

Bundle Trust Board (Open Session) 26 September 2024

Agenda attachments

- ITEM 00 Trust Board Agenda 26 September 2024
- ITEM 00 Cymru Agenda
- 0 09:30 – OPENING ITEMS
- 1 Chair's welcome, apologies, and confirmation of quorum
- 2 Declarations of Interest
 - ITEM 02 Board Member Register of Interests
- 3 Minutes of Previous Meetings
 - Item 3 – Minutes of 12 July 2024*
 - Item 3.1 – Minutes of 25 July 2024*
 - ITEM 03 2024-07-12 Trust Board Minutes – Draft1
 - ITEM 03.1 2024-07-25 Trust Board Minutes – Draft1
- 4 Action Log and Matters Arising
 - ITEM 04 TB Action Log
- 5 09:35 – Chair and Vice Chair's Report
 - ITEM 05 Chair's and Vice-Chair's Report to Board – September 2024
- 6 09:45 – Chief Executive's Report
 - ITEM 06 CEO REPORT TO TRUST BOARD September 2024
- 7 10:00 – Questions from Members of the Public
- 7.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 8 10:05 – Progress on Actions to Mitigate Avoidable Patient Harm
 - ITEM 08 Patient Harm Realtime Mitigations
 - ITEM 08.1 Patient Harm MOC17092024 (FINAL)
 - ITEM 08.2 Reducing Patient Harm Action Plan hb 20240909 (1)
- 9 10:20 – Monthly Integrated Quality and Performance Report
 - Published on 23/09/2024*
 - ITEM 09 MIQPR – TB September 2024
 - ITEM 09.1 Annex 1 MIQPR TB July August 24
- 10 10:30 – Risk Management and Board Assurance Framework
 - ITEM 10 Executive Summary Risk Management Report Trust Board 260924
- 11 10:40 – Financial Performance Month 5
 - Annexes 2 and 4 Circulated by e mail*
 - ITEM 11 Finance Report Month 5 24-25 Final
 - ITEM 11.1
 - ITEM 11.3
- 12 10:50 – Integrated Medium-Term Plan
 - ITEM 12 Executive Summary – IMTP Delivery & Assurance Report
- 12.1 11:00 – COMFORT BREAK
- 13 11:15 – Strategic Workforce Plan
 - ITEM 13 ES – Strategic Workforce Plan – TB 26.09.24
 - ITEM 13.1 Strategic Workforce Plan v2.2
- 14 11:30 – Speaking Up Safely (SUS) Update September 2024
 - ITEM 14 26.09.24 Speaking up Safely Board paper
 - ITEM 14.1 26.09.24 Speaking up Safely Trust Board Appendix A
- 15 11:40 – Welsh Ambulance Services University NHS Trust – General Scrutiny
 - ITEM 15 Senedd Committee reporting
 - ITEM 15.1 HSCC WAST Scrutiny Report
- 16 11:50 – EMS Operational Transformation Programme Closure Evaluation Report
 - ITEM 16 EMS Operational Transformation Programme SBAR
 - ITEM 16.1 Closure Evaluation Report EMS Transformation Programme Board
- 17 12:00 – Governance Report
 - ITEM 17 Governance Report – September 2024

- 18 12:05 – Board Committee Reports
 18.1 *Quest Committee – 13 August 2024*
 18.2 *Charity Committee – 22 August 2024*
 18.3 *Remuneration Committee – 29 August 2024*
 18.4 *People and Culture Committee – 30 August 2024*
 18.4a *Strategic Equality Plan Annual Report 2023/24*
 18.4b *Annual Workforce Equality Monitoring Report 2023/24*
 18.4c *Annual Gender Pay Gap Report 2023/24*
 18.4d *Welsh Language Annual Report 2023/24 – To be presented Bilingually.*
 18.4e *Annual Health and Safety report 2023/24*
 18.5 *Audit, Risk and Assurance Committee – 12 September 2024*
 18.6 *Finance and Performance Committee – 17 September 2024*
ITEM 18.1 Quest Committee Highlight Report August 2024
ITEM 18.1a Safeguarding Annual Report 2023–2024 Annex 2
ITEM 18.2 Charity Committee August Highlight Report
ITEM 18.3 Remuneration Committee AAA Report 29 August 2024
ITEM 18.4 People and Culture Committee Highlight Report 30 August 2024
ITEM 18.4.1 Annual Reports – Covering SBAR
ITEM 18.4a Strategic Equality Plan Annual Report 2023–2024
ITEM 18.4ai CYMRAEG Strategic Equality Plan Annual Report 2023–2024
ITEM 18.4b Gender Pay Gap 2023–2024
ITEM 18.4bi CYMRAEG Gender Pay Gap 2023–2024
ITEM 18.4c Workforce Equality Monitoring Report 2023–2024
ITEM 18.4ci CYMRAEG Workforce Equality Monitoring Report 2023–2024
ITEM 18.4d Adroddiad Blynyddol Safonau'r Gymraeg 2023–24
ITEM 18.4di Welsh Language Standards Annual Report 2023–24
ITEM 18.4e Health and Safety Annual Report 23–24
ITEM 18.5 ARAC AAA Report September 2024 (1)
ITEM 18.6 Finance and Performance Committee Highlight Report September 2024
- 18.1 CONSENT ITEMS
- 19 Minutes of Board Committees:
 19.1 *Quest Committee: 7 May 2024*
 19.2 *People and Culture Committee: 9 May 2024*
 19.3 *Audit, Risk and Assurance Committee: 10 July 2024*
 19.4 *Finance and Performance Committee: 16 July 2024*
ITEM 19.1 2024–05–07 QUEST OPEN Minutes
ITEM 19.2 2024–05–09 PCC OPEN Minutes
ITEM 19.3 2024–07–10 ARAC OPEN Minutes
ITEM 19.4 2024–07–16 FPC OPEN Minutes
- 19.1 12:35 – CLOSING ITEMS
- 20 Reflections and Summary of Decisions/Actions
- 21 Any Other Business
- 22 Exclusion of the press and members of the public. To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).
- 23 Date and time of next meeting
- 24 Acronyms
ITEM 24 Acronyms 2024

Length of Meetings: 03:10	Agenda Status:	OPEN TRUST BOARD - 26 September 2024						Deadline for Papers: 17 September 2024
Time	Mins allotted	Agendum	Title	Item for	Item requested by	Format	Paper prepared by	Item presented by
OPENING ITEMS								
09:30	00:05	1	Chair's Welcome, Apologies and Quorum	Information	Standing	Verbal	n/a	Chair
		2	Declarations of Interest	To State Conflicts	Standing	Verbal	n/a	Chair
		3	Minutes of the Last Meeting: 12 July and 25 July 2024	Approval	Standing	Paper	n/a	Chair
		4	Action Log & Matters Arising: Update on previous patient story (Maxwell)	Discussion	Standing	Paper	n/a	Chair
09:35	00:10	5	Chair and Vice Chair's Report	Information	Standing	Paper	Gov	Chair Vice Chair
09:45	00:15	6	Chief Executive's Report	Information	Standing	Paper	CEO Office	CEO
10:00	00:05	7	Questions from Members of the Public	Information	Standing	Verbal	Partnerships	Estelle Hitchon
FOR APPROVAL, ASSURANCE AND DISCUSSION								
10:05	00:15	8	Progress on Actions to Mitigate Avoidable Patient Harm	Assurance	Standing	Paper	SPP	Jason Killens
10:20	00:10	9	Monthly Integrated Quality and Performance Report (MIQPR)	Assurance	Standing	Paper	SPP	Rachel Marsh
10:30	00:10	10	Risk Management and Board Assurance Framework	Assurance	Standing	Paper	Gov	Trish Mills
10:40	00:10	11	Financial Performance Month 5	Assurance	Standing	Paper	FinCor	Chris Turley
10:50	00:10	12	Integrated Medium-Term Plan (IMTP)	Assurance	Standing	Paper	SPP	Rachel Marsh
11:00	00:15	COMFORT BREAK						
11:15	00:15	13	Strategic Workforce Plan	Approval	Forward Planner	Paper	People	Angela Lewis
11:30	00:10	14	Speaking Up Safely (SUS) Update September 2024	Assurance	Forward Planner	Paper	People	Angela Lewis
11:40	00:10	15	Welsh Ambulance Services University NHS Trust – General Scrutiny	Information	Ad hoc	Paper	Gov	Jason Killens
11:50	00:10	16	EMS Operational Transformation Programme Closure Evaluation Report	Assurance	Ad hoc	Paper	SPP	Rachel Marsh
12:00	00:05	17	Governance Report	Ratification	Ad hoc	Paper	Gov	Trish Mills
12:05	00:30	18	Board Committee Reports	Assurance	Standing	Paper	Gov	
12:35		18.1	Quest Committee - 13 August 2024	Assurance	Standing	Paper	Gov	Bethan Evans
12:35		18.2	Charity Committee - 22 August 2024	Assurance	Standing	Paper	Gov	Ceri Jackson
12:35		18.3	Remuneration Committee - 29 August 2024	Assurance	Standing	Paper	Gov	Chair
12:35		18.4	People and Culture Committee - 30 August 2024	Assurance	Standing	Paper	Gov	Ceri Jackson Melfyn Hughes Angela Lewis (b-d)
			18.4a Strategic Equality Plan Annual Report 2023/24	Approval				
			18.4b Annual Workforce Equality Monitoring Report 2023/24	Approval				
			18.4c Annual Gender Pay Gap Report 2023/24	Approval				
12:35		18.5	18.4d Welsh Language Annual Report 2023/24 - To be presented Bilingually. 18.4e Annual Health and Safety report 2023/24	Assurance	Standing	Paper	Gov	Peter Curran
12:35		18.6	Audit, Risk and Assurance Committee - 12 September 2024	Assurance	Standing	Paper	Gov	Peter Curran
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.								
12:35	00:00	19	Minutes of Board Committees: 19.1 Quest Committee: 7 May 2024 19.2 People and Culture Committee: 9 May 2024 19.3 Audit, Risk and Assurance Committee: 10 July 2024 19.4 Finance and Performance Committee: 16 July 2024	Information	Standing	Paper	Gov	Chair
CLOSING ITEMS								
12:35	00:05	20	Reflections and Summary of Decisions/Actions	Discussion	Standing	Verbal	n/a	Chair
		21	Any Other Business	Discussion	Standing	Verbal	n/a	Chair
		22	Exclusion of the press and members of the public. To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).	Approval	Standing	Verbal	n/a	Chair
		23	Date & Time of the Next Meeting: 29 November 2024, 09:30	Information	Standing	Verbal	n/a	Chair
		24	Acronyms	Information	Standing	Paper	n/a	Chair
12:40	03:10	CLOSE						

