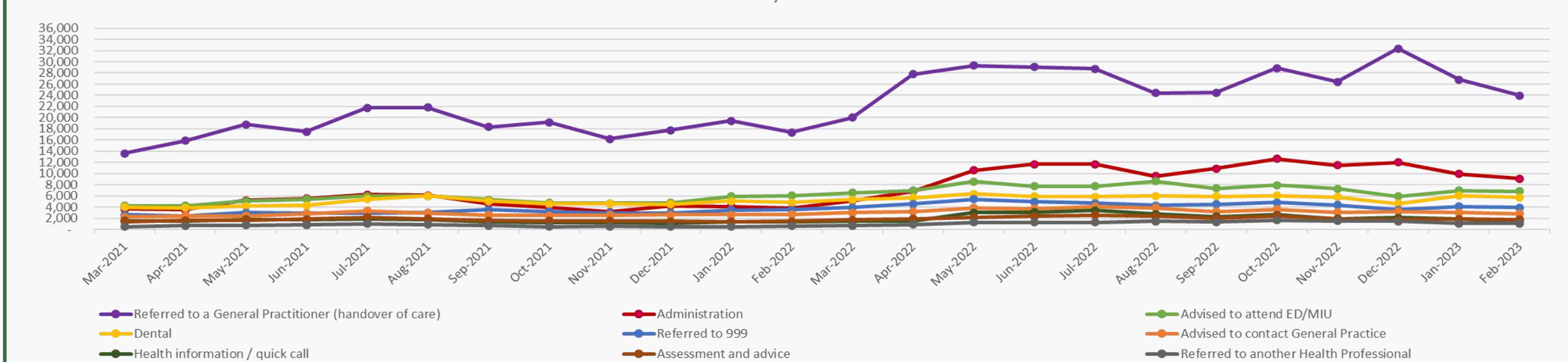
Work is underway to develop live informatics which provide real time information on clinician availability to allow improved understanding and management; this will enable the Trust to report more meaningful metrics and accurately monitor patient outcomes.

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.

111 Calls By Final outcome



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

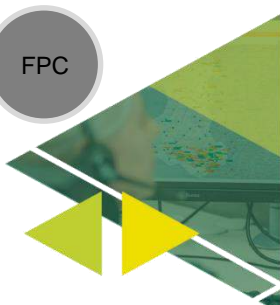


Partnerships / System Contribution

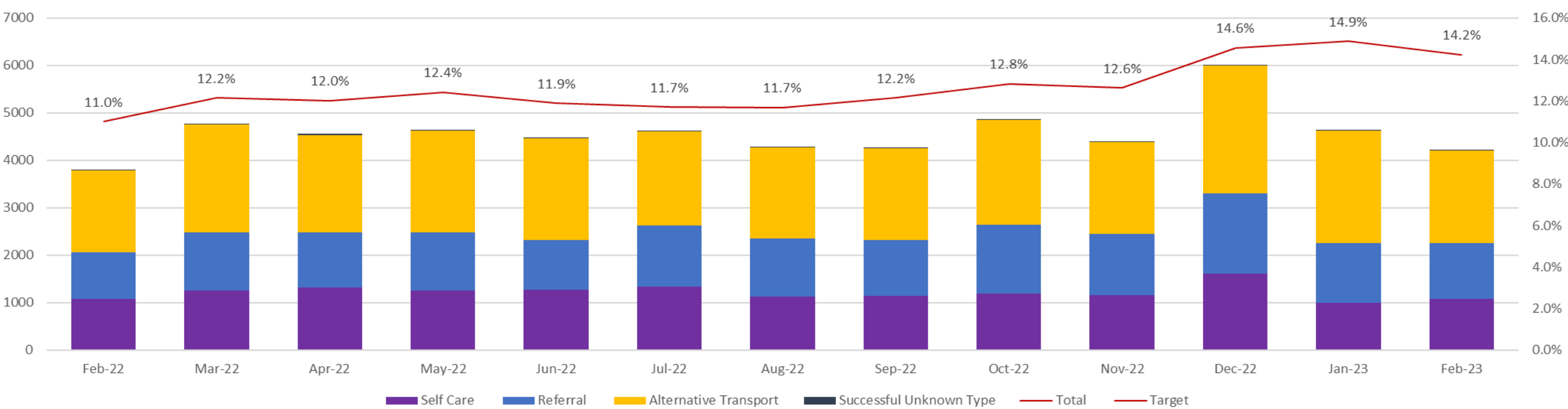
Consult & Close Indicators

A

FPC



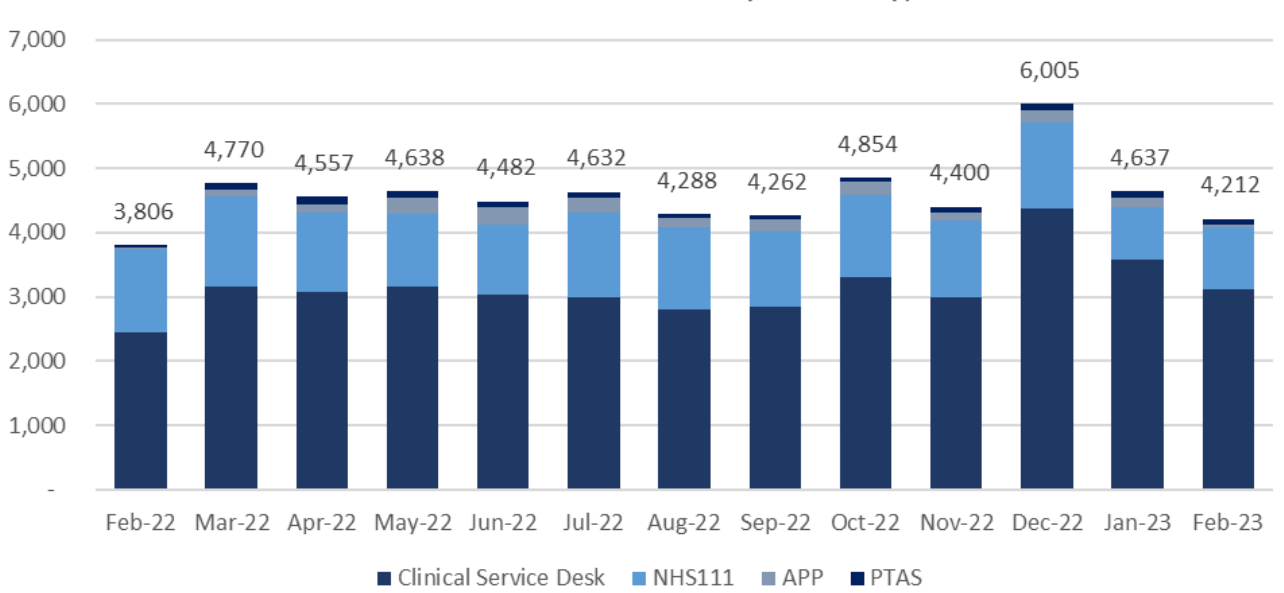
Successful Consult and Close Outcomes (By Type)



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



Consult and Close Volumes by Service Type



Analysis

The **Clinical Service Desk (CSD) and NHS111 (Consult & Close)** achieved 14.2% performance in February 2023 which was a slight decline on the 14.9% obtained during January 2023. It continues to achieve the historical 10.2% benchmark, but remains just short of the new 15% target figure.

10.3% of Consult & Close volumes were achieved by the CSD (3,121 calls) in February 2023. In comparison, 3.3% of Consult & Close were by NHS111 (949 calls) and 0.6% were triaged by PTAS (84 calls) and APP's (58 calls).

Of the calls successfully closed in February 2023, 1,039 patients received an outcome of self care; 1,130 patients were referred to other services (including to Minor Injury Units and SDEC) and 1,901 were advised to seek alternative transport services in order to acquire treatment.

Re-contact rates in February 2023 were 9.6%, an increase compared to 6.0% in February 2022 and 5.5% in February 2021.

Remedial Plans and Actions

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

Expected Performance Trajectory

The current target for this year is 15% hear and treat rate for 2022/23 as part of the development of the 2022-25 IMTP and associated forecasting and modelling.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Partnerships / System Contribution Conveyance to ED Indicators

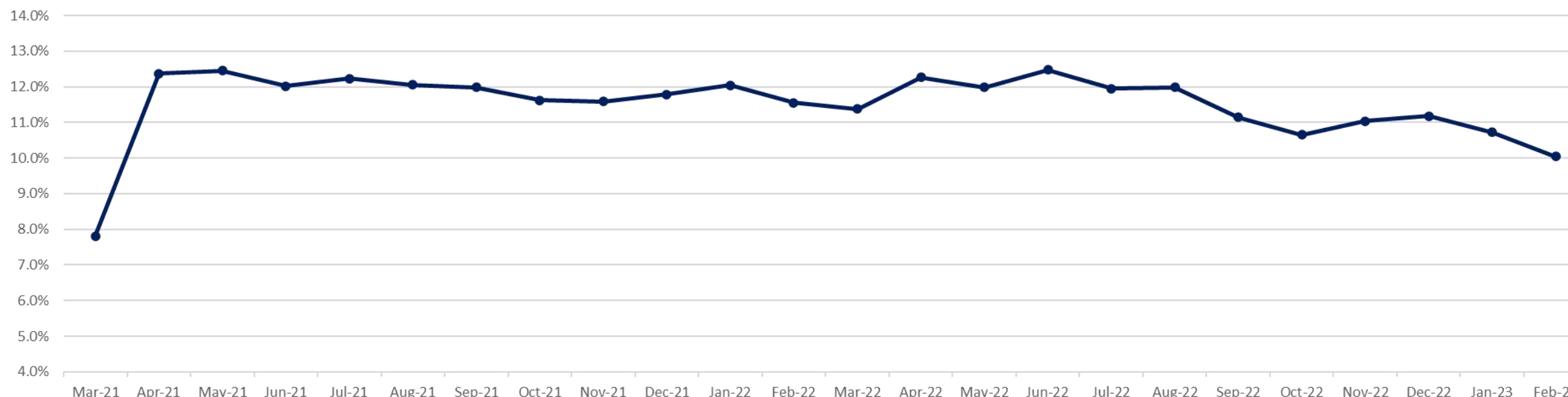
A

FPC

Ministerial Measure



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



Analysis

In February 2023 10.05% of patients (1,273) were conveyed to a service other than a Type One ED. Although not shown here, the percentage of patients conveyed to EDs increased compared to the same period last year. In February 2023 conveyance to EDs as a proportion of total verified incidents was 38.53% (compared to 35.34% in February 2022).

The combined number of incidents treated at scene and referred to alternate providers declined slightly during February 2023, from 3541 in January to 3330 in February. 1,525 incidents were referred to alternative providers in February 2023 and 1805 incidents were treated at scene.

There has been a general increase in APP conveyance rates in recent months, due to a number of factors: -

- CSP means the right jobs are not always there for APPs to alter or influence the disposition.
- The tasking of APPs has changed, moving away from APPs reviewing the stack to mandatory code sets.
- There has been an increase in respiratory patients of all ages over the last quarter who have been poorly and required hospital admission.

Remedial Plans and Actions

The Trust has modelled the use of same day emergency care (SDEC) services and identified that they could take an estimated 4% of EMS demand; it is currently less than 0.25%. This modelling has been provided to both EASC and WG. The percentage increase in conveyance to services other than EDs is a Ministerial Priority. The Trust's ability to improve this figure is dependent on pathways that are open to the Trust, for example, SDECs.

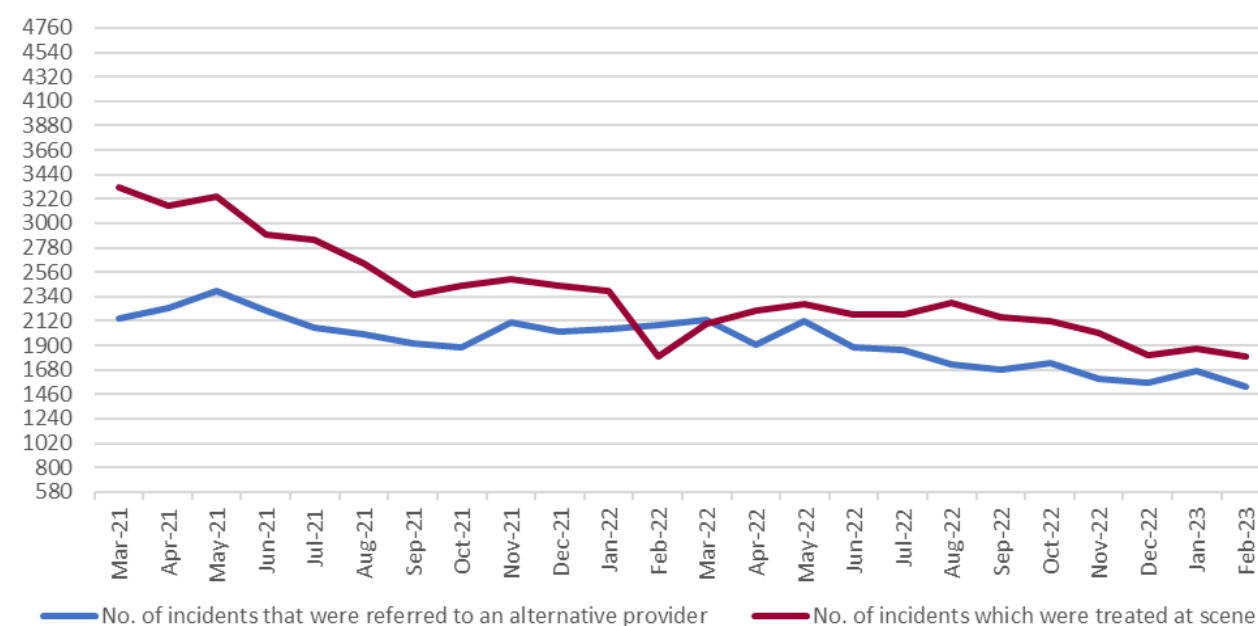
Utilisation of APP resources will continue to be monitored as part of weekly performance reviews and evaluation of the appropriate APP code-set will be undertaken through the Clinical Prioritisation and Assessment Software (CPAS) group.

Expected Performance Trajectory

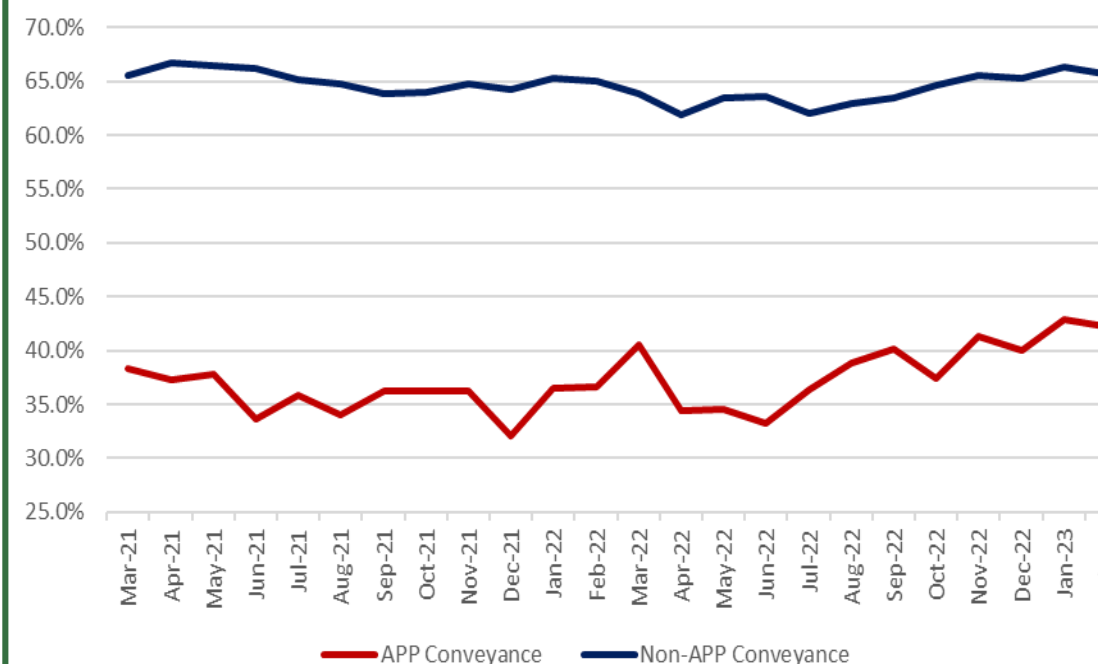
The Trust has completed modelling on a full strategic shift left, which identifies that the Trust could reduce handover levels by c.7,000 hours per month, with investment in APPs and the CSD; however, the modelling indicates that handover would still be at 10,000 hours per month. Health Board changes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

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

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



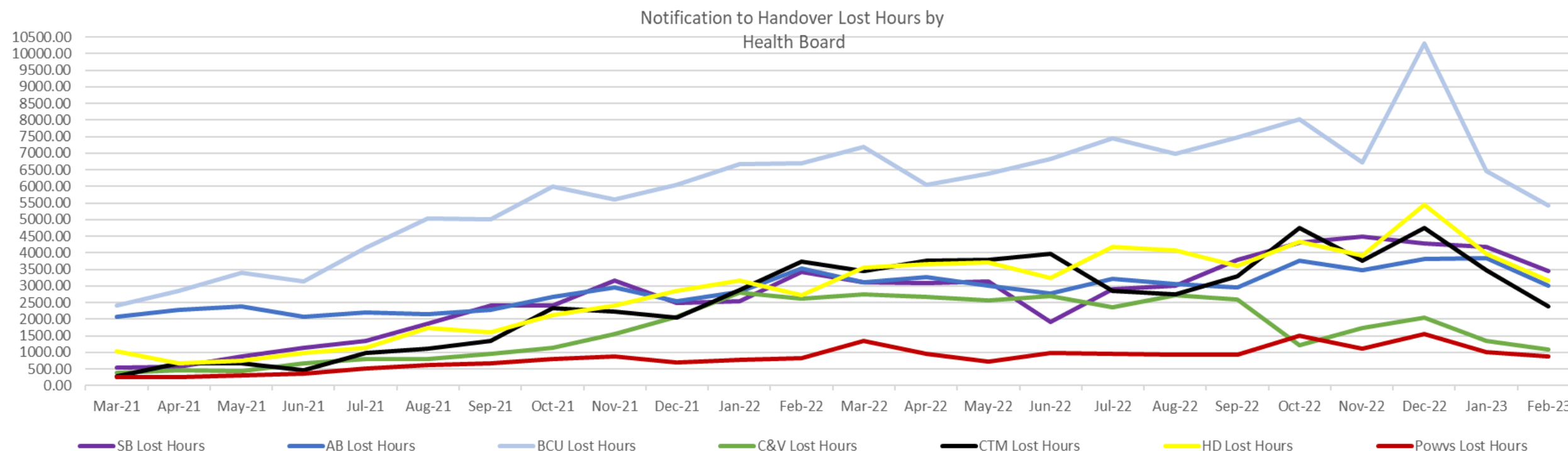
Partnerships / System Contribution

Handover Indicators

R

CI

QUEST



Analysis

295,495 hours were lost to Notification to Handover, i.e., hospital handover delays, over the last 12 months (Mar 22 to Feb 23), compared to 174,034 over the same timeframe the previous year. 19,110 hours were lost in February 2023, a reduction from the 23,525 lost in January 2023 and a lower number than the 23,232 recorded for February 2022.

The hospitals with the highest levels of handover delays during February 2023 were:

- Morriston Hospital (SBUHB) at 1,501 lost hours
- The Grange University Hospital (ABUHB) at 2,040 lost hours
- Glan Clwyd Hospital Bodelwyddan (BCUHB) at 1,338 lost hours

Notification to handover lost hours averaged 683 hours per day during February 2023 compared to 759 hours a day in January 2023.

In February 2023, the Trust could have responded to approximately 6,028 more patients if handovers were reduced, which highlights the impact the numbers are still having on service.

Remedial Plans and Actions

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

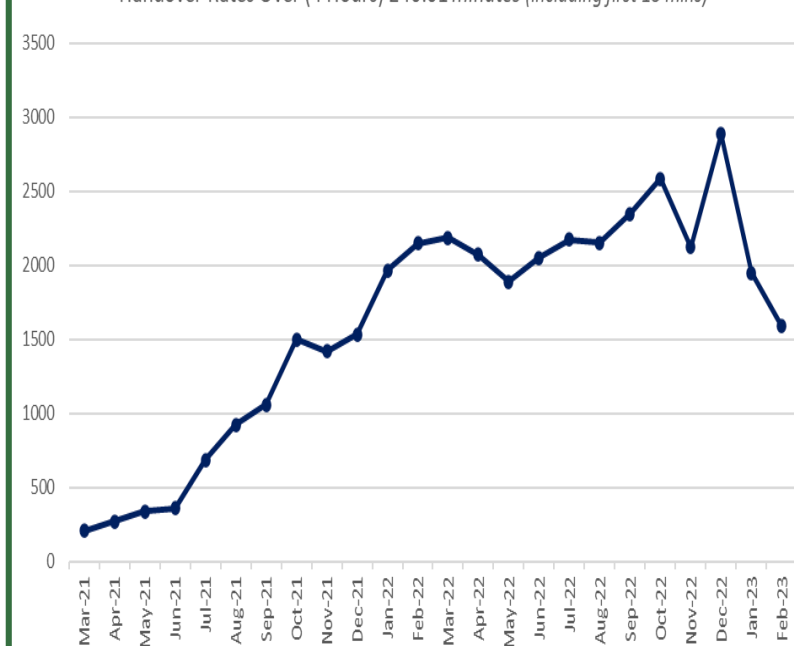
Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the COVID-19 pandemic.

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

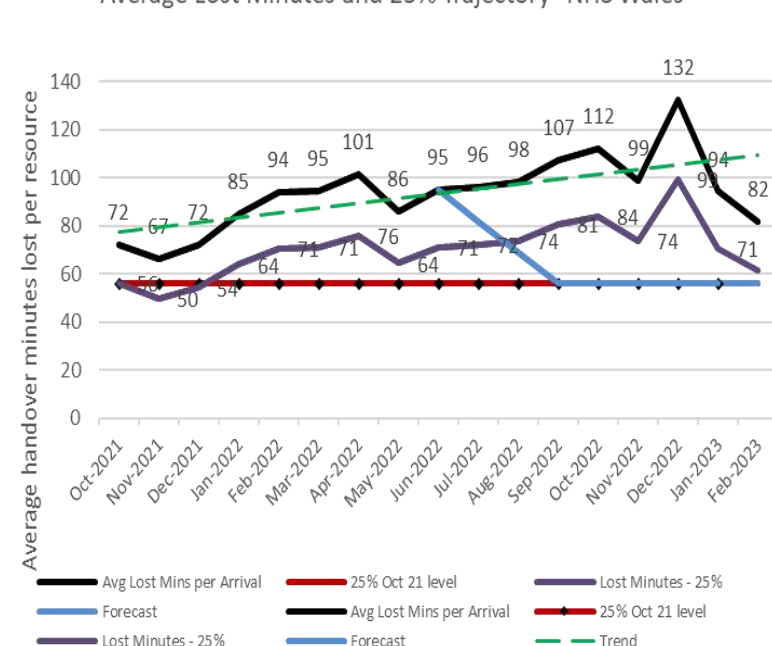
Expected Performance Trajectory

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

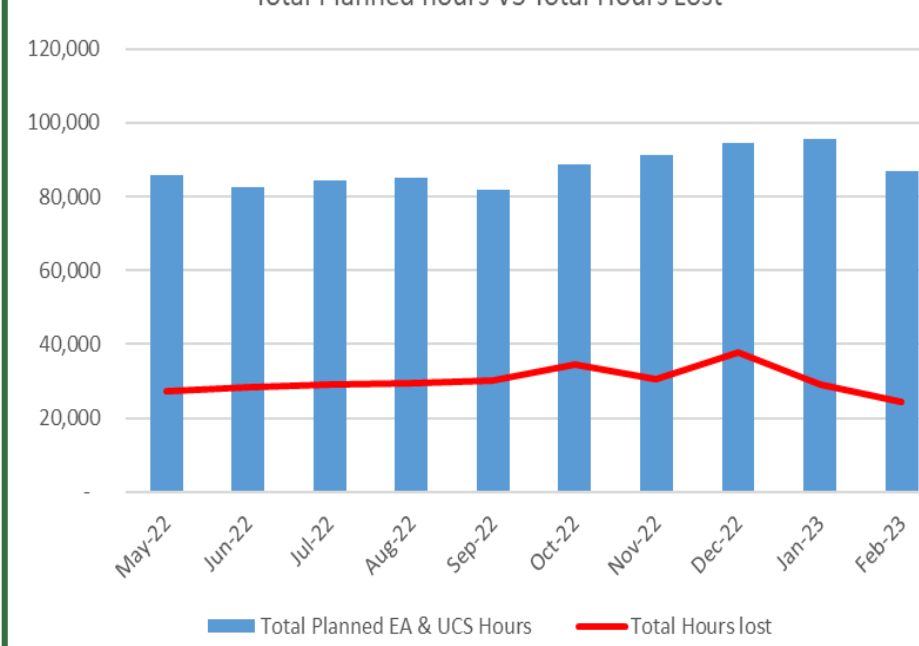
Handover Rates Over (4 Hours) 240.01 minutes (including first 15 mins)



Average Lost Minutes and 25% Trajectory - NHS Wales



Total Planned hours VS Total Hours Lost



(Responsible Officer: Health Boards)

Welsh Ambulance Services NHS Trust

Definition of Indicators

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

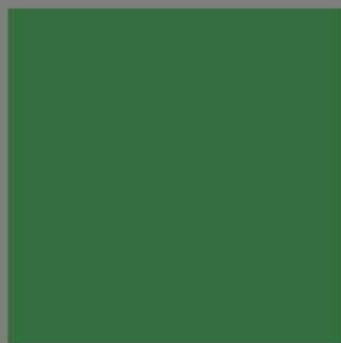


Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	CTM / CTMHB	Cwm Taf Morgannwg Health Board	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	ROSC	Return Of Spontaneous Circulation
AOM	Area Operations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

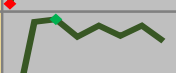





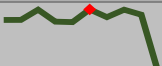

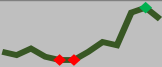




Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust



Welsh Ambulance Services NHS Trust
Integrated Performance Report
2020/21

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Jan-23	Feb-23	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience						
NHS111 Abandoned Calls	< 5%	18.60%	16.0%	14.9%		R
999 Call Answer Times 95th Percentile	95% in 00:00:06	0:52	0:03	0:03		G
999 Red Response within 8 minutes	65%	55.2%	48.9%	50.9%		R
999 Amber 1 Median	0:18	1:10	0:50	0:55		R
Stroke Patients with Appropriate Care	95%	TBD	76.2%	76.6%		R
Acute Coronary Syndrome Patients with Appropriate Care	95%	TBD	42.3%	35.7%		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	74%	71%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	90.0%	78.6%		R
National Reportable Incidents reports (NRI)	Reduction Trend	5	5	12		R
Concerns Response within 30 Days	75%	61%	21.0%	24.0%		R
Our People						
Capacity						
EMS Abstraction Rate	29.92%	42.00%	39%	36%		R
Hours Produced for Emergency Ambulances	95%	95.0%	97%	95%		G
Health and Wellbeing						
Sickness Absence (<i>all staff</i>)	8.00%	10.48%	8.95%	-		A
EMS Operations Sickness Rates	8.00%	7.76%	10.22%	8.98%		A
Staff Turnover Rate	Reduction Trend	8.71%	10.69%	10.86%		R
Statutory & Mandatory Training	>85%	82.3%	76.51%	60.10%		R
PADR/Medical Appraisal	>85%	60%	79.1%	78.7%		A
Value						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%		G

Post-Production Lost Hours (EA, RRV, UCS)	Reduction Trend	9,128	9275	8057		A
Partnerships / System Contribution						
NHS111 Consult and Close	Increasing Trend	1,215	811	949		A
Combined 999 & NHS111 Consult & Close	15.0%	12.5%	14.9%	14.2%		A
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	11.92%	10.72%	10.05%		A
Number of Handover Lost Hours	25% reduction from Oct-21 position	15,955	23,525	19,110		R



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

AGENDA ITEM No	16
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

WELSH AMBULANCE SERVICE PARTNERSHIP TEAM (WASPT)

MEETING	Trust Board
DATE	30 March 2023
EXECUTIVE	Jason Killens, Chief Executive Officer (Joint of WASPT) and Mark Marsden, EMT and Trade Union Representative (Joint of WASPT)
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this paper is to provide the terms of reference of the Welsh Ambulance Service Partnership Team (WASPT) for approval by the Board.
2. The terms of reference have been reviewed by the People and Culture Committee and a proposed amendment agreed. That Committee endorses their approval of the terms of reference by the Board.
3. WASPT will be subject to the annual effectiveness reviews conducted by the Board Secretary with effect from the 2023/24 year.

RECOMMENDATION:

4. The Board is requested to approve the terms of reference and operating arrangements.

KEY ISSUES/IMPLICATIONS

5. No issues to raise at this point.

REPORT ROUTE

WASPT – 15 November 2022
People and Culture Committee – 29 November 2022
WASPT – 25 January 2023

REPORT APPENDICIES

Annex 1 – Terms of Reference

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

WELSH AMBULANCE SERVICES PARTNERSHIP TEAM

SITUATION

1. The purpose of this paper is to provide the terms of reference of the Welsh Ambulance Service Partnership Team (WASPT) for approval by the Board.

BACKGROUND

2. The Trust's Standing Orders refers for advisory groups, with paragraphs 5.7.1 and 5.7.2 providing as follows:

The Local Partnership Forum's role is to provide a formal mechanism where the Trust, as employer, and trade unions/professional bodies representing Trust employees (hereafter referred to as staff organisations) work together to improve health services for the citizens served by the Trust - achieved through a regular and timely process of consultation, negotiation, and communication. In doing so, the Local Partnership Forum must effectively represent the views and interests of the Trust's workforce.

It is the forum where the Trust and staff organisations will engage with each other to inform, debate, and seek to agree local priorities on workforce and health service issues; and inform thinking around national priorities on health matters.

3. The terms of reference for advisory groups must be approved by the Board in accordance with the governance and operating framework it has set.
4. WASPT was stood down during the pandemic and a Trade Union Cell was stood up as part of the Pandemic Cell Structure.
5. The first formal meeting of the reconstituted WASPT was held on 15 November 2022 after meeting in shadow form on 22 September 2022.

ASSESSMENT

6. In 2022 a survey was conducted of trade union colleagues and members of the Executive Management Team to evaluate the effectiveness of the previous WASPT arrangements and the ways in which meetings should operate under a newly established advisory group. Respondents expressed a desire to maintain a strategic focus at WASPT with a structure that sits below it to resolve local issues.
7. WASPT has Joint Chairs, those being the Chief Executive and a Trade Union Representative. The current Chairs are Jason Killens and Mark Marsden. Membership is drawn from the Executive Management Team and equitable representation across Trade Unions.
8. The terms of reference have undergone a substantial review given the revised strategic focus; therefore a marked up version is not attached. The terms of

reference and operating arrangements have been reviewed by the People and Culture Committee.

9. The Standing Orders at 5.7.1 refers to WASPT as the 'Local Partnership Forum' however that nomenclature has not been adopted for WASPT. Local partnership forums will be established in the sub-structure to deal with local tactical/operational matters, with WASPT focusing on strategic issues.
10. The Standing Orders at 5.8.1 provides that the main link with this group and the Board is through its executive members. However, it is felt that reporting formally to the People and Culture Committee is more effective and aligns with that Committee's responsibility to provide advice and assurance to the Board on all matters relating to partnerships and engagement, including but not limited to trade unions. It is therefore intended that a AAA report will be presented to the People and Culture Committee following each WASPT meeting and in turn that Committee will report activity to the Board.
11. WASPT meetings will take place bi-monthly for the first four meetings with the intention that they will be held quarterly thereafter. The sub-structure being established for escalation from a local level will be key to this change in frequency. A review of operating arrangements will take place at the May 2023 meeting to evaluate the flow and embedding of the sub-structure before that change is affected.

RECOMMENDATION

12. The Board is requested to approve the terms of reference and operating arrangements.



WELSH AMBULANCE SERVICES PARTNERSHIP TEAM (ADVISORY GROUP) V2.1

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

- 1.1. The Trust's Standing Orders provide that *"The Trust may and where directed by the Welsh Ministers must, appoint Advisory Groups to the Trust to provide advice to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board shall, wherever possible, require its Advisory Groups to hold meetings in public unless there are specific, valid reasons for not doing so"*.
- 1.2. In line with Standing Orders the Board shall nominate annually a committee to be known as the Local Partnership Forum, herein referred to as the **Welsh Ambulance Services Partnership Team (WASPT)**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

- 2.1. WASPT is the forum where the senior leaders, trade unions and professional organisations work together to improve the Trust's services for the people of Wales. It is the principal partnership forum for the discussion of national priorities and strategies and where key stakeholders will engage with each other to inform, debate and seek to agree priorities on workforce and health service issues.
- 2.2. WASPT will provide the formal mechanism for consultation, negotiation and communication between the staff organisations and management. The TUC principles of partnership will apply.
- 2.3. Members will work in partnership, including:
 - Showing joint commitment to the success of the organisation with a positive and constructive approach
 - Recognising the legitimacy of other partners and their interests and treat all parties with trust and mutual respect
 - Demonstrating commitment to employment security for workers and



- flexible ways of working
- Sharing success – rewards must be felt to be fair
- Practising open and transparent communication – sharing information widely with openness, honesty and transparency
- Bringing effective representation of the views and interests of the workforce
- Demonstrating a commitment to work with and learn from each other

3. DELEGATED POWERS AND AUTHORITY

WASPT will:

- 3.1 Establish a regular and formal dialogue between WAST management and the staff representatives on strategic issues affecting the workforce and provide opportunities to input into organisational strategy and service development plans at an early stage.
- 3.2 Consider the implications on staff of service reviews and identify and agree new ways of working where required to deliver the service effectively.
- 3.3 Consider the implications for staff of NHS organisational change at a national level and to work in partnership to achieve mutually successful implementation.
- 3.4 Consider and discuss the Trust's services, activity and financial performance and the role of WASPT in improving performance and value for money.
- 3.5 Take account of, consider and communicate key decisions taken by the Board and senior management.
- 3.6 Develop and maintain in partnership appropriate facilities arrangements using Agenda for Change Facilities Agreement as a minimum standard.
- 3.7 Discuss and resolve escalations from sub-groups

Authority

- 3.8 WASPT as an advisory group supports, advises and challenges on matters of partnership working at a strategic level. Whilst decisions on a range of issues will be made by WASPT relating to consultation, negotiation, next steps and communication, all decisions that have financial, performance, and workforce consequences must be made with reference to the authorities set out in the Standing Orders and its annexures, in particular the Scheme of Reservation and Delegation ('SoRD') which details where decisions are reserved to the Board and where they may be delegated to Executives. Table A of the SoRD details the non-financial delegations and Table B details



the financial delegations to Directors and Officers. The SoRD can be found on the Trust [website](#).

Sub-Committees

- 3.9 WASPT may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of its business. Formal sub-committees may only be established with the agreement of the Board.
- 3.10 Sub-committees shall report regularly to WASPT by way of a highlight report clearly indicating areas of escalation.

4. MEMBERSHIP

Members

Membership of WASPT is proposed to be kept as small as possible to ensure its focus on strategic issues. A clear sub-structure for resolving issues at a local level and escalations will be put in place to support this. Membership is proposed as follows:

- 4.1 Management membership will be as follows:
- Chief Executive (management Chair)
 - Director of Workforce and Organisational Development
 - Executive Director of Operations
 - Executive Director of Strategy, Planning and Performance
 - Executive Director of Finance and Corporate Resources
 - Director of Paramedicine
 - Director of Partnerships and Engagement
 - Board Secretary
- 4.2 Staff representative membership shall consist of 12 members, representing the four recognised Trade Unions (GMB, RCN, Unison and Unite). However, once the sub-committee structure is established the staff representative membership will be reviewed with the intention that it will reduce to 8 members. Staff representation membership will collectively represent all major work groups and professional bodies at WAST.
- 4.3 WASPT shall have joint Chairs who will work in partnership and rotate the role each meeting. Joint Chairs shall ensure that key and appropriate issues are discussed by members in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.



- 4.4 The joint Chairs may extend invitations to other staff representatives, Directors and/or Senior Managers, and to officials (including full time officers) from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.
- 4.5 All members must:
- Engage with and fully contribute to WASPT's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
 - Prepare fully for the meeting by reviewing any papers provided;
 - Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes;
 - Promote the work of WASPT within the directorate, Trade Union and/or professional discipline they represent.
- 4.6 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement members must notify the Board Secretary before the day of the meeting that they are unable to attend and the name of the member who will attend as the substitute.
- 4.7 The arrangements under which staff are allowed time off to attend meetings of the group and reimbursed expenses incurred in attending such meetings are set out in the agreed Policy on Recognition of and Facilities for Trade Unions.

Member Appointments

- 4.8 WASPT membership shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the group's remit, and, subject to any specific requirements or directions made by the Welsh Government. Membership will be reviewed by the Trust Chair annually.
- 4.9 Staff representative membership (including the Chair) will be drawn from the elected staff side.
- 4.10 It is intended that the majority of membership will be consistent to allow for continuity of discussions and ease of communication, other than when a deputy is required under the provisions in paragraph 4.6. Where a member does not attend for three consecutive meetings the joint Chairs may seek an explanation from the member and where necessary the replacement of the member.

Secretariat and Support to WASPT

- 4.11 The Board Secretary, on behalf of the joint Chairs, shall:



- (a) Arrange the provision of advice and support to members on any aspect related to the conduct of their role;
- (b) Facilitate the effective conduct of Trust business through meetings
- (c) Provide the secretariat function to WASPT;
- (d) Ensure members have the right information to enable them to make informed decisions and fulfil their responsibilities;
- (e) Ensure that in all its dealings, WASPT acts fairly, with integrity, and without prejudice or discrimination;
- (f) Monitor the group's compliance with its terms of reference; and

4.12 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub-committees established.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least 50% of the management members and 50% of the staff representative members must be present to achieve a quorum.

Frequency of Meetings

- 5.2 Meetings shall be held no less than quarterly or otherwise as the joint Chairs deems necessary. However, for the first four meetings of WASPT these shall be bi-monthly to allow the group to re-establish.
- 5.3 Due to the sensitivity of the issues being discussed, meetings shall be held in private session with the public and press excluded.

Withdrawal of individuals in attendance

- 5.4 The Chair may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of particular matters.