LEAD PRESENTERS

Name	Position
Colin Dennis	Chair of the Trust Board
Lee Brooks	Executive Director of Operations
Peter Curran	Chair of the Audit, Risk and Assurance Committee and Non-Executive Director
Bethan Evans	Non Executive Director, Chair of Quest
Estelle Hitchon	Director of Partnerships
Melfyn Hughes	Welsh Language Officer
Ceri Jackson	Non Executive Director, Vice Chair of the Board and Chair of PCC
Jason Killens	Chief Executive Officer
Angela Lewis	Director of People and Culture
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Chris Turley	Executive Director of Finance and Corporate Resources

Hyd y cyfarfod: 03.10		Status yr agenda:	BWRDD AGORED YR YMDDIRIEDOLAETH - 26 Medi 2024					Dyddiad cau ar gyfer papurau: 17 Medi 2024
Amser	Amser neu llitwyd	Agendum	Teitl	Eitem ar gyfer	Cais am eitem gan	Fformat	Papur a baratowyd gan	Eitem wedi'i chyflwyno gan
EITEMAU AGORIADOL								
09:30	00:05	1	Croso gan y Cadeirydd, Ymddiheuriadau a Chworwm	Gwybodaeth	Sefyll	Ar lafar	Ddim yn berthnasol	Cadeirydd
		2	Datganiadau o Fuddiant	I ddatgan gwrthdaro	Sefyll	Ar lafar	Ddim yn berthnasol	Cadeirydd
		3	Cofnodion y Cyfarfod Diwethaf: 12 Gorffennaf a 25 Gorffennaf 2024	Cymeradwyaeth	Sefyll	Papur	Ddim yn berthnasol	Cadeirydd
09:35	00:10	4	Cofnodion Gweithredu a Materion sy'n Codi Diweddariad ar stori claf blaenorol (Maxwell)	Trafodaeth	Sefyll	Papur	Ddim yn berthnasol	Cadeirydd
		5	Adroddiad y Cadeirydd a'r Is-gadeirydd	Gwybodaeth	Sefyll	Papur	Cor	Cadeirydd Is-gadeirydd
09:45	00:15	6	Adroddiad y Prif Weithredwr	Gwybodaeth	Sefyll	Papur	wyddfa'r Prif Swyddog Gweithred: Prif Swyddog Gweithredol	
10:00	00:05	7	Cwestiynau gan Aelodau'r Cyhoedd	Gwybodaeth	Sefyll	Ar lafar	Partneriaethau	Estelle Hitchon
EITEMAU AT GYFER CYMERADWYAETH, SICRWYDD A THRAFODAETH								
10:05	00:15	8	Cynnydd ar Gamau i liniaru niwed cleifion y gellir ei osgoi	Sicrwydd	Sefyll	Papur	SPP	Jason Killens
10:20	00:10	9	Adroddiad Ansawdd a Pherfformiad Integredig Misol (MIQPR)	Sicrwydd	Sefyll	Papur	SPP	Rachel Marsh
10:30	00:10	10	Rheoli Risg a Fframwaith Sicrwydd y Bwrdd	Sicrwydd	Sefyll	Papur	Gov	Trish Mills
10:40	00:10	11	Perfformiad Ariannol Mis 5	Sicrwydd	Sefyll	Papur	FinCor	Chris Turley
10:50	00:10	12	Y Cynllun Tymor Canolig Integredig	Sicrwydd	Sefyll	Papur	SPP	Rachel Marsh
11:00	00:15	EGWYL						
11:15	00:15	13	Cynllun Gweithlu Strategol	Cymeradwyaeth	Blaengynllun	Papur	Pobl	Angela Lewis
11:30	00:10	14	Diweddariad Codi Llais heb Ofn Medi 2024	Sicrwydd	Blaengynllun	Papur	Pobl	Angela Lewis
11:40	00:10	15	Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlsans Cymru – Craffu Cyffredinol	Gwybodaeth	Ad hoc	Papur	Gov	Jason Killens
11:50	00:10	16	Adroddiad Gwerthuso Cau'r Rhaglen Trawsnewid Gweithredol EMS	Sicrwydd	Ad hoc	Papur	SPP	Rachel Marsh
12:00	00:05	17	Adroddiad Llywodraethu	Cadarnhau	Ad hoc	Papur	Gov	Trish Mills
12:05	00:30	18	Adroddiadau Pwyllgorau'r Bwrdd	Sicrwydd	Sefyll	Papur	Gov	
12:35		18.1	Pwyllgor Quest - 13 Awst 2024	Sicrwydd	Sefyll	Papur	Gov	Bethan Evans
12:35		18.2	Pwyllgor Elusennau - 22 Awst 2024	Sicrwydd	Sefyll	Papur	Gov	Ceri Jackson
12:35		18.3	Pwyllgor Tâl Cydnabyddiaeth - 29 Awst 2024	Sicrwydd	Sefyll	Papur	Gov	Cadeirydd
12:35		18.4	Pwyllgor Pobl a Diwylliant - 30 Awst 2024	Sicrwydd Cymeradwyaeth Cymeradwyaeth Cymeradwyaeth Cymeradwyaeth Gwybodaeth	Sefyll	Papur	Gov	Ceri Jackson
			18.4a Adroddiad Blynyddol y Cynllun Cydraddoldeb Strategol 2023/24					Melfyn Hughes
			18.4b Adroddiad Monitro Cydraddoldeb y Gweithlu 2023/24					Angela Lewis (b-d)
			18.4c Adroddiad Blynyddol Bwlch Cyflog rhwng y Rhywiâu 2023/24					
12:35		18.5	18.4d Adroddiad Blynyddol y Gymraeg 2023/24 - I'w gyflwyno'n Ddwyieithog. 18.4e Adroddiad Iechyd a Ddiogelwch Iechydol 2023/24	Sicrwydd	Sefyll	Papur	Gov	Peter Curran
12:35		18.6	Pwyllgor Archwilio, Risg a Sicrwydd - 12 Medi 2024	Sicrwydd	Sefyll	Papur	Gov	Peter Curran
EITEMAU CYDSYNIO								
Mae'r eitemau sy'n dilyn er gwybodaeth yn unig. Os bydd aelod yn dymuno trafod unrhyw rai o'r eitemau hyn gofynnir iddo hysbysu'r Cadeirydd fel y gellir neilltuo amser i wneud hynny.								
12:35	00:00	19	Cofnodion Pwyllgorau'r Bwrdd: 19.1 Pwyllgor Quest: 7 Mai 2024 19.2 Y Pwyllgor Pobl a Diwylliant: 9 Mai 2024 19.3 Pwyllgor Archwilio, Risg a Sicrwydd: 10 Gorffennaf 2024 19.4 Pwyllgor Cyllid a Pherfformiad: 16 Gorffennaf 2024	Gwybodaeth	Sefyll	Papur	Gov	Cadeirydd
EITEMAU CAU								
12:35	00:05	20	Myfyrdodau a Chrynodeb o Benderfyniadau/Camau Gweithredu	Trafodaeth	Sefyll	Ar lafar	Ddim yn berthnasol	Cadeirydd
		21	Unrhyw Fater Arall	Trafodaeth	Sefyll	Ar lafar	Ddim yn berthnasol	Cadeirydd
		22	Gwahardd y wasg ac aelodau'r cyhoedd. Gwahodd y wasg a'r cyhoedd i adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drafod (yn unol ag Adran 1(2) o Ddeddf Cyffwrdd Cyhoeddus (Mynediad i Gyfarfodydd) 1960).	Cymeradwyaeth	Sefyll	Ar lafar	Ddim yn berthnasol	Cadeirydd
		23	Dyddiad ac Amser y Cyfarfod Nesaf: 29 Tachwedd 2024, 09:30	Gwybodaeth	Sefyll	Ar lafar	Ddim yn berthnasol	Cadeirydd
		24	Acronymau	Gwybodaeth	Sefyll	Papur	Ddim yn berthnasol	Cadeirydd
12:40	03:10	CLOI						