Conflicts of Interest

- 5.5 Members must disclose all conflicts of interest in line with the Standing Orders and the Trust's standards of business conduct policy. Members may be asked to recuse themselves from all or part of discussions where a conflict is deemed to exist.



6. OPERATING ARRANGEMENTS

Agenda Setting

- 6.1 The joint Chairs shall meet with the Board Secretary at least 5 weeks before a meeting to set the agenda which will be circulated to members within 5 working days of that meeting.
- 6.2 Changes to agenda shall only be made with the agreement of both joint Chairs.
- 6.3 Any items of 'other business' must be notified to the joint Chairs ahead of each meeting so that appropriate time can be provided for in the meeting for discussion.

Papers and timetables

- 6.4 The presentation of items on the agenda should be accompanied by sufficient information for WASPT to make a determination on that item. Where an SBAR is not possible due to operational pressures, a shortened template will be developed.
- 6.5 Papers will be circulated with the agenda 14 calendar days before the meeting unless otherwise agreed with the joint Chairs.

7. REPORTING AND COMMUNICATION

Reporting

- 7.1 WASPT shall report into the People and Culture Committee of the Board as that Committee has the responsibility to provide advice and assurance to the Board on all matters relating to partnerships and engagement relevant to the remit of the Committee, including but not limited to trade unions, external organisations and staff communications.
- 7.2 Notwithstanding that the Standing Orders provide that WASPT's main link with the Board is through the executive members of the group, the joint Chairs shall prepare a highlight report to the People and Culture Committee following each WASPT meeting setting out any areas of escalation and key issues discussed. In turn, the People and Culture Committee will report such work in their highlight report to the Board.
- 7.3 WASPT shall submit an annual report to the Board through the Chair of the People and Culture Committee within three months of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-Committee it has established



Communication

- 7.4 The WASPT highlight report will be used to communicate the work of the group to the organisation more widely. This is in keeping with the Standing Orders that requires advisory groups to report regularly on its activities to those whose interest they represent.
- 7.5 The Chair of the Trust Board shall meet with the joint Chairs on a regular basis to discuss the WASPT activities and operation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of WASPT, except in the following areas:
- Quorum
 - Meeting in private session
 - Reporting to the People and Culture Committee

9. REVIEW

- 9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

9. VERSION CONTROL TABLE

Version Number	Change	Author/ Reviewer/ Approver	Date
1.0	Terms of Reference and Operating Arrangements for Welsh Ambulance Partnership Forum (WASPF)	WASPF	TBD
1.1	Terms of Reference for reconstituted Welsh Ambulance Services Partnership Team (WASPT). Revised format and wording review approved	WASPT	15 November 2022
2.0	Terms of Reference for reconstituted Welsh Ambulance Services Partnership Team (WASPT) – amendment sought to para 3.4	People and Culture Committee –	29 November 2022
2.1	Terms of Reference amendment to para 3.4 approved	WASPT	20 January 2023
2.1	Terms of Reference for reconstituted Welsh Ambulance Services Partnership Team (WASPT)	Trust Board – Approval	30 March 2023



QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	30 March 2023
Committee Meeting Date	9 February 2023
Chair	Bethan Evans

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Handover lost hours in December were at their highest at over 32,000 hour, with Red and Amber 1 response times far in excess of where the Trust would want to see them. These will be the subject of more detailed review at the Finance and Performance Committee. Whilst for **January** performance has improved, **handover lost hours were still significantly concerning at 23,500 hours and continue to present patient safety risks.** The very poor patient experience and risk of continued harm ran through most of the items discussed at this meeting and is the focus of **risks 223 and 224**, with each remaining at a score of 25.

The Committee is aware of the actions being taken by WAST to mitigate harm and of the escalations and actions in the system and with Welsh Government. Progress against these actions is a focus at each Public Board, however a continued high number of concerns raised, immediate release direction refusals (both Red and Amber 1), and incidents linked to timeliness of response demonstrates that more pace is required to address the issue at a system and strategic level.

Members will continue to challenge on further actions that can be put in place, raise the issue in their respective forums, and will keep a close eye on the national review by Audit Wales into the effectiveness of unscheduled care services in Wales to provide further insight into the root causes of flow and delays.

2. The Trust's **readiness for implementation of the Duty of Quality and Duty of Candour** when the Health and Care (Quality and Engagement) (Wales) Act 2020 is introduced on 1 April was presented. The Welsh Government has set a baseline position for all Health Bodies to achieve by 1 April, and the Committee were not satisfactorily assured WAST was in a position to meet the baseline requirements at this point. It was recognised there is work planned throughout the remainder of the quarter to meet that baseline both by the Trust and by Welsh Government, as there are dependent activities required from Welsh Government to support implementation of the Act. The Committee will not meet again until May therefore Trust Board will receive an item at its March meeting to review further progress made on our readiness against the baseline position ahead of 1st April 2023. The **Quality Strategy** is key to delivering our plans for embedding the Duty of Quality and Duty of Candour, and the Committee were not assured that robust plans were yet in place for implementation of the strategy. Given the ongoing significant pressures across WAST, progress on implementation of the Quality Strategy has continued to be adversely affected. A more detailed paper on this was requested for the May meeting, and the Committee will include a focus on this as



one of its priorities for 2023/24.

ADVISE

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

3. The **Committee heard from Lisa Taylor** who told us of the heartwarming experience the WISH team gave to her and her late husband Spencer. The WISH team is a group of WAST staff who volunteer their time to support end of life patients when they express a wish to spend time with their families and/or visit a special place. The WISH team took Spencer to Saundersfoot beach (a favourite of Spencer's and Lisa's) from Glangwilli Hospital his birthday, picking him up in an ambulance that was decorated with birthday banners and ensuring a space was cordoned off in front of the beach for the ambulance and for his family members. On the way back to the hospital the crew surprised Spencer and Lisa by detouring to his home, which Lisa said was particularly special for them all. Lisa told us that it was lovely to enjoy the day without worrying about Spencer's medical needs which were taken care of so well by the WISH team. The whole day was a special memory for them both. Lisa's story can be viewed here.
<https://www.youtube.com/watch?v=Svf1pbAx14Y>
4. Members expressed their thanks to Lisa and her family for sharing their story. Particular thanks went to Mark Harris, Assistant Director of Operations (NEPTS), Ed O'Brien, MacMillan Paramedic and end of life care lead, and all of our WAST colleagues who volunteer for this very important and rewarding service.
5. There was no **patient story tracking diagram** at this meeting as it is undergoing a redesign to enable it to map to the relevant IMTP priorities/workstreams. This diagram tracks outcomes of patient stories which the Committee has heard previously to show actions taken to address issues raised, and improvement of outcomes as a result.
6. The Committee was pleased to hear that **Penthrox** (rapid short-term analgesic) will be introduced for use at WAST. Volunteers recently saw the roll out of Paracetamol and the introduction of Penthrox for their use is also being planned.
7. The Committee received the quarterly **Operational Update** as a standing agenda item. This report in its new format continues to provide helpful context for the Committee in its oversight role for quality, patient experience and safety. The Committee will receive further detail on the pilot re-introducing the intelligent routing platform for 999 calls following the critical incident in December.
8. In response to replies to the effectiveness survey, the agenda included an opportunity to **reflect** on the meeting. Comments included:
 - While the meeting ran slightly over time, the space the Chair allowed for discussion and exploration of issues was much appreciated;
 - Useful discussion and generated a lot of actions;
 - Good challenge from Non-Executive colleagues;
 - Complex papers could be presented with a few bullet points on a slide to Committee; and
 - Meeting was reflective of our governance framework that provides for Committees to debate items in more depth.

ASSURE

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



9. The Duty of Quality and Duty of Candour preparedness paper included a **self-assessment against the Health and Care Standards 2015**. Whilst it was recognised that these standards will change when the Health and Social Care (Quality and Engagement) (Wales) Act 2020 is introduced the self-assessment was welcomed. However, it was difficult to ascertain compliance levels against the Standards on the basis of the paper as further work is required to evidence responses which has been challenging given the current pressures experienced by the Trust.
10. The Committee held its **annual effectiveness review**. Responses to questionnaires were reviewed and changes agreed to terms of reference and operating arrangements. The Committee's annual report and revised terms of reference will be presented to the Audit Committee on 20th April and the Board on 26th May.
11. The **Safeguarding Annual Report** was received and is attached. The report provides an overview on how the Trust has performed during 2021/22 in relation to safeguarding people in our care. The Committee commended the team on the report and were assured that use of Docworks and the uptake in training meant that the increase in the volume of reporting was a positive indicator of a change in culture around safeguarding. Future reports will demonstrate more clearly WAST's external influence in this area and relationship with Commissioners.
12. The Committee receives assurance reporting by way of the **Monthly Integrated Performance Report (MIQPR)** for December and the **Q3 Patient Safety Highlight Report**. It was recognised that the duplication and overlap in the reports is being addressed and future reports will reflect a more streamlined approach. The MIQPR had been discussed in detail at Trust Board shortly before this meeting therefore the Committee focused on and noted:
 - Good improvement in Consult and Close at just under the 15% target set for December which is a positive outcome for patients.
 - Clinical indicators appear a long way below target which is largely thought to be a result of the introduction of the new electronic patient care record (ePCR). Following audits conducted for each of the clinical indicators a number of 'top tips' have been developed for improved use of ePCR, with audits also contributing to improvements in the ePCR data capture. The Committee deferred the clinical audit plan for this meeting due to the significant pressure through December and January but will review the plan in May.
 - The recruitment and retention issues related to performance against 111 abandonment rates and 111 clinical assessment will be discussed at the February People and Culture Committee. Poor patient experience on accessing the NHS 111 Service and navigating the website were raised in the PECl report as was the reasons many patients visit the website.
 - There is good performance for NEPTS renal journeys and discharge and transfer journeys, and patient satisfaction remains consistently good.
 - Immediate release directions refused remain concerningly high. Whilst the volume had reduced in January it was noted that there were a number of variables during that month including industrial action which likely impacted this positively. The Chief Executive continues to report immediate release direction data to the Director General on a weekly basis for central management. The Committee requested a closer look to identify trends on the days where performance was better. The Committee will review an internal audit on immediate release requests at the next meeting to review improvements proposed.
 - Continued high numbers of concerns being received with the 30-day response times remaining significantly behind the 75% target at 26% despite additional resourcing in the team. This was due to multiple factors including increased numbers of complaints and their complexity. In addition, current operational pressures mean that colleagues who input into the investigations i.e. listening to calls, call audits, quality assessing and inputting into wider conversations with Health Board colleagues have not been available. The additionality has meant that the two day response



performance has however improved.

- The new joint investigation process (previously Appendix B) is seeing good benefit in the majority of the Health Board areas.
- There were no Nationally Reportable Incidents (NRIs) identified in December, despite the long waits in the community for all categories of calls. This may not necessarily reflect a lack of incidents but we may not yet have seen that flow due to current pressures.
- Two Coroner Regulation 28 notices were received in the quarter with the theme of handover delays. The Committee were reassured learning was being drawn from these notices.

13. The **Patient Experience and Community Involvement (PECI)** Q3 report was received showing positive progress on the Trust's understanding learning disability e-learning module. Themes around long waits for an emergency ambulance remains consistent. Despite the challenging backdrop of long waits people continued to provide positive feedback about their interactions with our staff. The quarterly report will continue to be produced for staff and stakeholders, however the report to this Committee will move to a bi-annual report focusing on analysis, themes, and trends.

14. The Committee were not presented with the **audit tracker** at this meeting, however it was noted that there were overdue recommendations that would receive a focused review prior to the next meeting.

RISKS

Risks Discussed: There are two corporate risks assigned to the Committee which are rated as high risks with no changes to scores since the last review. **Risk 223:** the Trust's inability to reach patients in the community causing patient harm and death and **risk 224:** significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service are both rated at 25. The theme of these risks arose throughout the agenda items discussed at this meeting. The Committee noted many of the actions for risk 224 are due for checkpoint review in Q4 and should any of those crystallize in that time the Committee will be interested to see how they further mitigate the risk.

New Risks Identified: No new risks were discussed in this meeting.

COMMITTEE AGENDA FOR MEETING

Feedback from Chair on escalations from Committee to Board in January	Operations Directorate Quarterly Report for Q3	Patient experience
Monthly Integrated Quality Performance Report	Patient Safety Report Q3	Risk Management and Board Assurance Framework Report
Patient Experience and Community Involvement Report	Duty of Quality and Duty of Candour preparedness	Committee annual effectiveness review 2022/23
Internal Audit Tracker	WAST Annual Safeguarding Report	

COMMITTEE ATTENDANCE

Name	12 May 2022	11 August 2022	10 November 2022	9 February 2023
Bethan Evans				
Kevin Davies				
Paul Hollard				
Ceri Jackson				
Hannah Rowan				
Wendy Herbert		In attendance	In attendance	
Liam Williams		First meeting		
Andy Swinburn				



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Lee Brooks				
Andy Haywood				
Leanne Smith		First meeting		
Rachel Marsh	Hugh Bennett			
Trish Mills				
Angela Roberts				
Mark Marsden		First meeting		
Hugh Parry				
Craig Brown				
Ian James		First meeting		

	Attended
	Deputy attended
	Apologies received
	No longer member



Welsh Ambulance Services NHS Trust

Safeguarding Annual Report 2021-2022



Page Number

Introduction	
1. Safeguarding People	4
2. Education and Training	8
3. Partnership Working	11
4. Quality Improvement	14
5. Safeguarding Via Safe Recruitment and Retention Practices	19
Conclusion	
Moving Forward	
References	



The Safeguarding annual report provides an overview on how the Trust has performed over this reporting period in relation to safeguarding people in our care. This reporting period has been particularly challenging for the NHS across Wales. Priority is given within the report to evidence the significant increase in Safeguarding activity within the organisation, staff ability to fulfil their responsibility to recognise and act on issues and concerns in relation to Safeguarding people in our care, the sharing of information on concerns identified as well as sharing good practice, learning from the experiences of WAST Safeguarding activity, improving systems and processes and highlighting the organisation's effective responses to the rapidly changing circumstances and impact in relation to relevant adverse National issues, including the COVID19 pandemic.

This year's report aims to give the Trust Board the necessary assurances that the statutory duties under the Children Act 2004, the Social Services and Well-being (Wales) Act 2014, the Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015 and the Welsh Government Adult and Child Protection guidance are being fulfilled. The Trust complies with the specific requirements under section 25 of the Children Act 2004 that there is a lead executive director for children and young people's services and a designated non-executive director for the purposes of the Act. The Director of Quality, Safety and Patient Experience is currently the executive lead for safeguarding within the Welsh Ambulance Services NHS Trust (WAST).

The Head of Safeguarding has responsibility as Named Professional for Safeguarding Children as well as Adults at Risk. This role ensures the Trust's compliance with Statutory Legislation and Guidance above. The Head of Safeguarding takes the organisational strategic lead on all safeguarding related matters for WAST.

Key functions have included ensuring appropriate policies, procedures, pathways, audit and training are developed and kept updated in line with national legislation and guidance. In addition, the Safeguarding Team monitors and provides recommendations on any service developments and service level agreements which have the potential to impact on the well-being of children and adults at risk. This ensures the organisation's ability to provide safe and effective care which protects vulnerable people from abuse, neglect and exploitation; and compliance with Health and Care Standard 2.7: Safeguarding Children and Adults at Risk.



1. Safeguarding People

Safeguarding People within this report for 2021-2022 relates to the Welsh Ambulance Services NHS Trust's Safeguarding activity to prevent, protect and support service users and their families who are at risk from issues related to abuse, neglect, exploitation, violence against women, domestic abuse and sexual violence. It includes data relevant to the **COVID19 pandemic** experience which has continued to have National recognition of increased vulnerability for Children and Adults at Risk of Abuse.

This section of the report provides insight into our service users by age range for safeguarding referrals made when our duty to protect a person from harm in the context of safeguarding has occurred. This allows us to understand where particular areas of potential vulnerability may exist.

Safeguarding Child Reports where age is known

Age Profile Child Reports 2021-2022

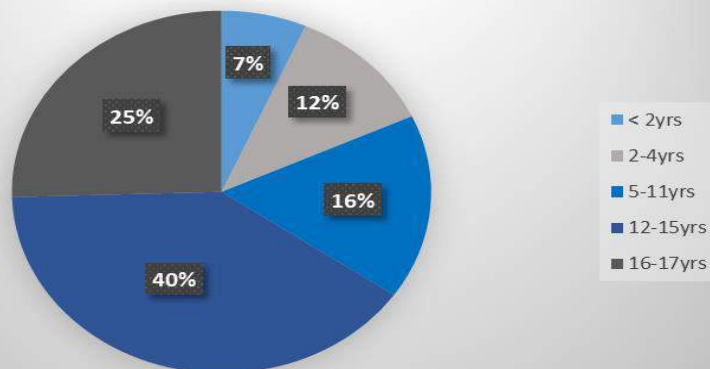


Chart 1

The WAST data 2021/22 profile by age range for child referrals resulted in a higher number of concerns reported for children aged 12-15yrs (40%) and 16-17yrs (25%) in comparison to those aged 10yrs and under. This indicates that a higher vulnerability was identified by WAST staff in relation to Safeguarding concerns for the 11-15yr and 16-17yr olds who had contact with our services during this reporting period. This is a consistent theme noted in the previous reporting period.

Safeguarding Adult Reports where age is known

Age Profile Adult Reports 2021-2022

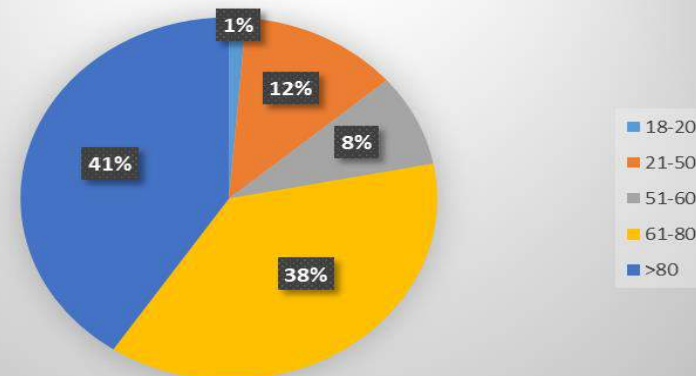


Chart 2

The WAST data for 2021/22 adult referrals made indicates that there were a higher number of concerns reported for adults aged > 80yrs (41%), 61-80yrs (38%). Compared to those aged 60yrs and under with the lowest number of concerns reports for 18-20yr old age range during this reporting period. This indicates higher vulnerability identified by WAST staff in the over 61yr age range; which is expected as potential vulnerability increases with age in general as well as in relation to Safeguarding concerns.

Safeguarding Referral Information

The Safeguarding Team's priority is to ensure that WAST staff provide safe and effective care which protects people at risk of abuse and neglect as well as those in need of care and support. This involves reporting concerns appropriately to the relevant agencies and utilising appropriate pathways which further support victims of domestic abuse and sexual violence following contact with our service. WAST compliance with the requirements from the Children Act 2004, Social Services and Well-being (Wales) Act (SSWA) 2014, Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (VAWDASV), as well as the Health and Care Standard 2.7 is demonstrated by this activity.

Following contact how many safeguarding concerns have been identified by WAST staff?

Graph 1



DocWorks 2021-22

The introduction of DocWorks has been further progressed during this reporting period with the updated Scribe App 2. In November 2021 WAST staff were also able to submit a digital form for VAWDASV to Live Fear Free and for fire safety concerns to the Fire Service.

Table 1 illustrates a further breakdown of the referrals made by type where known

Table 1

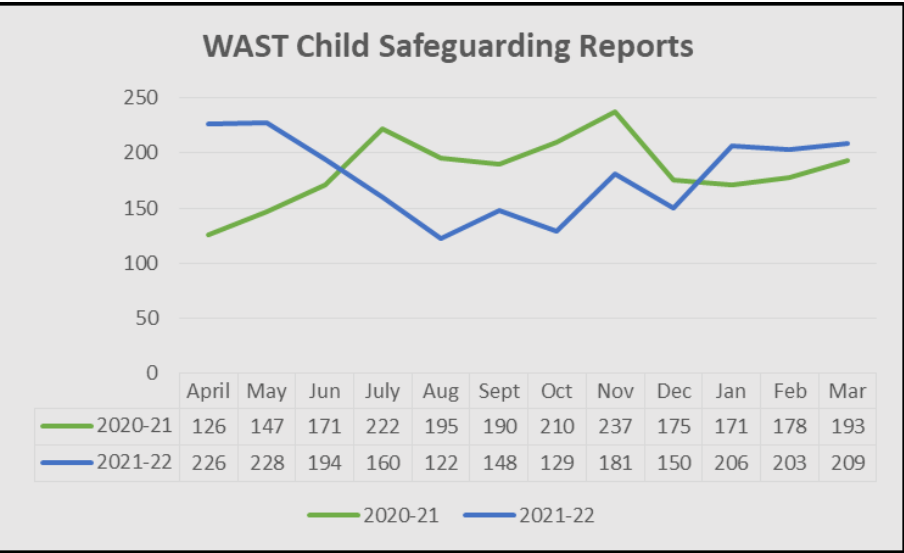
Report	2019/20	2020/21	2021/22
Child at Risk	1486	1461	1303
Child in Need	454	754	853
Adult at Risk	836	1149	1106
Adult social care need	2108	3291	3785
Total	4884	6655	7047

Reporting Rates

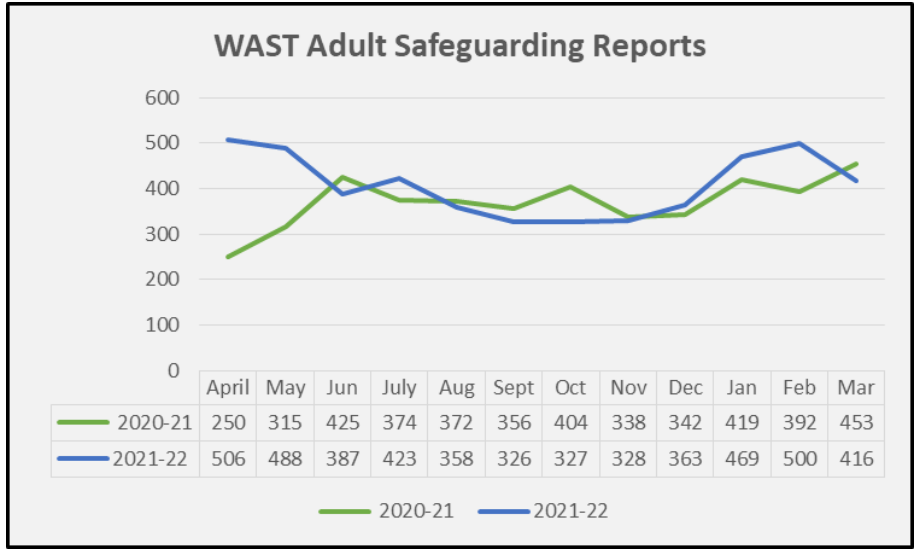
The number of reports submitted by WAST staff has continually increased since the initial launch of DocWorks in 2019. March 31st 2019 – March 31st 2022 demonstrates an increase of 85% in reports made by WAST staff.

The following graphs illustrate WAST Safeguarding reports by Month for 2021/22 and the comparison with the last reporting period, as well as per WAST Health Board Area (Note: a small number of reports made by WAST staff were for areas outside of Wales HB's)

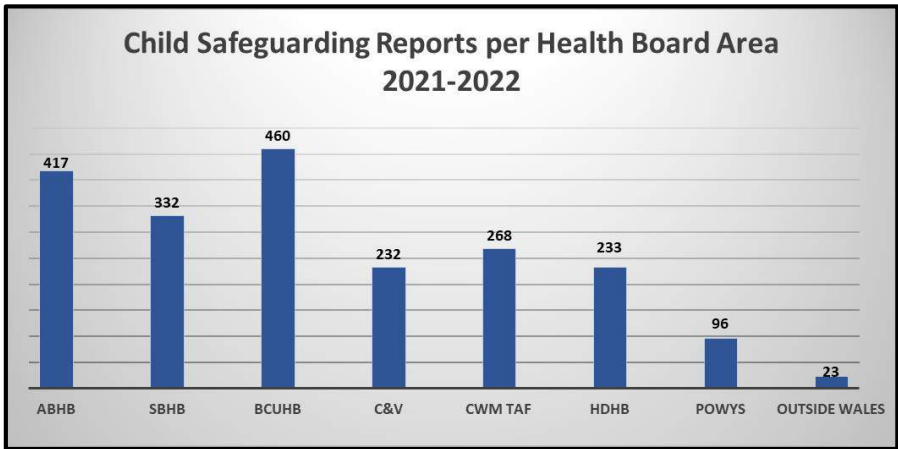
Graph 2



Graph 3



Graph 4

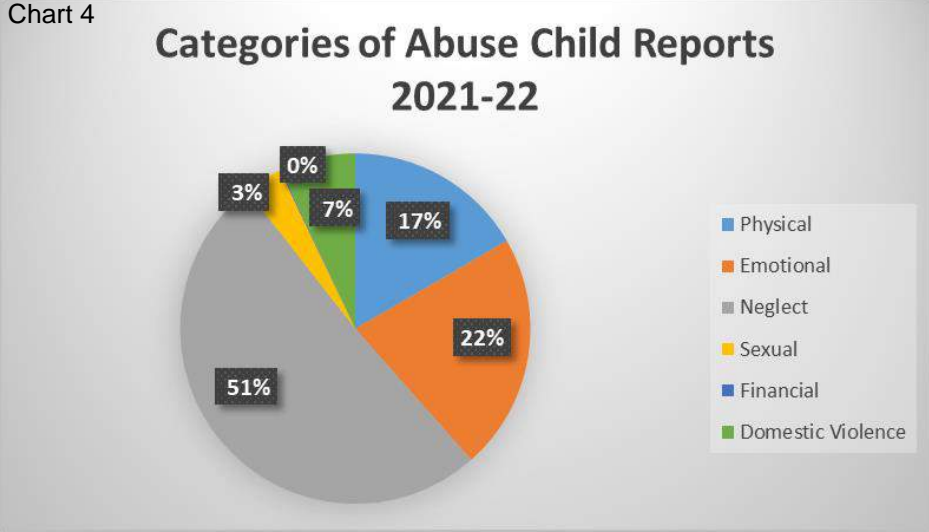
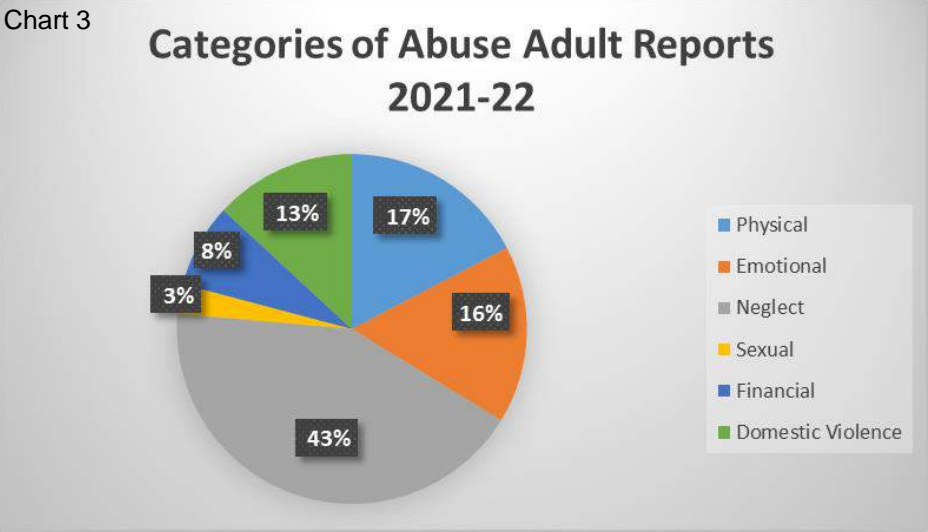


Graph 5



Safeguarding Referral Information

The Safeguarding Team has continued to progress WAST staff skills and understanding of the Safeguarding thresholds met, to ensure that the reports made to Social Services are appropriate and in accordance with the required standard. This includes the identification, appropriate support and that potential actions are taken for victims associated with violence against women, domestic abuse and sexual violence.



Categories of Abuse reported by WAST staff 2021-2022

WAST ability to capture data relating to financial abuse of children has been included for the first time during this reporting period. The implementation of DocWorks has also enabled an ability to identify data relating to discriminatory abuse, self-neglect, modern slavery and institutional abuse. This information will be included in the next reporting period.

Safeguarding People ‘Challenges during the COVID 19 Period’

It is acknowledged that the COVID 19 pandemic has had an adverse effect on those at risk of harm within Wales. The lockdowns and social distancing measures in place across the UK, has made it difficult for some health professionals to keep in regular contact with children and adults at risk to check on their welfare. However this has not been the case with the frontline emergency services in WAST. Practitioners in both the EMS and NHS 111 have faced unprecedented demand in care and treatment services as well as challenges to support and safeguard vulnerable adults, children and families with reduced availability from partner agencies over the past year.

2. Education and Training

The Trust's annual training plan continues to support statutory safeguarding requirements. This is achieved by ensuring that staff are provided with the right level of training commensurate with their role. Working in partnership with the Training College (NATC) the Safeguarding Team have established a three yearly training program for child and adult Safeguarding.

Safeguarding Training delivered on the 2021-22 induction programme for new staff was achieved by both classroom delivery, where COVID regulations could be followed, and also virtually via Microsoft Teams. All packages were developed to meet the required standards and to ensure a positive learning experience for those participating.

WAST achieved overall compliance of **99%** for Safeguarding Children Training during this reporting period. In addition to the face-to-face induction sessions, staff also accessed training via the NHS e-learning portal.

By utilising this system **89%** of staff completed Level 2 adult safeguarding training during the reporting period.

All new staff received training on induction, those requiring mandatory refresher training will be facilitated during the 2022-2023 CPD programme.



The graphs below illustrate compliance with training as required during 2021-22 per staff group :



Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)



This section of the Safeguarding Annual report outlines the VAWDASV National Training Framework Training Plan for the Welsh Ambulance Service NHS Trust (WAST). Under Section 15 of the VAWDASV (Wales) Act 2015, WAST “is required to incorporate training for Groups 1, 2, 3 and 6 into their existing learning and development framework and submit to the Welsh Ministers their own training plan, training needs analysis and annual plan based on this”.

The Plan for WAST was reviewed and updated following consultation with the Welsh Government VAWDASV team in March 2018 and subsequently included in an Annual NTF Report to Welsh Government in May 2022.

Group 1 of the National Training Framework

There has been significant work and progress made since the launch of Group 1 throughout WAST.

Table 2 illustrates the progress made since the initial launch during WG pilot. The number of staff who have completed Group 1 training has been determined by the WAST Online Learning Management and training department records which are recorded on WAST electronic staff records (Target 100% compliance).

Table 2

Total staff employed	Number completed Group 1	% compliant
3213 <i>March 2017</i>	1537	48%
3286 <i>March 2018</i>	2413	73%
3450 <i>March 2019</i>	2795	81%
3617 <i>March 2020</i>	2888	80%
4091 March 2021	3430	84%
4436 March 2022	3951	89%



The majority of WAST ancillary staff and those who are office based achieve Group 1 via the ESR online learning module. Face to face Group 1 training is only delivered to frontline staff including Paramedics, Emergency Medical Technicians, Urgent Care Service and Non-Emergency Transport Service staff. This training is delivered by WAST trained trainers who have been approved through the NTF Agored Cymru train the trainer process.

WAST has noted an increase in the total number of staff employed since the launch of this training. This has affected the overall compliance during this reporting period.

Groups 2 and 3 of the National Training Framework

During this reporting period WAST has continued to participate as a pilot site for phase 2 of the National Training Framework for Violence against women, domestic abuse and sexual violence. The challenge of which is being met under the governance of the Safeguarding Strategic Group and operationally by the “Ask and Act” task and finish group. This has given WAST the opportunity to start to deliver a comprehensive training package to our frontline staff so that they are further supported to identify, support and take action for victims and their families.

WAST trained trainers commenced the required training for Group 2 “Ask and Act” as part of the Welsh Government Pilot in October 2018. A total of **1378** staff have been trained to date against a target of **1784** for this period resulting in **78%** compliance with WAST 5 year training plan. It is acknowledged that this has been achieved during the continued challenge of the COVID 19 period.

Table 3 illustrates the evaluation of learning following the completion

Group 2 - % Learners provided a rating as good or excellent		
	Pre Training	Post Training
Q1. Knowledge on the Subject	56%	87%
Q2. Skill regarding the Subject	46%	74%
Q3. Confidence regarding the subject	44%	89%

Next Steps

- Reinstate plan for Group 3 champion training
- Evaluate the Welsh Government survey to assess the impact of the National Training Framework
- Monitor progress of the digitalised Live Fear Free Pathway within WAST utilising DocWorks
- Review and update WAST Ask and Act policy
- Review and update WAST training plan

Table 4 WAST Violence against women, domestic abuse and sexual violence 5 year Training Plan

	2017-18	2018-19	2019-20	2020-21	2021-22
Group 1	Train remaining staff 1676 Commence training CFR volunteers	All new staff and Volunteers	All new staff and Volunteers	All new staff and Volunteers	All new staff and Volunteers
Group 2	Train the Trainers for WAST 12	Group 2 staff 446	Group 2 staff 446	Group 2 staff 446	Group 2 staff 446
Group 3	Train the Trainers for WAST 12	Train WAST Champions 25	Train WAST Champions 25	Train WAST Champions 25	Train WAST Champions 25
Group 6	Strategic Engagement Plan Strengthening Leadership Series	Strategic Engagement Plan Strengthening Leadership Series	Strategic Engagement Plan Strengthening Leadership Series	Strategic Engagement Plan Strengthening Leadership Series	Strategic Engagement Plan Strengthening Leadership Series

3. Partnership Working

The amount of activity generated by our duty to cooperate illustrates a significant decline in requests for WAST engagement during this reporting period. This is attributed to the COVID 19 impact on agencies' ability to comply with Section 7 of the Social Services and Wellbeing (Wales) Act 2014, as well as the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and continued under Section 9 of the Domestic Violence, Crime and Victims Act 2004.

The rapid introduction of the Coronavirus Act 2020 set out regulations in Wales which relaxed the obligations on Social Services and other agencies so that they could focus on the priorities of meeting the immediate needs of those at increased risk due to the Pandemic.

The Head of Safeguarding, Executive and Assistant Directors within the Quality, Safety and Patient Experience Directorate have ensured engagement at a strategic level. This has also required the support of the Senior Professionals from within the Team during this reporting period.

WAST Safeguarding engagement with the Regional Boards has included activity with the following:

Adult Practice Reviews			Child Practice Reviews			Domestic Homicide Reviews		
<u>2019-20</u>	<u>2020-21</u>	<u>2021-22</u>	<u>2019-20</u>	<u>2020-21</u>	<u>2021-22</u>	<u>2019-20</u>	<u>2020-21</u>	<u>2021-22</u>
14 Reviews	2 Reviews	3 Reviews	6 Reviews	3 Reviews	5 Reviews	11 Reviews	0 Reviews	4 Reviews

The Review Process

There is a fundamental obligation for all agencies involved in the care, support and protection of those at risk ensuring the highest possible standards of that care, support and protection are provided and maintained at all times. Part of this obligation is a requirement to learn from mistakes, especially those resulting in the death or serious injury of an individual at risk.

What does this mean for WAST

The challenge lies in sustaining an anticipated escalation in requests for WAST engagement during the next reporting period as a result of the above measures, as well as an acknowledged increase of 85% in WAST reports to local authorities across Wales since March 2019.

Protecting Adults at Risk

Section 7 of the Social Services and Wellbeing (Wales) Act 2014 (SSWA) places a statutory duty on Local Authority, Health Boards and Trusts to work in collaboration and share information where an “Adult at Risk” has been identified. WAST is required to co-operate with our partner agencies at both a strategic and operational level.

Strategy meetings provide an opportunity to focus on the needs of the vulnerable person and allow agencies to appropriately share information, identify risks and take specific action.

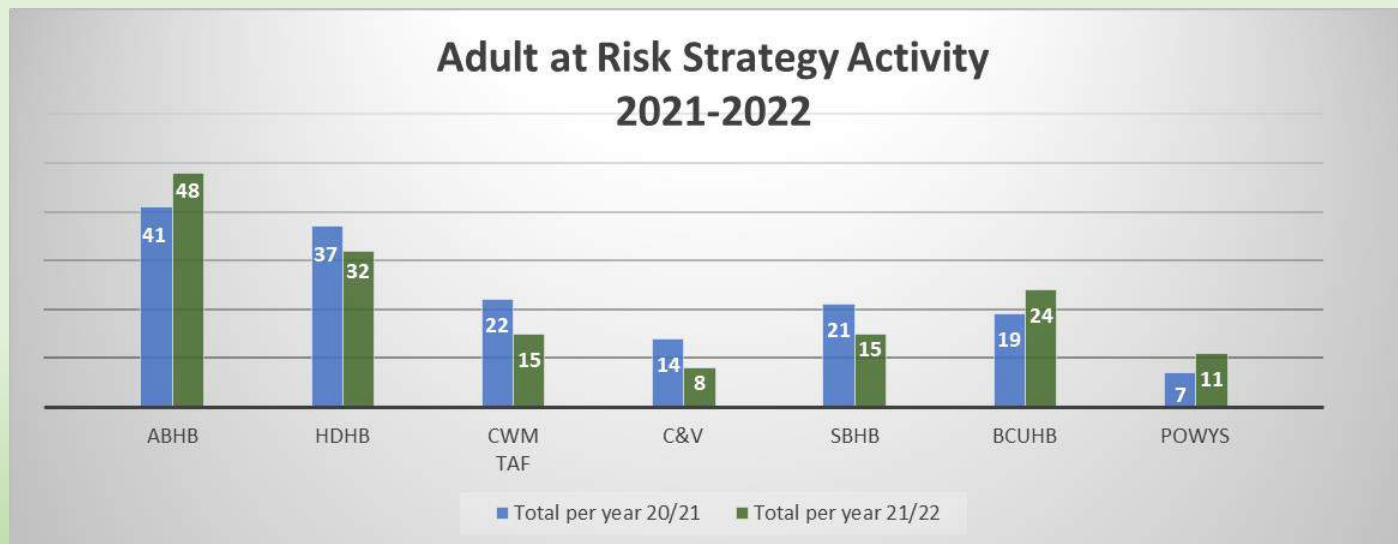
To support this the Safeguarding Team work collectively with Locality Managers, Duty Operational Managers and staff in the gathering of the information that is required to support the process.

The Safeguarding Team also work closely with our external partners in completing written reports on individual Adults at Risk as well as attendance at strategy meetings when required.

Graph 8 illustrates WAST compliance with reports submitted, enquiries and strategy meetings attended per health board under our duty to cooperate with this process.



Graph 8



NB

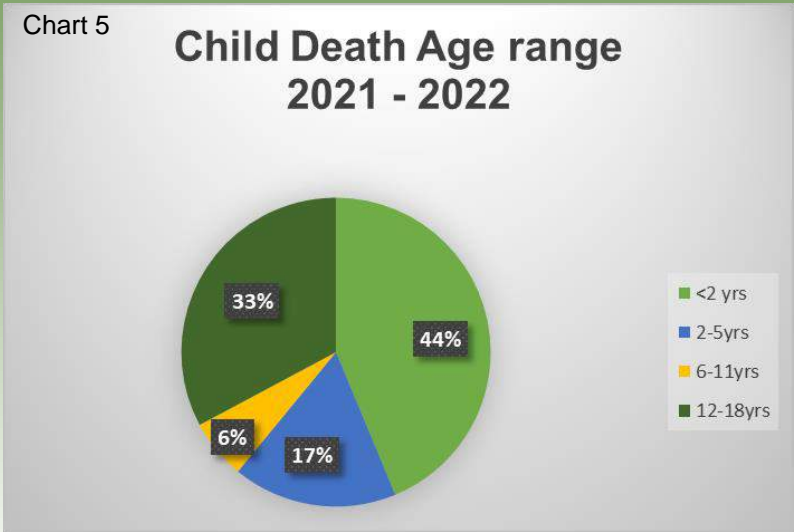
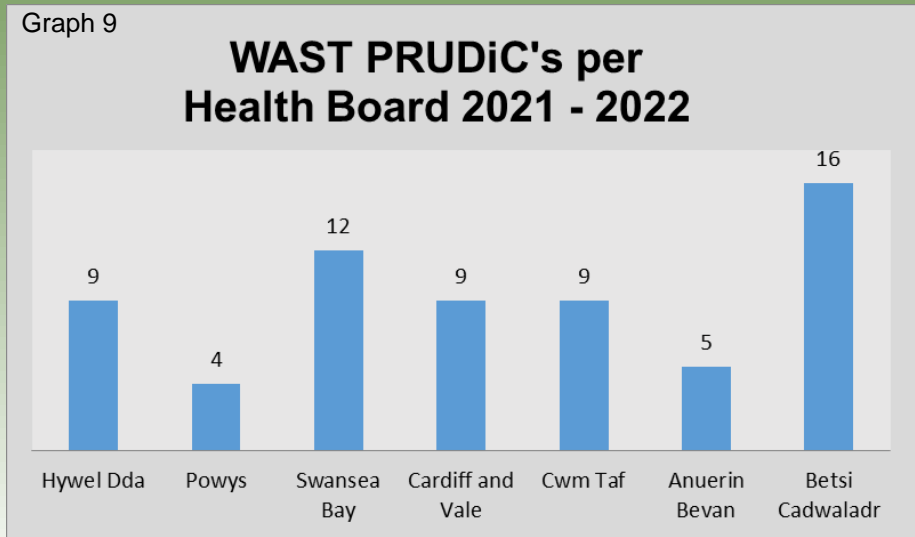
Not all meetings held are as a result of WAST reports. However, where our staff have reported potential abuse of an adult at risk, these tended to involve adults in a care setting where Neglect was identified as the main category of abuse.

Procedural Response to Unexpected Deaths In Childhood (PRUDiC)

The aim of the PRUDiC is to ensure that the response is safe, consistent and sensitive to those concerned, and that there is uniformity across Wales in the multi-agency response to unexpected child deaths.

During this reporting period WAST has contributed to **64** information and planning meetings held under the PRUDiC process.

The graphs and chart below highlight WAST data relating to unexpected child deaths during 2021-2022. This includes the numbers of PRUDiC incidents per WAST Health Board, monthly occurrence and also age range.



WAST information can be useful for identifying themes and trends. Graph 9 indicates that the highest number of child deaths where the PRUDiC was initiated occurred within Betsi Cadwaladr University Health Board.

The highest percentage age range was for under 2 years of age (44%) and 12-18yrs (33%). There was a significant increase of PRUDiC incidents in November 2021, 43% of these incidents were associated with fatal self harming activity.

It is noted that this period followed the Welsh Government COVID 19 circuit breaker measures implemented from Oct 23rd – Nov 9th 2021. Themes and trends are collated by the Public Health Wales child death review panel who provide annual reports from a National perspective. Data collated is then used to promote good practices which reduce harm.

4. Quality Improvement

The Safeguarding Team sits within the Quality, Safety and Patient Experience Directorate. The Team carries out a necessary corporate function as well as supporting the specific work of the Directorate. Our commitment to delivering high quality care in safeguarding has been clearly demonstrated by achievements highlighted in previous reporting periods. Effective leadership, management and innovation have been integral to our success.

The Safeguarding Team achieve our Safeguarding objectives by effectively working together with a wide range of services and professionals; so ensuring good outcomes for people who have contact with our service. This requires the Safeguarding Team to establish effective relationships with all departments in our organisation as well as within the wider Safeguarding arena across Wales.



Agencies we work with



Safeguarding Local Delivery Plan

The Safeguarding Team's approach to quality and quality improvement for this reporting period has been to focus on achieving the requirements set within the Safeguarding Local Delivery Plan (LDP). This aims to achieve our targets within the WAST Quality Strategy and prioritises our contribution in delivering the Integrated Medium Term Plan; as well as to identify any actual or potential risks to deliverables during this reporting period and beyond.

WAST is required to report on the Safeguarding position of the organisation both internally and externally. The Safeguarding LDP provides the focus for improving quality as part of the organisation's internal strategy but also incorporates the requirements included in standards and outcomes set by external reporting mechanisms. The Safeguarding LDP & Assurance Framework is mapped to the Health & Care Standards (2015) specifically standard 2.7; safeguarding children and adults at risk. Safeguarding sits within the Quality Theme: Safe Care and Prudent Healthcare. The outcome of which is to ensure *our service users are protected from harm and protect themselves from harm*. The principles of Prudent Healthcare are considered throughout, recognising continued progress is always required to integrate the principles into our safeguarding operational framework.

The following table illustrates the priority areas for achieving this by focussing on the key deliverables specified within the Safeguarding Local Delivery Plan (LDP) for 2020/21. (Ref kd19 IMTP 4 CR 1-6)

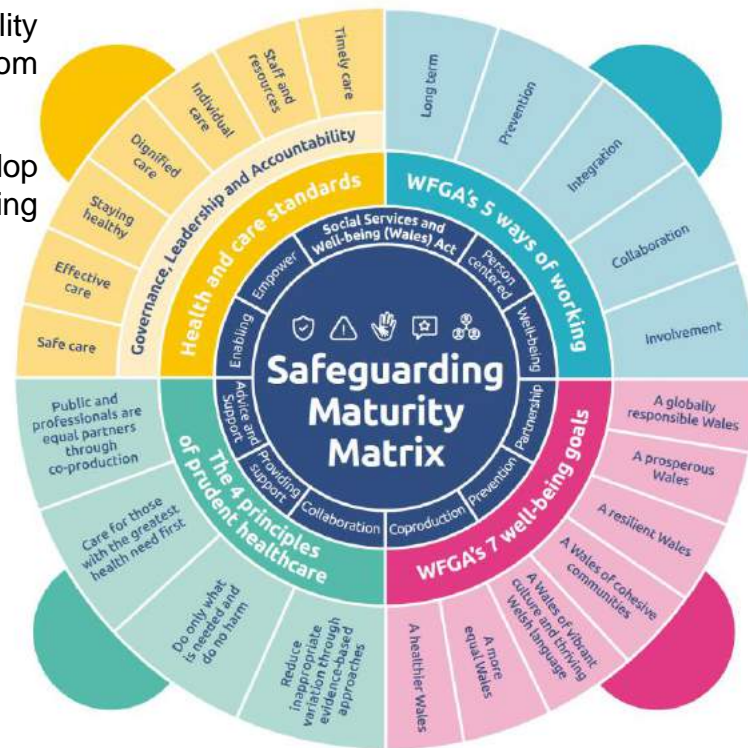
Table 5 Safe Care and Prudent Healthcare				Progress for LDP 2021/22
Training	Safeguarding Referral Process	Policies and Procedures	Engagement with Partner Agencies	<p>Training</p> <ul style="list-style-type: none"> - Safeguarding Training level 2 delivered as required (99% for Level 2 Safeguarding Children and 89% for Adult Safeguarding training). <p>Safeguarding Referral Process</p> <ul style="list-style-type: none"> - "Docworks" launch of digitalised reports to Live Fear Free and the Fire and Rescue Service across Wales. <p>Policies and Procedures</p> <ul style="list-style-type: none"> - Review and updates on priority policies completed and approved. <p>Engagement with Partner Agencies</p> <ul style="list-style-type: none"> - High profile as central source for information with partner agencies during COVID 19 Period.

Safeguarding Maturity Matrix

The Safeguarding Maturity Matrix (SMM) is a self- assessment tool agreed by the Chief Nursing Officers Nurse Director Forum in Wales. It addresses the interdependent strands regarding Safeguarding, service quality improvement, compliance against agreed standards as well as learning from incidents and reviews.

The focus of the SMM is then for each Organisation to develop improvement plans which support a consistent approach to Safeguarding across Wales. The scoring system is set against 5 agreed standards.

WAST Maturity Score 2021-22	
Standard	Maturity Score
1. Governance and Rights Based Approach	4
2. Safe Care	4
3. ACE Informed	4
4. Learning Culture	4
5. Multiagency Partnership Working	4
SMM score:	20



The Safeguarding Maturity Matrix tool was piloted during this reporting period. Members from WAST Safeguarding team participated in an online peer review process in November 2021 as part of the pilot arrangements. Together with 9 other NHS organisations who, through a facilitated approach, were able to consider and discuss individual self-assessment improvement plans in a collaborative and transparent system of learning.

WAST improvement plan forms part of the Safeguarding priorities set for 2022-2023 and beyond.



 Gwasanaeth Tân ac Achub De Cymru
 South Wales Fire and Rescue Service


 Gwasanaeth Tân ac Achub Cymarthu a Gorllewin Cymru
 Mid and West Wales Fire and Rescue Service


 Gwasanaeth Tân ac Achub Fawr a Fawr Fawr
 North Wales Fire and Rescue Service


 Ymddiriedolaeth GIG Gwasanaethau Ambwlans Cymru
 Welsh Ambulance Services NHS Trust

South Wales, Mid & West Wales, North Wales Fire & Rescue Services and WAST have worked together, alongside Docworks Scribe, and developed a bespoke form so staff can share their home safety concerns via the Docworks Scribe 2 App on their iPads.

This provides a **streamlined** and **time-efficient collaborative referral process** to protect the people of Wales.

North Wales FRS	Mid & West Wales FRS	South Wales FRS
15	12	11
<i>Number of Reports Submitted from 16 November 2021 – 31 March 2022</i>		



- All 10 fatalities from 2021/22 lived alone
- Average age of victims (last 5 years) was 69 years old
- 66% aged over 65, 33% over 80
- Smoking was the most common ignition source, followed by cooking, and combustible items too close to heat source



The safeguarding team and the Fire & Rescue Service across Wales have regular progress meetings to discuss the pathway. It is evident that they are very happy with the referrals received to date.

One referral shared was for an elderly gentleman who lived alone, he required a lot of intervention from the Fire & Rescue Service in order to make his home safe and they were only aware of him due to the WAST referral.

Docworks Scribe Referral Pathway

Live Fear Free



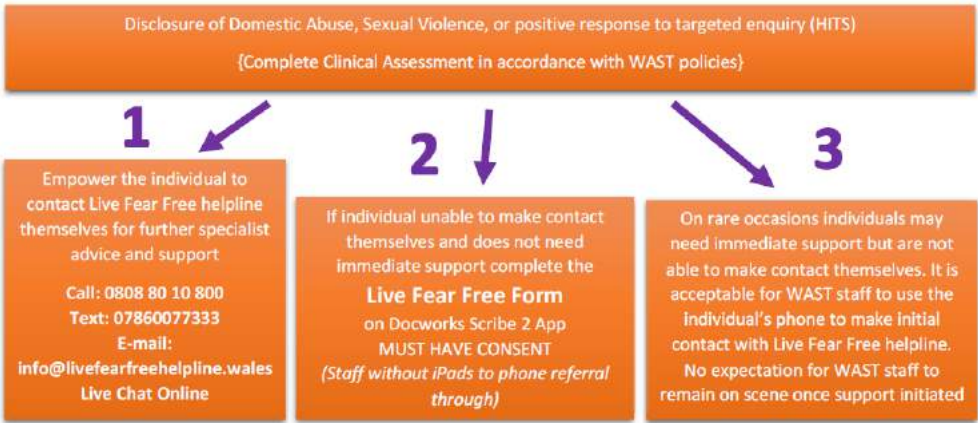
Since 18th November 2021, the **Live Fear Free referral pathway** has been available to staff through the Docworks Scribe 2 App.

Live Fear Free is a free, 24/7 confidential helpline for domestic abuse and sexual violence in Wales. The Live Fear Free referral form is for situations where there are concerns for an adult and/or their families regarding domestic abuse and/or sexual violence. Once consent is gained, staff can complete a form on the Docworks Scribe 2 App requesting the Helpline contact the individual.

The Helpline is also available to all WAST staff and volunteers for specialist advice and support.

Since the launch to 31 March 2022 there have been **8 digital referrals** submitted requesting a call-back to the Helpline by WAST staff. This figure cannot capture contacts where only the Helpline number has been provided.

Decision Guidance Flowchart - Concern in Relation to Domestic Abuse and/or Sexual Violence



Making Every Contact Count

In North Wales we have had an attending crew complete safeguarding reports, a Live Fear Free referral and a Fire Risk referral all in relation to one WAST incident. The existence of Live Fear Free and Fire Risk referral pathways enables holistic working from WAST staff, and this evidences how the advancement in IT is supporting staff to complete their statutory duties; all these reports were completed on iPads.

How Can Live Fear Free Help?

The Helpline will listen, provide help, support, information and a range of services within an individual's local area. The helpline can support with:

- Emergency Accommodation
- Counselling
- Local Support Services
- Welfare & Benefits Rights
- Housing Issues
- Legal Issues
- Child Welfare
- Perpetrator Programmes
- Sexual Assault Referral Centres
- On Scene Advice to Professionals e.g. WAST staff



Safer recruitment is central to Safeguarding. The WAST Recruitment and Selection policy and associated process is set out to ensure that recruitment into our service is managed in a consistent and equitable manner which complies with legal requirements and best practice. The recruitment team at NHS Wales Shared Service Partnership (NWSSP) work with WAST to ensure compliance with relevant Safeguarding legislation, policies and procedures.



Disclosure and Barring Service

The Disclosure and Barring Service (DBS) helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. In order for WAST to comply with the provisions of the *Safeguarding Vulnerable Groups Act 2006*, all new employees and volunteers who interface with the public must have a satisfactory enhanced check with the Disclosure and Barring Service (DBS) prior to the Trust agreeing a start date. Staff already employed who are being considered for a new position within WAST which requires a DBS check must also have satisfactory clearance.

Safe Retention Practices

The WAST "Safeguarding Children and/or Vulnerable Adults Policy: When an allegation is raised about an Employee or Volunteer" is embedded within the Trust and provides a process framework for action and advice to managers dealing with these issues. This process is followed where an allegation of potential abuse has been raised about an employee or volunteer of the Welsh Ambulance Services NHS Trust. The policy document provides the links with the All Wales policies and procedures agreed between partner agencies.

The policy ensures that focus remains on the welfare of our service users and that WAST retains an appropriate workforce. The allegations made are not always related to practices within the member of staff's role for WAST; however all allegations are investigated in a consistent manner. This ensures appropriate outcomes to protect the welfare of vulnerable groups who have contact with our service as well as protecting and supporting our staff involved in this process. On occasions where WAST is required to prevent unsuitable people from working within a WAST role; disciplinary procedures will be followed. The Disclosure and Barring Service and relevant professional bodies are informed by WAST as appropriate in these situations.

In conclusion the Safeguarding Annual report reflects the significant contribution which the Trust, Safeguarding Team and staff have made in ensuring people are safeguarded from harm during the challenging Pandemic reporting period. The Safeguarding Team's collaborative working ensures that the Trust and its staff fulfil their safeguarding responsibilities. Our achievements obtained through improved knowledge, skills and attitudes as well as the promotion of our engagement with safeguarding multiagency activity has strengthened our working relationships both at an operational and strategic level.

This annual report demonstrates the progress made in meeting the standards and outcomes set within the safeguarding specific systems and reporting mechanisms of the wider safeguarding arena as well as those set within WAST. Continued focus has been provided within the organisation through the Quality Strategy, Safeguarding Local Delivery Plan, Business Partnership Model as well as the work of the established Safeguarding Strategic group. The safeguarding governance frameworks have continued to be part of everyday practices within WAST.

The increase in the Safeguarding activity for the Trust noted in previous reports has escalated during the past year. This may be attributed to the circumstances of the pandemic as well as being linked to a more efficient and effective mechanism for processing reports via DocWorks. This activity illustrates WAST compliance with Section 7 of the Social Services and Wellbeing (Wales) Act 2014, as well as the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and continued under Section 9 of the Domestic Violence, Crime and Victims Act 2004.

The Head of Safeguarding, Executive and Assistant Directors within the Quality, Safety and Patient Experience Directorate have been supported by the Senior Professionals within the Team to ensure engagement at a strategic level with the Regional Safeguarding Boards. The operational engagement by the Safeguarding Specialists within the Team with the associated work plans of the Regional Safeguarding Boards has continued.

The Safeguarding Team within WAST is dedicated to providing continual advice, guidance and support to staff at all levels. This is reflected in the provision of safeguarding supervision, promotion of reflective safeguarding practice, additional support sessions held for operational staff, opportunity for shadowing, placement and secondment experience. As well as in the Team's involvement in all safeguarding related matters at a corporate and strategic level. The safeguarding governance frameworks have continued to be part of everyday practices within WAST.



Building on the Safeguarding Team achievements during 2021-22 the following priorities have been identified for future progress.

To further progress DocWorks capabilities


To review and improve Safeguarding training resources and methods of delivery

To review WAST position for Liberty Protection Standards and MCA

To ensure resilience and required resource for Safeguarding within WAST

To continue to promote WAST Safeguarding profile Nationally

References



Children Act 1989

Children Act 2004

Social Services and Well-being (Wales) Act 2014

Human Rights Act 1998

Mental Capacity Act 2005

Female Genital Mutilation Act 2003

Serious Crime Act 2015

Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

Domestic Violence, Crime & Victims Act 2004

Safeguarding Vulnerable Groups Act 2006

All Wales Child Protection Procedures: Welsh Assembly Government (2008)

Safeguarding Children and Young People: Working Together Under the Children Act 2004 (2006)


Wales Interim Policy for the Protection of Vulnerable Adults from Abuse (2010) (updated 2013)

In Safe Hands (WAG, 2000)

Right to be Safe (WG, 2010) Counter Terrorism and Security Act 2015

Welsh Adverse Childhood Experience (ACEs) Study. Adverse Childhood Experiences and their impact on health harming behaviours in the Welsh adult population. Bellisi et al 2015

Right to Choose (H M Government, 2014)



Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews: (H M Government, revised 2013)

Protecting Children in Wales: Guidance for Arrangements for Multi-Agency Child Practice Reviews (WG, 2013)

Public Health Wales (2014) *Achieving Prudent Healthcare in NHS Wales*. Wales: Public Health Wales

Welsh Assembly Government (2015) *Health and Care Standards Wales*: WG

NHS Wales Safeguarding Children Self Assessment Quality Outcomes Framework (QOF): Safeguarding Children Service and Safeguarding Children NHS Network

WAST Quality Strategy 2016 to 2019

Putting Things Right: Guidance on dealing with concerns about the NHS from 1 April 2011, Welsh Government (2013).

Safeguarding Children and Young People: Roles and Competences for Health Care Staff. Intercollegiate Document (ICD) – Royal College of Paediatrics and Child Health (September 2010) (updated 2014)

Disclosure & Barring Service (DBS) Guidance

Procedural Response to Unexpected Deaths in Childhood (PRUDiC) 2014 (Public Health Wales)

All Wales Safeguarding Children Supervision Strategy 2014 (Public Health Wales)

All Wales Emergency Care Plan Pathway for a Child/Young Person (All Wales Managed Clinical Network for Children's Palliative Medicine) 2014

Lord Laming Inquiry (2003)



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	30 March 2023
Committee Meeting Date	14 March 2023
Chair	Paul Hollard

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. No alerts for the Board from this meeting.

ADVISE

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

2. A large focus of this meeting was the work undertaken and planned to continue to build and articulate our desired culture. The Board will be aware of the **sexism and sexual safety at work survey** which was launched in 2022 and the results that have been shared with WAST colleagues in a number of different fora including the October 2022 and March 2023 CEO Roadshows. The Committee welcomed Bron Rebelo, Organisational Development Manager, who has been leading much of this work and thanked her and all those who took part in the survey and in the video presentation for trusting the organisation with those experiences, which for some will not have been easy to share. It was noted that WAST was not alone in surfacing these issues, and Bron is working with NHS England and the Association of Ambulance Chief Executives (AACE) to share learning and improve sexual safety across the UK ambulance sector.

It is imperative that WAST has more than a 'zero tolerance' attitude to sexual safety at work - as saying those words is not enough. Building trust and creating a safe space for colleagues to be heard is the starting point, and includes:

- (a) Amplifying the voices: encouraging colleagues to speak up in a way they feel comfortable knowing they will be heard. The Speaking Up Safely Task and Finish Group established in July 2022 to review the speaking up framework and propose a revised framework has finalised its work. The Workforce and Organisational Development Directorate ("WOD") will now implement recommendations for the policy framework, a guardian model, and third party confidential platform. The group's closure report and next steps by WOD will feature at the May Committee meeting;
- (b) Normalising the dialogue: each induction session for new colleagues asks the question 'what does a sexually safe organisation look like', and feedback from new colleagues is that this open discussion gives them confidence to challenge behavior and raise issues;
- (c) WAST voices network: this employee led network of advocates builds trust and provide



colleagues with an alternative way to raise concerns;

- (d) Empowering through mentoring: offering affected colleagues support where they may have lost confidence or felt silenced;
- (e) Listen and learn: reverse mentoring offered to senior leaders by affected colleagues to encourage a top down learning opportunity to reflect on our often unintentional biases;
- (f) Allyship programme: creating a more inclusive, compassionate, and culturally responsible workforce in line with our equality, diversity and inclusion objectives;
- (g) Review and improve: reviewing how we deal with concerns raised and learning from lived experiences to help make improvements; and
- (h) Sexual safety charter: a soon to be launched WAST charter.
- (i) Continuing to embed the new approach to managing disciplinary processes which focuses on fast tracking minor misconduct issues in partnership with our TU colleagues and places an emphasis on adopting the restorative “just culture” principles where appropriate.

The Committee will continue to focus on the cultural change at WAST and will receive the **People and Culture Plan** at their May meeting for review and then approval by the Board.

- 3. The emerging priorities for the **Integrated Medium Term Plan (IMTP) 2023-26** were reviewed around Culture, Capability and Capacity, including the equality, diversity and inclusion, and the Welsh language plans.
- 4. The Committee reflected on the challenging situation since they last met which has seen a prolonged period of **industrial action** and Winter pressures. The Committee had been scheduled to meet on 21 February but had to move the meeting on three occasions as a result of industrial action coinciding with meeting dates. The reduced attendance at today’s meeting is reflective of these moves in the calendar. Whilst recognising some proactive strategic work has stalled as a result, **key progress was celebrated** with the update from the Director of Workforce and Organisational Development and the Quarterly Operations Directorate updates. The financial sustainability programme and recruitment control processes have been advanced (and this was discussed further in private session), as has paramedic placements and change management training. Senior leaders have met colleagues at stations and on the picket lines during each day of industrial action, which has provided a unique opportunity to hear from and listen to issues of concern.

ASSURE

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

- 5. The **Welsh Ambulance Service Partnership Team (WASPT)** highlight report was received and the sub-structures that feed into WASPT are still in development. These will provide opportunities for resolution and escalation at a more local level, focusing WASPT on strategic issues.
- 6. The **Annual Equality Report 2022/2023** was presented and is attached for Board review. The Committee noted that whilst there has been a minimal increase in diversity in our workforce it is not indicative of the population we serve and there is more to do. The role of Head of Inclusion and Engagement has now been filled and the equality, diversity and inclusion objectives, which were a focus in this meeting, will be advanced to further address this in 2023/24.
- 7. The **Gender Pay Gap Report 2022** was presented and is attached for Board review. Members were



disappointed that the gap had increased but recognised the work in place and planned in the IMTP to address this, including the creation of succession plans for band 8 positions, and the emphasis on improving our flexible working options, aimed at making WAST a more attractive place to work, and addressing some of the organisational barriers that were identified as part of our sexual safety survey findings.

8. The January 2023 Monthly Integrated Quality and Performance Report (“MIQPR”), the Improving Attendance Programme update and the Quarterly Workforce KPIs were reviewed. The Committee noted:
 - 8.1. **Sickness absence** levels were at 10.65% in December reflective of seasonal absences and illnesses but improved in January to 8.85% and the indicative figures for February have sickness absence at 8.04% which is the lowest since May 2021. A recent deep dive presented to the Executive Management Team broke down sickness by demographics and potential drivers with further work underway to look at this in more detail, particularly to work-related and personal stress absence drivers.
 - 8.2. The Committee was informed there is still demand for the **wellbeing offer** and good access to various options in place. Members raised concerns regarding the Putting Things Right Team and the difficult experiences of patients they are exposed to and were told that there is support for that team, with the new Duty of Candour providing more support for the team also, with detail of this coming to the March Board development session. The Committee was assured of progress against the recommendations made in the Attendance Management Internal Audit, with the May meeting reviewing the evaluation of the wellbeing offer which was a management action to the Audit Wales Structured Assessment 2022.
 - 8.3. With respect to **recruitment**, management was congratulated on recruiting the additional 100 front line staff. However, the challenge regarding clinical vacancies continues. The student paramedic conference will be attended by WAST this year, showcasing the organisation as a place to work and progress. Rotational models and home working are also being further explored for 111 clinicians, and a 10-year workforce plan for clinicians is being developed, given the long lead-in times.
 - 8.4. **PADR** (Personal Annual Development Review) rates for January 2023 declined compared to the previous month to 79.12%, therefore failing to achieve the 85% target; however, overall, they are on an upward trajectory, which the new PADR form is expected to support.
 - 8.5. **Statutory and Mandatory Training** rates decreased in the quarter from 82.07% in September to 79.51% in January, which is below the 85% target. Somewhat of a re-brand referring to this as continuing professional development (“CPD”) is underway and sessions called MIST (missed in service training) have been scheduled to bring groups together for a more holistic approach to CPD, mixing grades in roles to enable broader discussions on scopes of practice which has proved popular.
9. A **health and safety update performance report** was received and it was noted that the reporting is evolving with the new team now fully in place for two quarters. This is beginning to show early gains around numbers of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) with the team meeting colleagues across the country, carrying out workplace risk assessments and understanding better the estates issues. An internal audit review is planned for Q4 2022/23 which will come to the Committee for assurance on the health and safety business case. An external review has taken place on diesel fumes outside emergency departments whilst our ambulances wait with patients due to handover delays, and proactive measures are being put in place to provide a better experience for staff and patients.



10. The Committee was not presented with the **audit tracker** at this meeting as the confirm and challenge meetings with action owners could not be scheduled. This was the result of resource challenges and operational pressures; however, the tracker is being updated as a priority to support the Q4 Follow Up Audit which will commence in March.
11. The Committee held its **annual effectiveness review**. Responses to questionnaires were reviewed and changes agreed to membership, terms of reference and operating arrangements. The Committee's annual report and revised terms of reference will be presented to the Audit Committee on 20 April and the Board on 26 May.
12. A new agenda item for **reflections** drew out that the meeting placed a welcomed focus on culture and improvement which ran through each agenda item, with members feeling energized and giving due recognition to progress in difficult times. Whilst the presentations were good and something the Committee wants to retain; they will in future be accompanied by a front cover report providing at a minimum a summary and what is required of the Committee.
13. In private session the Committee reviewed progress on **suspensions over four months** and was pleased to see that this had reduced to just one case. They were assured on actions in place to manage this case. Trade Union colleagues shared detail of their regular meetings with WOD to review cases each quarter which was helpful and allowed them to further support their members.

RISKS

Risks Discussed: The following corporate risks were discussed however it was noted that due to team absences and operational pressures the BAF presented was current as at the January Board presentation. The two highest risks for this Committee are set out below:

160 – high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service remains at a rating of 20 (5x4) as of 26 January. The next review of this risk will reflect the positive trajectory on sickness referred to in this report.

201 – damage to the Trust's reputation following a loss of stakeholder confidence remains at 20 (4x5).

New Risks Identified: Two new risks have been added to the register.

COMMITTEE AGENDA FOR MEETING

Director of Workforce and Organisational Development Update	Operations Quarterly Report	Staff Story
Sexism and Sexual Safety at Work Update	Speaking Up Safely Update	People and Culture 2023-26 IMTP deliverables
WASPT Advisory Group Highlight Report	Corporate risk register/BAF	Improving Attendance Project Progress Update and Internal Audit Review on Attendance Management
MIQPR (including deep dives for turnover and wellbeing)	Workforce Performance Scorecard	Annual equality report
Annual Committee Effectiveness Review	Health and Safety Update	Internal Audit Tracker and Reviews

COMMITTEE ATTENDANCE

Name	10 MAY 2022	06 SEPT 2022	29 NOV 2022	14 MAR 2023
Paul Hollard				
Bethan Evans	From 10.50am			
Joga Singh				
Hannah Rowan				



Catherine Goodwin			In attendance	
Angela Lewis				
Chris Turley				Navin Kalia
Lee Brooks				
Estelle Hitchon				
Andy Swinburn				Until 12pm
Wendy Herbert			In attendance	
Liam Williams				J Turnbull Ross
Alex Crawford	Hugh Bennett	Hugh Bennett		
Trish Mills				
Angela Roberts				
Damon Turner				
Paul Seppman		Hugh Parry		Hugh Parry
Craig Brown				
Ian James				Until 12pm

	Attended
	Deputy attended
	Apologies received
	No longer member



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

ANNUAL EQUALITY REPORT

2022/2023



Take
ownership



Broaden our
understanding



Respect
others



Show belief
in each other



Practice
ethically



Continually
improve
our service



Be inclusive
of the
whole team

Table of Contents

➤	—————	Foreward
➤	—————	Strategic Equality Objectives
➤	—————	Community
➤	—————	WAST Allyship
➤	—————	Annual Equality Data Monitoring Report 2021-2022

Foreward

Welsh Ambulance Service NHS Trust is committed to promoting equal rights and opportunities, supporting diversity, and creating open and inclusive discussions and an environment for our people and our patients to feel supported.

We are proud to be an organisation of people with different backgrounds and experiences. In times of crisis, we pull together no matter those differences, as we did through Covid, we strive to be 'Our Best'.



We maintain our strong links with the wider UK Ambulance Sector and continue our journey to develop our Equality, Diversity and Inclusion Agenda, through continued commitment to the National Ambulance Diversity Forum, National Ambulance BME Forum and the National LGBT Network and the recently developed National Ambulance Disability Network.



In 2023 we are very much looking forward to having the opportunity to once meet in person again at each network's annual conference.



Strategic Equality Objectives

The Trust's Strategic Equality Plan **Treating People Fairly 2020-2024** contains a high-level action plan for our key objectives. The Trust has continued to implement the enabling actions. We are currently starting our third year of the plan. Our Treating People Fairly Equality and Human Rights Strategy and Strategic Equality Plan can be found on our Trust's internet site or by clicking [**click here**](#).

We continue to work on our four objectives:

OBJECTIVE 1

By 2024, we will continue to celebrate and promote the diversity of all our people, to ensure they feel safe, valued and respected at work.

OBJECTIVE 2

By 2024, we will take action to maximise health opportunities and strengthen the voice of all citizens and staff to ensure the people who use our services have equity of access and improved experience with access to services that are sensitive to the needs of all.

OBJECTIVE 3

By 2024, we will take action to increase awareness and tackle key equality issues that may arise from a person's 'protected characteristics' to ensure our services, our culture and our people understand and are responsive to the needs of all.

OBJECTIVE 4

By 2024, we will take positive action to increase representation and create a positive experience of work for individuals from diverse backgrounds, cultures and identities to ensure the Trust is seen as a great place to work, volunteer, develop, and grow for all.

Community

PRIDE!

The annual Pride Cymru event in Cardiff is Wales' largest celebration of equality & diversity and offered a great opportunity for us to engage with the LGBTQ+ community whilst allowing our staff and volunteers a chance to celebrate their own diversity. This is inline with **Objective one** of our Treating people fairly SEP, to celebrate and promote the diversity of all our people

During the event the Welsh Ambulance Services NHS Trust together with over 400 colleagues from across NHS Wales led the pride parade through the streets of Cardiff. We also hosted a Welsh Ambulance Service information stall in the event's Marketplace area.

We used the opportunity to ask the LGBTQ+ community about their experiences and expectations of using the Welsh Ambulance Service. Most people we spoke to had positive things to say, though some still felt anxious about how they would be treated if they needed to use NHS services.



Team WAST were delighted to return to face to face events in 2022, including Pride Swansea and Pride Cymru in Cardiff, Saturday's Cardiff parade was led by NHS Wales staff as a thank you for their work during the Covid-19 pandemic.

The size of the event meant that roads were shut, so the WAST Cycle Response Unit provided rapid response support for the city centre.

During the parade, uniformed colleagues wore rainbow epaulettes, while corporate staff wore NHS Wales Pride t-shirts to show their support.

Cardiff Ethnic Minority Health Fair & MELA



The Cardiff Minority Ethnic Community Health Fair resumed in Cardiff this year and PECO were supported by colleagues from the Inclusion Team and local Community First Responders (CFRs) to host an information stall, engaging with attendees about their experiences of using Welsh Ambulance Services. Our CFR colleagues also gave demonstrations on CPR, defibrillators and invited people to learn these lifesaving skills by having a go themselves. Information was provided about volunteering opportunities at Welsh Ambulance Service, encouraging people to think about becoming a volunteer and supporting their local community. **Objective four** is taking positive action to increase representation and create a positive experience of work for individuals from diverse backgrounds

Over the last quarter we have continued our engagement with Black, Asian and Minority Ethnic communities. Cardiff was also host to a Multicultural Mela in September, a colourful and vibrant day celebrating the diversity in our communities. The largest single day multicultural event in Wales, it provided us with an opportunity to engage with people from many backgrounds and explore some of the experiences and healthcare issues this diverse community faces.

"I'm a GP in Cardiff and having access to the information on NHS 111 Wales in different languages would be very useful to patients in our surgery"

Welsh Ambulance Service Dementia Team

At the Reminiscence Interactive Therapy Activities (RITA) User Group Conference and Awards 2022, the Welsh Ambulance Service Dementia Team won the

‘Most Innovative use of RITA’.



Alison Johnstone, Programme Manager for Dementia, said: "We are delighted to be piloting reminiscence therapy for people living with dementia who are using our services. We know that people living with dementia can have a stressful time when in our care, which can result in distress, agitation and aggression. Research suggests that reminiscence therapy and distraction can support people to overcome distress and anxiety."

RITA is an interactive touchscreen tablet to blend entertainment with therapy and assists patients in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, playing games, watching old films, TV shows, sporting events, and viewing old photographs. WAST is piloting 20 tablets for up to a year, in all areas of Wales. Feedback from our RITA Champions who use the tablets with patients has been positive. By working in partnership to improve our understanding of the experience of those living with dementia we ensure that people who use our services have equity of access and improved experience with access to services that are sensitive to the needs of all, an action of [Objective two](#).

An ongoing programme of engagement with Dementia groups right across Wales is planned. You can also find out more about what the Trust is doing to improve services for Dementia patients by reading our Dementia Plan.

Children and Young People



Team WAST are delighted to be back out and about with staff and Community First Responders (CFRs) meeting children and young people across Wales. It is important for children and young people to be able to meet us in a psychologically safe environment, where they are able to ask open questions about distressing incidents they may have been involved in or heard about and to understand some of the different roles in Ambulance Services.

Patient Experience & Community Involvement Team participate in a school-based programme called **‘Food Fun Wales’** which provides healthy meals, food and nutrition education, physical activity and enrichment sessions to primary school pupils in areas of social deprivation in Cardiff.

This summer, we visited six schools meeting over 250 pupils to talk about the appropriate use of 999 and how to check if someone is awake and breathing. For Key Stage 2 pupils, we also taught hands-only CPR, using a defibrillator and what to do when someone is choking.

To help children learn about some of the equipment ambulance crews use during their observations, a pictorial information leaflet **‘7 Important Checks’** is now available for distribution. This new resource aims to reduce any anxiety children may have and promote a positive experience



Learning Disability Awareness week

‘AdFest’

All Wales People First is an Advocacy Service for people with a learning disability. AdFest is their annual event where people with a learning disability come together to socialise and learn about matters which affect them. For the Welsh Ambulance Service, attending AdFest was a great way of reconnecting with members of learning disability groups from across Wales. It is important that we learn and understand more about our communities and the public to identify ways to improve our services as articulated in [Objective 2](#).



At the event, the Patient Experience & Community Involvement Team were invited to host an information stand and facilitate a presentation about the new Easy Read section on the NHS 111 Wales website. Everyone agreed that Easy Read benefits many people. Partner agencies and participants alike were pleased to hear that this new section of the website will also be used to host information about national campaigns such as Annual Health Checks and Health Profiles.





In August we recruited our new Organisational Development Manager for Equality Diversity and Inclusion. And have since launched the second phase of our Allyship Program to continue to ensure increased staff participation. With the launch of the second phase, a SharePoint page dedicated to the Allyship & Me-30-day challenge reflective workbook has been produced and can be found on the Equality Diversity & Inclusion SharePoint on Siren.

Bespoke sessions under Allyship have now also been developed, which have included a talk on Black History Month, a Lived Experience shared by the parent of a Trans young person, and sessions on Neurodiversity. Providing training to and sharing stories with our people so that they are equipped to support and meet the different needs of those they interact with are part of our goals in delivering actions from **Objective three** to increase awareness and tackle key equality issues that may arise from a person's 'protected characteristics'.

Equality Impact Assessment training has also been launched in 2023 which guides colleagues in the undertaking of an effective EqIA, with stage-by-stage support and guidance as part of our **Objective four** action to strengthen the process and develop skills across the service to undertake equality impact assessment effectively and embed this approach further into our future planning and decision-making process to ensure everyone's needs are considered.