PRIF GYFLWYNNWYR

Enw	Swydd
Colin Dennis	Cadeirydd Bwrdd yr Ymddiriedolaeth
Lee Brooks	Cyfarwyddwr Gweithredol Gweithrediadau
Peter Curran	Cadeirydd y Pwyllgor Archwilio, Risg a Sicrwydd a Chyfarwyddwr Anweithredol
Bethan Evans	Cyfarwyddwr Anweithredol, Cadeirydd Quest
Estelle Hitchon	Cyfarwyddwr Partneriaethau
Melfyn Hughes	Swyddog y Gymraeg
Ceri Jackson	Cyfarwyddwr Anweithredol, Is-gadeirydd y Bwrdd a Chadeirydd PCC
Jason Killens	Prif Swyddog Gweithredol
Angela Lewis	Cyfarwyddwr Pobl a Diwylliant
Rachel Marsh	Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad
Trish Mills	Cyfarwyddwr Ulywodraethu Corfforaethol/Ysgrifennydd y Bwrdd
Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
BROOKS, Lee	Executive Director of Operations	Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
		Member of the Order of St John	Any Other Interest	01 March 2023		
		Volunteer – St John's Ambulance Cymru	Any Other Interest	06 April 2023		
		Council Member – St John's Ambulance Cymru Gwent Council	Any Other Interest	06 April 2023		
CURRAN, Peter	Non-Executive Director * Chair of the Audit Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
		Company Director - Action for Children [04764232]	Directorships	01 February 2021		
		Company Director - Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022		
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021		
		Company Director - National Youth Arts Wales [10449512]	Directorships	06 May 2021		
		Non-Executive Director for Taff Housing	Position in Charity or Voluntary Organisation	01 May 2022		
		Company Director - Team Police Ltd [12518812]	Directorships	01 January 2022		
		Independent Board Member of the Project Board - National Contemporary Art Gallery for Wales	Any Other Interest	01 January 2024		
		Interim Finance Director for Torfaen Leisure Trust	Directorships	01 September 2023	29 February 2024	
		Interim Independent Member – Kaplan International Colleges UK Ltd [05268303]	Directorships	01 March 2024		
		Independent Member - Kaplan Open Learning (inc member of the Audit & Risk Committee)	Directorships	21 March 2024		
		Colonel Commandant Queen Alexandra's Royal Army Nursing Corps	Any other interest	May 2020		
		Charity Trustee - Queen Alexandra's Royal Army Nursing Corps Association	Position in Charity/Voluntary Organisation	28 January 2021		
DAVIES, Kevin	Non-Executive Director * Member of Academic Partnership Committee * Member of Audit Committee * Member of Finance & Performance Committee * Member of Quality, Patient Experience & Safety Committee * Member of Remuneration Committee	Patron Motivation and Learning Trust	Position in Charity or Voluntary Organisation	2014	December 2023	
		Chair ABF The Soldiers Charity (Glamorgan)	Position in Charity/Voluntary Organisation	2015		
		Honorary Colonel 203 (Welsh) Multi-Role Medical Regiment (Commanding Officer's Principal Advisor)	Any Other Interest	01-Apr-24		
		Member Royal College Nursing	Any other interest	1978		
		Chair - Citizen Housing [Charity] (previously WM Housing Group)	Position in Charity or Voluntary Organisation	01 January 2015		
		Company Director - Citizen Treasury PLC (previously WM Housing Treasury Ltd)	Directorships	29 August 2017		
DENNIS, Colin	Chair of Trust Board and Non-Executive Director * Chair of Remuneration Committee	Company Director - Citizen Treasury Vehicle Ltd	Directorships	04 September 2017		
		Chair - North Devon Homes	Position in Charity or Voluntary Organisation	01 October 2021		
		Company Director - North Devon Homes	Directorships	01 April 2022		
		Chair - Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation	26 March 2024		
		Company Director - LowCarbonLiving Homes Ltd [04207671]	Directorships	26 March 2024		
		Company Director - Green Square Estates Ltd [8719365]	Directorships	26 March 2024		
		Managing Director (Employed) at My Choice Healthcare Limited.	Any Other Interest	01 June 2019		
		Non-Executive Board Member at RHA (Social Housing Organisation - Community Benefit Society)	Position in Charity or Voluntary Organisation	01 November 2019		
EVANS, Bethan	Non-Executive Director * Chair of Quality, Patient Experience & Safety Committee * Member of Charity Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Company Director - My Choice Healthcare South Wales Limited	Directorships	11 March 2020		
		Company Director - Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019		
		Company Director - Springfield (Bargoed) Limited.	Directorships	12 March 2020		
		Company Director - Homes of Excellence Limited	Directorships	19 March 2021		
		Company Director - Victoria House Care Property Limited	Directorships	05 March 2020		
		Company Director - My Choice Healthcare (Four) Limited	Directorships	27 April 2022		
		Company Director - Luk Ros Property Limited	Directorships	12 March 2020		
		<i>[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]</i>	Directorships	12 March 2020		
		Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022		
		<i>[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]</i>	Directorships	27 April 2022		
		Company Director - Ocean Living Property Limited	Directorships	22 July 2022		
		Company Director - Hawthorn Court Care Limited	Directorships	22 July 2022		
		Company Director - Glyncomel Property Limited	Directorships	01 July 2022		
		Company Director - My Choice Healthcare (Two) Limited	Directorships	01 July 2022		
		Company Director - Carmarthen Care Limited	Directorships	02 January 2024		
		Company Director - Towy Castle Property Limited	Directorships	01 September 2023		
		Nil Declaration				
HITCHON, Estelle	Director of Partnerships and Engagement					

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
JACKSON, Ceri	Non-Executive Director & Vice Chair of the Trust Board * Chair of Charity Committee * Chair of the People and Culture Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019		
		Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021		
		Charity Trustee - Stroke Association Trustee, Chair Wales Advisory Group.	Position in Charity or Voluntary Organisation	08 October 2020		
		Charitable Company - Stroke Association - Company Director	Directorships	08 October 2020		
KILLENS, Jason	Chief Executive * Member of Remuneration Committee	Honorary Professor - Swansea University	Personal or Departmental Sponsorship	2019		
		Member of the Order of St John	Any Other Interest	2009		
		Nil Declaration				
LEWIS, Angela	Director of Workforce and Organisational Development [12 September 2022]	Nil Declaration				
MARSH, Rachel	Executive Director of Strategy, Planning and Performance	Nil Declaration				
MILLS, Patricia (Trish)	Board Secretary	Nil Declaration				
PARRY, Hugh	Trade Union Partner	Nil Declaration				
ROWAN, Hannah	Non-Executive Director * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022		
		Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021		
		Trustee MAE Cymru (Christian charity which champions gender equality in church of Wales)	Position in Charity or Voluntary Organisation	13 November 2021	November 2023	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
		Relative (Parent) is a Non-Executive Director for Social Care Wales	Any Other Interest	01 April 2017		
SAMMUT, Jonathan (Jonny)	Director of Digital Services [appointed 26.09.2023]	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024		
		Panel Member of the UK CIO Advisory Panel – Digital Health	Any Other Interest	05 July 2023		
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
		Geldards LLP	Any Other Interest	03 March 2009		
		Membership of the Law Society	Any Other Interest	01 January 2006		
SINGH, Anoop Joga (Joga)	Non-Executive Director * Chair of the Finance & Performance Committee * Member of the Audit Committee * Member of People & Culture Committee * Member of Remuneration Committee	Membership of the Employment Lawyers Association	Any Other Interest	01 January 2006		
		Member of the Fairness, Inclusion & Respect Committee for the Institute of Civil Engineers in Wales	Position in Charity or Voluntary Organisation	01 March 2018	31 December 2023	
		Independent Member of the South Wales Police Ethics Committee, 2 – 3 days a year.	Any Other Interest	01 March 2018		
		Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
		Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022		
SWINBURN, Andrew (Andy)	Executive Director of Paramedicine	Nil Declaration				
TURLEY, Christopher	Executive Director of Finance and Corporate Resources	Nil Declaration				
TURNER, Damon	Trade Union Partner	Nil Declaration				
WILLIAMS, Liam	Executive Director of Quality and Nursing [from 01 August 2022]	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE
SERVICES UNIVERSITY NHS TRUST BOARD, HELD on FRIDAY 12 JULY 2024
MEETING HELD VIA TEAMS**

Meeting started at 09:30

PRESENT:

Colin Dennis	Non-Executive Director and Chair of the Board
Jason Killens	Chief Executive
Peter Curran	Non-Executive Director
Alexander Crawford	Assistant Director of Planning and Transformation
Bethan Evans	Non-Executive Director
Ceri Jackson	Non-Executive Director and Vice Chair of the Board
Angela Lewis	Director of People and Culture
Trish Mills	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner
Jonny Sammut	Director of Digital Services
Joga Singh	Non-Executive Director
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

Attendees:

Jill Gill	Head of Financial Accounting
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager

Apologies:

Lee Brooks	Executive Director of Operations
Professor Kevin Davies	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Hannah Rowan	Non-Executive Director

58/24 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies.

The Chair welcomed all to the meeting, and noted apologies were received from Lee Brooks, Professor Kevin Davies, Estelle Hitchon, Rachel Marsh, and Hannah Rowan.

Declarations of interest.

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

RESOLVED: That the declarations of interest on the register were formally recorded and the apologies from Lee Brooks, Professor Kevin Davies, Estelle Hitchon, Rachel Marsh, and Hannah Rowan were formally recorded.

59/24 FINAL 2023-24 ANNUAL REPORT AND ACCOUNTS FOR TRUST BOARD AND SUBMISSION

2023-24 Annual Accounts

Chris Turley gave a presentation on the 2023/24 Welsh Ambulance Services NHS Trust final accounts advising Members that the accounts had been fully endorsed for approval at the Audit, Risk and Assurance Committee (ARAC) meeting on 10 July 2024.

In terms of Audit Wales (AW) colleagues, Chris Turley pointed out that they were not in attendance at this meeting as they were present at the ARAC meeting on 10 July 2024 and raised no further points for the Board's attention. Chris Turley advised the Board of the main points from the accounts which included:

1. Draft accounts were submitted by the Trust on 03 May 2024, in line with the timescales for 2023-24. Adjustments between draft and final accounts were largely presentational in nature or impacted only on a small number of the disclosures or notes to the accounts and did not result in any change to the in-year income or expenditure, the retained surplus position, or the net assets of the Trust; all of which remain as per the draft accounts.
2. There was a retained surplus of £0.085m for the 2023/24 financial year which was comprised of total Income of £306.835m, and net Expenditure of £306.750m. There was a total increase of income from last year of £8.8m. The increase from last year of total net expenditure was c£10.4m.

3. The Trust had met its financial duty to break even over the three years 2021/2022 to 2023/2024.
4. Expended Capital Investment funds of £25.301m (including IFRS16 leases funding), thereby utilising 100% of the Trust's Welsh Government set Capital Expenditure Limit.
5. The Trust had achieved the Public Sector Payments Policy (PSPP) of 96.4% within 30 days against the 95% target.
6. The financial statements were free of material misstatements; there were a number of corrected and a very small number of agreed uncorrected misstatements. The corrected misstatements were reflected in the accounts and all misstatements reported within the auditors ISA 260 report. None of the corrected misstatements affected the disclosed surplus of £0.085m.
7. AW have provided a report indicating that it is the intention of the Auditor General for Wales to issue an unqualified certificate and report on the 2023/24 financial statements, citing that they provided a true and fair view of the Trust's finances in the 2023/24 financial year.

Chris Turley thanked his team for their work in particular Jill Gill, who had been the key linchpin in the production of the accounts.

Comments:

Peter Curran provided reassurance to the Board regarding the contents of the annual accounts for 2024/25, particularly to those who were unable to attend the ARAC on 10 July. It was encouraging to note that Audit Wales had no significant issues from the outset. He had received positive feedback about this process 6-8 weeks ago, and as Chris Turley had mentioned the bottom line surplus remains unchanged.

This stability underscored the quality of the Trust's financial management and reporting. Regarding the specifics, the ARAC thoroughly scrutinised the non-adjusted items and noted there were only two, which were minor in nature. Given their insignificance and lack of maturity, they did not affect the bottom line.

Additionally, Joga Singh provided reassurance that the Finance and Performance Committee consistently monitored the financial performance and management throughout the financial year, as indicated by this Committee's activities. The Trust's financial performance has therefore undergone regular scrutiny, on behalf of the Board.

2023-24 Annual Report

Trish Mills presented the 2023/24 Annual Report for approval. It has been prepared in accordance with the Welsh Government Manual for Accounts 2023/24, and a previous iteration has been circulated to the Board for review throughout its development – prior to receipt by the ARAC for endorsement. Both Audit Wales and the Welsh Government have reviewed the Report and, although they provided a few minor comments, these were swiftly addressed and resolved, allowing the Board to be assured of its accuracy and completeness.

The Head of Internal Audit's opinion, which was in draft form during the last report to the Board from the April Audit Committee meeting, has now been finalised and retained a reasonable assurance rating. This is included within the Annual Governance Statement, in the Accountability Report.

A Task and Finish Group was once again formed to produce the Annual Report, bringing together key Directorates to ensure consistency and reduce duplication between the Report's sections. A special thanks go to Alex Payne for coordinating this effort, as well as to the Strategy Planning and Performance Team, and the Quality Team for their significant contributions.

The Annual Report was divided into two parts, as usual. Part one - the Performance Report - reviewed the Trust's performance for 2023-24, providing an overview of its long-term strategy and the Integrated Medium-Term Plan (IMTP) for 2023-24. It also covered performance across four quadrants: Our Patients, Our People, Finance and Value, and Partnerships and System Contributions. The second section of the first part offered a more detailed integrated delivery and performance analysis.

Part two of the Annual Report – the Accountability Report - included the Directors' Report, the Statement of Accounting Officers' Responsibilities, and the Governance Statement. Additionally, it contained a remuneration table that had been reviewed by the Remuneration Committee. This report was also audited by Audit Wales and contained the staff report. Key disclosure statements were contained in the Accountability Report, in particular at page 100, which was the Statement of Directors' Responsibilities in respect of the accounts, which were to be signed by order of the Board and will be finalised on Friday after the Board meeting.

As Joga Singh highlighted, Trish Mills added that the Finance and Performance Committee continuously monitored the Trust's financial and organisational performance throughout the year. The next steps involved signing the document, confirming electronic signatures, and completing the Welsh language translation in time for the Annual General Meeting in September.

Comments:

On behalf of the ARAC, Peter Curran reiterated thanks to Trish Mills, Alex Payne, and the wider team. ARAC has thoroughly scrutinised the Annual Report, and the early sight in May was incredibly helpful, allowing ample time for comments and feedback.

The amount of work that goes into producing this report was immense, and the huge team effort involved should be acknowledged. The high standard to which it has been prepared was a testament to the dedication and skill of everyone involved. Peter Curran noted that the ARAC were more than happy to endorse this report for approval by the Board.

RESOLVED: The

(1) 2023/24 Annual accounts and 2023/24 Annual report were adopted and approved.

(2) The letter of representation was approved.

60/24 DUTY OF QUALITY ANNUAL REPORT

Liam Williams presented the report highlighting that it outlined the understanding of quality within the Trust, the quality management system adopted, and the Trust's approach to quality improvement.

Whilst the Duty of Candour will have its own Annual Report which will be aligned with the Putting Things Right Report due for publication in October, the Duty of Quality Report has included some content aligned with this activity as it has helped the Trust to hear the citizen's voice and produced opportunities to learn and drive improvement. Historically, the Trust has been open and transparent with its patients, particularly in cases of serious or catastrophic harm. This past year, the Trust extended this duty to include moderate harm, as required by recent legislation. The Trust has systematised its approach, leading to positive engagement with many families.

These families have not only welcomed the transparency and honesty but have also allowed the Trust to use their experiences to inform learning and improve clinical practices and system working. He expressed his gratitude to these families for their engagement and for helping the Trust understand the circumstances and opportunities for improvement.

Liam Williams further added that within the quality and safety environment, it was important to acknowledge that the Trust operates within an urgent and emergency care system that faces significant challenges. However, over the past year, the Trust has seen increasing collaboration and joint solutions with its partners, enhancing the quality of care provided, reducing episodes of harm where possible, and fostering innovation.

Despite these efforts, the Trust still recognised there have been instances where the quality of care has not met its expectations. The Trust was acutely aware that some patients and their families have experienced care that was not as the Trust would wish it to be. This report addresses the underlying themes behind these instances and, crucially, how the Trust has endeavoured to learn from them.

The paper highlighted the Trust's key service areas within each of the three domains, focusing on Emergency Medical Services, NHS 111 Wales Service, and Ambulance Care Service. It includes numerous patient and staff stories that illustrate the quality of care provided, the learning undertaken, and what it means for our people.

As the Board will recognise, our people were critical to the success of the care delivered. The report outlines the work the Trust has been doing to foster a positive culture, including efforts around psychological safety and the leadership being implemented at the senior level. Importantly, it also details how the Trust was developing its managers and leaders. He personally commended the People and Culture Directorate for their significant contributions in this area.