The Warm WAST Welcome continues to be developed and has a section dedicated to EDI and the Allyship program where we spend time with new recruits and look at what EDI means to them and being part of the organisation.

At the end of November, the Trust launched the Carer Passport scheme in conjunction with Employers for Carers' Rights who delivered a session for all line managers. The session was very well received with 90 people across the organisation attending the Teams meeting, and a call for another one to take place in the New Year for those who were unable to attend. Alongside this, a page on the Equality, Diversity, and Inclusion SharePoint was created to provide guides and support staff with the Carer Passport, Carers' Rights membership and supporting paperwork advice for managers. Feedback from the session indicated that staff were keen to be part of a carers' network. creating more opportunities for shared learning, increased understanding and best practice in line with **Objective one**. The Carer Passport is a record that moves with employees through their career that sets out support, services or other benefits that can be accessed. A Carer Passport helps to improve and embed identification, recognition and support for carers in the day-to-day life of an organisation.

Welsh Language



As reported in the Trust's Annual Welsh Language Standards Report 2021-2022 we have continued to raise awareness of the requirements of the Standards. This includes discussing 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.

A Welsh language recruitment assessment form was introduced to all managers to complete prior to posts being released for advert, together with accompanying guidance and process flow chart to assist managers in preparing adverts prior to any post being advertised.

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.





GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

EQUALITY MONITORING REPORT

2021/2022



Take
ownership



Broaden our
understanding



Respect
others



Show belief
in each other



Practice
ethically



Continually
improve
our service



Be inclusive
of the
whole team

Table of Contents



Introduction



Legal Context



Equality Data Reported



Snapshot of Data

Introduction



We are pleased to present the Welsh Ambulance NHS Services Trust's Equality Monitoring Report for April 1st 2021- March 31st 2022. This report provides equality monitoring data in line with the Equality Act 2010 and the Public Sector Equality Duty (2011). The Equality Duty was created under the Equality Act 2010. The Equality Duty replaced the race, disability and gender equality duties.

Built on TeamWAST Cultural DNA:

Through effective strategy, communication, ways of working and behaviours, these are what we want to continually develop in our culture at WAST

A Clear Purpose

Pride in what we achieve

A Strong Community

Commitment to each other

A Healthy Workplace

Compassion and care for each other

A Professional Service

Everyone able to play their part

A Developing Workforce

Growth and opportunity for everyone

The Public Sector Equality Duty (PSED) requires that all public authorities, covered under the specific duties in Wales, should produce an annual equality report by 31st March each year. The essential purpose of the specific duties under the Equality Act, in relation to monitoring, is to help authorities have better due regard to the need to achieve the 3 aims of the general duty, which are to;

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it

Therefore, as a specific duty itself, the role of annual reporting is to support the Trust in meeting the general duty. It also has a role in setting out achievements and progress towards meeting the other specific duties.

In particular providing an opportunity to;

- Monitor and review progress;
- Monitor and review the effectiveness and appropriateness of arrangements;
- Review objectives and processes in light of new legislation and other new developments;
- Engage with stakeholders around these issues, providing partners and the public with transparency.



EQUALITY DATA REPORTED



The information below provides a breakdown of equality data in several areas, following the format requested by the Welsh Government for Open Government License. These areas are:

- Staff in post by their protected characteristic
 - All staff breakdown by grade
 - Each grade broken down by sex
- Working pattern broken down by sex
 - Employment assignment broken down by sex
- Recruitment applications by their protected characteristics
- All staff breakdown upon leaving the Trust
 - Leavers by their protected characteristics

The data demonstrates that many staff have either decided that they would prefer not to declare or the data has not been captured at all. Data capture is an area that has been identified for improvement.

The Trust acknowledges that it must increase employee confidence in how the data will be used, which over time, may see the data gaps close.

The percentages are based on the total headcount of 4711, which is based on the headcount on the 31st March 2022.

SNAPSHOT OF DATA

“

Black Asian and Minority Ethnic groups and Mixed Ethnicity groups increased from 1.18% to 1.34%

”

“

Women increased by 2% from 46.2 to 48.2

”

“

Disability staff groups increased from 4.69% to 5.20%

”

“

Lesbian, Gay and Bisexual groups increased 4.49% to 4.54%

”

The information we have on diversity relies on staff voluntarily reporting it themselves through ESR. The ESR system currently does not have the data fields to allow for the collection of data on gender reassignment or gender identity.

Banding and Contracts by Gender

Further information on gender can be found in our [Gender Pay Gap report 2021/2022](#)

Gender	Female %	Male %
Band 2	1.97	2.14
Band 3	16.79	14.82
Band 4	7.73	10.04
Band 5	5.39	4.33
Band 6	11.72	13.03
Band 7	2.72	5.07
Band 8 - Range A	0.85	1.13
Band 8 - Range B	0.51	0.40
Band 8 - Range C	0.15	0.47
Band 8 - Range D	0.13	0.11
Other	0.23	0.28

Contact Type	Female %	Male %
Unspecified	0.00	0.00
Part Time	15.18	10.36
Full Time	33.01	41.45

Flexible Working Pattern	Headcount	%
Other Flexible Working	2	0.04
Unspecified	4,709	99.96
Grand Total	4,711	100.00

Age

Age Band	Headcount	%	FTE
<=20 Years	42	0.89	37.00
21-25	329	6.98	290.47
26-30	503	10.68	459.82
31-35	552	11.72	481.83
36-40	436	9.25	382.58
41-45	502	10.66	431.45
46-50	659	13.99	601.80
51-55	649	13.78	576.97
56-60	630	13.37	539.64
61-65	320	6.79	234.17
66-70	74	1.57	40.73
>=71 Years	15	0.32	3.75
Grand Total	4,711	100.00	4080.22

Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	100	2.12	89.62
Divorced	321	6.81	281.38
Legally Separated	67	1.42	58.92
Married	2,197	46.64	1883.64
Single	1,573	33.39	1409.05
Unknown	308	6.54	281.50
Unspecified	117	2.48	54.01
Widowed	28	0.59	22.10
Grand Total	4,711	100.00	4080.22

Religion and Belief

Religious Belief	Headcount	%	FTE
Atheism	988	20.97	880.20
Buddhism	13	0.28	9.48
Christianity	2,067	43.88	1819.65
Hinduism	3	0.06	3.00
Islam	11	0.23	10.44
Not Disclosed	977	20.74	873.05
Other	480	10.19	416.26
Sikhism	2	0.04	2.00
Unspecified	170	3.61	66.13
Grand Total	4,711	100.00	4080.22



Application and Recruitment

Data Snapshot

“

Black Asian and Minority Ethnic groups
and Mixed Ethnicity groups Applications
received 8.2% (201)

Interview Offered 6.4% (13)

Position Offered 4.1% (1)

”



“

Lesbian, Gay
Bisexual and not listed
sexual orientation groups
Applications received 8.4% (208)
Interview Offered 10.1% (21)
Position Offered 7.7% (2)

”

“

Disability staff groups
Applications received 6.8% (167)
Interview Offered 9.9% (16)
Position Offered 11.5% (2)

”



Staff breakdown upon leaving the Trust

From April 1st 2021 till March 31st 2022, 466 staff members left the Trust:

- There is an even split between genders with 50.86% being female.
- 19.1% of people left due to retirement age or retirement/ill health.
- 1.29% were from Black, Asian Minority Ethnic groups and Mixed Ethnicity
- 3.86% are from Lesbian, Gay, Bisexual and 'not listed' sexual orientation
- 5.58% have answered yes to having a disability.



Due to information governance for Application and Recruitment & Leavers complete data for this report can be made available on request.



Gender Pay Gap Report 2022

2022



Take
ownership



Broaden our
understanding



Respect
others



Show belief
in each other



Practice
ethically



Continually
improve
our service



Be inclusive
of the
whole team

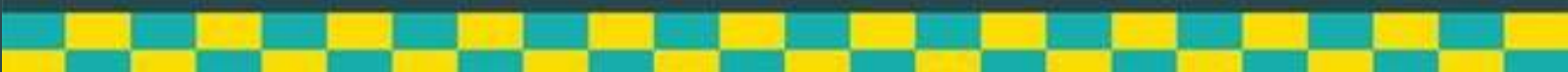


Table of Contents

—————	Introduction
—————	Snapshot data
—————	About mean and median
—————	Quartile Data
—————	Trend over time
—————	Action
—————	Conclusion

Introduction

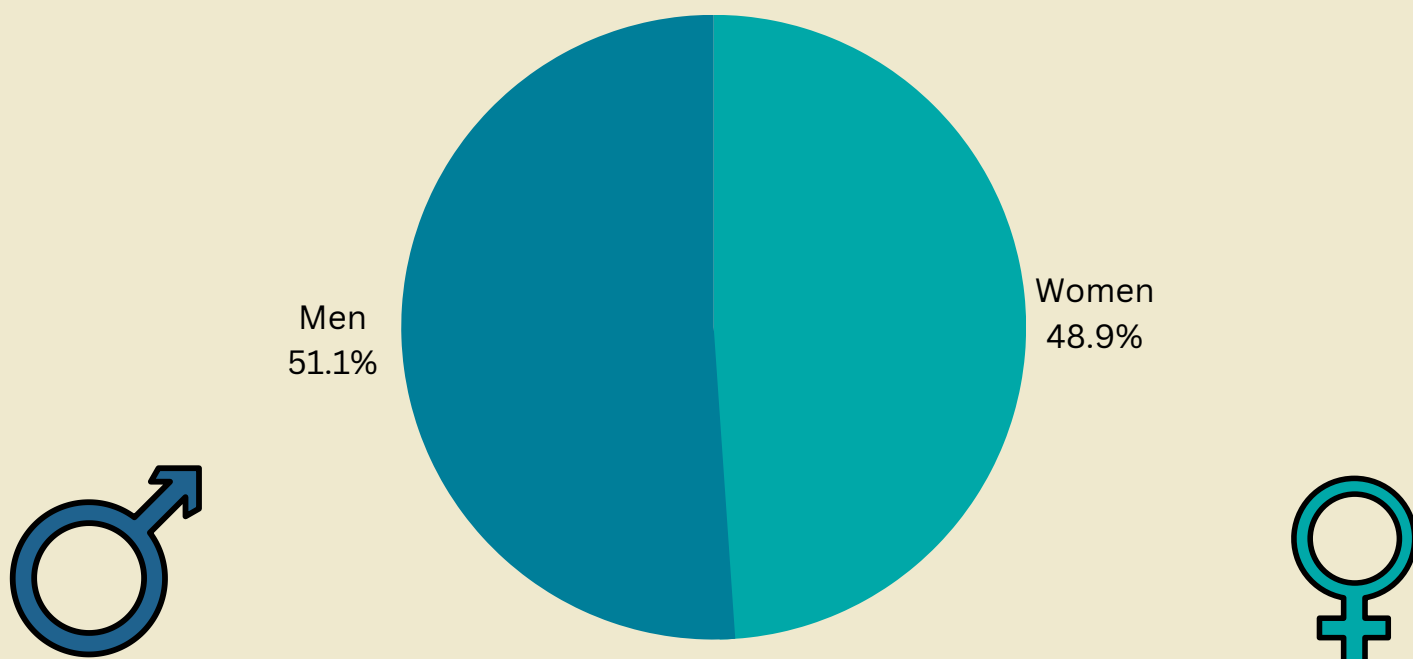
1.1 The gender pay gap reporting obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people the Welsh Ambulance Services NHS Trust must publish and report specific information about our gender pay gap both on our own website and the Government's website.

1.2 It is important to recognise and understand that the Gender Pay Gap differs from Equal Pay. Equal Pay means that men and women in the same employment performing 'equal work' must receive 'equal pay', as set out in the Equality Act 2010. It is unlawful to pay people unequally because of their gender. The NHS Agenda for Change Job Evaluation process evaluates the job and not the post holder. This job evaluation process looks at the job without any reference to gender or any other protected characteristic so equal pay is assured.

1.3 Gender Pay Gap is the difference between the average earnings of men and women across an organisation, expressed relative to men's earnings.

1.4 This data is provided as an annual snapshot that needs to be published by the following March.

1.5 On the 31st March 2022 the Welsh Ambulance Services Trust (WAST) employed 2136 women and 2228 men therefore 48.9% of the workforce was female.



2.1 Women's mean hourly rate is 6.7% lower than men's.

2.2 In other words when comparing mean hourly rates, women get paid 93p for every £1 that men get paid.

2.3 Women's median hourly rate is 7.29% lower than men's.

2.4 In other words when comparing median hourly rates, women get paid 93p for every £1 that men get paid.

2.5 No bonus payments were made therefore there is no mean or median bonus gender pay gap to report.



3.0 About mean and median



3.1 The mean hourly rate is the average hourly wage across the entire organisation so the mean gender pay gap is a measure of the difference between women's mean hourly wage and men's mean hourly wage.

3.2 The median hourly rate is calculated by ranking all employees from the highest paid to the lowest paid, and taking the hourly wage of the person in the middle; so the median gender pay gap is the difference between women's median hourly wage (the middle paid woman) and men's median hourly wage (the middle paid man.)

Quartile Data



4.1 Pay quartiles are calculated by splitting all employees in organisation into four even groups according to their level of pay. Looking at the proportion of women in each quartile gives an indication of women's representation at different levels of the organisation.

4.2 Quartile 1: Lower quartile (lowest paid)

50% (538)	
50% (538)	

50% of the lower quartile are women.



4.3 Quartile 2: Lower middle quartile

53.89% (582)	
46.11% (498)	

53% of the lower middle quartile are women.



Quartile Data

4.4 Quartile 3: Upper middle quartile

50.37% (544)	
49.63% (536)	

50% of the upper middle quartile are women.

4.5 Quartile 4: Upper quartile (highest paid)

39.17% (423)	
60.83% (657)	

39% of the top quartile are women.

4.6 No bonuses were paid

4.7 This table shows the ratios of male to female employees split between part time and full time working. There is an important difference in the part time/ full time split for males and females supporting the hypothesis that more women choose part time roles, and this is likely to be a reflection of caregiving responsibilities.

Gender	Female	Male
Part time	13.00%	6.32%
Full Time	35.61%	44.72%

4.8 This table demonstrates the ratio of male to female across the pay bands in the organisation. There are some figures that stand out – particularly at Bands 7 and 8c. It is evident that we do not have balance throughout the organisation. Breaking down and analysing some of this data to look at how splits within bands may reflect roles may reveal important trends as we think about as we look to plan our future work configurations.

Pay Band	Female	Male
Other	40.91%	59.01%
Band 2	48.55%	51.45%
Band 3	54.73%	45.27%
Band 4	44.22%	55.78%
Band 5	55.80%	44.19%
Band 6	48.07%	51.93%
Band 7	35.02%	64.97%
Band 8a	42.86%	57.14%
Band 8b	54.76%	45.24%
Band 8c	25.00%	75.00%
Band 8d	54.55%	45.45%

Trend over time

5.1 When comparing 2022 snapshot data with 2021 snapshot data we can see a small increase in the difference in Women's mean hourly rate from being 5.2% lower than men's to 6.7% and Women's median hourly rate decreasing from 7.94% to 7.29%. When considering the data over the last six years it is very disappointing to the overall increase. The median trend is more encouraging overall. The events of the last two years are causing impacts that we have yet to fully understand but we continue to work smarter to understand what is causing this gap and consider what we can do to reduce and eventually eliminate this gap in the future.

	2017	2018	2019	2020	2021	2022
Women's mean hourly rate as % lower than men's.	3.9%	5.3%	4.7%	5.5%	5.2%	6.7%
Women's mean hourly rate for every £1 that men get paid.	96p	95p	95p	94p	95p	93p
Women's median hourly rate as % lower than men's.	10.3%	11.2%	8.9%	9.9%	7.94%	7.29%
Women's median hourly rate for every £1 men get paid.	90p	89p	91p	90p	92p	93p

Action

6.1 WAST has long held the value of being an employer of choice. We recognised that we are in a sector where there is intense competition, and our people can move to different NHS and other organisations quite easily. Therefore, we understand the importance of ensuring all our staff have a keen sense of belonging and engagement with us, where everyone is treated fairly, and everyone has access to learning and development opportunities. Which is why we prioritised making sure we take action on our gender pay gap and gender equality at WAST. The Strategic Equality Plan 2020-2024 has a specific action focusing on our Gender Pay Gap and Pay Differences. Some of our current initiatives are outlined here:

- The organisation supports working carers and is an active member of Carers UK's business forum, Employers for Carers. Our membership includes access to efcdigital.org which offers a range of resources that can help us support our staff who juggle work and caring responsibilities.
- We have an established Flexible Working Policy, whose aim is to help create a more flexible workplace to enable the recruitment and retention of staff and to facilitate a healthy work-life balance that is essential to the health and wellbeing of our workforce.
- As part of our on-going work, we will identify and review any gender pay gap and any other pay gaps, understand the reasons for them and develop action plans to enable us to work in partnership with organisations, such as Chwarae Teg, to address this and other gender equality related issues that impact on the organisation.
- We have established a Women's Health Group to increase awareness around women's challenges such as menopause.
- Our Board have been provided training and awareness on gender issues through the development of our Allyship programme and we are actively seeking to understand the sexual safety climate within the organisation.
- We are working with Health Education and Improvement Wales to develop an inclusive process for recruiting talent, developing talent and deploying talent across WAST.
- We also continue to participate in the sharing of best practice across the UK ambulance sector and Welsh Health Boards.

Conclusion

Only together may we begin to peel back the layers of inequalities

7.1 When developing the initiatives, it has been and will be continually useful to remember we are many things and experience things differently – gender equality covers race, disability, sexual orientation, for example. We wanted to be conscious of the overlaps and intersectionality.

7.2 We are on the journey of improvement. Our actions are beginning to be embedded, with the aim of promoting culture change and better employee experience across the organisation.



Make WAST a truly inclusive organisation



Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

AUDIT COMMITTEE HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	30 March 2023
Committee Meeting Date	2 March 2023
Chair	Martin Turner

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Following from discussions at Board in January on ownership, oversight and reporting of risk, the Committee reviewed the **risk management framework** with a focus on assurance to committees and the Board, and the ambition for the framework in the IMTP. Non-Executive Directors noted that discussion on risk at Committees, and the way in which the highest rated risks drive the agenda and are then reported to the Board on the AAA report, gave them assurance that appropriate escalations were being made and time spent on risks they oversee.

It was noted that the fact that the Board delegates the oversight of risk to Committees for more detailed discussion does not abdicate responsibility for scrutiny and challenge at the Board. To enable the Board to satisfy itself that the highest rated risks are being explored fully it was agreed to retain the standalone risk paper at the Board. This demonstrates in the executive summary where focus is maintained on management and mitigation of the principal risks rated 25 and 20, drawing together those broader discussions and signposting the Board accordingly. In addition, the risk owners will have an opportunity to add to that narrative and that which is contained in the full Board Assurance Framework (BAF) document, with Committee Chairs also providing further assurance or escalations as appropriate, drawing from their AAA reports. This will afford the Board as a whole an opportunity to ensure mitigating actions are achieving their maximum impact.

In addition and taking account of the observations in the Audit Wales Structured Assessment on Non-Executive Director scrutiny, guidance on the BAF will be developed to support proportionate challenge on actions to mitigate the risks and their intended impact.

ADVISE

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

2. There is good progress against the **2022/23 Internal Audit Plan**, however three reviews (health and safety, clinical handover, and strategy development) have been deferred to 2023/24 due to operational pressures and impact of continuing industrial action.
3. The **2023/24 Internal Audit Plan** and **Internal Audit Charter** were approved. The reviews which will



take place during the 2023/24 year are as follows:

No.	Review	Quarter
1.	Senior Paramedic Role	Q1
2.	Records Management	Q1
3.	Decarbonisation	Q1/2
4.	Serious Adverse Incidents Joint Investigation Framework	Q1/2
5.	Estates Assurance: Estate Condition	Q2
6.	Technical Resilience	Q2
7.	Seatbelt Action Plan	Q2
8.	111 Service Commissioning Arrangements (advisory)	Q2
9.	Retention of Staff	Q2/3
10.	Disciplinary Case Management – Compassionate Leadership	Q2/3
11.	Strategy Development	Q2/3
12.	ICT Contract Management	Q3
13.	Clinical Handover	Q3
14.	Delivery of Major Change Programmes	Q3/4
15.	Integrated Quality and Performance Management Framework	Q3/4
16.	Clinical Audit	Q4
17.	Volunteers Governance	Q4
18.	Capital Assurance: Vehicle Replacement Programme	Q4
19.	Follow Up Tracker	Q4
20.	Annual Governance Statement	Q4
21.	Risk Management and Assurance	Q4

4. The **Audit Wales Annual Audit Report 2022** (attached) provided an overview of the work of Audit Wales for the year. It was confirmed that the audit plan for 2022 remained within the agreed budget.
5. The Audit Wales **Outline Audit Plan 2023** was reviewed with a more detailed plan to follow. There are key changes to the audit approach for 2022/23 – in particular ISA 315 - which is the auditor's responsibility to identify and assess the risks of material misstatement in the financial statements through understanding the Trust and its environment, including the Trust's internal controls. The additional planning work this will entail, the extended period for the audit to 31 July and the fact that the auditors conducting the 2022/23 audit are a new team for the Trust, were areas of concern for the Committee in the context of the challenging financial position for 2023/24.
6. The Committee noted the potential for a technical qualification in the **2022/23 accounts** related to the NHS Pension Scheme 'Scheme Pays'. Such qualification if it materialises will be replicated in Health Boards that followed the Ministerial Directions with respect to this scheme in 2019.
7. The Committee noted the discussions at Charitable Funds Committee and the Board of Trustees on 16 February where the **Charities audited accounts and annual report** were filed after the due date of 31 January due to a delay in finalising the auditing of those accounts.

ASSURE

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

8. The **Structured Assessment 2022** presented to the Board in January was reviewed. The observations regarding Non-Executive Director challenge and scrutiny were raised by members, and it was felt that discussing the evidence upon which the observation was based would assist Non-Executive Directors to put in place any changes in practice. One of the examples provided by Audit Wales was in relation to the BAF and an action was agreed to develop guidance to support Board and



Committee members in their scrutiny of risk (see above). It was agreed that a more focused discussion on this with Audit Wales would take place at a Board development session and that Fflur Jones, Audit Wales, will observe upcoming Committee meetings ahead of that session. Members welcomed individual feedback from Audit Wales where that was relevant.

9. Five **Internal Audits** reviews were completed during the quarter and reviewed by the Committee. The reasonable assurance reviews were Immediate Release Directions; Infection Prevention and Control; Data Analysis; and IMTP Delivery. These will be presented at the Quality, Patient Experience and Safety Committee (QUEST), and the Finance and Performance Committee (FPC) meetings. The Decarbonisation review was an advisory and was reviewed by FPC at their January 2023 meeting.

The Standards of Business Conduct audit was a **limited assurance review**. The Committee reviewed the management responses and were assured that they would address the areas of concern regarding stand alone and published registers of interest, extending the cohort of centrally held declarations to a wider group of decision makers, and the reporting of these and the register of gifts, hospitality, and sponsorship.

10. The Committee was provided with an update on the preparations for the **2022/23 Annual Report and Audited Accounts**. The Welsh Government Manual for Accounts is still in draft and the final year end submission dates have not yet been published. The Committee was advised that the Audit Wales audit certification deadline has been extended to 31 July 2023 which will necessitate an adjustment to Trust Board and Audit Committee meeting dates set for May and June. The timetable will necessitate some circulation of draft reports to Remuneration and Audit Committees and Trust Board by email, and this approach was approved by the Committee.
11. The overarching **tracker for internal and external audit** was not reviewed at this meeting and therefore the Committee could not be assured that all recommendations were on track. The Committee were informed that the majority of management actions had been revised and some closed, however the tracker itself was not presented as the confirm and challenge meetings with action owners could not be scheduled. This was due to resource challenges and operational pressures; however the tracker is being updated as a priority to support the Q4 Follow Up Audit which will commence in March.
12. The **losses and special payments** made during the period 1 April to 31 January 2023 amounted to £-0.920m. This relates to actual payments made less reimbursements received from the Welsh Risk Pool and does not relate to any adjustments made to the provision.
13. In **private session** the committee received the counter fraud update 1 December 2022 to 28 February 2023, as well as the report on tenders and single tender waiver requests. The Local Counter Fraud Service (LCFS) provided an update on its work including fraud awareness sessions delivered, prevention and deterrence support and guidance. New core case management has been aligned to LCFS in the UK to record suspected fraud, bribery and corruption cases. There are 19 recorded ongoing investigations by LCFS with a number of potential offences ranging from working whilst sick to fraudulent exam process. The collaboration on investigations between LCFS and People Services was clarified following a query in this regard from the last meeting and it was agreed that a section on themes and trends will be included in future reports.
14. The **2022/23 Committee** Priorities were reviewed. There is slippage on the risk policy and development of the next stage of the BAF, however these will be incorporated into the IMTP 2023-26 and will align with review of the strategic objectives in the long term strategy.

RISK MANAGEMENT



The Committee is responsible for the review of the risk management framework and is not assigned individual risks for oversight. The Committee did however receive the principal risks and BAF as at 26 January 2023, and the discussion on the risk management framework and adjusted practices is set out in the 'alert' section of this report.

An update on the IMTP for 2023-26 was also provided to the Committee.

COMMITTEE AGENDA FOR MEETING

Internal audit reports and update; internal audit annual plan 2023/24	Audit Wales update, Structured Assessment 2022, final annual audit report and outline audit plan	Annual filings schedule 2022/23
Annual Accounts Update 2022/23	Risk management and BAF	Audit tracker
Losses and special payments	Committee priorities Q4	

COMMITTEE ATTENDANCE

Name	7 June 2022	15 Sep 2022	1 Dec 2022	2 March 2023
Martin Turner				
Paul Hollard				
Joga Singh				
Ceri Jackson				
Chris Turley				
Lee Brooks				Judith Bryce
Wendy Herbert	J Turnbull-Ross			
Liam Williams		First meeting	J Turnbull-Ross	
Catherine Goodwin				
Angie Lewis		First meeting	From 11.10	(part)
Osian Lloyd (IA rep)				
Audit Wales representative	Mike Whitley	Fflur Jones		Fflur Jones
Paul Seppman				(part)
Damon Turner				Hugh Parry (part)
Trish Mills				
Carl Window				

	Attended
	Deputy attended
	Apologies received
	No longer member

Annual Audit Report 2022 – Welsh Ambulance Service NHS Trust

Audit year: 2021-22

Date issued: January 2023

Document reference: 3322A2023

This document has been prepared for the internal use of Welsh Ambulance Service NHS Trust as part of work performed/to be performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting to the Senedd on the economy, efficiency, and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

© Auditor General for Wales 2023

No liability is accepted by the Auditor General or the staff of the Wales Audit Office in relation to any member, director, officer, or other employee in their individual capacity, or to any third party in respect of this report.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

Summary report	
About this report	4
Key messages	5
Detailed report	
Audit of accounts	7
Arrangements for securing efficiency, effectiveness, and economy in the use of resources	9
Appendices	
Appendix 1 – reports issued since my last annual audit report	14
Appendix 2 – audit fee	16
Appendix 3 – audit of accounts risks	17

Summary report

About this report

- 1 This report summarises the findings from my 2022 audit work at Welsh Ambulance Service NHS Trust (the Trust) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - examine and certify the accounts submitted to me by the Trust, and to lay them before the Senedd;
 - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
 - satisfy myself that the Trust has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
 - Audit of accounts
 - Arrangements for securing economy, efficiency, and effectiveness in the use of resources
- 3 This year's audit work took place at a time when NHS bodies continued to respond to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Health bodies were not only tackling the immediate challenges presented by the public health emergency but were also seeking to recover and transform services to respond to the significant numbers of people who are waiting for treatment and improve population health. My work programme, therefore, was designed to best assure the people of Wales that public funds are well managed. I have considered the impact of the current crisis on both resilience and the future shape of public services.
- 4 I aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. We largely continued to work and engage remotely where possible, through the use of technology, but some on-site audit work resumed where it was safe and appropriate to do so. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- 5 As was the case in the previous two years, the delivery of my audit of accounts work has continued mostly remotely. The success in delivering it reflects a great collective effort by both my staff and the Trust's officers.
- 6 I have adjusted the focus and approach of my performance audit work to ensure its relevance in the context of the crisis and to enable remote working. I have commented on how NHS Wales is tackling the backlog of patients waiting for planned care. My local audit teams have commented on how governance arrangements have adapted to respond to the pandemic, and the impact the crisis has had on service delivery.

- 7 This report is a summary of the issues presented in more detailed reports to the Trust this year (see **Appendix 1**). I also include a summary of the status of work still underway, but not yet completed.
- 8 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2022 Audit Plan.
- 9 **Appendix 3** sets out the audit of accounts risks set out in my 2022 Audit Plan and how they were addressed through the audit.
- 10 The Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We will present it to the Audit Committee on 2 March 2023. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Trust to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 11 I would like to thank the Trust's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

- 12 I concluded that the Trust's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Trust's internal controls (as relevant to my audit).
- 13 I brought several issues to the attention of officers and the Audit Committee, which I will review and monitor as part of my audit of the 2022-23 accounts.
- 14 I identified no material financial transactions within the Trust's 2021-22 accounts that were not in accordance with authorities or not used for the purpose intended, and so I have issued an unqualified opinion on the regularity of the financial transactions within the Trust's 2021-22 accounts.
- 15 The Trust achieved financial balance for the three-year period ending 31 March 2022, reporting a cumulative surplus of £190,000. The Trust has an approved three-year plan in place.
- 16 I did not place a substantive report on the accounts alongside my opinion this year as there were no issues to report.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

17 My programme of Performance Audit work has led me to draw the following conclusions:

- whilst many facets of the Trust's quality governance arrangements are working well, improvements are required in a number of key areas to ensure the Trust is fully informed on issues relating to the quality and safety of its services. The Trust also needs to play its part in the improvements that are required for responding to serious incident reporting where incidents occur across organisational boundaries.
- my structured assessment work found:
 - that whilst there have been recent changes in leadership, the Trust continues to be well led. Recognising that governance arrangements are improving, the Trust should also continue to seek opportunities to enhance its influence and joint working with key partners to help resolve some of the significant performance and quality challenges it faces.
 - there are good approaches for developing plans, but there needs to be a stronger focus on staff and partner engagement and greater challenge on the impact of plans in supporting improvements to performance.
 - the Trust has a good approach to financial planning, management, and reporting, however, opportunities exist to reduce the significant inefficiencies caused by external system pressures.
 - action is needed to ensure the positive work to support staff well-being is having the desired impact and also to maintain a focus on reducing sickness absence rates. Implementation of the digital strategy would be strengthened by improved oversight of the programme and clarity over funding. Strategic decisions also need to be made in respect of longer-term estate needs and decarbonisation.

18 These findings are considered further in the following sections.

Detailed report

Audit of accounts

- 19 Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation's financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides an opinion on both their accuracy and the proper use ('regularity') of public monies.
- 20 My 2022 Audit Plan set out the key risks for audit of the accounts for 2021-22 and these are detailed along with how they were addressed in **Exhibit 4** in **Appendix 3**.
- 21 My responsibilities in auditing the accounts are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

Accuracy and preparation of the 2021-22 accounts

- 22 I concluded that the Trust's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit), however, I brought some issues to the attention of officers and the Audit Committee for improvement.
- 23 The Trust submitted its unaudited financial statements by the deadline issued by the Welsh Government. The working papers provided were comprehensive and of good quality, and officers promptly responded to audit queries and requests for further information.
- 24 I must report issues arising from my work to those charged with governance (the Audit Committee) for consideration before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues on 13 June 2022. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues reported to the Audit Committee

Issue	Auditors' comments
Uncorrected misstatements	<p>There were two uncorrected misstatements identified within the accounts:</p> <ul style="list-style-type: none">• Indexation: The Trust followed Welsh Government guidance not to apply the increase in indexation notified in late March 2022. This resulted in asset values being understated by £328,000.

Issue	Auditors' comments
	<ul style="list-style-type: none"> Finance lease: The Trust's Airwave finance lease contract extension was found to end in December 2022 and not November 2022, as indicated by the original financial models provided to the Trust at the time of the contract negotiation. This resulted in both the asset value and finance lease liability being understated by £166,000.
Corrected misstatements	There were initially misstatements in the accounts that were corrected by management.
Other significant issues	<ul style="list-style-type: none"> Potential liability resulting from the ministerial direction to the Welsh Government to fund pensions tax liabilities above the pension savings annual allowance: we recommended the Trust should continue to engage with the Welsh Government to resolve the issue in 2022-23, so the contingent liability disclosure can be removed, or if a liability has arisen, a provision included in the accounts. Property, Plant and Equipment and Intangible Assets: we recommended the Trust should complete an annual review of its assets to identify those which are no longer in use or have been disposed of and ensure these are removed from the asset register. Defibrillators: we reported the need for the Trust to implement the planned RFID tagging system to be able to easily identify the existence and location of all defibrillators held on the fixed asset register.

- 25 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Trust's financial position on 31 March 2022 and the return was prepared in accordance with the Treasury's instructions.
- 26 My separate audit of the charitable funds accounts is ongoing, to be completed by the Charities Commission deadline of 31 January 2023.

Regularity of financial transactions

- 27 The Trust's financial transactions must be in accordance with the authorities that govern them. It must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Trust does not have the powers to receive or incur.
- 28 I identified no material financial transactions within the Trust's 2021-22 accounts that were not in accordance with authorities or not used for the purpose intended, and so I have issued an unqualified opinion on the regularity of the financial transactions within the Trust's 2021-22 accounts.
- 29 I did not place a substantive report on the accounts alongside my opinion this year as there were no issues to report.
- 30 I have the power to place a substantive report on the Trust's accounts alongside my opinions where I want to highlight issues. Where the Trust fails one of its financial duties – to break even over a three-year period and to have an approved three-year plan in place – or my opinion is qualified, I will issue a substantive report.
- 31 The Trust met both of its financial duties, achieving an in-year surplus of £75,000 and a three-year cumulative surplus of £190,000, and my opinions were unqualified, so I did not issue a such a report.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 32 I have a statutory requirement to satisfy myself that the Trust has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. My performance audit work at the Trust over the last 12 months has supported me to discharge that responsibility. This work has involved:
- reviewing the effectiveness of the Trust's quality governance arrangements.
 - undertaking a structured assessment of the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically.
- 33 My conclusions based on this work are set out below.

Quality governance arrangements

- 34 My review examined whether the organisation's governance arrangements support delivery of high quality, safe and effective services. The review focused on both the operational and corporate approach to quality governance, organisational culture

and behaviours, strategy, structures and processes, information flows and reporting.

- 35 My work found that that **whilst many facets of the Trust's quality governance arrangements are working well, improvements are required in a number of key areas to ensure the Trust is fully informed on issues relating to the quality and safety of its services. The Trust also needs to play its part in the improvements that are required to serious incident reporting across organisational boundaries.**
- 36 The Trust has renewed its Quality Strategy, is strengthening its risk management arrangements and has invested in quality improvement processes. Lines of accountability for quality governance are clear, and there are good arrangements to listen to and act upon the experiences of patients and staff. Although more focus is needed to address concerns around incident reporting, appraisal rates and to ensure adequate responses to any incidents of bullying and harassment.
- 37 The role of Quality Patient Experience and Safety (QuEST) Committee is clearly defined, and its work is supported by a good suite of performance information. However, clinical audit needs to become a more recognised and visible source of assurance within the Trust's quality governance framework.
- 38 A key area for improvement is the need to address the significant backlog of mortality reviews, and to keep the QuEST Committee adequately sighted of progress in this area. There is also a need to better triangulate information from different sources to ensure there is a full understanding of patient outcomes and avoidable harms associated with long waits for an emergency ambulance.
- 39 Whilst the Trust's internal system for managing concerns and serious incidents is sound, the joint escalation framework for managing serious incidents across organisational boundaries is no longer effective, and the Trust must work with its commissioners and health board partners to improve this.

Structured assessment

- 40 My 2022 structured assessment work took place at a time when NHS bodies were not only continuing to tackle the challenges presented by COVID-19, but were also seeking to recover and transform services to respond to the significant numbers of people who are waiting for treatment and improve population health.
- 41 My team focussed on the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on the organisation's governance arrangements; strategic planning arrangements; financial management arrangements; and arrangements for managing the workforce, digital assets, the estate, and other physical assets. Auditors also paid attention to progress made to address previous recommendations.
- 42 Overall, we found that **the Trust has taken positive steps to improve aspects of its corporate governance arrangements, but further work is needed to provide the strong internal challenge and continued external influence**

required to overcome some of the unprecedented operational challenges it currently faces.

Governance arrangements

- 43 My work considered the Trust's governance arrangements, with a particular focus on:
- Board and committee effectiveness;
 - the extent to which organisational design supports good governance; and
 - key systems of assurance.
- 44 My work found that **while there have been recent changes in leadership, the Trust continues to be well led. Recognising that governance arrangements are improving, the Trust should also continue to seek opportunities to influence and work together with key partners to help resolve some of the significant performance and quality challenges it faces.**
- 45 The Board is committed to public transparency, self-reflection, and hearing directly from patients and staff. The Trust has effectively filled key board-level posts in the past year, including a new Chair and the process for recruiting a new vice-Chair is underway. Meetings of the Board and committees are conducted appropriately and are supported by clear Schemes of Delegation. However, there is scope to strengthen governance arrangements particularly around improving the timeliness of publishing Board and committee papers and increasing the public transparency of decisions made in private sessions of the Board.
- 46 The Trust is strengthening its risk framework, however, several significant risks have remained unchanged despite mitigating actions in recent months. This suggests that mitigating action to reduce the risk is not always having the desired effect. The Board receives regular information about the impact of wider system failings on its own performance and related quality concerns for patients. Recognising that many factors are beyond the Trust's direct control, the Trust must continue to seek opportunities to influence its partners to secure improvement as well as focussing on the impact of actions taken locally to address these issues.

Strategic planning arrangements

- 47 My work considered the Trust's strategic planning arrangements, with a particular focus on the organisation's:
- vision and strategic objectives;
 - Integrated Medium Term Plan;
 - planning arrangements; and
 - arrangements for implementing and monitoring the delivery of corporate strategies and plans.

- 48 My work found that **there are good approaches for developing plans, but there needs to be a stronger focus on staff and partner engagement and greater challenge on the impact of plans in supporting improvements to performance.**
- 49 The Trust has a Board-approved long-term vision and clinical strategy, which are rooted in population health and aligned to key national strategies. The Trust recognises that delivery of its longer-term aspirations will depend on the buy-in of partners, therefore external engagement must remain a priority. The Trust has a balanced and approved Integrated Medium Term Plan for 2022-2025, which has clear milestones and good alignment with key plans. The Trust's combined strategic frameworks are monitored quarterly by the Finance and Performance Committee and Board, supplemented by detailed monitoring for key programmes. However, there is a need to develop clear and timely delivery plans to support its strategic documents and improve staff involvement in the planning process.