Liam Williams added that the final section of the Report looks ahead, acknowledging that while the Quality Report for 2023-2024 focuses on the Trust's achievements during this period, there was still a challenging journey ahead. Many of the issues addressed this year were part of a longer-term improvement plan for the Trust and its partners.

Therefore, a section that outlines some of the challenges the Trust will continue to face in the coming financial year and beyond has been included. This section also highlights the ongoing work to ensure sustained improvement and the Trust's collaborative efforts with its partners.

Comments: -

As Chair of the Quality, Patient Experience and Safety Committee, Bethan Evans commended everyone involved in this truly vast and wide-reaching piece of work. This report marks an important milestone for the Trust, especially following the new Act that came into force last year, requiring such a Report. As Liam Williams indicated, the structure of this report was left to individual bodies, and the format

adopted is excellent. It aligns well with the Trust's other reports and was very user-friendly, with a mix of narratives, photos, graphs, and comments from patients and staff that truly bring the report to life and tell a story.

One of the Trust's priorities was to evaluate progress regarding its responsibilities under the Duty of Quality. This report demonstrated progress, celebrates the many achievements and successes despite challenging circumstances, and highlighted the areas the Trust was focusing on moving forward. It also aligned with the Trust's commitment to continuous improvement across all aspects and its operations.

Bethan Evans added for information, that this report will be discussed with the Chairs of the respective health body Quality Committees across Wales in the next couple of months. As the Chair of the Quality, Patient Experience and Safety Committee, she was thrilled to recommend the approval of this report for the Trust Board's consideration.

RESOLVED: The Duty of Quality Annual Report 2023-24 was approved.

Date of next Open meeting: 25 July 2024

Meeting closed at 10:20

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD, HELD on THURSDAY 25 JULY 2024
MEETING HELD IN CARDIFF MAKE READY DEPOT AND VIA ZOOM**

Meeting started at 09:30

PRESENT:

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

Attendees:

Steve Owen	Corporate Governance Officer (Virtual)
Alex Payne	Corporate Governance Manager

BSL Interpreters:

Hayley Brown
Hannah Wilson

Apologies:

Ceri Jackson	Non-Executive Director and Vice Chair of the Board

61/24 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies.

The Chair welcomed all to the meeting and noted that apologies were received from Ceri Jackson.

Declarations of interest.

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

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

62/24 PROCEDURAL MATTERS

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

Minutes:

The Minutes of the Board meeting held on 30 May 2024 were presented and confirmed as a correct record.

Action Log:

The Board received the action log:

Action 43/24: Angela from the Stroke Association raised a concern about the number of ambulance cancellations and unavailability, specifically relating to patients with suspected strokes. The query relates to data found in the board papers for April 2024, highlighting nearly 8000 patients who cancelled their ambulance and 117 callers who did not receive an ambulance due to high escalation levels. The question is how many ambulances were cancelled from callers where there was a suspected stroke and how many of the 117 that were unable to receive an ambulance were patients with a suspected stroke if any. While immediate data on the specific numbers is not available, it was agreed that Andy Swinburn would take steps to analyse and provide a comprehensive response. A comprehensive response in the form of a letter had been sent to Angela. The letter was attached as an annex to the action log. Action Closed.

Action 44/24: *Following on from the Staff Story it was agreed that Estelle Hitchon would put Emma Worrall in touch with Lois Hough to explore potential improvements to the "Work With Us, Not Against Us" campaign, by incorporating feedback and insights from our people that resonate more effectively with the public.* The Head of Communications Lois Hough met with Emma Worrall on 4 June 2024 to discuss her experience of verbal abuse, and Emma agreed to support the next phase of the Trust's With Us, Not Against Us anti-violence campaign. Estelle Hitchon added there had been recent media coverage highlighting the abuse faced by call handlers, specifically mentioning individuals named Emma and another colleague. This type of coverage was crucial for raising awareness about the challenges and mistreatment that call handlers often experience. Estelle Hitchon further added that that the story has gained traction in both mainstream and social media, as this can help to inform the public about the reality of these roles and the importance of supporting the staff who handle difficult situations

RESOLVED: That

- (1) The Minutes of the meeting held on 30 May 2024 were confirmed as a correct record.**
- (2) The update on the action log was noted.**

63/24 CHAIR'S REPORT AND UPDATE

The Chair presented the report as read adding that a new Non-Executive Director had been appointed as the Chair of the Finance and Performance Committee, Jayne Beeslee, following the departure of Joga Singh who is due to leave in September. The Chair thanked Joga Singh for his time and dedication during his tenure as a NED for the past several years with the Trust.

The Chair added that during the past two months he had taken the opportunity to visit various Trust sites and colleagues, and these included visiting colleagues in the Clinical Contact Centre and Palliative Care Teams at Vantage Point House. He formally commended the work by the Team and thanked them for their continuing work.

RESOLVED: The update was noted.

64/24 CHIEF EXECUTIVE'S UPDATE

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

The Trust was aiming to enhance operational efficiency by addressing key areas such as mobilisation times, time spent on scene, clinician travelling unavailability, and multiple auto-allocations. The focus of the work was to emphasise the need for a system-focused approach and the implementation of a live dashboard for dynamic efficiency management. The plan included identifying stakeholders, discussing strategies, and documenting an action plan, along with the development of new measures specific to the key areas of the job cycle time

that require improvement. Additionally, new management processes will be established to ensure continuous monitoring and adjustment. The plan will be delivered with benefit realisation through PowerBI dashboard development. The goal was to optimise resource utilisation and improve service capacity.

The capital programme was on track with projects and programmes progressing well, given it was still the early part of the financial year, most schemes were in their planning stages, however many orders have been placed for the vehicles replacement programme in order to ensure delivery in time for conversion in this financial year.

Steve Magee, Consultant Paramedic, continued to be central to the excellent improvements within maternity care, some of which included the development of an all-Wales maternity transport document, the delivery of multi-profession training to student Midwives and Paramedics, as well as designing a new maternity equipment bag that is intended to support staff in highly stressful situations. In collaboration with the College of Paramedics and a consultant Midwife from London, he was currently organising a national pre-hospital Maternity conference. Aimed at pre-hospital staff across the UK, this event would be the first of its kind and was planned to host an impressive programme of speakers who are experts in their fields.

Andy Swinburn, Executive Director of Paramedicine, chaired the inaugural Chief Paramedic Group (CPG) which was held on 1 July. The group consisted of Chief Paramedics and Directors of Paramedicine from the UK Trusts. The Terms of Reference were currently in development and will be put forward to the Association of Ambulance Chief Executives for approval in the coming weeks.

The recent programme of work to implement the new patient management and clinical decision support system into the NHS 111 Wales service included a large and complex staff training plan. The training included Call Prioritisation and Streaming System (CPSS), Emergency Communication Nurse System (ECNS) and the patient management system C3/MIS. The Education, Professional and Clinical Practice (EPCP) Team were supported by the International Academies for Emergency Dispatch (IAED) for initial CPSS and ECNS training but had to quickly become 'the experts' to effectively deliver this training to the whole workforce. Creating the Management Information System (MIS) training from scratch, the EPCP Team adapted the content daily (sometimes more than once a day) to reflect the refinements to the system right up to the go-live day).

Following the introduction of the Health & Social Care (Quality and Engagement) (Wales) Act 2020 on 1 April 2023, the Quality, Safety and Patient Experience Directorate have been working hard to embed the principles of Citizen Voice, Duty of Quality and Duty of Candour across the organisation. As part of the communication plan for both this activity and the Quality & Performance Management Framework (QPMF), the first Trust Quality Event (WASTQ) was held in the Metropole Hotel in Llandrindod Wells on Tuesday 2 July 2024.

Comments:

The recent media coverage on platforms like Sky News regarding inappropriate behaviour toward female staff, particularly in England, can have significant impacts on the organisation involved. The impact of such media coverage can be profound, influencing both internal operations and public perception. The Board were keen to hear how the Trust had responded to maintain trust and support from both the public and its employees.

Jason Killens acknowledged the longstanding issues of inappropriate behaviour experienced by staff members within the Trust. He highlighted a recognition of past and ongoing challenges and expressed a commitment to creating a safer and more inclusive work environment going forward.

Angela Lewis added that the Trust was reaching out to students entering paramedicine degrees, which was an important initiative for the Trust. It addresses both recruitment and the organisational culture, with a focus on supporting new entrants to the field. The initiative recognises that potential new recruits may be apprehensive about joining an organisation that has been associated with inappropriate behaviour, even if the issues were limited to small pockets.

The Board were pleased to see that the inaugural WAST Quality Event appeared to have been a success, and queried if there was potential in continuing these events a regular fixture. Liam Williams explained there was good engagement at the event advising it would be held again next year.