Managing financial resources

- 50 My work considered the Trust's arrangements for managing its financial resources, with a particular focus on the organisation's:
- arrangements for meeting key financial objectives;
 - financial controls; and
 - arrangements for reporting and monitoring financial performance.
- 51 My work found that **the Trust has a good approach to financial planning, management, and reporting, however, opportunities exist to reduce the significant inefficiencies caused by external system pressures.**
- 52 The Trust achieved its financial duty for 2021-22 and has a clear financial plan for 2022-2025. While this year's savings plan has an increasing focus on transformational savings, opportunities remain to reduce reliance on vacancy control as a means of achieving short-term non-recurring cost reduction. The well-documented whole-system issues which are contributing to significant emergency ambulance handover delays also result in significant financial inefficiencies for the Trust. The Trust continues to have good systems of financial control and is taking steps to reduce the number of single tender waivers used. The organisation's financial reports are clear and regularly received by the Finance and Performance Committee and the Board.

Managing the workforce, digital resources, the estate, and other physical assets

- 53 My work considered the Trust's arrangements for managing its wider resources, with a particular focus on the organisation's:
- arrangements for supporting staff wellbeing;
 - arrangements for managing its digital resources; and

- arrangements for managing its estate and other physical assets.

- 54 My work found that **action is needed to ensure the positive work to support staff wellbeing is having the desired impact and also to maintain a focus on reducing sickness absence rates. Implementation of the digital strategy would be strengthened by improved oversight of the programme and clarity over funding. Strategic decisions also need to be made in respect of longer-term estate needs and decarbonisation.**
- 55 The Trust has developed a broad programme to support staff wellbeing which appears to be well utilised. However, the Trust is not yet evaluating the impact of these services to ensure they are making a real difference. Managing sickness absence remains a key area of focus, but absence rates are very high, particularly amongst Trust staff in emergency medical services.
- 56 The Trust's digital strategy is being implemented but there is scope to strengthen and improve oversight of the entirety of its digital programme. The Trust is also developing a digital Strategic Outline Programme to sit alongside the Trust's Fleet and Estates Strategic Outline Programmes. While some aspects of the digital programme are funded, the strategy was approved without clarification of how it would be funded in its totality.
- 57 The Trust plans to prioritise estate investment but faces challenges because of reducing available discretionary capital financing. It must, at the same time, ensure appropriate strategic decisions to support longer-term estates needs and the organisation's decarbonisation agenda.

Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Trust in 2022.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	June 2022
Opinion on the Financial Statements	June 2022
Performance audit reports	
Review of Quality Governance Arrangements	August 2022
Structured Assessment 2022	December 2022
Other	
2022 Trust Audit Plan	April 2022
2022 Charity Audit Plan	December 2022

My wider programme of national value for money studies in 2022 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the [Audit Wales website](#).

Exhibit 3: performance audit work still underway

There are performance audits that are still underway at the Trust. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Unscheduled care – access to unscheduled care services	July 2023
Workforce planning	June 2023

Appendix 2

Audit fee

The 2022 Audit Plan set out the proposed audit fee of £159,752 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is in keeping with the fee set out in the plan.

A full audit of the Charity's accounts was requested by the Trustees this year, which is not included in the fee detailed above. The 2022 Charity Audit Plan set out the proposed fee for this work of £12,000 (excluding VAT).

Appendix 3

Audit of accounts risks

Exhibit 4: audit of accounts risks

My 2022 Audit Plan set out the risks for the audit of the Trust's 2021-22 accounts. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
Significant risks		
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	We will: <ul style="list-style-type: none">• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;• review accounting estimates for biases; and• evaluate the rationale for any significant transactions outside the normal course of business.	On a sample basis, my team tested both journal entries and accounting estimates and found no evidence of the management override of controls. My team were satisfied that the accounts were free from material error.
The implementation of the 'scheme pays' initiative in respect of the NHS pension tax arrangements for clinical staff is ongoing. Last year, we included an Emphasis of Matter paragraph in the audit opinion drawing attention to your disclosure of the contingent liability. Applications to the scheme will close on 31 March 2022, and if any expenditure is made in-year, we would consider it to be irregular, as it contravenes the requirements of Managing Welsh Public Money.	We will review the evidence one year on around the take-up of the scheme and the need for a provision, and the consequential impact on the regularity opinion.	Officers reviewed the terms of eligibility for the scheme and information from received from the Welsh Government and concluded that no provision for future liabilities was required within the accounts. However, as the Welsh Government is yet to finalise the allocation of cases, the Trust appropriately included a contingent liability disclosure within the financial statements for this issue. My team agreed with the Trust's accounting treatment of this issue.

Audit risk	Proposed audit response	Work done and outcome
Significant risks		
<p>NHS Trusts have a financial duty to break even over a three-year rolling period. Although the Trust is forecasting a break-even position, this duty increases the risk that management judgements and estimates included in the financial statements could be biased in helping achieve this financial duty.</p> <p>Where the Trust fails this financial duty, I will place a substantive report on the financial statements highlighting the failure.</p>	<p>We will focus our testing on areas of the financial statements which could contain reporting bias.</p>	<p>My team undertook a range of audit work to provide assurance over the risk of bias to ensure that the actual year-end position was true and fair. This included:</p> <ul style="list-style-type: none"> • detailed sample testing of transactions either side of the year-end to ensure that they were recorded in the correct accounting period. This was focussed on the areas of greatest risk. • ensuring that accounting estimates were prepared on a reasonable basis and were supported by appropriate accounting judgements. <p>My team were satisfied that the accounts were free from material error.</p>
<p>Introduction of IFRS 16 Leases has been deferred until 1 April 2022. There may be considerable work required to identify leases and the COVID-19 national emergency may pose additional implementation risks. The 2021-22 accounts will need to disclose the potential impact of implementing the standard.</p>	<p>We will review the completeness and accuracy of the disclosures.</p>	<p>My team satisfied themselves that the disclosures were materially complete and accurate.</p>

Audit risk	Proposed audit response	Work done and outcome
Significant risks		
<p>We audit some of the disclosures in the Remuneration Report, such as the remuneration of senior officers and independent members, to a lower level of materiality. The disclosures are therefore inherently more prone to material misstatement.</p> <p>A number of changes have taken place to the senior management team and non-executive directors during the financial year. There is a risk that these changes are not correctly disclosed within the Trust's Remuneration Report.</p>	<p>We will review all entries in the Remuneration Report to verify that the Trust has reflected all known changes to senior positions, and that the disclosures are complete and accurate.</p>	<p>The work was carried out as proposed.</p> <p>Some amendments were agreed with the Trust to ensure the final remuneration report was accurate and disclosures complied with the requirements of the NHS Manual for Accounts.</p>
<p>There continues to be increased funding streams and expenditure in 2021-22 to deal with the COVID-19 pandemic. These could have an impact on the risks of misstatement and the shape and approach to our audit. Examples of issues include fraud, error and regularity risks of additional spending; valuation (including obsolescence) of year-end inventory, including PPE; and estimation of annual leave balances.</p>	<p>We will identify the key issues and associated risks and plan our work to obtain the assurance needed for our audit.</p>	<p>My team completed audit testing around COVID-19-related funding and expenditure, and also on year-end balances. No issues were identified from the work completed.</p>

Audit risk	Proposed audit response	Work done and outcome
Significant risks		
<p>Although COVID-19 restrictions have now been removed, there have been ongoing pressures on staff resources and of remote working that may impact on the preparation, audit and publication of accounts. There is a risk that the quality of the accounts and supporting working papers may be compromised leading to an increased incidence of errors. Quality monitoring arrangements may be compromised due to timing issues and/or resource availability.</p>	<p>We will discuss your closedown process and quality monitoring arrangements with the accounts preparation team and make arrangements to monitor the accounts preparation process. We will help to identify areas where there may be gaps in arrangements.</p>	<p>The work was carried out as proposed. My team found that the Trust has robust arrangements in place and did not identify any issues in this respect.</p>



Audit Wales
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and
telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a
galwadau ffôn yn Gymraeg a Saesneg.



FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	30 March 2023
Committee Meeting Date	21 March 2023
Chair	Joga Singh

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. There are no alerts from this meeting, however the Board will note the criticality of the discussions with the Chief Ambulance Services Commissioner (CASC) regarding funding for part of the 2023/24 financial plan.

ADVISE

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

2. The Committee received the **Integrated Medium Term Plan (IMTP) 2023-26 and a presentation on the financial plan 2023/24**. The content and direction of travel was familiar to members as a result of discussions over the last few months at Board development and various Committee meetings. The Committee commended the teams on the extensive engagement that has taken place in the development of the IMTP, particularly the inclusion of issues raised by staff at CEO Roadshows and providing solutions to address issues such as flexible working, shift over-runs and process efficiencies.

The IMTP was praised as being appropriately ambitious to affect the shift left that our long-term strategy envisages. However, members cautioned that there was a balance to be struck in setting expectations in the IMTP as against what is within the Trust's control in what will be a very challenging financial environment in 2023/24.

As at the date of this meeting an IMTP underpinned by a financial plan that had the ability to balance in the 2023/24 financial year was realistic, although much more challenging from a savings perspective than the Trust has experienced for many years. It is however firmly dependent on two key elements - confirmation from the CASC that recurrent funding of just under £6m will be made available for the additional 100 staff recruited in 2022/23 and the ability for the Trust to make c£6m in savings, including c£2.6m which is not yet fully identified as we enter the 2023/24 financial year. It was agreed that firm deadlines for the CASC funding to be confirmed was crucial, and actions to then follow at pace to reduce spend asap if this funding is not going to be available in 2023/24.



The driving of efficiencies and income generation initiatives coming through the financial sustainability programme will be one of the key factors in realising the significant savings target and managing the level of risk going into 2023/24.

The Committee endorsed the IMTP subject to further amendments, including more emphasis on the duty of quality and the duty of candor, discussions with the CASC which are key ahead of Board approval, and final proofing.

The Equality Impact Assessment and consideration of the socio-economic duty were not reviewed by the Committee but will be completed prior to the Trust Board. An easy read for staff will be prepared following the IMTP's approval.

ASSURE

(Detail here assurance items the Committee receives)

3. The Committee received a presentation on the **financial position for Month 11 2022/23**. The Board will have a detailed paper on the financial position before it for the March meeting however the Committee commended the team on the very positive year end position. There is a small underspend as at month 11 of £12K, with gross savings of £4.025m having been achieved against a current year to date target of £3.942m. A break-even position is forecast for 2022/23. An update was provided on capital expenditure with confidence that major works ongoing will be completed by the year end to ensure capital is fully expended.
4. The **Integrated Medium-Term Plan (IMTP) interim Quarter 4 Progress Report** was received. The final outturn position for 2022/23 will be presented at the May meeting. Excellent progress was noted despite the pressures experienced over the quarter, with a small number of actions rated as red primarily as a result of external factors. The Committee was assured that the Trust was doing everything within their control to make progress on these.
5. The **internal audit on IMTP delivery** which was rated as 'reasonable assurance' with no high rated recommendations was reviewed by the Committee. The review examined the governance framework and operations of the Strategic Transformation Board and its constituent programmes and change programme delivery set out in the IMTP. Management actions against recommendations will be monitored by the Committee via the audit tracker.
6. The Monthly Integrated Quality and Performance Report (MIQPR) was received for January/February. Of note:
 - 999 answering times have been challenged through significant increases in call demand through the year. However, in January 2023 median and 65th percentile performance were good and the 95th percentile performance returned to three second answer times, not seen since May 2021
 - December 2022 saw unprecedented levels of demand and very low 111 call answering performance, and whilst this did improve in January and February 2023 to 34.8% and 28.7% respectively, it remains substantially off target (95%). However the 111 Clinical response has seen a significant improvement in on priority 2 and 3 call back times, with performance being just under of the 90% target. Recruitment and retention of clinicians remains a priority, with significant numbers of clinical vacancies. This was the subject of some focus at the People and Culture Committee on 14 March (see their AAA report) however the Finance and Performance Committee will look at this area in more detail at its May meeting.



- The Red 8-minute ambulance response performance for February 2023 was 50.9%, an improvement when compared to January 2023, but still far below the target of 65%. Amber response times also improved; however, Amber 1 waiting times remain far too long, for example, the 95th percentile was just under 6 hours. These long response times have a direct impact on outcomes for many patients and this has been discussed at length in the Quality, Patient Experience and Safety Committee. A key factor in relation to response times is the capacity lost to handover outside Emergency Departments. Whilst handover lost hours reduced to 19,110 hours in February 2023 compared to the 32,000 hours in December 2022 the levels are still so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss.
 - Ambulance Care (formally NEPTS) (Patient Experience) performance remains above target for enhanced renal patient arrivals prior to appointment (December 2022). Discharge performance declined to 79% (target 90%) caused by IA impact and the implementation of changes to the CLERIC software that supports the planning and management of NEPTS transport.
 - Good progress has been made through the year in increasing consult and close rates with 14.2% achieved in February 2023, close to the Trust's 2022/23 IMTP ambition of 15%.
7. **New performance standards for Non-Emergency Patient Transport Service (NEPTS)** were reviewed ahead of their submission to the Chief Ambulance Services Commissioner. The standards which are due to come into effect on 1 April 2023 are broadly based on the 2019 demand and capacity review performance parameters and, with the exception of Oncology transport, represent an improved patient experience with a shift in focus towards transport arriving prior to a patient's appointment. Whilst the oncology parameter does expand the time period for patient arrival, it reflects the fact that the enhanced level of oncology service delivery was unfunded in the NEPTS Business Case and has remained unfunded ever since. The Committee noted that this standard was never achievable without significant additional investment.
8. The Committee were not presented with the **audit tracker** at this meeting as the confirm and challenge meetings with action owners could not be scheduled. This was due to resource challenges and operational pressures; however, the tracker is being updated as a priority to support the Q4 Follow Up Audit which will commence in March. The **Immediate Release Directions** internal audit review which was rated 'reasonable assurance' was considered by the Committee. The Audit Committee had also been presented with this review and it will also be reviewed by the Quality, Patient Experience and Safety Committee at their next meeting. There were two high rated recommendations related to escalations and completion of timely review of Datix incidents. Management actions against recommendations will be monitored by the Committee via the audit tracker.
9. The Committee held its **annual effectiveness review**. Responses to questionnaires were reviewed and changes agreed to membership, terms of reference and operating arrangements. The Committee's annual report and revised terms of reference will be presented to the Audit Committee on 20 April and the Board on 26 May.
10. A new agenda item for **reflections** drew out the following:
- Positive end of the financial year position;
 - Timing allocation of items was appropriate and there was a focus on high level presentation of items leaving a good amount of time for discussion.



- Discussion on performance and the financial outlook demonstrated an aligned appetite for risk among Non-Executive Directors, Executives and other attendees; and
- Recognising the challenges that 2023/24 will bring there was honest and respectful discussion of difficult items.

RISKS

Risks Discussed: The principal risks in the remit of the Committee were discussed. The highest risks are:

139 (failure to deliver our statutory financial duties in accordance with legislation). It was agreed that the May meeting will take a more focused look at this risk in light of the financial situation in 2023/24.

245 (failure to have sufficient capacity at an alternative site for EMS CCCs which could cause a breach of statutory business continuity regulations)

458 (a confirmed funding commitment from EASC and/or WG is required in relation to funding for recurrent costs of commissioning)

260 (a significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems)

543 (major disruptive incident resulting in a loss of critical IT systems)

New Risks Identified: The risks to the delivery of the IMTP 2023-26 were discussed. These will be monitored by the Strategic Transformation Board.

COMMITTEE AGENDA FOR MEETING

Operations Quarterly Report	Financial position for month 11	Risk Management and Corporate Risk Register
Integrated Medium Term Plan 2022-25 progress report	Integrated Medium Term Plan 2023-26 and Financial Plan 2023/24	Monthly Integrated Quality and Performance Report
Committee Annual Effectiveness Review	Internal Audit Tracker and reviews	NEPTS Performance Standards

COMMITTEE ATTENDANCE

Name	16 May 2022	18 July 2022	20 Sep 2022	14 Nov 2022	16 Jan 2023	20 March 2022
Kevin Davies	Chair	Chair		Chair		
Bethan Evans			Chair			
Joga Singh					Chair	Chair
Ceri Jackson						
Chris Turley						
Rachel Marsh						
Lee Brooks					Rachel Marsh	
Andy Haywood						
Leanne Smith						
Wendy Herbert	J. Turnbull-Ross					
Liam Williams				Wendy Herbert		
Liz Rogers	Catherine Goodwin					Angela Roberts
Hugh Parry						
Damon Turner						
Trish Mills						



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

	Attended
	Deputy attended
	Apologies received
	No longer member



EXTRAORDINARY REMUNERATION COMMITTEE TO PUBLIC TRUST BOARD

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

Trust Board Meeting Date	30 March 2023
Committee Meeting Date	14 and 23 December 2022; 7 and 13 March 2023
Chair	Colin Dennis

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Key issues/risk for the Board's attention)

1. No alerts for the Board's attention from these meetings.

ADVISE

(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

2. Due to demand for services exceeding predictions in December, as well as the declaring of two incidents, the Committee approved targeted enhanced overtime payment rates applicable to Emergency Medical Service, Emergency Medical Service Co-ordination, Integrated Care (111 & Clinical Support Desk), Urgent Care Service (within Ambulance Care), and Resource Centres for the period until 3rd January 2023. On 23 December use of the planned additional activity rates framework was approved for part time staff to address particular resource gaps in the 111 service. It was confirmed at the 7 March meeting that these arrangements were undertaken within agreed budget arrangements.
3. Three applications for voluntary early release settlements were endorsed on 13 March. As all applications were under the threshold for approval by the Welsh Government they do not require onward approval.

ASSURE

(Areas of assurance the Committee has received)

4. The Committee held its effectiveness review at the 7 March meeting. The annual report and changes to the terms of reference will be presented to the Audit Committee in April and the Board in May.

RISKS

Risks Discussed: N/A

New Risks Identified: N/A

COMMITTEE AGENDA MEETING

14.12.23 – Targeted Enhanced Overtime Rates	23.12.23 - Use of Planned Additional Activity Rates Framework for Part Time Staff	07.03.23 – Committee effectiveness review
13.03.23 – VERS applications		



COMMITTEE ATTENDANCE							
Name	10 May 2022	14 June 2022	3 Aug 2022	14 Dec 2022	23 Dec 2022	7 Mar 2023	13 Mar 2023
Martin Woodford							
Colin Dennis							
Prof. Kevin Davies							
Bethan Evans							
Paul Hollard							
Ceri Jackson							
Hannah Rowan							
Joga Singh							
Martin Turner							
Craig Brown							
Hugh Parry							
Damon Turner							
Jason Killens		*see note					
Trish Mills			Julie Boalch				
Catherine Goodwin		Liz Rogers					
Angie Lewis							

*Recused from discussions on relevant agenda items

	Attended
	Sent Deputy
	Apologies
	No longer a member.



Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

CHARITABLE FUNDS COMMITTEE HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	30 March 2023
Committee Meeting Date	16 February 2023
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The Committee received **the final audited Annual Report and Accounts for the 2021/22 financial year for the Welsh Ambulance Services NHS Trust charity** – following the delay in the completion of the external audit – as discussed at the Committee on the 30th January 2023. The audit opinion given for the 2021/22 Annual Report and Accounts was qualified due to a technicality in relation to the 2015/16 financial year, as detailed in the external audit report.

The Committee endorsed the 2021/22 Annual Report and Accounts and recommended their approval to the Corporate Board of Trustees to enable submission to the Charity Commission. The Annual Return for the Welsh Ambulance Service NHS Trust Charity was filed with the Charity Commission on Friday 17th February 2023. The (late) filing date will be on the public register of charities for five financial years.

ADVISE

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

-

ASSURE

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

2. The Committee discussed **the importance of learning** from the delayed audit and subsequent late filing of the charity Annual Return and accounts for 2021/22. The Committee will actively consider how best to mitigate and minimise the risk of a future occurrence, in discussions with the Executive.

RISKS

Risks Discussed: The risks relevant to the Committee were not explicitly discussed at this meeting.

New Risks Identified: n/a



COMMITTEE AGENDA FOR MEETING

Auditors Report on Annual Accounts | Charitable Funds Annual Report & Accounts 21/22

COMMITTEE ATTENDANCE

Name	5 May 2022	6 July 2022	10 Oct 2022	21 Nov 2022 (Additional meeting)	30 Jan 2023	16 Feb 2023 (Additional meeting)
Ceri Jackson						
Bethan Evans						
Prof Kevin Davies					Joined at 10.10	
Hannah Rowan						
Chris Turley						
Lee Brooks		Mark Harris	Jon Edwards			
Catherine Goodwin		Sarah Davies				
Angela Lewis						
Estelle Hitchon						
Andy Swinburn						
Trish Mills						
Hugh Parry						
Damon Turner						
Marcus Viggers						
Julie Boalch						
Andrew Challenger						
Jo Kelso						

	Attended
	Deputy attended
	Apologies received
	No longer member/not member

**MINUTES OF THE OPEN SESSION OF THE CORPORATE BOARD OF TRUSTEES
OF THE WELSH AMBULANCE SERVICES TRUST NHS CHARITY
HELD ON 16 FEBRUARY 2023 AT 09:30
VIA MICROSOFT TEAMS**

MEMBERS PRESENT:

Colin Dennis	Chair of Trust Board
Kevin Davies	Vice-Chair of Trust Board
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director
Rachel Marsh	Executive Director of Strategy, Planning & Performance
Chris Turley	Executive Director of Finance & Corporate Resources
Liam Williams	Executive Director of Quality & Nursing

IN ATTENDANCE:

Estelle Hitchon	Director of Partnerships & Engagement
Caroline Jones	Corporate Governance Officer
Navin Kalia	Deputy Director of Finance & Corporate Resources
Angela Lewis	Director of Workforce & Organisational Development
Bernadette Mitchell	Finance Assistant
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager (Minute-taker)
Jessica Price	Deputy Head of Financial Accounting
Mike Whiteley	Audit Manager, Audit Wales

APOLOGIES:

Lee Brooks	Executive Director of Operations
Bethan Evans	Non-Executive Director
Jason Killens	Chief Executive
Brendan Lloyd	Executive Medical Director
Trish Mills	Board Secretary
Hannah Rowan	Non-Executive Director
Joga Singh	Non-Executive Director
Leanne Smith	Interim Director of Digital Services
Andy Swinburn	Director of Paramedicine
Martin Turner	Non-Executive Director
Damon Turner	Trade Union Partner

01/23 Welcome & Apologies

- 01.1 Apologies were noted. The Chair noted that a minimum quorum of five voting members of the Trust Board were required for Corporate Board of Trustees to achieve quorum, and that there were sufficient members in attendance;
- 01.2 The Chair noted this meeting was held in public, and that there were attendees of the Charitable Funds Committee (CFC) in attendance, due to the Committee having been convened immediately prior.

02/23 Declarations of Interest

- 02.1 There were no declarations of interest above those already recorded in the Register of Interests for the members of the Trust Board for the Welsh Ambulance Services NHS Trust.

03/23 Auditors Report – 2021/22 Annual Accounts

- 03.1 Mike Whiteley, Audit Wales Audit Manager, presented the audit report and opinion for the Welsh Ambulance Service NHS Trust Charity. Mike noted that the audit opinion given for 2021/22 was qualified, as set out in the report and report Appendices;
- 03.2 Audit Wales have been unable to obtain sufficient evidence of the allocation of the Charity's income for 2015/16 in respect of the allocation of restricted and unrestricted income. The value of income over which it has not been possible to obtain assurance is £28,000;
- 03.3 The qualified audit opinion was issued due to a lack of supporting evidence in relation to a sample of transactions from the 2015/16 financial year, as it has not been possible to obtain the necessary assurances in regard to these transactions. The qualification is therefore on technical grounds in relation to transactions made in 2015/16;
- 03.4 Mike clarified that the audit opinion given was for the 2021/22 Annual Report & Accounts, and that the last full external audit completed for the Charity was completed in 2014/15. All testing completed regarding 2021/22 was satisfactory, save for the required evidence against the sample of transactions for 2015/16.

RESOLVED:

- 03.5 That the Auditors Report for 2021/22 Annual Report & Accounts was received.**

04/23 Annual Report & Accounts 2021/22

- 04.1 Chris Turley, Executive Director of Finance & Corporate Resources, confirmed that the final audited version of the charity Annual Report & Accounts for the 2021/22 financial year was presented for approval, to enable submission of the charity's Annual Return and Accounts;

- 04.2 The Chair referenced the work of the CFC and the evolution of the charity over recent years and thanked the Committee for their work. It was noted that the qualified audit opinion has been issued on a technicality, and is relation to a historic issue;
- 04.3 The CFC have endorsed the Annual Report & Accounts for 2021/22 for the Charity and have recommended the document for approval by the Corporate Board of Trustees. The Board noted that the filing of the Annual Return and Accounts for the Charity is late due to unforeseen delays experienced by Audit Wales in their audit of the accounts;
- 04.4 The Charity Commission had been notified of the late filing ahead of the deadline, and no further action has been or will be taken by the Commission. The late filing will be recorded on the public register of charities and this information will be available for up to five financial years;
- 04.5 Ceri Jackson, Chair of the CFC, noted that the Trust and its Charity is legally required to use Audit Wales for external audit services. Given the current resource challenges within Audit Wales, she suggested it could be prudent to explore whether the mandatory obligation to use Audit Wales could be changed to ensure compliance with regulatory timelines;
- 04.6 Mike advised that this requirement is set out within the Charities Act 2011, and that his understanding is that all Welsh NHS charities are required to employ Audit Wales for external audit activity. The Chair suggested that this could be something for the Chair of the CFC to seek to further explore, alongside the Executive;

RESOLVED:

- 04.7 Following discussion, the Corporate Board of Trustees approved the Annual Report for the Welsh Ambulance Service NHS Trust charity for the 2021/22 financial year;**
- 04.8 Following discussion the Corporate Board of Trustees approved the Annual Accounts for the Welsh Ambulance Service NHS Trust charity for the 2021/22 financial year.**

05/23 Charitable Funds Committee AAA Report (30 January 2023)

- 05.1 Ceri Jackson, as Chair of the CFC, presented the highlight report from the meeting of the Committee on the 30 January 2023. She noted the importance of the position with the external audit and the late filing of the Charity's Annual Return being clear to stakeholders;
- 05.2 The Charity must try to mitigate the impact of the late filing, and this should be considered alongside the delivery of the Charity's strategic priorities. The Chair acknowledged this concern and agreed with the importance of clear communication;

RESOLVED:

- 05.3 The Charitable Funds Committee AAA highlight report from its meeting on the 30 January 2023 was received by the Corporate Board of Trustees, and the contents noted.**

06/23 Any Other Business

- 06.1 There was no other business to discuss.

07/23 Date & Time of the Next Meeting

- 07.1 The Chair noted that the Corporate Board of Trustees may wish to meet in due course to discuss the outcome of the recently commissioned strategic review for the charity; the date and time of this meeting is to be confirmed.



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

AGENDA ITEM No	19
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

GOVERNANCE REPORT

MEETING	Trust Board
DATE	30 March 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report sets out where applicable the Chair's Action taken since the last Board meeting, decisions made in private session, and the use of the Trust Seal.
2. In private session on 26 January 2023 the Board agreed on the settlement of a clinical negligence claim, the details of which are confidential.
3. **The Board is requested to note the decision made in private session.**

KEY ISSUES/IMPLICATIONS

Not applicable

REPORT APPROVAL ROUTE

Not applicable

REPORT APPENDICES

None

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

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 10 NOVEMBER 2022 VIA TEAMS

PRESENT:

Bethan Evans	Non Executive Director and Chair
Professor Kevin Davies	Non Executive Director
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director
Hannah Rowan	Non Executive Director

IN ATTENDANCE:

Lee Brooks	Executive Director of Operations
Andrew Clement	Partners in Healthcare, Resource Development Coordinator
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Assistant Director of Quality and Nursing
Peter Hindley	Community Health Council
Ian James	Trade Union Partner
Alison Johnstone	Partners in Healthcare Manager
Bethan Jones	Midwife (on secondment from BCUHB) - Observer
Mark Jones	Consultant Mental Health Nurse
Alison Kelly	Business and Quality Manager
Dr Brendan Lloyd	Executive Medical Director
Bethan Lowry	Concerns Admin Support
Mark Marsden	Trade Union Partner
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Felicity Quance	Internal Audit
Duncan Robertson	Assistant Director of Research, Audit and Service Improvement (North)
Leanne Smith	Interim Director of Digital Services
Gaynor Sollis	Patient Safety Manager
Andy Swinburn	Director of Paramedicine
Gareth Thomas	Patient Experience and Community Involvement Manager
Lisa Trounce	Business Manager
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Liam Williams	Executive Director of Quality and Nursing
Debbie Young	Executive Assistant

Apologies:

Non Recorded

49/22 PROCEDURAL MATTERS

The Chair extended a warm welcome to everyone with a special welcome to: Alex Payne, Bethan Jones, Bethan Lowry, Gaynor Sollis and Felicity Quance.

Minutes

The Minutes of the meeting held on 11 August 2022 were approved.

Action Log

The action log was considered:

Action Number 16/21: To provide updates on the viability of Community First Responders (CFR) to administer pain relief. An update was provided by Andy Swinburn; action to remain open to receive further updates going forward.

Action Number F&P 1/21-22: Review of performance related metrics, action was closed with a further update to be provided once information was available with an update at the February meeting.

Action Number 50/21a: Ongoing work in improving symptom checkers on website. A comprehensive update was attached to the action log, action was closed.

Action Numbers 32/22a and 33/22b: Both related to patient experience; a written update had been provided and the actions were closed.

Action Number 35/22: To strengthen the wording on the Monthly Integrated Quality Performance Report (MIQPR) recommendation: Agreed that this action was to be closed.

Action Number 36/22a: Collaboration with the private sector in relation to older people; an update was provided on the action log and the action closed.

Action Number 36/22b: Update on care home focused improvements. A detailed update was on the action log, and it was agreed to remain open until the next meeting pending further details.

RESOLVED: That

- (1) the Minutes of the Open meeting held on 11 August 2022 were confirmed as a correct record; and**
- (2) consideration was given to the Action Log as described above.**

50/22 OPERATIONS DIRECTORATE QUARTERLY REPORT – 2022 -23 Q2

Lee Brooks introduced the revised format of the Operations Quarterly Report as read, and drew attention to the latest position on the current pressures.

Comments:

1. Members welcomed the revised format of the report adding that it read well and clearly demonstrated the extreme pressure the whole NHS continued to sustain. Members queried whether this report had been sent to Commissioners; Lee Brooks stated it had not, and agreed to share it with the Chief Ambulance Services Commissioner going forward.
2. It was asked whether volunteers received a Performance Appraisal and Development Review (PADR). Lee Brooks commented that in his view, PADRs were not completed, however he was confident that scheme coordinators were in frequent contact with volunteers. He agreed to confirm the reporting mechanism for volunteers at a future meeting.
3. In response to a query regarding roster reviews and rural response in Powys, Lee Brooks advised that overall the roster review was on track to be deployed by the end of the year. Work was ongoing in terms of rural response in that the Trust was considering different models of care, and whether this would improve patient care in rural areas.
4. It was asked whether the 111 rostering activity had been successful. Lee Brooks stated that it was too early to comment, but ensured it would be included in the next update.
5. With respect to Emergency Medical Despatcher (EMD) recruitment and retention were there any themes or trends which were contributing to the high level of turnover. Lee Brooks explained that the rate of attrition was in the region of 23% which was high; part of this was due to existing vacancies which increased the workload and pressure on staff.

The Trust has continued to recruit and was confident that by the winter period sufficient staff will be in place; adding there were around 50 currently in training. Paul Hollard added that the next People and Culture Committee meeting will receive a report on the EMD turnover rates, which should provide further information regarding recruitment and retention patterns.

RESOLVED: That the report was received.

51/22 PATIENT EXPERIENCE

1. The Committee were shown a video in which Fiona Philpott told of the extremely poor patient experience of her 99-year-old mother Brenda Patton, who fell at home in the bathroom and waited 8.5 hours for an emergency ambulance to arrive.
2. During that time Brenda was crying in pain and her condition deteriorated. Fiona told the Committee of the stress and anguish this caused both her and her mother, particularly as there was no-one available to administer pain relief while they waited for the ambulance to arrive. Fiona recognised the ambulance service was under a huge amount of pressure and expressed her outrage that the service did not afford her mother the care expected, adding that in her opinion the NHS service was not fit for purpose.

Comments:

3. Leanne Hawker informed the Committee that following an investigation it was noted there had been a high number of 999 calls and long delays in handovers at hospitals within the Betsi Cadwaladr University Health Board (BCUHB). Leanne added that

work was underway jointly with BCUHB to develop the falls response service; and a second falls response vehicle was due to start in November, covering Conwy and Denbighshire, subject to funding being confirmed. Liam Williams added that a commitment had been made from the Executive Director Nursing (EDN) network to expedite the falls level 2 work across Wales. Further to this he commented that the EDN's had sent correspondence to NHS Wales Chief Executive, supported by the Chief Operations Officers and Medical Director, network to focus on the high impact issues. Additionally, Liam Williams stated that linking patient data analysis effectively would provide the basis to better align resources to meet the needs of the population of Wales. Jonathan Turnbull-Ross assured the Committee that extensive engagement was ongoing, particularly with BCUHB in terms of the falls work. It was noted that the outcomes of the investigation had been shared with Fiona Philpott.

4. Members felt the severe impact of Fiona and Brenda's powerful experience, particularly in the context of the very long delays currently being experienced by so many patients in the community, and the very real prospect of the delays deteriorating over the winter months. The Committee also recognised that during the 8.5 hour waiting period there was nothing different the Trust could have done, and this was extremely worrying. Members felt that the Trust had done everything in its power to improve the system but were becoming increasingly frustrated that it was futile and could not see any improvements in the near future.
5. Members asked what, if anything further they could meaningfully do to escalate the issues raised and were assured that the Trust was doing all it could within its gift. Liam Williams advised that the risks were high up on the Board agenda. He added that the Trust Chair has escalated the issue of handover delays to the Minister for Health and Social Services, and that the Trust Chief Executive continues to discuss the issue in other forums. He added that recruitment across the Trust was continuing with a view to increasing front line capacity. Furthermore, Audit Wales was carrying out work to look at patient flow in hospitals and how to seek improvement; it was hoped this would lead to an improvement in patient flow and release more ambulance resource to respond to patients in the community.

It was asked whether there were further actions that could be taken within the Trust to improve the situation. For example, when someone calls repeatedly, instead of going through the same questions, to divert them to a dedicated phone number. Lee Brooks outlined details of the Medical Despatch Priority System (MDPS) explaining it was process driven and the caller would only have to repeat the same answers if there was a change to the patient's condition.

6. The Committee expressed their thanks to Fiona and Brenda for sharing this story and would review the learning that was taken from this incident at its meeting in February.

RESOLVED: That the patient story was noted and recognised that discussions on the severe delays and system pressures would be heard at the Trust Board meeting later this month.

52/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

1. Trish Mills informed the Committee there were three corporate risks assigned to the Committee, two of which were rated as high risks with no changes to scores since the last review. Risk 223: 'the Trust's inability to reach patients in the community causing patient harm and death', and risk 224: 'significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service', were both rated at 25. These

risks continued to be actively managed and are monitored and reviewed regularly by the Assistant Directors Leadership Team and the Executive Management Team.

2. The management and mitigation of these risks were discussed significantly throughout earlier items in this meeting, and the Committee noted that despite further controls being applied in the last quarter, there was no movement on either the likelihood or consequence scores for either ; therefore they remain at the highest score of 25.
3. The Committee agreed to the closure of risk 303, 'delayed administration of chest compressions to patients as part of resuscitation', as all actions have been completed, and the score reduced to its target.

RESOLVED: The Committee accepted the status of the three corporate risks which it has been assigned to oversee the management of – risk 223, 223 and 303. The Committee received the relevant sections of the Board Assurance Framework and noted the ongoing mitigating controls. The Committee agreed to close risk 303.

53/22 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

Rachel Marsh presented the Monthly Integrated Performance Report (MIQPR) for September, and reviewed in detail with the following to note:

1. 111 clinical ring back had improved greatly following the introduction of tactical actions as part of the recent business continuity incident. This improvement is despite the difficulty to recruit the right numbers and types of clinicians into post.
2. Hospital handover delays continued to worsen with over 28,000 ambulance hours lost in October, which represented 37% of the Trust's capacity to respond. From a patient experience perspective one of the impacts was that the number of patients cancelling ambulances was over 10,000 per month.
3. Rachel Marsh referenced the workforce related metrics contained within the report which include sickness, staff training and PADR completion rates, all of which were improving.

Comments:

1. Members queried whether staff were being encouraged to have the Covid booster vaccination, as the uptake seemed low. Andy Swinburn confirmed that messages had been sent to staff.
2. It was asked whether there was an update on the immediate release requests. The Committee were advised that whilst during this quarter 47% of immediate release directives were declined, there has been an improving position proportionately across Wales for red releases in September. However, the number of amber releases declined was of concern. A process was in place to investigate those declined with details being reported to Health Board Chief Executives weekly. The Committee is due to receive an internal audit review on immediate release requests at its next meeting, which will test the Trust's compliance on process to determine any internal improvements. Brendan Lloyd added that until the culture in health boards changes, and while ambulance waits were the most intolerable part of the patient flow, some Emergency Departments (ED) will continue to feel justified in declining immediate release requests on the basis that ED's were already overcrowded.

3. In terms of strokes, it was asked whether there were opportunities to capture patient outcomes. The Committee were advised that work on capturing stroke patient outcomes, as well as the call to door target - which was reviewed by the Emergency Ambulance Services Committee – and further progress on linking the end-to-end pathway, would be reported back to the Committee at a future date. Going forward the ambition is to align the data between the Electronic Patient Care Record (ePCR) and the Computer Aided Dispatch (CAD) system, and look at the time segments to see where improvements could be made the Trust's performance. Brendan Lloyd added that the Trust does not currently have the ability to link the data with its patients through to the outcome. It was noted that Digital Healthcare Wales were working on improving this link.
4. Andy Swinburn outlined the improvements to the fact that the Trust was conveying fewer patients to ED's as it was managing more patients at home.
5. Liam Williams commented that he and Rachel Marsh would welcome any feedback from colleagues in improving this report going forward.

RESOLVED: That the report was considered and provided sufficient assurance of progress against the 24 key performance indicators detailed, which demonstrate how the Trust is performing against the following areas of focus: - Our Patients (Quality, Safety and Patient Experience); Our People; Finance and Value; and Partnerships and System Contribution.

54/22 PATIENT SAFETY REPORT Q2 2022/23

Wendy Herbert gave an outline of the report and drew the Committee's attention to the following areas:

1. Continued high numbers of concerns being received and whilst there was a slight improvement in 30-day response times, they were significantly behind the 75% target, at 28%. The Trust have invested additional resources into the Putting Things Right team, and as a result the 2-day acknowledgement time had improved significantly.
2. Coroner activity remained significantly high which has impacted on Clinical Contact Centre staff particularly in responding to requests for information in a timely manner.
3. Serious Case Incident Forums (SCIF) continued to meet on a twice weekly basis due to the volume of incidents being reviewed. During this reporting period there were 20 SCIFs which considered a total of 111 incidents.
4. There had been an increase in the number of Appendix B incidents being forwarded to Health Boards.
5. In order to improve the Trust's position with concerns, £100k of additional funding has been made available to increase resources in key posts.
6. During this reporting period a total of 1,257 patient safety incidents were reported; 538 in July, 416 in August, and 303 in September. This is a decrease in comparison to the previous quarter, but an increase in comparison to the same period last year where there were 1099 incidents reported.
7. During the quarter there were a total of 2,883 Immediate Release Requests made to Health Boards. These requests were made to release an emergency ambulance to respond to a patient in the community who had a potentially life threatening or serious condition. Of these, 1,528 were accepted (53%) and 1,355 were declined (47%).

Comments:

1. The Committee recognised the work involved and asked for a note of thanks to all those involved with concerns to be recorded, also noting that the report demonstrated the Trust's Duty of Candour, which was welcomed.
2. With respect to clinical incidents and where errors had occurred, the Committee were advised by Andy Swinburn that there was clear support for staff, despite the ongoing pressures. This position was echoed by Paul Hollard and Liam Williams. Liam Williams added that for the next meeting a report would be provided that gave front line staff assurance that the Trust was a learning organisation which would be aligned to the ongoing all Wales work on preceptorship and clinical supervision.

RESOLVED: That the update was received, recognising that several issues had been discussed in previous items.

55/22 AUDIT WALES - REVIEW OF QUALITY GOVERNANCE ARRANGEMENTS

Liam Williams presented the report and informed the Committee that a further update would be provided at the next meeting which will include the work conducted by other organisations. Jonathan Turnbull-Ross added that the update report would include the work from Health Inspectorate Wales and Internal Audit, the Trust's work around Duty of Candour, Duty of Quality, and the Health Care standards.

Comments:

1. Members recognised that the Trust's business as usual work had already identified some of the issues raised at this review.
2. It was asked whether the revised implementation was plan due for completion in November. Jonathan Turnbull-Ross explained that it had been drafted and would be concluded on 21 November, with the final report being published on 12 December.
3. It was asked whether there was an update available regarding internal resources. The Committee were advised that several roles have been included in the plan which were expected to be agreed.

RESOLVED: The Committee noted the update and recognised that a more conclusive update would be provided at the February meeting.

56/22 HEALTH INSPECTORATE WALES ANNUAL REPORT 2021-2022

Liam Williams explained that the report acknowledged the significant pressure across NHS Wales, specifically noting the challenges for the Trust in staff absences impacted by COVID-19 related absence. The report also detailed the work undertaken by Health Inspectorate Wales (HIW) which included seeking assurance on the safety and quality of care provided by the Trust. The report also detailed the system-wide recommendations made by HIW for improvement on this issue, including a need for collaboration with Health Boards across Wales.

Comments:

1. The Committee noted that the HIW Annual Review would be presented to the Trust Board at its meeting on 24th November.

2. Members also acknowledged in particular, the work of the Operational Delivery Unit to manage variance across EDs and Health Boards. Andy Swinburn explained this work should not be underestimated, adding that each ED would have different structures to improve its patient flow.
3. The Committee sought clarification in terms of who had ultimate responsibility for the patient inside an ambulance waiting outside the ED; it was agreed that this would be raised at the Board meeting later in the month. Furthermore, clarification would also be sought on the strategic collaboration and the statement on collaborative working within the report.

RESOLVED: That the Committee received the report and noted that the issues contained in bullet point 3 above would be raised at the Board meeting later in the month.

57/22 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT (PECI) QUARTERLY REPORT

Leanne Hawker outlined several areas within the report and drew the Committee's attention to the following:

Feedback from the communities was very positive with patients showing a high regard for Trust staff; however, there were some negative experiences especially around long waits for an ambulance. This also impacted on relatives of patients, and the Trust continued to review its resources, for example, several projects were in the pipeline aimed at improving the overall patient experience going forward.

Comments:

It was unclear what was meant by non-applicable in the graph illustrating patient experiences of calling 999. The Committee asked that in future reports that the ratings included in such info graphics be clearer.

RESOLVED: The Committee approved the Highlight Report for release to the NHS Wales Patient Experience Network, WAST People & Community Network and external stakeholder; and noted and support the actions being taken forward.

58/22 NHS WALES SAFEGUARDING ANNUAL REPORT 2021-22

The Committee noted the report was presented for information purposes.

RESOLVED: That the Committee noted the contents of the report

59/22 DEMENTIA UPDATE

Alison Johnstone drew the following to the Committee's attention:

1. The All Wales Dementia Care Pathway of Standards was published by Improvement Cymru in 2021, following extensive engagement with individuals living with dementia, carers, voluntary organisations and health and care professionals. The implementation of the standards was supported nationally and regionally by the Dementia National Steering Group, and by five work streams which are: Community Engagement, Memory Assessment Services, Dementia Connector, Hospital Charter and Workforce / measurement.

2. The Trust was working on a software pilot called Reminiscence Interactive Therapy Activities (RITA). RITA is an all-in-one touch screen solution which offers digital reminiscence therapy to blend entertainment with therapy, and to assist patients (particularly with memory impairments) in recalling and sharing events from their past through various media outlets.
3. Work was also ongoing with Alzheimer Society Cymru, looking at a referral process to dementia connect; this will allow members of staff to provide an onward referral into the society.
4. A great deal of work has been achieved to connect the WAST dementia agenda with other services to improve personal, home and community safety; emergency response to dementia calls; joint learning and development opportunities, and engagement across services.

Comments:

1. The Committee welcomed the update, and the team were commended on the significant number of achievements and its alignment to the Trust's strategy to provide more care closer to home.
2. It was asked if the Trust was aware of the prevalence of dementia in Wales. Alison Johnstone advised there was an ability within the system to extract raw data and going forward it was anticipated this would be refined further.
3. The Committee also recognised the link to a previous QUEST patient story with respect to the work underway to develop dementia training for 111 and the Clinical Support desk (CSD) staff.

RESOLVED: The Committee noted the work and progress against national dementia programme work streams.

60/22 INTERNAL AUDIT TRACKER REPORT

Trish Mills provided the update and asked the Committee to note the following:

There were two overdue high priority recommendations that related to the Committee; ID 460, 'Role of the Advanced Paramedic Practitioner' and ID 527, 'Respiratory Protective Equipment' discussions were ongoing with the Infection Prevention Control Strategic Group to consider if the latter risk could be closed. In respect of the other eight recommendations, these have all been reviewed and actions were in progress.

RESOLVED:

- (1) **Noted and considered the contents of the report;**
- (2) **Considered the Internal Audit Plan activity; and**
- (3) **Considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically those relevant to Committee.**

61/22 JOINT INVESTIGATIONS PILOT

1. Liam Williams outlined the report and explained that following a sustained period of operational pressures across Wales and increasing numbers of National Reportable Incidents relating to catastrophic or severe harm, the Appendix B process was implemented for WAST Serious Incidents.
2. Several meetings and work occurred over the summer to agree the Joint Investigations framework through a Task and Finish Group that has had membership from every Health Board, WAST and wider NHS Partners. A key outcome of the process was the requirement for a joint meeting to confirm a serious incident had occurred, confirm if a joint investigation was required and subsequently, which organisation would lead the investigation.
3. Implementation of the Joint Investigations Process was due to take place through a Pilot that would report to the Emergency Ambulance Services Committee and the NHS Wales Delivery Unit. Further work was required on the supporting performance metrics for the new process, and there was an urgent requirement for development time in the All-Wales web-based DATIX platform to enable efficient cross-organisational working.
4. It was not expected that this process would have a significant impact on WAST in reporting or investigating incidents; however, it was expected that there will be an impact for Health Boards seeking higher levels of engagement from General Practice and Social Care.

Comments:

1. Rachel Marsh commented that as a word of caution with the Trust being the lead investigator, this may impact on the Trust's resources.
2. It was asked how the national policy was endorsed, and to what extent the Trust had engaged with other stakeholders, such as General Practitioners and local authorities. - Liam Williams advised that the National Delivery Unit had oversight. In terms of the level of engagement being sought from health board colleagues and adult social care, at this stage it was unclear whether the timescales will be met.
3. Wendy Herbert advised this was nothing new, and had been signed off several years ago as an approved process; provided the process was robust that was the main thing.
4. Liam Williams explained that the learning from this process was critical to improving the quality of service going forward. Further to this the Trust would demonstrate its learning through the Duty of Candour.

RESOLVED: The Committee approved that the revised Joint Investigation Pilot be implemented.

62/22 PATIENT STORY DRIVER DIAGRAM

This was presented for information and to note is was Matt Hughes' story

RESOLVED: The Committee noted the update

63/22 COMMITTEE PRIORITIES UPDATE

This was presented for information.

RESOLVED: The Committee noted the update.

64/22 KEY MESSAGES FOR BOARD

The Chair advised that Trish Mills would provide a detailed report for the Board's attention.

RESOLVED: This was noted.

65/22 ANY OTHER BUSINESS

The Committee noted it was Kevin Davies' last meeting and thanked him for his support over the past years.

Date of Next meeting: 9 February 2023

**CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING
(OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON
29 NOVEMBER 2022**

Chair: Paul Hollard

PRESENT:

Paul Hollard	Non-Executive Director and Chair
Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Alex Crawford	Assistant Director of Planning
Sarah Davies	Workforce and OD Business Manager
Colin Dennis	Trust Board Chair
Bethan Evans	Non-Executive Director
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Estelle Hitchon	Director of Partnerships and Engagement
Melfyn Hughes	Welsh Language Services Manager
Ian James	Trade Union Partner
Jo Kelso	National Ambulance Training College
Angie Lewis	Director of Workforce and OD
Trish Mills	Board Secretary
Donna Morgan	NWSSP Audit and Assurance
Alex Payne	Corporate Governance Manager
Jeff Prescott	Corporate Governance Officer
Liz Rogers	Deputy Director of Workforce and OD
Joga Singh	Non-Executive Director
Graham Stockford	Head of Health and Safety
Andy Swinburn	Director of Paramedicine
Faz Tahir	OD Project Manager
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

APOLOGIES:

Hannah Rowan	Non-Executive Director
Angela Roberts	Trade Union Partner

65/22 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 Hannah Rowan and Angela Roberts.

66/22 DECLARATIONS OF INTEREST

No new declarations were made in addition to the standing declarations which were already noted on the Trust register.

RESOLVED: That no new declarations were received.

67/22 MINUTES OF PREVIOUS MEETING AND ACTION LOG

The Minutes of the Open meeting held on 05 September 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 05 September 2022 were AGREED.

68/22 DIRECTOR OF WORKFORCE & OD UPDATE

Angie Lewis gave an update on recent developments within the Workforce and Organisational Development Directorate. Members heard that following her first three months in post, she had enjoyed getting to grips with the role and had benefitted greatly from the Staff Roadshows where she had been able to reach around 500 colleagues.

Other highlights brought to the Committee's attention included updates on recruitment, which had continued at pace; with plans to deliver an additional 100 full-time equivalent staff by the end of January 2023. The recruitment was complimented by the associated training for new and existing staff, including Leadership training. In addition, the Trust had launched the Sexual Safety Survey and shared initial findings at CEO Roadshows to begin raising awareness of the problem, representing a key cultural change for the Trust. Finally, Members were informed about the Financial Wellbeing support which had been discussed at every Warm WAST Welcome session, recognising how pertinent this was to staff during the current cost of living crisis.

Members received the update and commented on the range of initiatives and work which had been undertaken. Members welcomed the financial wellbeing support which was being offered to staff, particularly now that financial pressures were increasing. Members then queried whether anything could be done to streamline the recruitment process in order to bring in new staff to the organisation more quickly. Angie Lewis confirmed that while everything was being done to simplify and streamline the process, it was also important to recognise that a period of due diligence would always be required to ensure that proper checks were in place and that the Trust did not recruit unsuitable candidates.

RESOLVED: That the update was NOTED.

69/22 OPERATIONS QUARTERLY REPORT

Lee Brooks introduced the Operations Quarterly Report as read and invited any comments or questions from Members, noting that colleagues and Committee Members had already had sight of the report at previous Committee meetings.

Members acknowledged having sight of the report at previous committee meetings. Members then raised a query around the recruitment and retention of staff, noting that in particular, Emergency Medical Dispatcher (EMD) recruitment and retention had been an issue for some time. Lee Brooks commented that the retention of staff remained an issue, especially within the EMD role. This area of difficulty had been noted in the report and steps were being taken to try and address the issue. These included the roster review, the additional recruitment of staff and a paper which had also been prepared for the Executive Management Team (EMT) to consider ways of retaining staff.

RESOLVED: That the update was NOTED.

70/22 STAFF STORY

Faz Tahir gave an account of his experiences of discrimination and the challenges he had faced throughout his life. Members heard how he had been subjected to inappropriate comments about the colour of his skin as well as openly racist comments about his appearance and faith.

While these experiences were largely isolated, the effects had been long lasting and had even resulted in him being treated differently to non-Muslims. Faz Tahir gave several examples and explained the depth of feeling these experiences had invoked. It was noted that while most of these incidents had taken place outside of work, there had still been rare occasions where he had been subjected to racism and inequality within the workplace.

Faz Tahir then spoke about the importance of his faith and the barriers which he had encountered throughout his life when it came to practicing his religion. These included difficulties in finding a suitable place to pray, as well as a lack of understanding from others about the importance of doing so, particularly when this was a fundamental part of his religion and something he would do five times per day.

Members thanked Faz Tahir for sharing his story with the Committee, noting how difficult it had been for him to openly discuss his experiences, thoughts and emotions with colleagues. Members observed how the account of the experiences had made them really stop, think and consider the impact that these must have had. Members also questioned whether more could be done to illuminate any future instances or experiences of racism and discrimination for other colleagues within the Trust, regardless of their faith, race or any other factors. It was observed that a number of anti-racism actions had been agreed with a focus on work to address equality, diversity and inclusion continuing throughout the organisation.

RESOLVED: That the staff story was NOTED.

PEOPLE PLAN AND IMTP DELIVERABLES

Angie Lewis introduced the People Plan and IMTP deliverables. The purpose of the report was to highlight key progress made against the 'Being Our Best: Our People and Culture Strategy 2019-2022'. The report also considered where the Trust was now, based on the current landscape, and the key areas of focus for the Trust's new People and Culture Plan for 2023 -2026.

Members heard how the People and Culture Plan for 2023 -2026 was based around the concept of the '3Cs', building the organisation's Culture, Capacity and Capability within the context of creating Autonomy, Belonging and Competence (ABC); which were the three psychological needs to grow motivation and enable better handling of stress.

In addition, the report also provided an early indication of the Trust's intended areas of focus for the 2023 IMTP and highlighted key actions required in relation to the organisation's Equality Diversity and Inclusion (EDI) agenda, specifically in relation to the Wales Anti-Racist Action Plan.

Dr Catherine Goodwin then discussed the Wales Anti-Racist Action plan in more detail, explaining that the purpose of the Plan was to make a measurable change to the lives of ethnic minority people by tackling racism. The Plan was intended to guide Welsh Government, the public sector and other sectors which Welsh Government can influence.

The plan was based on the values of being open and transparent, rights-based and putting lived experience at the heart of all Welsh Government activities. Members were informed that these activities would form part of the Trust's overall EDI agenda and would be reflected within the People and Culture Plan and IMTP Deliverables. It was noted the the EDI agenda was the golden thread which ran through the heart of all activities and concepts which were discussed as part of the People Plan.

Members received the report and welcomed the concept of the '3Cs', as well as the work around Autonomy, Belonging and Competence. Members also noted the important changes being sought under the Wales Anti-Racist Plan and acknowledged the challenges of now incorporating these values and concepts into the organisation.

RESOLVED: That

- 1. the proposed areas of focus for the Trust's People and Culture Plan were COMMENTED on and NOTED.**
- 2. the proposed IMTP priorities were COMMENTED on and NOTED.**
- 3. the Wales Anti-Racist Action Plan was NOTED and SUPPORTED.**

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Julie Boalch gave a report on Corporate Risk Register and the Board Assurance Framework (BAF). The purpose of the report was to provide assurance in respect of the management of the Trust's principal risks, specifically the 6 risks that were relevant to Committee's remit, and additionally the Trust's 2 highest scoring risks which were assigned to Quality, Patient Experience and Safety Committee for oversight. The BAF provided the Committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls, where applicable.

Members were asked to note the inclusion of two new risks on the Register. These were Risk 557 (Potential impact on services as a result of Industrial Action) and Risk 558 (Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences). The report also advised that Risk 199 had been reduced from a risk score 20 to 15, having undergone a significant review which was approved by the EMT in August 2022 and reported to Trust Board in September 2022.

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

Members received the report and discussed the recommendations. No further questions or queries were raised.

RESOLVED: That

- 1. the risks relevant to Committee were DISCUSSED. The Committee ACCEPTED the status of the corporate risks assigned for it to oversee the management of – risk 160, 201, 199 and 163.**
- 2. the inclusion of the new Risk 557 on the Corporate Risk Register at a score of 16 was NOTED.**
- 3. the inclusion of the new Risk 558 on the Corporate Risk Register at a score of 15 was NOTED.**
- 4. the decrease in score of Risk 199 from 20 to 15 was NOTED.**
- 5. the Board Assurance Framework was REVIEWED.**

WASPT ADVISORY GROUP UPDATE

Trish Mills gave a brief overview of the first formal meeting of the reconstituted Welsh Ambulance Service Partnership Team (WASPT), which was held on 15 November 2022. The report noted that The Terms of Reference had been revised and were available for review and endorsement by the People and Culture

Committee with a recommendation to the Trust Board for their approval at the next meeting being held on 26 January 2023.

Trish Mills advised Members of the key outcomes from the meeting. These included Local partnership forums being established in the sub-structure to deal with local tactical/operational matters, with WASPT focusing on strategic issues. WASPT meetings would take place bi-monthly for the first four meetings with the intention that they would be held quarterly thereafter.

Finally, the Standing Orders provided that the main link with the WASPT group and the Board was through its executive members. However, it was felt that reporting formally to the People and Culture Committee would be more effective, and aligns with the Committee's responsibility to provide advice and assurance to the Board on all matters relating to partnerships and engagement, including but not limited to Trade Unions.

Members received the update and welcomed the partnership working which the WASPT group provided, particularly as the Trust headed into a period of uncertainty around industrial action, coupled with the anticipated winter pressures.

RESOLVED: That

- 1. the WASPT Advisory Group update was NOTED.**
- 2. The revised terms of reference for the group were ENDORSED.**

74/22

IMPROVING ATTENDANCE PROJECT – PROGRESS UPDATE

Liz Rogers gave an update on sickness absence levels which were recognised as a significant issue in the Trust. To address the levels, an Improving Attendance Project Plan had been developed and was being delivered into the organisation by a joint team from Workforce and OD and Operations.

The report was presented as read with Liz Rogers only identifying key points and figures relating to sickness absence. This included an update on figures for October, which were higher than September at 9.53%. It was noted that the Trust had seen an increase in Covid absences compared to September which accounted in part for the increase. However, overall the Trust had seen a reducing trend across short and long term sickness.

Long term sickness absence since April had reduced from 6.18% to 5.60% in September, with short term sickness in August being as low as 3.03%, with a slight increase to 3.09% in September. In addition, the improving attendance project had recently been the subject of an internal audit review by NWSSP colleagues. The draft report had been shared and gave a rating of reasonable assurance along with some helpful recommendations for further improvement, which could be implemented.

Members received the report and welcomed the trend in reduced sickness absence across the Trust. Members also noted the rating of 'Reasonable Assurance' following the recent internal audit review, and commented that the rating showed the Trust was on the correct path and the project was having the desired effect on sickness absence levels.

RESOLVED: That

1. the data reported in the accompanying PowerPoint deck was COMMENTED on and NOTED.

2. the contents of the report were COMMENTED on and NOTED.

75/22

HEALTH AND SAFETY UPDATE

Graham Stockford provided an update to the Committee on key information in relation to health and safety performance over the period of 1 July - 30 September 2022. The report also provided an overview of discussions at the National Health and Safety Committee held on the 2 November 2022. Members were asked to give their attention to a number of key issues including:

- The reporting of incidents under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 to the Health and Safety Executive (HSE) continued to be a challenge with timely reporting due to information provided by handlers. Weekly Incident Meetings continued to be undertaken by the health and safety function to identify potential incidents for RIDDOR reporting. RIDDOR compliance metrics were to be presented at relevant Business Meetings for monitoring and further scrutiny.
- The report contained incident data as of 11 October 2022. However, this may have changed since that date due to quality assurance checks by the DATIX Team. Additionally, incidents had been, or were being reported late as staff continued to become familiarised with the new system. Weekly Incident Meetings were undertaken within the health and safety function to review coding and amend accordingly.
- Fume monitoring undertaken at three Emergency Departments in Quarter 4, 2021 and Quarter 1, 2022 had given assurance that diesel fumes had not exceeded the Workplace Exposure Limit (WEL) at the time the Surveys were undertaken. However, work was being undertaken within the function with costs sought for further monitoring.

Members received the report and noted the issues raised within. Trade Union partners emphasised the importance of continued monitoring of diesel fumes outside of Emergency Departments.

RESOLVED: That the key issues from the update were NOTED.

76/22

ENGAGEMENT FRAMEWORK DELIVERY PLAN

Estelle Hitchon gave a presentation on the Engagement Framework Delivery Plan. The Trust Board had previously approved the framework in July 2022, with the delivery plan now due to be considered by the Board in January 2023.

A paper had subsequently been submitted to the Board of Community Health Councils (CHC's) service planning committee with feedback suggesting that an engagement period of approximately 12 weeks would be required.

Members were informed that as the Welsh Ambulance Service was a commissioned service, it was extremely important that commissioners from all areas supported the delivery plan in principle, and were fully briefed prior to public engagement.

Members received the presentation and noted the large amount of work which lay ahead if the Trust was to successfully engage with partners, commissioners and the general public. It was noted that this would require a dedicated team, capable of making the plan as clear as possible and to aid in the understanding of the improvements and benefits that this would ultimately bring to the wider healthcare system. Members also emphasised the importance of being able to demonstrate a solid evidence base which clearly showed the rationale and the proven benefits of 'inverting the triangle' and changing the way in which the service is delivered.

RESOLVED: That Engagement Framework delivery plan was NOTED.

77/22

**MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT,
INCLUDING TURNOVER DEEP DIVE AND WELLBEING DEEP DIVE**

Alex Crawford presented the Monthly Integrated Quality and Performance Report (MIQPR) as read, given that the report had previously been seen by other committees as well as going to Trust Board. No further queries or questions were raised by Members regarding the MIQPR as these have previously been asked at the preceding meetings.

Liz Rogers then updated Members on the deep dive into Turnover. The report was also presented as read with only key points being highlighted for the Committee's attention. The deep dive had shown the limitations of the data held on why people had chosen to leave the Trust, and the need for a review of the process for exit interviews.

Members were informed that work had already begun on reviewing the process to better suit organisational needs. The changes would be piloted to test the suitability of the process and also get feedback from managers and leavers on what worked, what didn't work, and what was missing. In addition, it was observed that currently, there was an exit interview policy. However, as a part of the review, it was recommended that this should be a process rather than a policy.

Dr Catherine Goodwin gave a presentation on the Wellbeing deep dive. The deep dive showed that the organisation was achieving its ambition of moving from a reactive occupational health service to a more proactive service with good outcomes in terms of first appointments being offered, returns to work and turnaround times.

The Occupation Health and Wellbeing service had also increased its profile across the Trust with more people now recognising what the service offered in terms of support as well as how to access those services. Members were also informed about the official launch of the The Ambulance Staff Charity (TASC) Crisis Line which was available to both staff and managers. The TASC crisis line would offer 24 hour support to staff who were at crisis point with support being provided by trained counsellors who understood the ambulance service.

Members received the presentation and recognised the important role being played by the Occupational Health and Wellbeing service. Members commented on the changes being implemented and welcomed the proactive approach which was now being taken.

RESOLVED: That

1. the October 2022 Integrated Quality and Performance Report and actions being taken provided sufficient assurance, whether further information, scrutiny or assurance was required, or whether further remedial actions were to be undertaken through Executives was CONSIDERED.

2. the content of the deep dive report into turnover was NOTED and COMMENTED on.

3. The findings of the Wellbeing deep dive were NOTED.

78/22

WORKFORCE PERFORMANCE SCORECARD REPORT

Angie Lewis gave a brief overview of the Workforce Performance scorecard and drew Members attention to key areas. These included the progress being made around job evaluations, observing that in October, 7 job descriptions were successfully completed, taking on average of 17 days to complete, which was a significant improvement compared to September where job descriptions took on average 46 days to complete.

The report also showed that work was underway with employees and managers in relation to respect & resolution requests, recommending early and appropriate intervention. Furthermore, following Compassionate Practices training, a full review of disciplinary investigations was currently being undertaken by the People Services team to identify areas of learning and to improve processes moving forward.

Members received the report and commented that the Compassionate Practices training had proven to be very beneficial and had helped enormously in the resolution of disciplinary investigations.

RESOLVED: That

1. That the Committee RECEIVED and COMMENTED on the reported performance and associated actions.

79/22 INTERNAL AUDIT REPORT AND AUDIT TRACKER & QUALITY GOVERNANCE AUDIT WALES PEOPLE AND CULTURE RELATED ISSUES

The Internal Audit report was presented as read, noting that much of the content had already been covered and discussed as part of other items on the agenda. Members were only asked to note the extensions to some of the recommendations within the report. These were:

- 2021/22 Collaboration Reasonable Assurance review proposed completion date for one recommendation was extended from July 2022 to January 2023. The remaining recommendation is proposed for completion by March 2023.
- 2021/22 Recruitment Practices – Equality, Diversity and Inclusion proposed completion dates October and December 2022.
- 2021/22 Organisational Culture – A Learning Organisation due to be completed in December 2022.

Angie Lewis gave a brief verbal update on the Quality Governance update and informed Members that a written report would be circulated separately. Members noted the extensions and no further queries or questions were raised.

RESOLVED: That

- 1. the contents of the report were NOTED and Considered.**
- 2. the Internal Audit Plan activity was CONSIDERED.**
- 3. the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically those relevant to the Committee were CONSIDERED.**
- 4. any specific items that the Committee wished to see raised to Senior Management and Audit Committee were AGREED.**

80/22 SPEAKING UP SAFELY UPDATE

The Speaking up Safely update was presented as read and for information purposes only.

RESOLVED: That the update NOTED.

81/22 COMMITTEE PRIORITIES

The Committee Priorities were presented as read and for information purposes only.

RESOLVED: That the update was NOTED.

82/22 STAFF STORY UPDATE

The staff story update was presented as read and for information purposes only.

RESOLVED: That the update was NOTED.

83/22 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.

84/22 ANY OTHER BUSINESS

There was no other business

85/22 DATE OF NEXT MEETING

The date of the next meeting was scheduled for 21 February 2023.

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 1 DECEMBER 2022 VIA TEAMS

PRESENT:

Martin Turner	Non-Executive Director and Chair
Paul Hollard	Non-Executive Director & Committee Member
Ceri Jackson	Non-Executive Director & Committee Member
Joga Singh	Non-Executive Director & Committee Member

IN ATTENDANCE:

Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Executive Director of Operations
David Butler	Internal Audit
Fflur Jones	Audit Wales
Navin Kalia	Deputy Director of Finance and Corporate Resources
Osian Lloyd	Head of Internal Audit
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager
Jessica Price	Deputy Head of Financial Accounting
Felicity Quance	Internal Audit
Duncan Robertson	Interim Assistant Director of Audit, Research and Service Improvement
Paul Seppman	Trade Union Partner
Chris Turley	Executive Director of Finance and Corporate Resources
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Damon Turner	Trade Union Partner
Mike Whiteley	Audit Wales
Carl Window	Counter Fraud Manager

APOLOGIES:

Brendan Lloyd	Executive Director of Medical and Clinical Services
Angela Lewis	Director of Workforce and Organisational Development
Leanne Smith	Interim Director of Digital Services
Liam Williams	Executive Director of Quality and Nursing

48/22 PROCEDURAL MATTERS

1. The Chair welcomed all to the meeting and advised that it was being audio recorded.

2. The Minutes of the open session of the Audit Committee meeting held on 15 September 2022 were confirmed as a correct.

RESOLVED: The Minutes of the meeting held on 15 September 2022 were confirmed as a correct record.

49/22 INTERNAL AUDIT REPORTS

1. Osian Lloyd presented the progress report advising the Committee that good headway had been made on the Internal Audits for the current year. There were no further changes proposed to the Internal Audit (IA) plan of 2022/23. Members noted that the 2023/24 IA plan was due for approval at the 2 March 2023 Audit Committee meeting.
2. Osian Lloyd provided an overview on the following IA reviews that had been carried out by his Team:

Hazardous Area Response Team (HART) – Reasonable Assurance

1. The purpose of the review was to ascertain whether HART was properly trained and equipped to respond to high risk and complex emergency situations.
2. It was a positive report with a reasonable assurance rating. There was one high priority finding which concerned the need to improve the completion and compliance monitoring of training competencies. There were eight medium priority findings which were listed in more detail in the review. Trust management have accepted the findings and IA were content with the management responses.

Comments:

1. Lee Brooks commented there would be similarities between this audit and the recommendations from the Manchester Arena enquiry. He added the audit had given rise to several learning opportunities for the Trust.
2. Members observed a theme across the Trust where managers had missed the opportunity to attend and / or record training. Lee Brooks explained that specifically in respect of HART, there was a broad array of training which had been conducted despite operational pressures. He added this was an opportunity for the Trust to develop both its training opportunities and how such activity is recorded. Members recognised that evidencing this activity under the current reporting method had been challenging.
3. The Committee sought clarity of the lessons learned with partners and how they would be implemented. Lee Brooks explained that any internal actions and recommendations were monitored and shared with partners through a debriefing mechanism.

Attendance Management – Reasonable Assurance

1. Osian Lloyd advised the Committee that the purpose of this review was to assess the effectiveness of the early intervention mechanisms the Trust has implemented to improve staff attendance.

2. This was a positive report which had been given a reasonable assurance rating. The review had focussed on the three main types of sickness absence reported; mental health, musculoskeletal, and infectious diseases. There were several matters which required management attention of which five were medium priority findings, and one low priority finding.
3. These findings were referenced in more detail within the review. One of the main recommendations was to develop more robust monitoring and recording arrangements around sickness. The findings had been accepted by management and IA were content with the management responses.

Comments:

1. The Committee noted the report had been circulated to the People and Culture Committee for its awareness. Progress against the recommendations from the audit will be discussed and monitored by the People and Culture Committee.
2. In terms of lessening the impact on staff with regards to musculoskeletal issues, particularly with 'lift assist', Lee Brooks explained that the necessary equipment was on vehicles, the relevant training was given to staff and the Trust also had the ability to call upon Fire Service colleagues for assistance, if required.

Electronic Patient Clinical Record (ePCR) system – Reasonable Assurance

1. David Butler presented the audit and explained it was undertaken to review the delivery and management arrangements in place to progress the implementation of the ePCR.
2. The audit considered the following aspects; governance, monitoring and reporting and contractual arrangements, and made eight medium priority recommendations. Central to these recommendations was the need to consider the timing and method of engagement with Health Boards around implementation. Similarly, there was a requirement for early development plans with Digital Health Care Wales.

Comments:

Paul Hollard commented that the positive review had highlighted the many benefits of the ePCR programme; further to this Duncan Robertson advised the Committee that the actions were scheduled to be completed by the end of the current financial year.

RESOLVED: That the IA progress report and IA reviews were received.

50/22 AUDIT WALES REPORTS

Audit Wales (AW) Update Report

1. Fflur Jones, advised the Committee that the report contained details of the AW programme and its progress. It was noted that the structured assessment work was in its final stages and would be presented to the Board in January 2023.
2. The Committee were advised that the review on unscheduled care across Wales

was underway; the first part of which in relation to patient flow out of hospitals, was progressing well.

Equality Impact Assessment (EIA)

3. Fflur Jones explained this was a national review undertaken on all Welsh public bodies and their compliance with the Equality Act 2010. Overall the review found good areas of practice, however there was scope to make greater use of EIA in terms of their promotion of equality cohesion. There were several recommendations from the report, aimed mainly at Welsh Government.
4. Julie Boalch advised the Committee that a Task and Finish Group had been set up to develop an Integrated Assessment Review Tool which would provide guidance for colleagues regarding the provisions of the Equality Act 2010, as well as other related legislation where assessments for change activities are required. The guidance will include the learning from this Audit Wales report. Once this tool has been developed it will inform future Key Performance Indicators.

National Fraud Initiative

1. Fflur Jones explained that the National Fraud Initiative was a biannual exercise which matched data to help public bodies identify fraud or error in claims and transactions. In 2020/21 this initiative helped Welsh public bodies identify over £6.5m of fraud and overpayments. The report made three recommendations which were contained in the report.

Public sector readiness for Net Zero Carbon by 2030

1. Fflur Jones explained that the report was the first phase of the work which outlined how the public sector was preparing to achieve Welsh Government's (WG) collective ambition for net carbon zero by 2030. The summary report has detailed five actions for organisations to consider.
2. Chris Turley informed the Committee that the Finance and Performance Committee monitored and reviewed progress in this area, and outlined the current work being undertaken by the Trust to achieve the target set by WG.

Comments:

1. In terms of unscheduled care project review, the Committee queried whether the triage system within hospitals would be included. Fflur Jones confirmed this was included in part two of the review.
2. In terms of Equality Diversity and Inclusion (EDI) and the Equality Impact Assessment (EIA), members welcomed this and hoped it had an impact and how EIAs were embedded through the Trust.

RESOLVED: That the Committee received the updates.

51/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

1. Julie Boalch gave an outline of the report and the Corporate Risk Register (CRR) and drew the Committee's attention to risks that had been added, increased/decreased in score, and risks that had been closed.
2. Since the last Audit Committee meeting, the following activity has occurred; risk 311 (Inability of the Estate to cope with the increase in Full Time Equivalents (FTE)) had been closed. One new risk has been added, risk 557 (potential impact on services as a result of Industrial Action) and had been rated with a score of 16
3. Furthermore, there were two new risks which were in development; risk 538 (possible consequence of a further delay to implementation of the new Integrated Information System (Salus)) and risk 542 (Failure to deliver the WG NHS Decarbonisation Strategic Delivery Plan).

Comments:

Paul Hollard commented that the People and Culture Committee would monitor risk 557 going forward.

RESOLVED: The Committee accepted the status of the risks in the CRR and noted the closure of Risk 311 and the inclusion of the new Risk 557 on the CRR with a risk rating of 16.

52/22 LOSSES AND SPECIAL PAYMENTS – PAYMENTS FOR THE PERIOD 1 APRIL 2022 TO 31 OCTOBER 2022

The Committee were informed by Chris Turley that the total net losses and special payments made during this period amounted to £0.103m. All payments had been made within approved delegated limits.

RESOLVED: That the losses and special payments report for the period 1 April 2022 to 31 October 2022 was noted.

53/22 AUDIT TRACKER

1. Julie Boalch explained that the report provided an update in respect of audit recommendations resulting from Internal Audit and External Audit reviews.
2. There were 10 high priority and 28 medium priority Internal Audit recommendations which were overdue; specifics regarding each and their completion dates were detailed in the report.
3. With regards to the 12 External Audit recommendations generated by the 'Taking Care of the Carers' external review, the Committee noted 8 were overdue, and 4 were not yet due.

Comments:

Members acknowledged the progress and looked forward to receiving updates regarding the older recommendations in due course.

RESOLVED: The Committee noted the activity and progress since the last Audit Committee meeting in September 2022; specifically that there were 10 high priority and 28 medium priority Internal Audit recommendations overdue.

54/22 CONSENT ITEMS

The following reports were presented for the Committee to note:

1. Committee Priorities Quarter 2;
2. All Wales Audit Committee Chairs Highlight report from the October 2022 meeting.

RESOLVED: The Committee noted the reports.

Date of Next Meeting: 2 March 2023.

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 16 January 2023 VIA TEAMS

PRESENT:

Joga Singh	Non-Executive Director and Chair of Committee
Bethan Evans	Non-Executive Director
Ceri Jackson	Non-Executive Director

IN ATTENDANCE:

Hugh Bennett	Assistant Director, Commissioning and Performance (Attended items 5/23 and 6/23 only)
Julie Boalch	Head of Risk and Deputy Board Secretary
Mark Harris	Assistant Director of Ambulance Care, formerly Non-Emergency Patient Transfer Service (NEPTS) (Attended item 6/23 only)
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rhian Lewis	Internal Audit
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Liz Rogers	Deputy Director of Workforce and Organisational Development
Leanne Smith	Interim Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

APOLOGIES:

Lee Brooks	Executive Director of Operations
Kevin Davies	Non-Executive Director
Damon Turner	Trade Union Representative

01/23 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's declarations of interest register. Apologies were received from Kevin Davies, Lee Brooks, and Damon Turner.

Minutes

The minutes of the open session held on 14 November 2022 were considered by the Committee and confirmed as a correct record.

Action Log

The action log was considered: Action Number 59/22, 'A deep dive to be conducted into the Non-Emergency Patient Transfer Service (NEPTS)', the scope of which is to be determined by Rachel Marsh and Lee Brooks and take into account eligibility, inequities, new indicators and transformation of the service. The action was marked closed as the deep dive featured later in the Agenda under Minute 06/23.

RESOLVED: The minutes of the meeting held on 14 November 2022 were confirmed as a correct record; and the action log was reviewed with the following action closed; Action Number 59/22.

02/23 OPERATIONS QUARTERLY REPORT

Rachel Marsh updated the Committee on the following points:

1. Industrial Action. Three days of industrial action had taken place in December 2022, two by RCN and one by GMB Union, with two further scheduled for 19 and 23 January (UNITE). Handover delays were observed to have reduced on days where there was industrial action, however there could be various reasons for this trend, not least the mitigations applied by the various Health Boards. The Trust would be seeking further information to understand the trend.
2. Civil Contingency Act Obligations - A new corporate risk had been raised to highlight the Trust's inability to provide a civil contingencies response in the event of a major incident or mass casualty incident, and maintain business continuity, with potentially catastrophic consequences.