Members noted there had been a cyber-attack on two of the Trust's suppliers recently and asked for an update and if the Trust had been affected by the recent Global IT outage. Jonny Sammut commented on the importance of technological resilience and preparedness in ensuring the Trust's operations could withstand disruptions, whether from cyber-attacks or other causes, such as global IT outages. The Trust stood up well during the global IT outage on 19 July 2024 which indicated that the existing technology infrastructure and protocols were effective. This resilience was crucial for maintaining continuity of services, especially in critical sectors like healthcare. It was important to clarify that the incident was not a cyber-attack but rather a technical failure or outage. This distinction helped in understanding the nature of the risks involved and the types of defences that need to be prioritised.

RESOLVED: That the update was noted.

65/24 QUESTIONS FROM MEMBERS OF THE PUBLIC

Estelle Hitchon confirmed there were no questions and reminded viewers that the Board welcomed questions from members of the public.

RESOLVED: The Board noted there were no questions.

Liam Williams introduced the story which was shared by Mr. Maxwell and his son who had lost their wife and mother, respectively. It brought to light the human impact of healthcare, emphasising the emotional and psychological aspects that extend beyond clinical treatment. The experience shared by Mr Maxwell and his son emphasises the profound emotional and psychological impacts that healthcare experiences can have, not just on the immediate outcomes but on the long-term well-being of those involved. This story serves as a poignant reminder of the real-life consequences of healthcare experiences.

Members were shown a video of the tragic account in which Mr Maxwell's son highlighted a series of critical issues in the emergency response process that unfortunately resulted in the death of his mother. This narrative not only underscored the emotional and psychological toll on the family but also points to systemic failures that need to be addressed.

The six-hour delay for the ambulance to arrive was a central concern. In cases where time was of the essence, such as suspected sepsis, delays can lead to severe deterioration and, as in this tragic case, death. This underlined the critical need for timely emergency medical services (EMS).

The need for multiple calls and the repetition of the same information indicated potential issues in the communication processes and protocols within the EMS system. Efficient triage and information handling were vital to ensure that the severity of a situation was recognised and responded to appropriately.

The description of his mother's symptoms, including the presence of brown fluid indicating severe illness, should have been immediately flagged as a critical emergency. This, as Mr Maxwell pointed out, suggested a possible gap in the assessment or prioritisation process. The son's experience of witnessing his mother's deterioration, attempting CPR, and ultimately her passing, highlighted the profound emotional trauma faced by families in such situations. It emphasises the need for adequate support for both patients and their families during emergencies.

Mr. Maxwell's son poignantly illustrated the devastating aftermath of an unexpected death, particularly when it involved a medical emergency that was not anticipated to end tragically. The involvement of the police and the coroner added a layer of legal and procedural steps that families must navigate. This process, while necessary for a thorough investigation, can be overwhelming for grieving families, adding to their emotional burden.

Mr. Maxwell's account revealed a deeply distressing and profoundly challenging experience regarding the handling of his wife's body after her death. The inability to pay final respects and the circumstances described, where the body was not in a condition suitable for viewing added a layer of emotional and psychological trauma to an already devastating situation.

Subsequently, Mr. Maxwell's son initiated the complaints process with the Trust highlighting several key issues and ongoing concerns related to the handling of the complaint and subsequent improvements. The significant delay in ambulance response, which led to the complaint, underscores a serious concern about emergency response times. This was a critical issue that triggered the complaint process. The family's frustration with the inability to get definitive answers about responsibility and the effectiveness of promised changes was a critical issue.

While the pressures of COVID-19 and staff shortages were cited as reasons, it was the view of the family that these explanations had not satisfactorily addressed the family's concerns or led to visible improvements. Mr Maxwell's son continued that he was still experiencing a challenging and emotional situation regarding the memory of his mother. Although he had received apologies and explanations, he still felt as though the situation was still unresolved and wanted assurance that similar incidents would not happen to others in the future.

Comments:

Liam Williams acknowledged the significance of the story and expressed gratitude towards Mr. Maxwell and his son for sharing their story. This story has underscored the vital importance of maintaining an ongoing duty of care, not just in providing medical treatment but also in listening to families, valuing their experiences, and ensuring comprehensive support both during their immediate time of need, and afterwards.

Members commented that as an organisation, it was crucial there was continuous dialogue for fostering a culture of empathy and improvement. It was important that the impact this and other stories were shared beyond individual interactions and extended to broader systemic changes. Members inquired whether the insights and learnings from this experience had been communicated with the Health Boards, ensuring that the lessons learned have a wider influence and contributed to overall healthcare improvements. Liam Williams explained that this story along with others, were shared with Health Boards. He mentioned that this story has been shared with National Health Board representatives across Wales and was presented at the Duty of Quality conference. This acknowledgment and dissemination were significant steps toward systemic improvement and reflected a commitment to learning from these experiences.

The Board were keen to understand how the call was initially categorised and notwithstanding the significant handover pressures, questioned whether the Trust asked for an Immediate Release Directive (IRD) from the local Health Board concerned.

Liam Williams advised that the call was initially categorised as an Amber 2 and then progressed to an Amber 1. He also agreed, as the information was not immediately available, to confirm whether an IRD was issued and would advise the Board accordingly.

Jason Killens added his thanks to the Maxwells for sharing their story and highlighted the importance of considering the ongoing psychological impact and harm caused by the response delay on those left behind. This acknowledgment was crucial as it emphasised the broader implications of such incidents on the mental health and well-being of affected families.

Estelle Hitchon emphasised the importance of acknowledging the point raised by Mr. Maxwell's son concerning public confidence in the Trust.

Hannah Rowan noted that Mr Maxwell had not been allowed to say goodbye to his wife following advice given after the postmortem. She wanted to understand if that was standard policy, and if so, how it might impact how Paramedics support people at the point they realised there was going to be an unexplained death investigation. Hannah Rowan suggested that perhaps Paramedics could be encouraged to allow close relatives a few minutes with the deceased at the scene before they were taken away.

Jason Killens explained that in situations where there was an unexplained death and the patient had not seen a medical practitioner for a period of time, it was standard practice to conduct a postmortem. Typically, after a postmortem, access to close relatives was granted. In this case, it seemed unusual that this protocol was not followed. However, this matter fell under the jurisdiction of the Coroner's Office, not the Trust. Liam Williams explained that from a clinical practice perspective, it was anticipated and expected that the process would allow for someone to say their farewells under normal circumstances.

Liam Williams explained that this story emerged through the efforts of the Putting Things Right Team and the Patient Experience Community Involvement Team. These teams identified families who might wish to share their experiences. Both teams ensured that families were comfortable sharing their stories and followed up afterwards to make sure they felt supported.

RESOLVED: The patient story was noted.

67/24 ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM IN THE CONTEXT OF EXTREME AND SUSTAINED PRESSURE ACROSS URGENT AND EMERGENCY CARE

Prior to the update, Jason Killens reminded the Board that the report has been in its current format for two years. He added that the purpose and content of this report will be reviewed following this Trust Board meeting, given that position. Jason Killens presented the Report and highlighted the following for the Board's attention:

Good progress continued to be made on actions that the Trust can control, both from a tactical and more strategic perspective; however, the Trust does not control the biggest variable that was affecting patient safety, namely, the levels of handover lost hours with handover lost hours in June 2024 at 22,229 hours (20% higher than June 2023).

At the end of June 2024, there was a 20% increase in hours lost to handover compared to June 2023, totalling just over 22,200 hours. It was important to note that the roster production was based on an expectation of no more than 6,000 hours being lost per month.

Long response times coupled with extended lengths of time in ambulances waiting for handover have led to avoidable patient harm. For the 3-month period April 2024 to June 2024.

- 1,697 patients could have come to severe harm as a result of being held on an ambulance for longer than an hour outside an Emergency Department (ED);
- 28,683 patients will not have received a response due to the operation of the Clinical Safety Plan or through the patient cancelling the ambulance; and
- There were 23 severe cases of avoidable harm, including death, referred to health boards under the Joint Investigation Framework.

Sickness absence to 6% by March 2024: whilst missing the target and being RAG rated red, the Trust achieved 7.55% in May 2024 which demonstrates a significant shift in the right direction over the last 12 months.

Eradication of handover waits of greater than 4 hours: the main Welsh Government target was now the no waits over one hour with a 30% reduction by December 2024. There had previously been a focus on four hour waits.

The Trust's 2024-27 IMTP set out a range of actions designed to evolve the clinical model at pace to try and address the impact of handover and these were listed in detail the report. Comments:

The Board expressed their grave concern with the Handover delays acknowledging the impact this had both on patients and staff.

Rachel Marsh expressed confidence that the revised clinical model will have a positive impact. Furthermore, a session with the new Joint Commissioning Committee was scheduled, which will provide a valuable opportunity to present the issues, discuss potential mitigations, and address challenges across the system.

Andy Swinburn commented that while taking these actions might help with some of the challenges, it was important to acknowledge that patients may still come to harm and that risks cannot be eliminated.

Kevin Davies expressed his frustration with the Same Day Emergency Care (SDEC) pathway, noting that it still was not available for the Trust. He emphasised that if the current approach was not working, the Trust would need to consider alternative solutions. Jason Killens added that the Trust had consistently raised the issue of SDEC referral capabilities with colleagues across the system. The Trust's modelling suggested that

approximately 4% of activity could be diverted through SDEC if these pathways were available consistently. While the SDEC pathway issue remained a challenge, there has been notable progress with Health Board colleagues on exploring alternative routes for high-volume patient cohorts, particularly those with chest pain, respiratory problems, and falls.

Peter Curran inquired about sickness absence figures, specifically whether long-term sickness has decreased and when the Trust can expect the rates to improve and reach the target level of 6%.

Angela Lewis confirmed that long-term sickness rates had improved. However, short-term sickness remained a challenge and the Trust was focusing on areas with anomalies to understand the underlying issues. Achieving the 6% target remained a commitment and required ongoing effort each month. Addressing cultural issues, as well as recognising the impact of stress, mental health, and anxiety, was also a priority. While reaching the target was not a short-term issue, the Trust was on the right trajectory.

The Chair noted with interest that handover delays were worse in June 2024 compared to June 2023, highlighting that the pressures appeared to be consistent year on year. The Chair added that a refreshed version of the report going forward would be welcomed.

RESOLVED: The Trust Board noted the continued level of avoidable patient harm.

68/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

Rachel Marsh drew attention to the following areas:

Data quality issues have been identified in 111 particularly relating to the 111 contribution towards the overall Consult and Close rate. These were currently being addressed. 111 call handling performance has stabilised post-delivery of the new 111 CAS, but the abandonment rate was higher than the 5% target. This was due to several factors including: increased demand levels during the first half of the year, a lower level of staff in post caused by training capacity having to be diverted to the implementation of the new system, sickness absence and also a 4% commissioned reduction in call handlers in 2024/25. The Trust anticipated that staff in post will be restored to establishment levels by September 2024.

In June 2024 complaint response times improved to 88%, a strong improvement on the 50% recorded in May 2024, and achieving the 75% target; however, cases remained complex. Reviews of lower graded concerns was being undertaken to ensure proportionate investigations were undertaken. The Trust has recruited to a new structure for the Putting Things Right (PTR) Team, which was a key enabler in the improved performance.

The consult & close rate was 12% in May 2024, a reduction from the previous month due to the system changes within the 111 CAS system, which has affected reporting capabilities i.e. the 111 contribution to consult & close was not currently included in the 12% above. The

IMTP ambition (and Welsh Government target) remained at 17%. The Trust has a recovery plan in place, with further work continuing during 2024/25.

The Executive Director Strategy, Planning & Performance had undertaken a review of the MIQPR metrics together with Executive colleagues and a presentation was given at July 2024 Finance & Performance Committee on the outputs from this review. The review identified that the MIQPR was comprehensive, covered all the key metrics that the Trust was held to account on by Welsh Government and commissioners. A new metric, 'length of lie,' for fallers was identified as a proxy for outcome and would be included in the MIQPR going forward. While no additional changes were recommended at this time, the review indicated that further adjustments might be anticipated as the Trust evolved its clinical model, continued to address the Duty of Quality, and explored opportunities arising from data linking work.

Comments:

Joga Singh informed the Board that the Finance and Performance Committee had scrutinised the report and reviewed and endorsed the proposed change to the MIQPR – with the inclusion of the 'length of lie' metric for Board approval.

RESOLVED: The Trust Board considered the May/June 2024 Integrated Quality & Performance Report and actions being taken and determined that it provided sufficient assurance and formally approved the change to the metrics.

69/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF)

Trish Mills presented the report and explained that due to the Trust's Board and Committee meeting cycle, the second quarterly Risk Management and Board Assurance Report was sitting slightly outside of normal reporting cycles for the principal risks due to the mid-year placement of Board and Committee meeting dates. Therefore, agreement was sought from the Chair of the Board and Chair of Audit, Risk and Assurance Committee to provide a short report that included several key highlights as there was nothing new to report at this time.

The Board took assurance that each of the principal risks have been reviewed in line with the agreed reporting schedule throughout the latter part of May, June and early July, and the risks are navigating Trust governance processes in readiness for the next reporting cycle.

Given the nature of the Trust's two highest scoring risks, and to support the Avoidable Harm report on the Board Agenda, the Board Assurance Framework extract described the full risk detail of **Risks 223** (*the Trust's inability to reach patients in the community causing patient harm and death*) and **Risk 224** (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*). Both risks scored 25, and remained unchanged because of sustained and extreme pressure across the Welsh NHS.

urgent and emergency care system which was negatively impacting on patient flow leading to avoidable patient harm and death.

RESOLVED: The Board received assurance that each of the Trust's principal risks have been reviewed in line with agreed review schedules and full details will be reported in the next cycle of meetings.

70/24 FINANCIAL POSITION FOR MONTH 3, 2023/24

Chris Turley advised the Board that the report had been reviewed at the last Finance and Performance Committee (FPC) meeting on 16 July 2024.

Key highlights from the report included:

The Trust was reporting a small revenue surplus (£29k) for month 3 2024/25.

In line with the balanced financial plan approved as part of the submitted 2023-26 IMTP, the Trust was currently forecasting to breakeven for the 2024/25 financial year.

Capital expenditure plans were being finalised with plans to fully achieve in year.

In line with the financial plans that supported the IMTP, gross savings of £1.967m had been achieved in month 3 against a target of £1.704m.

Public Sector Payment Policy was on track with performance, against a target of 95%, of 97.5% for the number, and 98.2% of the value of non NHS invoices paid within 30 days.

Reported Income against the initial budget set to Month 3 shows an overachievement of £0.009m.

Whilst there was a small surplus reported at Month 3 there were some small variances between Directorates in terms of financial performance.

At Month 3, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2024/25 was £19.622m. This included £14.167m of All Wales Approved schemes and £5.455m for Discretionary schemes. By the next Board meeting there will be a more detailed update on the Capital and Discretionary capital with details on some the schemes.

Understandably this early in the financial year, the risks reported were still being fully assessed, however in reporting through to WG it was considered that there were currently no individual high likelihood risks but over the next few months the Trust will continue to review the risks to ensure that the level of likelihood was assessed along with the financial value

Comments:

Peter Curan sought an update in terms of the implications of not being able to replace vehicles in accordance with the strict replacement schedule and of any associated risks

Chris Turley explained that fleet maintenance presented a variance and would result in an overspend due to insufficient funding. Although it was a revenue cost that can currently be managed based on projections, it was expected to be a cost pressure in next year's financial plan.

RESOLVED: The Board

- (1) Noted and gained assurance in relation to the Month 3 revenue financial position and performance of the Trust as at 30 June 2024.**
- (2) Noted the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust.**
- (3) Noted the capital programme for 2024/25, and**
- (4) Noted the Month 2 and Month 3 Welsh Government monitoring return submission included within the report at Appendices 1 – 4 (as required by WG).**

71/24 INTEGRATED MEDIUM TERM PLAN (IMTP) 24/25 DELIVERY & ASSURANCE APPROACH AND Q1 DELIVERY & ASSURANCE UPDATE

Rachel Marsh presented the report was read advising the Board the report had been discussed in detail at the Finance and Performance Committee (FPC) meeting on 16 July 2024.

Rachel Marsh highlighted the fact that there had been substantial effort in reviewing and revising all assurance mechanisms, including the transformation programme structures and extended her thanks to the team involved in this work.

Comments:

Trish Mills explained that the governance structure, initially quite complex, has been simplified and streamlined. It has been integrated with the existing Trust structures, aligning with the direction to avoid duplication while utilising those structures.

The Chair asked for an update on any pressures affecting staff in producing the next iteration of the IMTP. Rachel Marsh explained that the team was focused on ensuring that work was not being duplicated and that team members were complementing each other's efforts. She noted that planning for next year's iteration would begin in earnest in

September, which involved a considerable amount of work

Rachel Marsh added that the Ministerial priorities were also linked to the report, noting that it is important for Ministers to see a consistent approach in Integrated Medium Term Plans (IMTPs) across all organisations

RESOLVED: The Board

- (1) Noted the revised arrangements for IMTP delivery and assurance.**
- (2) Noted the IMTP 2024-27 Q1 position; and**
- (3) Noted the progress against Ministerial Priorities in Q1.**

72/24 DIGITAL PLAN REFRESH: 2024-2029

Jonny Sammut explained that the purpose of the report was to present the Refreshed Digital Plan to Trust Board for approval and implementation. He highlighted some key areas for the Board's attention:

The digital landscape within the healthcare sector has undergone rapid evolution over the past few years, driven by technological advancements, shifting patient expectations, and the increasing necessity for efficient healthcare delivery.

Following a comprehensive review of digital demand and global sector benchmarking, the plan was produced using a VMOST (Vision, Mission, Objectives, Strategies, Tactics) framework. This meant that the refreshed Digital Plan maintains strategic alignment across all levels.

The renewed digital plan focuses on three main areas: regulatory compliance, patient outcome enhancement, and resource optimisation. Aligning with governmental and NHS directives ensures that the Trust's digital initiatives continue to build public trust and adapt to the evolving regulatory landscape.