Comments:

1. On behalf of the Committee the Chair recorded a note of thanks to all staff during this extremely challenging time recognising there were some positive aspects in the update.
2. It was queried whether the civil contingencies obligations was an ongoing risk due to the winter pressures or whether it was related to strike days. Rachel confirmed it was an ongoing requirement and not specifically related to strike days.
3. It was asked whether the Trust was still using the Intelligent Routing Platform (IRP), the system used to improve network performance. Rachel Marsh explained that the Trust was intending to conduct a further 24-hour pilot to consider other characteristics of the IRP.

RESOLVED: That the Committee noted the report.

03/23 FINANCIAL POSITION MONTH 9

The Committee received a presentation from Chris Turley on the financial position for Month 9, 2022/23.

1. The year-to-date month 9 position was a small underspend of £5K.
2. Gross savings of £3.346m had been achieved against a current year to date target of £3.228m with a continued break-even position was forecast for 2022/23.

3. Financial performance by each Directorate continued to be on target, with the exception of the Trust Reserves, which included some known and planned variances ahead of the financial year end.
4. In terms of financial risks for the current financial year, the amount had reduced significantly from recent months.
5. With respect to Capital, the Trust had spent £10.331m against the capital budget of £26.862m.
6. The 2022/23 audit plan from Audit Wales was still awaited and it was expected that an interim audit of the accounts would be carried out towards the end of quarter four.
7. The Committee noted that a detailed paper on the financial position will be presented to the Board at the 26 January meeting.

RESOLVED: The Committee noted the update.

04/23

RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

1. Julie Boalch presented the report which outlined the current position in terms of the risks on the Corporate Risk Register (CRR) that were assigned to the Committee.
2. There had been no changes to the 10 risks on the CRR assigned to this Committee and since the November meeting due to this meeting falling between the agreed cycle of risk review.
3. In terms of any risk changes going forward it was anticipated that risk 244 (estates accommodation capacity limitations impacting on EMS CCC's ability to provide a safe and effective service) will be closed, as it has reached its target through the mitigating actions.
4. Risk 311 (inability of the estate to cope with the increase in FTEs) has largely been discharged and was closed at the November Trust Board meeting.
5. A new corporate risk has been raised to highlight the Trust's inability to provide a civil contingencies response in the event of a major incident or mass casualty incident, and maintain business continuity, with potentially catastrophic consequences. This risk is being articulated in the climate of ongoing external pressures across NHS Wales; primarily handover delays, which precludes the Trust's ability to fulfil the pre-determined attendance requirements for major incidents as detailed within the Incident Response Plan. The Trust Board will receive further detail on this risk at its January meeting.
6. There were two risks in development which were going through the risk governance processes. They were risk 538 related to Salus and risk 542, which related to decarbonisation.

Comments:

Members recognised that whilst 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) was assigned to the Quality, Safety and Patient Experience Committee (Quest), it was asked whether there was an update on the assigned actions. Rachel Marsh informed the Committee that the Board will be updated at its January meeting on the measures in place; adding that further meetings were due with

the Emergency Ambulance Services Committee (EASC) to consider and mitigate the current situation.

RESOLVED: The Committee accepted the status of the 10 corporate risks which it has been assigned to oversee the management of. The Committee received the relevant sections of the Board Assurance Framework and noted the ongoing mitigating controls. The Committee noted the closure of risk 311.

05/23 MONTHLY INTEGRATED QUALITY AND PERFORMANCE DASHBOARD

Hugh Bennett presented the Monthly Integrated Quality and Performance Report (MIQPR) for November 2022 and drew the Committee's attention to the following highlights:

1. 999 answering times have been challenging through significant increases in call demand. The 95th percentile call answering time was 1 minute 11 seconds, the Trust was striving to improve this position. Hugh Bennett provided an overview of the ongoing work to improve these times.
2. In terms of 111 call answering performance, this was below that expected. Several actions. Including recruitment. Were underway to improve these response times.
3. In respect of 111 Clinical response, whilst these continued to achieve the required target especially for the highest priority calls; further improvement could still be made. To that effect, urgent work was underway to recruit more clinicians.
4. On Ambulance response times, red response remained below 50% with amber response also declining in performance. Amber 1 waiting times were far longer than the Trust would like; the 95th percentile was 15 hours and 45 minutes. Ideally this should be around 45 minutes.
5. An additional non-recurring £3m in funding had been received which will enable the trust to recruit 100 Full Time Equivalents (FTE) over and above the existing establishment.
6. The Ambulance Response roster review completed its go live in November 2022. This has been a complex large-scale project involving 1,800 staff, 146 rosters, and 60 working parties. This will have had the equivalent performance impact of +72 FTEs.
7. There had been an improvement in sickness absence, with the aim of reducing absence to 8% by March 2023.
8. In December 2022, 32,049 hours of capacity were lost to hospital handover delays; this represented 37% of the total number of conveyancing resources for that month. There had been a noticeable improvement for handover delays in the Cardiff and Vale Health Board area, with lessons expected to be learned from these observations.
9. Ambulance Care (formerly Non-Emergency Patient Transfer Service [NEPTS]) performance remained above target, albeit with overall demand for the service increasing.
10. The Trust reported two National Reportable Incidents (NRI) to the Delivery Unit in November compared to eight in October.
11. The emergency ambulance response unit hours production (UHP) was 91% in December.
12. The Trust's overall sickness absence in November was 8.77% which was an

improvement from previous months.

13. Staff Personal Annual Development Reviews (PADR) completion compliance rates had again improved and had achieved the 85% target.

Hugh Bennet concluded by reiterating the extreme pressure on EMS services and despite all the Trust efforts, levels of handover delays continued to worsen.

Comments:

1. The Committee expressed grave concern with the handover delays and looked forward to hearing the feedback from the EASC meeting referred to.
2. In terms of the response times to concerns and response compliance falling to 24% compliance, Members queried whether this was after further resources had been added to the Team. Liam Williams explained that the response times for the acknowledgement of concerns had improved, however the investigation time into concerns was protracted. This was due to the lack of investigatory resource within the Clinical Contact Centre to carry out investigations. Currently, the Team was focussing on NRI and joint investigations, and this has had a detrimental effect on the Trust's ability to carry out investigative work into concerns received.

The Chair, Joga Singh, temporarily left meeting at 10.25. Bethan Evans took over as Chair.

3. The Committee commended those staff responsible for the completion of the roster review and the improving trend of PADRs completion, but expressed concern about the large number of Amber 1 Immediate Release Directions (IRD) that have been refused.
4. Liam Williams reminded the Committee of the growing impact and pressure on call handlers; noting the considerable level of distress being expressed by individuals. He outlined the work being undertaken to assist and support staff adding it would be monitored through the People and Culture Committee.

The Chair Joga Singh, re-joined meeting at 10:30.

5. In respect of the IRD of ambulances outside ED's not being supported, significantly there having been 329 for Amber 1, it was queried when the Trust would see the overall impact of this position on service delivery. Liam Williams explained there was a backlog of amber 1 IRDs that had not been supported, and there was insufficient capacity in the system to deal with the high volume. Going forward the Trust will deal with these on a thematic basis and trends will be monitored, should a harm be reported. In respect of all Red calls declined, these would receive a full review. He further informed the Committee of the current situation in hospitals and his concerns with overcrowding and corridor waits, which increased the clinical risk at E.Ds.

RESOLVED: Noting the comments above, the report was considered and provided sufficient assurance of progress against the 24 key performance indicators detailed, which demonstrate how the Trust is performing against the following areas of focus: - Our Patients (Quality, Safety and Patient Experience); Our People; Finance and Value; and Partnerships and System Contribution.

1. Hugh Bennett and Mark Harris gave a comprehensive Power point presentation which informed the Committee on the current situation with Ambulance Care which combined the Non-Emergency Patient Transport Service (NEPTS) and Unscheduled Care Service (UCS).
2. NEPTS performance was generally stable and above target for enhanced renal patients arriving prior to their appointment and improved for patients requiring discharge.
3. Non Emergency Transport Centre (call taking) performance was on an upward trend however a more stable workforce and re-rostering was required. Oncology required an Oncology Hub and change of performance standards.
4. An overview of the completed journeys was provided which showed the demand patterns of journeys and the types of patient mobility.
5. The Committee were updated on the Key Performance Indicators and the performance parameters used for modelling purposes, which set agreed measures in terms of meeting appointment times.
6. Members were shown a summary of the regular report presented at EMT on a fortnightly basis which looked at achieving a more balanced scorecard approach, focusing on quality and managing patient satisfaction.

Comments:

1. It was queried whether there was any data on patients that drop out of the services, for example due to waiting at hospitals for return journeys. Mark Harris advised this was analysed through patient surveys and other communication with patients; the Trust does not know the number of patients who have made their own arrangements following a long wait.
2. Following a question regarding the clarification of the purpose of UCS, Mark Harris explained that several scenarios had been carried out for ORH consultancy to analyse and provide modelling. These outcomes will be tested to understand the core role of UCS.

RESOLVED: The Deep Dive was noted.

**INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-2025 INTERIM QUARTER 3
PROGRESS REPORT**

1. Rachel Marsh presented the Integrated Medium-Term Plan (IMTP) Quarter 3, which was a new style of reporting.
2. The Committee were advised that the new way of reporting set out an easier read format to track and monitor actions through each quarter.
3. The Committee were updated on the progress against the conditions set by Welsh Government relating to the Six Goals for Urgent and Emergency Care; value-based healthcare, minimum data set, improvement of sickness and absence rates, and delivery of workforce efficiencies.

Comments:

1. The Committee welcomed the new style of reporting especially its easy read format.
2. Following a query whether Welsh Government (WG) would challenge some of the priorities in the IMTP, Rachel Marsh explained that any issues with priorities were raised at meetings with WG and EASC.

RESOLVED: The Committee noted;

- (1) **the update against WAST's IMTP Accountability Conditions; and**
- (2) **the overall delivery of the IMTP detailed in this paper**

08/23 INTEGRATED MEDIUM TERM PLAN (IMTP) 2023 -2026 UPDATE

1. The Committee were shown a presentation by Rachel Marsh which detailed the planning for the 2023/26 IMTP. It was progressing well, with extensive engagement taking place through internal structures, the CEO roadshows, and development sessions with the Board in October and November.
2. The IMTP focused on three pillars of Our Patients, Our People and Value and Sustainability, which was underpinned by Partnership and Wider System Working, and demonstrated where feedback from staff has been incorporated. The Committee were provided with further details on each of the three pillars.
3. As part of Our Patients pillar, and in particular from an EMS perspective, a stakeholder plan was being developed to support 'Inverting the Triangle' (ITT). ITT was a key programme of work being led by the Trust to review and re-design the EMS service model to deliver sustainable improvement in patient care, clinical outcomes, and maximising value to the wider Urgent & Emergency Care System. Also, as part of this pillar, the Committee were informed of the importance on making progress on Transfer and Discharge service strategy around ambulance care.
4. In respect of Our People, the Committee were advised of the emerging plans being developed which will improve the overall culture, capacity, capability and the workforce experience.
5. In terms of the Value and Sustainability aspect, Members were advised of the progress being made, with a detailed update on the developing financial plan for 2023/24 to be provided to members separately.
6. The Committee were further updated on areas of work which were either completed or in progress. The Committee also noted the next steps and timeframes to IMTP submission and were advised that a further Board Development session would take place on 25 January ahead of final approval in March 2023.

Comments:

1. Members queried - given the funding challenges ahead - whether it was worthwhile considering funds being provided by charitable organisations. Rachel Marsh advised this could be a consideration going forward.
2. Rachel Marsh, following a query on clarity of external leadership within the IMTP, explained that areas will be looked at collectively – with the six goals programme being a good starting point. There was an opportunity through discussions at EASC to try and

articulate to see who could take the lead in areas or where other stakeholders would lead.

3. In respect of linking and sharing of data with external partners, it was asked how this was progressing. Leanne Smith explained that where Health Boards had different systems this was challenging; however, work was in progress to align and standardise the information flow.

RESOLVED: The update was noted.

09/23 INTERNAL AUDIT TRACKER REPORT AND RELATED AUDITS

Julie Boalch presented the report to the Committee and drew their attention to the following key points:

1. There were no recommendations showing as complete due to the current pressures and the reporting cycle. Recommendations that were due for completion in November and December 2022 have not been updated on the tracker due to current operational pressures.
2. There were 11 high priority recommendations being shown as overdue; work was currently being carried out to update these.
3. An update was given by Julie Boalch with progress on the Internal Audit plan.

Comments:

In response to a query regarding delayed/overdue recommendations, it was asked whether the completion dates were known. Julie Boalch advised the Committee that a clearer picture would be available in the next few weeks following further review by the EMT and Audit Committee.

Liz Rogers left meeting at 12:00

RESOLVED: The Committee noted the update provided on the Internal Audit tracker.

10/23 ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE – DECEMBER 2022

1. Chris Turley presented the Environment, Decarbonisation and Sustainability update for December for the Committee to note adding that the related audit report would be presented to the Audit Committee in March.
2. There had been excellent progress with the plan, noting a change from the overall assessment of red/amber to amber, reflecting the shift in progress and reduction of a number of red action items during the reporting period. Any progression of further work would be challenging over the next quarter.

Rachel Marsh left meeting at 12:05.

Comments:

Members queried whether the Trust had experienced any issues or concerns with its Electric Vehicles during the recent cold weather. Chris Turley explained the majority

vehicles were hybrid, and the main impact would have been on fuel efficiency rather than response.

-RESOLVED: The Committee noted the update, specifically in relation to the Decarbonisation Action Plan reporting and establishment of programme management arrangements

11/23 COMMITTEE PRIORITIES UPDATE

The report was submitted for noting.

RESOLVED: The report was noted.

Liz Rogers and Rachel Marsh returned at 12:10

12/23 KEY MESSAGES

The Chair advised that the Board Secretary would prepare the update report for the Trust Board.

13/23 ANY OTHER BUSINESS

Date of Next Meeting: 20 March 2023



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

AGENDA ITEM No	21
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	7

NHS WALES JOINT COMMITTEE UPDATE REPORT

MEETING	Trust Board
DATE	30 March 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Steve Owen, Corporate Governance Officer
CONTACT	Steven.owen2@wales.nhs.uk

EXECUTIVE SUMMARY

1. Sections x-xii of Standing Orders clarify the functions undertaken by the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC), and explain the representation of this Trust on those Committees.
2. Section xiii of Standing Orders explains the purpose of the NHS Shared Services Committee. All Local Health Boards, Trusts and Special Health Authorities in Wales have a member on the Shared Services Committee to ensure the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.
3. Whilst the Trust is not a member of WHSSC or EASC the Chief Executive does attend the Committees as an Associate Member. Assurances in respect of the functions discharged by WHSSC and EASC shall be achieved by the reports of the respective Joint Committee Chair.
4. This report provides an update to Trust Board in respect of the following recently held meetings:
 - Emergency Ambulance Services Committee meeting of 17 January 2023 and Chair of EASC summary of 17 January 2023.
 - NHS Wales Shared Services Partnership meeting of 19 January 2023.
 - Welsh Health Specialised Services Committee meetings of 10 January, 17 January and 13 February 2023.
5. The minutes, agendas and additional reports from EASC, NWSSP and WHSSC meetings are available from each Committee's websites via the following links.

<https://easc.nhs.wales/> <https://whssc.nhs.wales/> <https://nwssp.nhs.wales/>

RECOMMENDED: That the Minutes in respect of the recent EASC meetings are received.

--

KEY ISSUES/IMPLICATIONS
Not Applicable

REPORT APPROVAL ROUTE
Not Applicable

REPORT APPENDICES
<ul style="list-style-type: none"> Emergency Ambulance Services Committee meeting of 17 January 2023 and Chair of EASC summary of 17 January 2023. NHS Wales Shared Services Partnership meeting of 19 January 2023. Welsh Health Specialised Services Committee meetings of 10 January, 17 January, 13 February and 14 March 2023.

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



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
6 DECEMBER 2022 AT 13:30HOURS
VIRTUALLY BY MICROSOFT TEAMS LIVE**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner (CASC)
Nicola Prygodzicz	Chief Executive, Aneurin Bevan ABUHB (in part)
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Steve Moore	Chief Executive, Hywel Dda HDUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)

In Attendance:	
Elizabeth Beadle	Deputy Director of Planning, Cwm Taf Morgannwg University Health Board
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Colette Rees	National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary

Part 1. PRELIMINARY MATTERS		ACTION
EASC 22/132	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual 'Teams Live' meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.	Chair
EASC 22/133	APOLOGIES FOR ABSENCE Apologies for absence were received from Gill Harris, Paul Mears, Mark Hackett, Steve Ham and Tracey Cooper.	Chair
EASC 22/134	DECLARATIONS OF INTERESTS There were none.	Chair
EASC 22/135	MINUTES OF THE MEETING HELD ON 8 NOVEMBER 2022 The minutes were confirmed as an accurate record of the Joint Committee meeting held on 8 November 2022. Members RESOLVED to: <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 8 November 2022. 	Chair
EASC 22/136	ACTION LOG Members RECEIVED the action log and NOTED that it would be discussed in more detail at the EASC meeting on 17 January 2023. Members were invited to raise any specific issues, there were none. Members RESOLVED to: NOTE the Action Log.	Chair
EASC 22/137	MATTERS ARISING There were no matters arising from the minutes.	Chair
EASC 22/138	CHAIR'S REPORT The Chair's informed the meeting that he did not have any specific issues to raise.	Chair
Part 2. ITEMS FOR DISCUSSION AND APPROVAL		ACTION
EASC 22/139	PERFORMANCE REPORT The Performance Report was received.	

	<p>In presenting the report Stephen Harray gave an update on the current emergency ambulance performance and an overview of the range of actions and processes that had or would be implemented to support performance improvement. The report also presented information in line with the most recent publication(s) of the Ambulance Service Indicators.</p> <p>Members noted that the report presented a picture of a system that was under severe and sustained pressure. It was reported that ambulance performance was well below levels that the Committee would want delivered and the actions being taken to improve performance were included within the report. Members were reminded that a proposal had previously been approved by Committee to alter a number of dispatch codes and that the likely consequence was that an increase the number of red calls would be received. It was noted that the service had started to see this impact.</p> <p>Members noted the current position with record numbers of handover delays at hospital sites across Wales. Most members had been present at the recent Ministerial Summit that took place on 28 November, with the aim of discussing ongoing concerns around ambulance handover delays that were causing harm to patients. It was noted that the Minister for Health and Social Services opened the Summit by outlining her concerns around handover delays and reminded those in attendance of their organisational commitments to reducing delays.</p> <p>Examples of improvements were shared by Walsall Healthcare NHS Trust, with key messages in relation to the organisational ownership of patients from the time they call 999 and take leadership for their care within the organisation. In addition, Cardiff and Vale University Health Board shared their experience of improving handover delays, following a focus on the 4-hour red line and further work was planned to further reduce delays. Each health board provided an update on their handover improvement plans and commitments at the Summit.</p> <p>It was agreed that the presentation by Walsall NHS Trust provided a helpful focus on areas of learning. It was proposed that further contact would be facilitated via the Chief Ambulance Services Commissioner rather than through a number of separate discussions and that this would be in line with the work in Goal 4 of the Six Goals for Urgent and Emergency Care Programme.</p>	<p>ALL / Stephen Harray</p>
--	---	-------------------------------------

	<p>Members noted that:</p> <ul style="list-style-type: none"> • Fortnightly handover improvement plan meetings continued to be helpful and constructive and ensured specific consideration of the agreed trajectories • Conveyance rates were reducing, while it was noted that this impact must be considered in light of a reduction in attendance in response to escalation decisions it was also noted that this reflected the increasing role of 'hear and treat' and the impact of recent investment in both staff and technology within the clinical support desk. Close relationships with NHS Wales 111 were also felt to be an important factor in reducing conveyance. • Members noted the 'hear and treat' efficiency target of 10.2% of daily volume and that the Welsh Ambulance Services NHS Trust (WAST) had set an internal target of 15% by the end of the calendar year, it was reported that 16% had been reported on some days. The impact of new video technology and staff use of the ECNS (Emergency Nurse Communication System) to support decision-making was noted. • The level of risk and harm to patients across the system was widely recognised and the additional need to protect ambulance resources out of area, particularly for rural areas at a distance from emergency departments • Actions making a significant impact across the system included use of alternative pathways and services other than conveyance to emergency departments where appropriate to do so, a focus on the effective use of falls services and strengthened liaison between health boards and WAST to ensure effective communication, handover and release, particularly against the four-hour trajectory • Work continued in partnership with local authorities to increase community care capacity with in excess of 450 bed/bed equivalents extra reported to date. Members were in agreement that this was significant, however, this would not solve the problems across the system with further work required on longer term provision, including additional care packages and support for people leaving hospital. <p>The Chair summarised and noted the key messages of the Minister for Health and Social Services in her closing remarks including the need for organisational commitment to the agreed actions, a focus on fewer key actions and the sharing of the key actions already having an effect.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report. • NOTE the Ambulance Services Indicators 	
--	--	--

	<ul style="list-style-type: none"> • NOTE additional actions that the Committee could take to improve performance delivery of commissioned services • NOTE the handover improvement Ministerial summit discussion and the specific requirements of organisations. 	
EASC 22/140	<p>UPDATE ON PROGRESS RELATED TO THE SERVICE DEVELOPMENT PROPOSAL FROM THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU)</p> <p>The report on progress related to the Service Development Proposal from EMRTS Cymru was received. This update provided Members with an overview of the progress made since the Committee meeting on 8 November 2022.</p> <p>The EASC Team was asked to progress on:</p> <ul style="list-style-type: none"> • clarifying the position regarding resource implications • responding to the significant comments raised and views regarding the importance of response times • understanding how the air and road response model works, recognizing that for urban and rural areas it would be different • further work required regarding the impact of weather • consideration of the data reference period to ensure that this is appropriate and not unintentionally biased • understanding any seasonal variation • improving the understanding of the options available, including to consider whether changing bases is necessary, identifying further options and understanding why options have been discounted • working with health board colleagues to consider the modelling undertaken. <p>It was noted that, given the above requirements and the challenges raised by Committee members and stakeholders and in order to avoid protracted discussions over the process, content and transparency of the original proposal, the EASC Team had undertaken to start the process of undertaking this analysis afresh.</p> <p>Members noted that the scrutiny in key areas would continue. The report focused on a description of the current service provision and the historical activity that had been delivered, including an overview of four specific areas related to base activity, these were:</p> <ul style="list-style-type: none"> • Geographical coverage • Rapid Response Vehicle Usage (RRV) • Utilisation • Unmet need. 	

Members noted there were potential opportunities for service improvement to be explored. The utilisation of all resources was included and, as an example to amplify this issue, both Caernarfon and Welshpool bases were reported as having lower levels of utilisation than the bases in Dafen and Cardiff. It was understood that an element of this would be related to the rural position and lower population density in these areas but options to provide equitable services should be explored.

It was proposed that, when combined with unmet need, this would demonstrate that the EMRT service could potentially do more within its existing resource if changes were implemented to increase utilisation and reduce unmet need.

Members agreed that there was a need to explore and maximise the additional activity that could be achieved from existing bases and also to explore how any options to reconfigure the service could reduce the number of patients who require a critical care response from EMRTS but currently do not receive one (unmet need).

The report also provided clarity on the role and purpose of modelling and Committee members noted that modelling outputs would be part of a robust evaluation process, not used as a sole determinant.

As per the request at the last meeting, activity data from 2022 and weather probability information had been integrated into the preparation for the modelling, and this in turn would support further scenario modelling.

The outputs of modelling were determined by the assumptions that would be placed upon the modelling scenarios and, in order to do this, an understanding of the constraints that should be applied to any development process would be required.

Members noted that the report EMRTS 24/7 Service Expansion Review (received at the EASC meeting on 13 November 2018) provided the constraints that were adopted as part of the work and it was suggested that a similar a set of constraints would be appropriate and helpful for this current review.

The report also included the investment objectives that were used as part of the original case for the establishment of the 24-hour EMRTS service and the weighting that was applied to these objectives to inform the decision-making process for the 24/7 expansion review.

	<p>The investment objectives were:</p> <ul style="list-style-type: none"> • Health Gain • Affordability • Clinical Skills and Sustainability • Equity • Value for Money. <p>The Committee was asked to consider that the initial engagement process with the public, individual health boards and the Wales Air Ambulance Charity Trust should explore the appropriateness of the constraints, investment objectives and weighting presented, as part of a robust option appraisal process to inform discussion once further modelling and analysis was complete.</p> <p>Stephen Harrhy gave an overview of the engagement activity that had been undertaken by the EASC Team since the last EASC meeting which included:</p> <ul style="list-style-type: none"> • Activities undertaken with many stakeholders both face to face and virtually • Ongoing collation of, and responses to, over 60 stakeholder comments and questions • Circulation of the latest stakeholder Briefing Note 2 • Updates to Community Health Councils (CHCs) and confirmation of the agreed key principles of engagement • Fortnightly meetings with health board engagement, communication and service change leads. <p>The report proposed that the EASC Team would need to work closely with health board engagement, communication and service change leads and with Community Health Council (CHCs) colleagues in the development and agreement of appropriate engagement materials including the engagement document and the stakeholder engagement timetable.</p> <p>It was proposed that the formal public engagement process could commence in early January, subject to agreement of engagement materials by health boards and CHCs.</p> <p>The proposed engagement would include two phases, these were:</p> <p>Phase 1:</p> <ul style="list-style-type: none"> • Explain how the current service works • Test the constraints, investment objectives and weightings <p>Six-Week Review</p> <ul style="list-style-type: none"> • Agree options to be modelled 	<p>EASC Team</p>
--	---	------------------

	<p>Phase 2:</p> <ul style="list-style-type: none"> • Undertake the modelling and use to inform a robust option appraisal process • Make a recommendation to EASC Members. <p>Members discussed:</p> <ul style="list-style-type: none"> • The importance of utilisation of resources and the need for a balance in terms of availability of resources against the efficiency and effectiveness of service delivery (not over or underutilised) • The need to explore reasonable utilisation levels considering population densities, urban vs rural locations etc • EMRTS as a national service, not covering a geographical area like road-based ambulances • The need to understand the current co-ordination and deployment process • The need to review operating hours when looking at options to maximise additional activity that could be achieved from existing bases and the options to reconfigure • The impact of the announcement of the preferred bidder for the new aircraft contract; it was confirmed that this process had been ongoing for sixteen months and that the only agreement in place was for four aircraft plus the back-up capability. Members noted that there had been no pre-determination on the number of or location of bases, this was pending the outcome of the EASC processes (engagement) • The need for a range of engagement material, including the need for them to be bilingual and easy to understand • the need to develop an effective engagement approach that asked the right questions and reached as many people as possible. It was agreed that this would need to be a collaborative effort with health boards and CHC colleagues and that local leads would be able to inform this, e.g. the positive Powys experience utilising drop-in sessions was noted • The two phases of engagement proposed, including the review at six-weeks; Members supported this approach • Questions had been raised by Swansea Bay University Health Board ahead of the meeting asking for additional clarification on the engagement process, the work with health boards and the community health councils and the need for Equality Impact Assessments • The need for a pragmatic approach in terms of signing off the engagement materials, involving Engagement or Service Change Leads working with Board Secretaries. Members noted Gwenan Roberts would be the point of contact from the EASC Team 	<p>Gwenan Roberts</p>
--	---	-----------------------

	<ul style="list-style-type: none"> Formal public engagement could commence 9 January if the required agreed documents were in place Consideration be given regarding short term support for the EASC Team. <p>The Chair confirmed that he would ensure the required assurance was in place ahead of undertaking Chair's Action (on behalf of the Committee) to commence the formal engagement process.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> NOTE the high-level overview provided and the variation in service delivery from the existing bases AGREE that the issues highlighted by this paper require further exploration and options appraisal process to deliver improvements APPROVE the service development constraints to be engaged upon APPROVE the EMRTS key investment objectives and weightings to be engaged upon APPROVE the commencement of a formal public engagement process as agreed APPROVE the use of the agreed constraints to inform subsequent modelling and development of options APPROVE the use of agreed EMRTS key investment objectives and weightings in the options appraisal process APPROVE Chair's action to commence the formal engagement process when documentation agreed. 	
EASC 22/141	<p>FORWARD LOOK AND ANNUAL BUSINESS PLAN</p> <p>The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future 'Focus on' sessions. Members RESOLVED to: APPROVE.</p>	
Part 3. OTHER MATTERS		ACTION
EASC 22/142	<p>ANY OTHER BUSINESS</p> <p>There was no other business raised.</p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussions.</p>	
DATE AND TIME OF NEXT MEETING		
EASC 22/143	<p>The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 17 January 2023 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.</p>	Committee Secretary

Agenda Item 1.4

Signed
Christopher Turner (Chair)

Date

Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	17 January 2023

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link:

<https://easc.nhs.wales/the-committee/meetings-and-papers/january-2023/>

The minutes of the EASC meeting held on 6 December were approved.

PERFORMANCE REPORT

The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan.

Noted that:

- the report provided an update on current emergency ambulance performance and an overview of the range of actions and processes that have been, or are being, implemented to support performance improvement;
- the report presented information in line with the most recent publication of the Ambulance Service Indicators (November information), the publication of December performance data would take place on 19 January;
- Chart 1 – significant challenge in relation to call volume and answer times;
- Chart 3 – the impact of remote clinical support for patients, the increasing numbers of patients receiving an outcome of “hear and treat” and the collection of more granular data on patient outcomes as a result of investment in both staff and technology within the clinical support desk;
- while there has been a reduction in the number of incidents receiving a response overall, there has been an increase in Red incident volume and that by their nature red incidents often require multiple responses at scene (Chart 4);
- the addition of the Cymru High Acuity Resource Unit (CHARU) [a new type of resource that is replacing rapid response vehicles (RRVs), focused on improving clinical outcomes for the sickest patients] to the chart illustrating the total level of emergency medical services (EMS) hours produced (Chart 5);
- that CHARU is a key driver of improved outcomes for sicker patients;
- the continued challenges regarding red and amber performance (Chart 7 & 8);
- the unprecedented levels of ambulance handover lost hours and how these posed a real and significant challenge to the delivery of timely, safe and effective emergency ambulance provision for the population (Chart 10);
- the Ministerial Summit held on 28 November 2022 related to handover delays with the aim of discussing ongoing concerns around impact of delays on patient harm.

Each health board provided an update on their handover improvement plans and commitments;

- further, the Minister closed the meeting by asking attendees to continue to work with the Chief Ambulance Services Commissioner (CASC) and the EASC team to update handover improvement plans and to make immediate improvements to reduce the risk to patients in the community;
- the EASC Action Plan including the actions that had been agreed to improve the current position. This is also taken through the Cwm Taf Morgannwg UHB Audit and Risk Committee.

Agreed that:

- a summary of the Briefing Session on emergency ambulance performance that took place prior to the EASC Committee meeting would be presented with the minutes.

Members **RESOLVED** to:

- **AGREE** to consider all additional actions that could be taken to improve performance and delivery of commissioned services.

LOCAL INTEGRATED COMMISSIONING ACTION PLANS (ICAP) UPDATE

Noted that:

- progress has been made against the development of Integrated Commissioning Action Plans (ICAPs) aligned to the Emergency Ambulance Services Collaborative Commissioning Framework Agreement;
- the EASC Team have been working collaboratively with health boards and WAST in the development of the ICAPs;
- each health board has submitted outline ICAPs which have been reviewed by the EASC Team;
- going forward meetings will be held with health boards and WAST to review performance data relating to ambulance handover delays and data aligned to the delivery of actions set out in the health board's ICAP, also to consider any operational or strategic matters arising. Performance data will be monitored via the weekly performance dashboard that is circulated to all health boards and WAST;
- meetings will also be held to focus on the delivery of joint actions (health board and WAST) and individual actions set out in the ICAPs as well as to consider opportunities for shared learning, again these will include both health boards and WAST;
- the actions and outputs of the ICAP process will provide direction and content for the development of each organisation's IMTPs;
- updated ICAPs will also be included within the EASC Action Plan.

Members **NOTED** the report as presented.

UPDATE ON PROGRESS RELATED TO THE SERVICE DEVELOPMENT PROPOSAL EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) AND WALES AIR AMBULANCE CHARITY

Noted that:

- the report updates members on the progress made with the EMRTS Service Review and specifically that the review would be independent of the assumptions, comparisons and modelling included within the original EMRTS Service Development Proposal, previously received by the Committee;

- members had agreed to explore opportunities for service improvement, particularly utilisation and the impact of rurality and population density on levels of utilisation;
- members had also agreed to explore and maximise the additional activity that could be achieved from existing bases and to explore options to reconfigure the service;
- in relation to the formal public engagement process, Members agreed the need to engage upon the constraints, investment objectives and weightings as part of Phase 1, and that those applied as part of the decision-making process for the EMRTS 24/7 Service Expansion Review in 2018 would also be appropriate for this process;
- while Members had approved Chair's Action to commence the formal engagement process once engagement materials were agreed by all parties (but not before 9 January), the EASC Team had been supporting the NHS response to the current system pressure and therefore the required materials were not yet ready;
- nevertheless, the EASC Team had continued to work with health board engagement, communication and service change leads to draft the required engagement materials for development with CHC colleagues and this work would now continue apace;
- there was a high level of public interest in the service and in taking part in the engagement process. The work would ensure that materials are agreed in a timely manner;
- further, there was a commitment to get the engagement process right, not to rush the process and to ensure that plenty of notice is provided to ensure that those that want to participate would be provided with the opportunity to do so;
- an overview of the activities and engagement undertaken by the EASC Team was provided including responding to the comments and questions received from stakeholders, preparing and circulating briefing notes, updating CHC lead representatives and ongoing meetings with health board communication and engagement leads;
- following discussion at the December meeting, the team had been successful in securing dedicated communication and engagement support from a health board;
- a Senedd debate had taken place on Wednesday 11 January and that the approach being taken has been endorsed by Senedd Members. Key points raised by Members during the debate would be considered in this engagement work.

Agreed that

- (as at previous meeting), Chair's Action would be taken to commence the formal engagement process once engagement materials are agreed by all parties, expected to be in early February.

Further noted that

- members recognised the impact of supporting the wider system during times of unprecedented pressure on the NHS over recent weeks and months;
- key stakeholders were keen to understand when the formal public engagement process was likely to commence, even an indicative date would be helpful;
- early February was being worked towards, and that if further support was required from health boards during this period this would be forthcoming.

The Chair reported that he had been closely briefed on the work being undertaken in recent weeks and was keen to ensure that due process was undertaken. The Chair would continue to track the progress being made and would undertake Chair's Action when he has the required assurance that all materials and arrangements were in place.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **AGREE** that Chair's Action will be taken to commence the formal engagement process once engagement materials are agreed by all parties, expected to be early February in line with agreement at EASC meeting on 6 December 2022.

QUALITY AND SAFETY REPORT

Noted that:

- report provided Members with an update on the quality and safety matters for commissioned services currently being supported by the EASC Team;
- responding to the Healthcare Inspectorate Wales (Welsh Ambulance Services NHS Trust) Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover. Following feedback from HIW a further update was provided. During 2023, the EASC Team would be required to develop a final output response for HIW on the recommendations. Input from Health Boards and WAST would be essential in the development of this response;
- establishing and coordinating a task and finish group to review the Appendix B process, to make recommendations for improvement and to monitor the impact of these. While the pilot process was live across Wales, the group continued to meet to share learning and good practice, alongside evaluating the impact of the new process. EASC Management Group will be asked to endorse the approach at their next meeting (see Action Log 'EASC 22/120');
- that the pilot process was felt to be working well and that it would be useful to have a performance framework to track the progress of investments made and the improved outcomes for patients;
- work would also now be undertaken to include key quality and safety matters relating to Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service within the EASC Quality & Safety Report;
- there has been a growth in the levels of adverse incidents, media interest, HM Coroner inquests and subsequent Regulation 28 reports, Prevention of Future Deaths. This was likely to increase as a result of the deteriorating performance and escalation position that had been seen since the autumn of 2021;
- the EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances;
- the intention to develop the report to include more metrics and performance measures to sit alongside the existing Performance Report and to enhance the Committee's knowledge in terms of quality, outcomes and harm.

Members **NOTED** the report as presented.

EASC INTEGRATED MEDIUM TERM PLAN UPDATE

Noted that:

- the private briefing session held prior to the Committee meeting had been helpful in discussing performance matters and the actions in place to improve these
- the briefing session would ensure that similar ambitions and assumptions aligned to EASC Commissioning Intentions would be built in to the EASC, WAST and health board IMTPs

- IMTPs would now be drafted and developed via the EASC governance arrangements and peer groups for discussion at the February meeting of the EASC Management Group and agreement at the March meeting of EAS Committee
- IMTPs would need to be submitted to Welsh Government by end of March 2023.

Members **NOTED** the update provided.

WELSH AMBULANCE SERVICES NHS TRUST REPORTS

WAST Provider Report

Noted that:

- this provided an update on key issues affecting quality and performance for Emergency Medical Services (EMS) and Ambulance Care (including Non-emergency Patient Transport Services NEPTS) and provided an update on commissioning and planning for EMS and Ambulance Care (including NEPTS);
- work is currently being undertaken to reduce the length of the Provider report;
- there is concern regarding red and amber response times and patient waits, as reported in the EASC Performance Report;
- progress had been made with 'consult and close' rates as a result of investment in the Clinical Support Desk during 2021-22 and this was currently close to the 15% benchmark, hopefully working towards 17/18% next year.

Members **NOTED** the report as presented.

Immediate Release

Noted that:

- the All Wales Immediate Release Protocol was approved in July 2022 subject to a review after 3 months;
- feedback from partners (Chief Operating Officers) had now informed a review of the protocol as requested;
- from a commissioning perspective, this was felt to be a sensible approach.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **APPROVE** the amendments to the All Wales Immediate Release Protocol as set out in paragraph 2.2, Appendix 1 and Appendix 2.

Manchester Inquiry Recommendations

Noted that:

- the report was prepared following an initial review of the emergency response to the Manchester Arena bombing;
- the WAST Emergency Preparedness, Resilience & Response (EPRR) team would need to develop the capacity to receive, review, consider and plan a response to the 149 recommendations contained in volumes 2 and 3 of the report;
- the Inquiry recommendations (specifically drawn to recommendations R105 and R106) are clear that ambulance trusts should make recommendations to NHS commissioners about additional resources required to ensure an effective response to mass casualty incidents.

Agreed that:

- WAST would collaborate with the CASC and the EASC team and bring forward recommendations to EASC.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **AGREE** that WAST collaborate with the CASC and the team and bring forward recommendations to EASC.

Meeting requirements of the Civil Contingencies Act

Noted that:

- the operational and clinical pressures were worsening across health and social care in Wales;
- WAST were concerned about its ability to provide a major incident and/or mass casualty incident response to the people of Wales in a way that met the obligations as established within the Civil Contingencies Act (CCA) and as a Category 1 responder;
- during prolonged periods, WAST had seen more than 50% of its conveying capacity being unavailable to respond to patient incidents due to extreme handover delays with some handovers reaching over 48 hours;
- when business continuity and critical incidents were declared by WAST last month, due to WAST's inability to respond to patients categorised as immediately life threatening, no meaningful improvements to ambulance availability were seen;
- WAST were concerned that the health system would not be able to release ambulances held at emergency departments without delay should a major incident be declared. This would delay arrival of life saving care to those sadly caught up in any incident;
- WAST had developed a new risk for entry on its corporate risk register covering this issue and intended to raise this at the next public Trust Board meeting on Thursday 26 January 2023. It was anticipated that this risk would score as HIGH.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **NOTE** the system risk that WAST may fail to meet its Civil Contingency Act Category 1 responder responsibility if inhibited from sending its pre-determined attendance to a declared major incident or mass casualty incident due to emergency department handover delays
- **AGREE** that Health board CCA officers engage with WAST to confirm WAST/health board CCA arrangements and for any issues arising to be escalated where needed to EASC Management Group.

WAST Integrated Medium Term Plan (Oral)

Noted that:

- the WAST IMTP would need to be consistent with Commissioning Intentions and financial constraints;
- there were 3 key areas:
 - actions to improve the quality of service and to improve patient outcomes
 - staff (recognising the pressure that staff have been under in recent years)
 - financial sustainability including reducing costs, improved efficiency and generating additional income with the aim to deliver a balanced financial plan

- the WAST team were meeting with the EASC Team fortnightly as they develop the IMTP;
- the WAST IMTP would be taken to the EASC Management Group in February, presented to the WAST Board and then EAS Committee for approval at the March meeting;
- there was an appropriate balance of strengthening core services and the longer-term strategic view.

Members **NOTED** the report as presented.

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

Noted that:

- the 'Plurality Model' was operated as part of the commissioning arrangements for Non-Emergency Patient Transport Services (NEPTS). As part of this approach, WAST was the provider of choice with other providers commissioned as appropriate. A tender process had recently been completed and was currently in the novation and implementation phase, this would ensure consistent standards of service delivery, cost efficiencies and savings. WAST were commended for the successful tender exercise;
- a review was being undertaken by NEPTS relating to access to dialysis and oncology services to ensure that these were in line with the expectation, this would be taken through the NEPTS Delivery Assurance Group (DAG);
- there was much information available relating to NEPTS and that a NEPTS Dashboard was currently being developed, again this would be taken through the NEPTS DAG and would become part of the EASC performance management mechanism;
- one of the Commissioning Intentions related to the development of a National Transfer and Discharge Service to support service changes at a health board level and to improve patient flow. This work was ongoing and would be developed and shared via the NEPTS DAG, EASC Management Group and EAS Committee;
- there was a responsibility to firstly ensure best use of current resources ahead of seeking additional resources;
- WAST had recently commissioned work to model how best to use resources as part of this work;
- there were a number of patient transport services operating in Wales and the need to ensure robust oversight, coordination and management of these and the avoidance of duplication.

Members **NOTED** the report as presented.

EASC COMMISSIONING UPDATE

Noted that:

- progress had been made against the key elements of the collaborative commissioning approach;
- the EASC team had developed a process through the framework mechanism to enable this collaborative approach to transition and transformation through the development of local Integrated Commissioning Action Plans (ICAPs), update against Agenda item 2.2;
- the EASC IMTP Quarter 2 Update was presented at the previous meeting. A Quarter 3 Update would be provided at the February meeting of the EASC Management Group and then to the EASC Committee in March 2023;

- a Quarter 2 Update against Commissioning Intentions for 2022-23 was provided at the November meeting. A Quarter 3 update against the EASC Commissioning Intentions (EMS, NEPTS and EMRTS Cymru) would be provided at the February meeting of the EASC Management Group and then to the EASC Committee in March 2023;
- Commissioning Intentions for 2023-24 were currently being reviewed as part of the IMTP Process for 2023-26, however it was anticipated that the majority of intentions would remain extant. These would be considered for endorsement at the February meeting of the EASC Management Group and then approved at the EASC Committee.

Members **NOTED** the report as presented.

EASC FINANCIAL PERFORMANCE REPORT MONTH 8 2022/23

Noted that:

- there was a current break-even position with no significant variance;
- work would continue on the income received from Welsh Government;
- health board Directors of Finance would be involved as appropriate;
- work would be undertaken in relation to WHSSC and EASC Standing Financial Instructions.

Members **RESOLVED** to:

- **NOTE** the current financial position and forecast year-end position.

EASC SUB GROUPS

The Non-Emergency Patient Transport Services (NEPTS) Delivery Assurance Group notes from 6 October 2022 were received.

Members **APPROVED** the notes.

EASC GOVERNANCE

Noted that:

- the Risk Register had been reviewed and updated by the EASC Team during January 2023 in response to issues raised at the Cwm Taf Morgannwg University Health Board Audit and Risk Committee meeting on 12 December (as the host body). Additional information had been included and related to the ongoing system pressures and the impact on patients and the increasing risk of harm;
- the EASC Assurance Framework would be updated for the next meeting in line with the changes above approved for the Risk Register;
- the EASC Standing Orders were due for review at the November 2022 meeting. However, there was ongoing work with the Standing Financial Instructions related to the Welsh Health Specialised Services Committee (WHSSC) /EASC and it would be helpful to receive both sets of Standing Orders and Standing Financial Instructions at the same meeting;
- the Standing Financial Instructions for WHSSC were presented for approval at the meeting on 10 January 2023 and the EASC version would be presented alongside the Standing Orders at the next meeting in March 2023;
- the term of the Vice Chair would be completed in February 2023 and a new Vice Chair would need to be agreed at the meeting in March;
- the Chair thanked Steve Moore, the current Vice Chair, for his help and support over the last two years;

- a letter was received on 22 November 2022 from the Welsh Language Commissioner (WLC) which indicated that a member of the public had concerns regarding documentation on the EASC website and related to the EMRTS Service Development Proposal. The member of the public had visited the website on 11 November 2022 and had been unable to find a Welsh language version of the EMRTS Service Development Proposal on the website. This occurred due to annual leave of a member of the EASC Team with responsibility for the website;
- further, arrangements had been made to avoid this happening again. The EASC website had been reviewed to ensure compliance with the Welsh Language standards including ensuring that Welsh was not treated less favourably than English and also that the Welsh website is of the same standard as the English website in terms of content;
- a further update would be provided as the investigation continued.

Members **RESOLVED** to:

- **NOTE** the report as presented
- **APPROVE** the updated risk register.

Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories) and the impact on WAST
- Structured approach relating to the engagement process for the EMRTS Service Review.

Matters requiring Board level consideration

- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- Opportunity for health boards to take part in the public engagement process related to the potential changes to EMRTS Cymru working in partnership with the Wales Air Ambulance Charity.

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	14 March 2023			

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	19 January 2023

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Chair's Report

The Chair updated the Committee on attendance at recent meetings, both within NWSSP and externally. The Chair also summarised the content, outcome and next steps for the development day held with the Committee in November. This had been very successful and further development sessions would be held during 2023/24.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- Technology has been successfully implemented to allow pre-employment checks to be undertaken virtually for all UK and Irish passport holders. A reduction in time to hire has been noted since its implementation, however the level of recruitment activity continues to be a challenge across Wales;
- Following a recent national Penicillin V shortage, CIVAS@IP5 medicines unit utilised its national portfolio and MHRA wholesale dealer licence to procure significant quantities of Penicillin direct from the manufacturer to meet Health Board demands;
- From the 1st April 2023 management of all emergency planning/medicines storage of Welsh Government owned stock will transfer to NWSSP;
- From the 1st April 2023 the Low Vision Service Wales will transfer to NWSSP;
- Work is continuing to progress on the establishment of the Citizen Voice Body. A number of back-office support services will be provided via NWSSP to the new body going forward;
- Securing capital funding for the Laundry Services Modernisation Programme

continues to be an issue, NWSSP are currently considering alternative options to progress the work needed to meet the minimum standards and laundry rationalisation; and

- Neil Davies is retiring as Director of Specialist Estates Services; his deputy Stuart Douglas has been appointed and will commence in post in February.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

IMTP 2023-26

The NWSSP IMTP and the Divisional plans reflect priorities identified by Welsh Government, NHS Wales organisations and professional peer groups. In line with the direction from the Minister for Health and Social Care, there is a focus on a smaller number of priorities for 2023-24. The IMTP and the Divisional plans reflect priorities identified by the Welsh Government where we are playing a lead national role; our customers, to support delivery of their local plans; and professional peer groups such as Directors of Workforce and Finance, as follows:

- Decarbonisation and Climate Change;
- Digital Strategy;
- Financial sustainability and good governance; and
- Employee Wellbeing.

While it is a balanced financial plan, there are a number of income assumptions and significant financial risks that need to be managed to achieve this aim.

Committee members commented favourably on both the format and the content of the plan and time timeliness in which it had been produced.

The Committee **APPROVED** the IMTP for submission to Welsh Government.

Digital Strategy

The Chief Digital Office presented the Digital Strategy setting the direction for the future provision of digital services, the approach and methodology and the desired outcomes.

The Committee **APPROVED** the Strategy.

Building Construction Frameworks

The Head of Building for Wales in Specialist Estate Services presented a paper to obtain approval for the development of the NHS Building for Wales construction frameworks which are required to be operational by the end of April 2024 when the current arrangements cease and will support expenditure of circa £1 billion during their duration.

The Committee **APPROVED** the development of the Framework and the placing of the tender notices.

Risk Appetite Statement

The overall risk appetite statement was reviewed in detail at the SSPC Development Day in November, and prior to that by the Senior Leadership Group. The outcome of these reviews was for NWSSP to be bolder in its appetite to risk and this is reflected in the revised Statement.

The Committee **APPROVED** the Statement.

Finance, Performance, People, Programme and Governance Updates

Finance – The distribution to NHS Wales has been increased to £2m and the year-end forecast outturn remains at break-even with the assumption of full funding of exceptional energy pressures and Covid costs from Welsh Government. The forecast outturn for the Welsh Risk Pool remains on track with the budget.

Performance – The in-month (November) performance was generally good with 34 out of 38 KPIs achieving target. Action is being taken to address the four amber indicators.

Project Management Office Update – The Legal & Risk Case Management System and the Laundry Transformation Projects are both currently red-rated and are also included as red risks on the Corporate Risk Register. All other projects are on track.

People & OD Update – Sickness absence rates remain very low, and there has been an increase in Statutory and Mandatory Training compliance to 91%. PADR completion has dropped slightly to 83%

Corporate Risk Register – There are now seven red-rated risks covering areas such as energy costs and provision, industrial action, insufficient staff resource, the Legal and Risk and Laundry project risks, and an issue with the roof of Brecon House that may require the lease to be terminated.

Health and Care Standards – The response to the standards have been updated to reflect the additional services taken on recently by NWSSP but remain overall at Level 4.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- TRAMs Update;
- Counter Fraud Management Arrangements;
- Audit Committee Annual Report 2021/22;
- Audit Committee Assurance Report;
- Counter Fraud Annual Report 2021/22;
- Wales Infected Blood Support Scheme Annual Report 2021/22;

<ul style="list-style-type: none"> • Welsh Language Annual Performance Report 2021/22; • IMTP Q2 Progress Report; and • Finance Monitoring Returns (Months 6, 7, 8 and 9). 	
AOB	
N/a	
Matters requiring Board/Committee level consideration and/or approval	
<ul style="list-style-type: none"> • 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	23 March 2023

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) EXTRAORDINARY JOINT COMMITTEE MEETING BRIEFING – 10 JANUARY 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 10 January 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1. Single Commissioner for Secure Mental Health Proposal

Members received a report presenting the feedback received from Health Boards (HBs) on the options assessment for a single national organisation to commission integrated secure mental health services for Wales and to request support for the recommended course of action to be given to Welsh Government (WG) to achieve a single commissioner for secure mental health services in Wales.

Members (1) **Noted** the report, (2) **Noted** the feedback received from the seven Health Boards (HBs) on the options assessment circulated by the WHSSC team, (3) **Noted** that six of the seven Health Boards (HBs) supported WHSSC as the single commissioner with one HB raising concerns regarding the need for a single commissioner, (4) **Noted** that feedback emphasised a number of issues which would need to be addressed to ensure successful implementation of the change; and (5) **Supported** the following recommendations going forward to Welsh Government:

- That secure mental health services in Wales should be commissioned by WHSSC,
- That a national programme of work, including representatives from Welsh Government, WHSSC and all the seven Health Boards (HBs) should be set up to manage the transfer of the commissioning of low secure services; and
- That more detailed work needs to be done to define the appropriate timescales but that the programme of work is unlikely to be completed before April 2024 at the earliest.

2. Audit Wales WHSSC Committee Governance Arrangements – Update

Members received a report providing an update on progress against the recommendations outlined in the Audit Wales WHSSC Committee Governance Arrangements report.

Members (1) **Noted** the report, (2) **Noted** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, (3) **Noted** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and (5) **Noted** that a further update on progress will be brought to the May 2023 Joint Committee meeting; thereafter an update will be submitted to Audit Wales and to HB Audit Committees for assurance in June/July 2023.

3. Preparedness for the COVID-19 Public Inquiry

Members received a report providing an update on WHSSC's preparedness for the COVID-19 Public Inquiry.

Members **noted** the report.

4. Review of Financial Limits and Reporting

Members received a report requesting that the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19 pandemic were approved as new permanent limits.

Members discussed the report and noted that discussion had been held with HB finance colleagues on the proposed approach. Members advised they were in agreement to approve the recommendations, subject to further discussion with the HB Board Secretaries.

Members (1) **Noted** the report, (2) **Noted** the rationale for the increase in financial delegation limits as a consequence of the COVID-19 pandemic, (3) **Approved** the updated financial authorisation matrix, which includes the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19, (4) **Approved** the updated process for the current SFI requirement for Joint Committee "approval" of non-contract cases above defined limits for annual and anticipated lifetime cost, to be replaced by an assurance report to Joint Committee and the CTMUHB Audit & Risk Committee (ARC) notifying of all approvals above the defined limit and Chairs action to reflect the need for timely approval action, subject to further discussion with the HB Board Secretaries. (5) **Noted** that the Standing Financial Instructions (SFI's), and the scheme of delegation will be updated to reflect the changes; and (6) **Noted** that the updated scheme of delegation and the financial matrix will be appended to the SFI's for completeness.



GIG
CYMRU
NHS
WALES

Tîm Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



PARCH
-
RESPECT



PARTNERIAETH
-
PARTNERSHIP



GWELLA AC
ARLOESI
-
IMPROVEMENT
& INNOVATION

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 17 JANUARY 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 17 January 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed 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 8 November 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. Draft Integrated Commissioning Plan (ICP) 2023-2024

Members received a presentation on the draft Integrated Commissioning Plan (ICP) 2023-2024 and a report presenting the plan for approval.

Members noted that the ICP had been updated following the Joint Committee ICP workshop on 10 January 2023 during which a range of scenarios were considered and it was recognised that the financial situation of NHS Wales had become clearer and the context for consideration of the plan had become more difficult.

Members discussed the financial elements of the plan and noted the constrained economic environment, recovery challenges and the volatile inflationary pressures. Members agreed to support the plan in principle but requested that additional work was required to focus on risks, efficiencies, monitoring and reporting, to be undertaken before being brought back to an extraordinary Joint Committee meeting in February 2023, in order to approve the ICP in readiness for inclusion in Health Board (JB) Integrated Medium Term Plans (IMTP's).

Members (1) **Noted** that the Plan has been finalised following the Joint Committee Workshop held on 10 January 2023, (2) **Agreed** to support the plan in principle but requested additional work be undertaken to focus on risks, efficiencies, monitoring and reporting before they could provide final approval,

(3) **Agreed** to convene an extraordinary Joint Committee meeting in February 2023 to:

- **Approve** the requirements of the Integrated Commissioning Plan (ICP) for inclusion in Health Board Integrated Medium Term Plans (IMTPs); and
- **Approve** the Integrated Commissioning Plan (ICP) 2023-2024 for submission to Welsh Government.

4. Chair's Report

Members received the Chair's Report and **noted**:

- Key meetings attended.

Members **noted** the report

5. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates on:

- **National Skin Camouflage Pilot Service** - WHSSC had received a formal request from Welsh Government (WG) following agreement at the NHS Wales Leadership Board (NWLB) for WHSSC to commission the national skin camouflage pilot service,
- **Individual Patient Funding Request (IPFR) Engagement Update** – The formal engagement process to review the WHSSC Individual Patient Funding Request (IPFR) panel Terms of Reference (ToR) and the specific and limited review of the all Wales IPFR policy, commenced on 10 November 2022 for a 6- week period following the Joint Committee supporting the proposed engagement process at its meeting on 8 November 2022. The feedback is being reviewed and an update will be provided to the Joint Committee in March 2023,
- **Board Development - Compassionate and Collective Leadership in Health and Social Care** - On 29 November 2022, the CDGB received a briefing from Professor Michael West CBE on Compassionate and Collective Leadership in Health and Social Care as part of his mandate to visit all NHS bodies to discuss the importance of compassionate and collective leadership, which is being led by Health Education & Improvement Wales (HEIW). Professor West will facilitate a session with the Joint Committee in 2023 to support discussions on working in partnership, developing cross-boundary team-based working and system leadership.

Members **noted** the report.

6. Plastic Surgery: realignment of future commissioning responsibilities between WHSSC and Health Boards

Members received a report outlining the outcome of the plastic surgery commissioning workshop held with the Management Group in September 2022 and to request support for WHSSC to establish a project to realign

commissioning responsibilities for plastic surgery between WHSSC and Health Boards (HBs).

Members (1) **Noted** the report, (2) **Noted** the outcome of the Management Group plastic surgery workshop held in September 2022, (3) **Considered** and **approved** the proposed realignment of commissioning arrangements for plastic surgery so that non-specialised surgery will be commissioned by Health Boards (HBs) and specialised surgery will be commissioned by WHSSC; (4) **Supported** a project led by WHSSC to undertake the work to transfer commissioning responsibility for non-specialised plastic surgery to Health Boards (HBs) and retain specialised surgery as commissioned by WHSSC.

7. WHSSC Cardiac Review

Members received a report addressing a number of recent events and trends that had impacted the WHSSC-commissioned cardiac surgery and TAVI services, and which sought to identify how they might be coherently and collectively addressed. The subjects of this analysis comprise:

- The 2021 GIRFT review of cardiac surgery,
- Changes to the volume of TAVI and cardiac surgery, together with cardiac surgery performance and escalation issues; and
- The clinical rationale for the selection of TAVI valves, in view of their differential costs.

Members (1) **Noted** the report, (2) **Noted** the impact of the recent events and trends as drivers change in the commissioning of cardiac surgery and TAVI services, (3) **Noted** the important link between the cardiac review and the Integrated Commissioning Plan (ICP) in that the work will conclude what level of cardiac surgery is required and inform the scale of any resultant de-commissioning, (4) **Approved** the development of new contract baselines for cardiac surgery and TAVI, (Stage 1), to be completed by June 2023, (5) **Approved** the proposal that the current TAVI commissioning policy be reviewed (Stage 1), to be completed by June 2023; and (6) **Approved** the recommendation that further demand and capacity planning be undertaken, concluding with an options appraisal to identify the preferred future service configuration of WHSSC-commissioned cardiac surgery and TAVI activity (Stage 2), to be undertaken during 2023-24 and 2024-25.

8. Governance Review of Welsh Kidney Network (WKN)

Members received a report which outlined the recommendations from the recent independent Governance Review for the Welsh Kidney Network (WKN) and which provided an assurance that the recommendations were being enacted through an action plan that had been developed, agreed and monitored through the WKN Board.

Members (1) **Noted** the report; and (2) **Received assurance** that there are robust processes in place to ensure delivery of the recommendations

detailed within the recent Governance Review of the Welsh Kidney Network (WKN).

9. South Wales Trauma Network Delivery Assurance Group (DAG) Report (Quarter 2 2022-23)

Members received a report providing a summary of the Quarter 2 2022-23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members noted the South Wales Major Trauma Network (SWTN) Delivery Assurance Group (DAG) Report for Quarter 2 2022-2023.

10. Corporate Risk Assurance Framework (CRAF)

Members received a report presenting the updated Corporate Risk Assurance Framework (CRAF) which outlined the risks scoring 15 or above on the commissioning teams and directorate risk registers, which provided an update on the progress made to develop the CRAF following the risk management workshop held in September 2022 and which presented a revised risk appetite statement for approval.

Members (1) **Noted** the report; (2) **Approved** the updated Corporate Risk Assurance Framework (CRAF) and **noted** the changes to the risks outlined in the report as at 31 December 2022, (3) **Noted** that a risk workshop was held in September 2022 to review the CRAF and WHSSC's risk appetite; and (4) **Approved** the updated risk appetite statement.

11. All Wales Positron Emission Tomography (PET) Programme Board Update

Members received a report providing an update on the All Wales Positron Emission Tomography (PET) Programme, including an assessment of clinical demand and growth for PET scanning in Wales and requests support for the recommendation to Welsh Government (WG) that a fourth scanner will be needed to meet predicted scanning demand.

Members (1) **Noted** the report, (2) **Considered** and **approved** a recommendation to Welsh Government (WG) (Programme Sponsor) for a fourth fixed PET scanning site within Wales, based upon up-to-date assessment of clinical demand, which confirms growth is in line with that described in the original Programme Business Case (PBC); and (3) **Received assurance** that there are robust processes in place to ensure delivery of the All Wales Positron Emission Tomography (PET) Programme.

12. COVID-19 Period Activity Report for Month 7 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.

13. Financial Performance Report – Month 8 2022-2023

Members received the financial performance report setting out the financial position for WHSSC for month 8 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 8 for WHSSC is a year-end outturn forecast under spend of £14,195k.

Members **noted** the current financial position and forecast year-end position.

14. 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.

15. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit and Risk Committee (ARC)
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel
- Welsh Kidney Network (WKN)



GIG
CYMRU
NHS
WALES

Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) EXTRAORDINARY JOINT COMMITTEE MEETING BRIEFING – 13 FEBRUARY 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 13 February 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:
[2022/2023 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](#)

1. Integrated Commissioning Plan (ICP) 2023-2024

Members received a presentation and report presenting the Integrated Commissioning Plan (ICP) 2023-2024 for approval.

Members noted that the ICP had been updated following the Joint Committee ICP workshop on 10 January 2023 and the Management Group (MG) meeting on 26 January 2023 during which the MG considered the Clinical Impact Assessment Group (CIAG) process and horizon scanning prioritisation, strategy planning assumptions, performance assumptions and contingency planning to cover in year pressures and risks. After consideration, a significant number of disinvestments and recommissioning actions were identified, and an assessment of associated risks had also been undertaken as a consequence of the revised position.

Members noted that the indicative 1% shared system savings target was presented in addition to the financial core uplift of 3.11% and that this would be managed through a set of cross cutting commissioning schemes that will be developed and impact assessed. To support this a programme will be developed focussing on further planning and recommissioning work across pathways, working closely with Health Boards (HBs) to firm up schemes, and to explore the opportunities of the new Clinical Networks structure concerning pathway redesign.

Members agreed to approve the ICP in readiness for inclusion in HB Integrated Medium Term Plans (IMTPs). Members requested that an outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target be brought back to the Joint Committee for approval on 14 March 2023.

Members (1) **Noted** that the Plan has been finalised following the Joint Committee meeting on 17 January 2023, and subsequent discussions at Management Group, (2) **Approved** the Integrated Commissioning Plan (ICP) 2023-2024 for submission to Welsh Government; and (3) **Approved** the requirements of the Integrated Commissioning Plan (ICP) for inclusion in Health Board Integrated Medium Term Plans (IMTPs); (4) **Agreed** that an outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target be brought back to the Joint Committee for approval on 14 March 2023.

2. Any other Business

Members also **noted** updates on other matters of business as follows:

- **WHSSC proposed policy changes to Specialist Fertility Services - CP37, Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy & CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy** – members noted that in an effort to provide better fertility service provision for Wales and more effective outcomes for patients, two fertility policies had been reviewed and were issued for consultation in accordance with the process outlined in the WHSSC 'Policy for Policies' (which aligns to the process used by NICE and the All Wales Medicines Strategy Group (AWMSG)). The consultation documents were sent directly to a wide stakeholder group via email and the consultation was also signposted on the WHSSC website. Some of the proposals had roused concern amongst affected patient groups, which resulted in negative inaccurate reporting in the press. In addition, the Board of Community Health Councils (CHCs) in Wales had written to WHSSC concerning the policy consultation process and their interpretation that the process related to a service change for patients and that Section 183 of the National Health Services (Wales) Act 2006 applied. WHSSC had discussed the matter with them and the interpretation of public law and that WHSSC were seeking legal advice regarding this complex area and the potential implications for other policy consultation processes undertaken by NICE and NHSE.
- **TransVision Cymru – Letter and WHSSC Response** – members noted that Transvision Cymru had written to a number of Joint Committee members advising that they wanted Welsh Government to help resolve issues faced by transgender children and young people in Wales by extending the Welsh Gender Service (WGS) to under 18s. WHSSC had issued a response letter advising that WHSSC commissions gender identity services for children and young people through NHS England (NHSE) and at this time had no plans to change the commissioning arrangements in the absence of the conclusion of the Cass Review. In line with the

recommendations of the Cass Review interim report and in recognition that the needs of children and young people are very different to those of adults, any service in Wales would need to be led by a Specialist Children's Hospital. This would mean that the Children's Hospital for Wales would be the lead and not the Adult WGS. Early preparatory discussions had commenced with Cardiff and Vale University Health Board (CVUHB) regarding future proposals. In addition, the interim NHSE Specialist Service for Children & Young People with Gender Dysphoria (Phase 1 providers) service specification was consulted upon in 2022 and the outcome of the consultation report and final service specification are awaited.



GIG
CYMRU
NHS
WALES

Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



PARCH
RESPECT



PARTNERIAETH
PARTNERSHIP



GWELLA AC
ARLOESI
IMPROVEMENT
& INNOVATION

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 14 MARCH 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 14 March 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

[2022/2023 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](https://www.nhs.uk/whscc/2022/2023-Meeting-Papers-Welsh-Health-Specialised-Services-Committee-nhs.wales)

1. Minutes of Previous Meetings

The minutes of the meetings held on 10 January 2023, 17 January 2023, and 13 February 2023 were **approved** as a true and accurate record of the meeting, subject to one minor amendment.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Governance System and Process – WHSSC & HB Shared Pathway Saving Target

Members received a presentation on the outline governance system and process for the Joint Committee to monitor achievement of the 1% WHSSC and HB shared pathway savings target, which had been requested following the Joint Committee approving the Integrated Commissioning Plan (ICP) 2023-2024 on 13 February 2023.

Members noted that WHSSC had applied a programme management approach to establishing a mechanism to monitor savings and efficiencies and had developed a Project Initiation Document (PID) outlining that a Programme Board be established comprising of representatives from each Health Board (HB). The PID had been shared with the Management Group in readiness for detailed discussion on the 23 March 2023.

Members noted that updates on progress would be provided as a standing item on the agenda for future Joint Committee meetings.

Members **noted** the presentation.

4. Chair's Report

Members received the Chair's Report and **noted**:

- The Chair's Action taken on 2 February 2023 to approve urgent patient expenditure for Advanced Medicinal Therapeutic Products (AMTPs) through the Blueteq High Cost Drugs (HCD) software programme,
- The request to extend the interim Chair of the Individual Patient Funding Request (IPFR) Panel from 31 March 2023 to 30 September 2023,
- That the Minister for Health & Social Services had approved a review of the national commissioning functions, linked to the commitment within a "Healthier Wales" on a set of actions to strengthen and streamline the NHS landscape in Wales. Members noted that the joint workshop between EASC and WHSSC planned for 14 March 2023 to enable a facilitated discussion on the review had been postponed as the independent facilitator had been taken ill; and
- Key meetings attended.

Members (1) **Noted** the report, (2) **Ratified** the Chairs action taken on 2 February 2023 to approve expenditure for Advanced Medicinal Therapeutic Products (AMTPs) through the Blueteq High Cost Drugs (HCD) software programme; and (3) **Approved** the recommendation to extend the tenure of the interim Chair of the Individual Patient Funding Request Panel (IPFR) to 30 September 2023 to ensure business continuity.

5. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

- **Plastic Surgery Outreach Clinics in BCUHB: Update on Quality Concerns** - During the plastic surgery workshop held with the Management Group on 22 September 2022 to consider the future commissioning model for plastic surgery, significant quality concerns were raised by the clinical leads from St Helen's & Knowsley NHS Trust (SHKNT). Since then further concerns were raised during an SLA meeting in February 2023, WHSSC has discussed the issues with colleagues in Welsh Government (WG), and it was agreed that, given the issues did not lie directly within the WHSSC commissioning responsibility, WG will lead on the escalation process but in liaison with WHSSC. In addition, a Harm Review has been commissioned by BCUHB and the Terms of Reference (ToR) are in the process of being signed off through internal HB processes,
- **Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement Process Update** - the formal engagement ran between 4 January 2023 and 14 February 2023. The consultation feedback is now being analysed and will be presented to members at the Joint Committee meeting on 16 May 2023; and

- **Spinal Operational Delivery Network (ODN)** - The implementation of the Spinal Operational Delivery Network (ODN) has been delayed due to unforeseen circumstances. A more detailed update will be presented to the Joint Committee meeting on 16 May 2023.

Members **noted** the report.

6. Delivering Thrombectomy Capacity in South Wales

Members received a report outlining WHSSC's position on the commissioning of Mechanical Thrombectomy for the population of Wales.

Members (1) **Noted** the report, (2) **Noted** the WHSSC Position Statement on the Commissioning of Mechanical Thrombectomy, (3) **Noted** the associated risks with the current delivery model for Welsh stroke patients requiring access to tertiary Thrombectomy centres; and (4) **Noted** the NHS Wales Health Collaborative (NWHC) proposal to strengthen and improve regional clinical stroke pathways in Wales to support the Mechanical Thrombectomy pathway to ensure that patients receive this time-critical procedure in a timely manner.

7. Eating Disorder In-Patient Provision for Adults

Members received a report outlining the medium-term options for adult inpatient eating disorder placements following the end of the contract for eating disorder services between WHSSC and Oxford Health NHS Trust (OHNT) and the current interim arrangements.

Members (1) **Noted** the information presented within the report to progress tendering and procurement options with the independent sector in line with service need for Welsh patients requiring specialist eating disorder services, (2) **Noted** the medium-term options for adult inpatient eating disorder placements following the end of the contract for eating disorder services between WHSSC and Oxford Health NHS Trust (OHNT) and the current interim arrangements; and (3) **Received assurance** that there are robust processes in place to ensure delivery of eating disorder services for adults.

In addition, it was agreed to bring the tender specification back to a future meeting to provide assurance to the JC regarding the quality requirements of the new service.

8. Neonatal Transport ODN – Additional Funding Release

Members received a report advising that the Management Group approved the release of £125k for the establishment of the Neonatal Transport Operational Delivery Network (ODN) for Swansea Bay UHB as the host provider in December 2022, and which sought approval from the Joint Committee for an additional £54k of funding to bridge the shortfall from the original funding request from SBUHB and to allow the implementation of the ODN to proceed.

Members (1) **Noted** the report; and (2) **Approved** the release of an additional £54k funding for the Neonatal Transport ODN to allow the implementation of the Operational Delivery Network (ODN) to proceed.

9. Neonatal Cot Configuration Project

Members received a report outlining the outcomes of the Neonatal Cot Configuration project, the proposed preferred option as recommended by the Project Board and seeking approval for the required long-term next steps.

Members discussed the need for broader discussion linked to interdependencies with maternity services and other core paediatric services, in developing the next steps. The challenges associated with meeting the British Association of Perinatal Medicine (BAPM) standards and the historic work previously undertaken through the South Wales plan were also discussed.

Members (1) **Noted** the background within the report, (2) **Noted** the outcomes of the Neonatal Cot Configuration Project, (3) **Noted** the financial assessment, (4) **Noted** the preferred option of the Project Board, (5) **Approved** the recommended preferred option and the release of funding in line with the provision within the 2022/25 Integrated Commissioning Plan (ICP) as an interim measure; and (6) **Did not Approve** the recommendation of the Management Group for a phase 2 programme of works to be undertaken, but agreed that the NHS Wales Directors of Planning Group consider the approach to reviewing the neonatal service model, aligning with Health Boards' strategic plans, regional work, and key service interdependencies. The output of the discussion to be brought back to the Joint Committee in May.

10. IPFR Engagement Update – ToR and All Wales Policy

Members received a report presenting the outcomes from the WHSSC engagement process with key stakeholders to update the WHSSC Individual Patient Funding Request (IPFR) Panel Terms of Reference (ToR) and on the specific and limited review of the All Wales IPFR Policy.

Members (1) **Noted** the report, (2) **Noted** the feedback received from the WHSSC engagement process with key stakeholders to update the WHSSC Individual Patient Funding Request (IPFR) Panel Terms of Reference (ToR) and on the specific and limited review of the All Wales IPFR Policy, (3) **Approved** the proposed changes to the WHSSC IPFR Panel ToR, (4) **Noted** that the additional feedback on the specific and limited review of the All Wales IPFR Policy is being reviewed and an update will be presented to the Joint Committee on 16 May 2023; and (5) **Noted** that when the limited review of the policy was completed and approved by the Joint Committee, the updated All Wales IPFR Policy (including the WHSSC ToR) will go to each Health Board (HB) for final approval.

11. WHSSC Governance & Accountability Framework – SOs and SFIs

Members received a report providing an update on the WHSSC Governance and Accountability Framework.

Members (1) **Noted** the report, (2) **Approved** the proposed changes to the Standing Orders (SOs), prior to being issued to the seven HBs for approval and inclusion as schedule 4.1 within their respective HB SOs, (3) **Approved** the proposed changes of the Memorandum of Agreement (MoA) and Hosting Agreement in place with CTMUHB, prior to being issued to the seven HBs for approval and inclusion as schedule 4.1 within their respective HB SOs; and (4) **Approved** the proposed changes to the financial scheme of delegation and financial authorisation matrix updating the Standing Financial Instructions (SFIs).

12. Performance & Activity Report Month 9 2022-2023

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period, and outlining signs of recovery in specialised services activity. The activity decreases were shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements

Members **noted** the report.

13. Financial Performance Report – Month 10 2022-2023

Members received the financial performance report setting out the financial position for WHSSC for month 10 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 10 for WHSSC is a year-end outturn forecast under spend of (£14.353m). Members noted that the under spend predominantly relates to releasable reserves of (£18m) arising from 2021-2022 as a result of WHSSC assisting Health Boards manage resources over financial years on a planned basis, as HBs could not absorb underspends above their own forecasts and to ensure the most effective use of system resources.

Members **noted** the current financial position and forecast year-end position.

14. Neonatal Delivery Assurance Group (DAG) Update

Members received a report providing a summary of South Wales Neonatal Transport Delivery Assurance Group (DAG) Report for July-November 2022.

Members (1) **Noted** the information in the report; and (2) **Received assurance** that the Neonatal Transport service delivery and outcomes were being scrutinised by the Delivery Assurance Group (DAG).

15. 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.

16. Other reports

Members also **noted** update reports from the following joint Sub-committees:

- Audit and Risk Committee (ARC),
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel,
- Integrated Governance Committee (IGC),
- Quality & Patient Safety Committee (QPSC; and
- Welsh Kidney Network (WKN).



GIG
CYMRU
NHS
WALES

Tîm 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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Abbreviation	Term
EPCR	Electronic Patient Clinical Record
EPT	Executive Pandemic Team
ERADI	Emergency Response Ambulance Driving Instruction
ESMCP	Emergency Services Mobile Communications Programme
HCPC	Health and Care Professions Council
ICT	Information and Communications Technology
ITT	Inverting the Triangle
HART	Hazardous Area Response Team
HIW	Health Inspectorate Wales
HEIW	Health and Education Improvement Wales
HoS	Head of Service
HCS	Health Courier Services
IMTP	Integrated Medium Term Plan
IQPD	Integrated Quality Planning and Delivery
JESG	Joint Emergency Services Group
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KPI	Key Performance Indicator
LHB	Local Health Board
LM	Locality Manager
MIST	Mandatory In-Service Training
MRD	Make Ready Depot
MTS	Manchester Triage System
MDS	Minimum Data Set
MDT	Mobile Data Terminal
MDT	Multi Disciplinary Team
MTU	Mobile Testing Unit
NCCU	National Collaborative Commissioning Unit
NEPTS	Non Emergency Patient Transfer Service
NICE	National Institute for Clinical Excellence
NSF	National Service Framework
NQP	Newly qualified paramedic
NWAS	North West Ambulance Service
NWSSP	NHS Wales Shared Service Partnership
NEDs	Non Executive Directors
ODU	Operational Delivery Unit
OTL	Operations Team Leader
OOH	Out of Hours
PADR	Personal Appraisal Development Review
PDP	Personal Development Plan
PECI	Patient Experience and Community Involvement
PID	Project Initiation Document
PLIC	Patient Level Information and Costing system
PPLH	Post Production Lost Hours
PRINCE2	Projects in a Controlled Environment (methodology)



Abbreviation	Term
PREMS	Patient Reported Experience Measures
PROMS	Patient Reported Outcome Measures
PTaS	Physician Triage and Streaming
REAP	Resource Escalation Action Plan
RITA	Reminiscence Therapy Interactive Activities
ROLE	Recognition of life extinct
ROSC	Return of spontaneous circulation
RRV	Rapid Response Vehicle
RIDDOR	Reporting of Injuries, diseases and dangerous Occurrences Regulations 2013
SP	Senior Paramedic
SPT	Senior Pandemic Team
SLT	Senior Leadership Team (Operations)
SOT	Senior Operations Team
SAIs	Serious Adverse Incidents
SCIF	Serious Case Incident Forum
SDEC	Same Day Emergency Care
SPCT	Specialist Palliative Care Team
SOC	Strategic Outline Case
SOP	Strategic Outline Programme
TU	Trade Union
UCS	Urgent Care Service
UHP	Unit Hour Production
USC	Unscheduled Care
VPH	Vantage Point House
VCS	Volunteer Car Service
WG	Welsh Government
WHC	Welsh Health Circular
WTE	Whole Time Equivalent