The Digital Plan outlines the purpose behind each of the Trust's digital pillars and was designed to support the overarching vision. This plan was designed to be agile and dynamic in nature, with actions for years 2-5 to evolve as the Trust progressed, with the year 1 projects outlined in the plan document as part of the commencement of this digital journey.

A "rich picture" has also been developed, with the aim of bringing to life the digital vision and how this will look and feel for the Trust. This picture was currently in final stages of design and would supplement the plan as it is published. Pending approval by the Trust Board, the plan would be officially launched in August 2024.

Comments:

Joga Singh explained that the Plan had received a comprehensive discussion at the FPC meeting on 16 July 2024. It was also fully supported by the Digital Lead for the Board, Ceri Jackson.

Chris Turley commented that the Trust had previously identified digital as an area for investment within the overarching financial plan. He added that the strategy had been built around this focus, and the Trust was committed to addressing the financial impacts for the upcoming and following year.

Hannah Rowan added that this Plan was well thought through in relation to the priorities and how they were embedded, which was important. She highlighted the potential of data information and insights to dovetail with ongoing research and innovation work. The ability to use the data in new ways was seen as a particular strength of the Welsh system, given the theoretical access to data for the whole of Wales. Furthermore, it presented significant potential for research studies.

Peter Curran emphasised the importance of maximizing technology to enhance all aspects of the Trust's operations. He mentioned the future potential of drone technology, which could be massively effective for the Trust. He stressed the need to balance forward-looking initiatives with maintaining the current operational picture, and highlighted technology as a major component of the Trust's mission to achieve its goals.

Angela Lewis commented that it was powerful to see the alignment with the People and Culture Plan. The rich picture will be particularly beneficial for staff, as the Trust has committed to improving digital literacy, which will make a significant difference for them.

Following a query regarding the digital threat and the implications of Artificial Intelligence (AI), Jonny Sammut explained that AI was a very broad topic. A plan was in place to define what AI meant for the Trust. Additionally, the Trust will develop an educational initiative to clarify the differences between automation, machine learning, and AI. The Trust will begin later in the year by setting its ambitions, considering different ideas, and then prioritising them. As more AI was developed, new routes for cyber-attacks were also created, so there needs to be a balance between AI and security. It was crucial to ensure that this balance was appropriately managed.

RESOLVED: The Board approved the Digital Plan 2024-2029 for implementation and received the Equality Impact Assessment.

73/24 GOVERNANCE REPORT

Trish Mills presented the report which set out the Chair's Action's taken since the last

Board meeting and ratifications required, and decisions made in private session.

There has been one decision made by Chair's Action made since 30 May 2024. This related to approval of the Trust's Microsoft Enterprise Agreement and will be ratified in the private session of the Board on the 25 July 2024 and reported in the September Governance Report in full.

At the closed Trust Board meeting on the 30 May 2024 the Board received a request to approve the new Grange University Hospital Transfer Service, Service Level Agreement (SLA).

RESOLVED: The Trust Board

- (1) Noted the decision made by Chair's Action, and**
- (2) Noted the decisions made in private which have been reported in open session.**

74/24 SCHEME OF RESERVATION AND DELEGATION OF POWERS - CONTRACT AWARDS BY BOARD

Trish Mills presented the report which proposed amendments to the Scheme of Reservation and Delegations of Powers (SoRD). The SoRD was set out in two parts. The first part was the Schedule of Matters Reserved to the Board which was prescribed by Welsh Government; the second part was the Scheme of Delegation to Executive Directors, Directors and Officers. This second part contains Table A – delegated matters, and Table B – delegated financial limits.

The amendments provided clarifications regarding issues raised in a recent internal audit, as well as the logistical processes resulting from these changes. Several material changes were made to Table A and Table B, which detail the delegations from the Chief Executive to Directors. These changes included clarifications on delegated authorities for tenders, quotations, and awards.

There was also further clarity provided on procedures for single tender waiver approvals. Additionally, it was noted that the delegations to the Director of People and Culture would transfer to the Director of People once that position was filled. The amendments were reviewed and endorsed by the Audit, Risk, and Assurance Committee on 10 July.

RESOLVED: The Board approved the amendments to the Scheme of Reservation and Delegation of Powers.

75/24 BOARD COMMITTEE REPORTS

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

Audit, Risk and Assurance Committee (ARAC)

Peter Curran, as Chair of the ARAC added that the Committee had endorsed the 2023-24 Annual Accounts and Annual Report, as well as the Letter of Representation, and the Duty of Quality Annual Report 2023-24.

Finance and Performance Committee

Joga Singh commented that all the points had already been raised previously during the meeting.

Academic Partnership Committee

Hannah Rowan commented that owing to the timing of the Committee meeting a written AA had not been produced. A verbal update was given. Hannah noted that a new campaign has commenced to appoint a new academic Non-Executive Director and that the process would continue over the coming weeks.

As the Trust Board Research Champion, Hannah advised Members that she met with Research Champions from other Health Boards several times a year and was informed about an upcoming funding opportunity in Wales. This funding was part of the Voluntary Scheme for Branded Medicines Pricing and Access, with the UK government approving a £400 million investment over five years to drive innovation, sustainability, and growth.

Of this, £22.1 million has been allocated to Wales, which was a significant amount relative to its population size. The focus will be on enhancing the NHS's capacity to deliver commercial clinical research, with investment primarily in the first half of the funding period. This funding was intended to kickstart projects that could lead to further commercial opportunities. While the exact allocation process was not yet clear, it was important for the Trust to monitor this development, as there were significant potential benefits for the Trust.

The Committee had been very pleased that the Trust had achieved University Trust Status and had discussed how the Trust could maximise and realise the benefits associated with this formal status. The Committee had a productive discussion about the anticipated advantages of this status. To realise these benefits, the Trust needs to be highly focused and strategic in prioritising its actions and ensuring accountability. What began as a broad discussion will be refined, with the goal of presenting a more detailed plan at a future Board development session. This will help the Trust use its new status as a launchpad for further initiatives.

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, and Assure process.

76/24 MINUTES OF BOARD COMMITTEES AND NHS WALES JOINT COMMITTEE UPDATE REPORTS

The minutes of the following Board Committees were received.

Academic Partnerships Committee - 16 January and 23 April 2024

Audit, Risk and Assurance Committee: 30 April 2024

Finance and Performance Committee: 14 May 2024

NHS Wales Joint Committee Update Reports.

Joint Commissioning Committee meeting – 21 May 2024

RESOLVED: That

- (1) The minutes of the Academic Partnerships Committee dated 16 January and 23 April 2024, the Audit, Risk and Assurance Committee dated 30 April 2024 and the Finance and Performance Committee dated 14 May 2024 were received.**
- (2) The Joint Commissioning Committee meeting dated 21 May 2024 was received.**

77/24 ANY OTHER BUSINESS

None.

78/24 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 25 JULY 2024

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

RESOLVED: The Board would meet in private on 25 July 2024.

Date of next Open meeting: 26 September 2024.

Meeting closed at 11:15

ACTION LOG
WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
Minute 66/24	25 July 2024	Patient Story	Following on from the Patient Story video concerning the Maxwell family, further information was requested in terms of whether an Immediate Release Directive had been issued for this particular case.	Liam Williams	26 September 2024	<u>Update for 26 September 2024</u> Verbal update	Open

AGENDA ITEM No	5
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	0

CHAIR AND VICE-CHAIR'S REPORT

MEETING	Trust Board
DATE	26 September 2024
EXECUTIVE	Colin Dennis, Chair of the Trust Board Ceri Jackson, Vice Chair of the Trust Board
AUTHOR	Colin Dennis and Trish Mills, Director of Corporate Governance/Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

CHAIR'S REPORT

- The Trust Board has continued to engage with the Welsh Government Public Appointments Unit on the ongoing recruitment activities to appoint two Non-Executive Directors. Interviews are scheduled for the 24 September and 2 October 2024, respectively.
- I have been busy since our last meeting in July, with the following activity: -
 - Regular meetings and briefings with Jason Killens, Chief Executive, and other Executives;
 - Regular meetings with Ceri Jackson, Vice-Chair, who herself has been very active in visiting Trust colleagues;
 - Attended the Chairs' peer group meetings;
 - A meeting with Audit Wales to inform the 2024 Structured Assessment;
 - Panel membership of the WAST Live events;
 - Routine meetings with Trade Union colleagues;
 - I have met with the Trust's Llais representative, who will begin to attend our public Trust Board meetings. I would like to welcome Angela Mutlow [Director of Operations] to her first meeting today.
 - This is also the first meeting for Jayne Beeslee who joined the board in August and will chair the Finance and Performance Committee.

VICE-CHAIR'S REPORT

3. Ceri Jackson was appointed as the substantive Vice-Chair of the Trust Board effective the 01 July 2024. Ceri will provide a verbal update of her activities since the last meeting of the Board in July at the Board meeting.

KEY ISSUES/IMPLICATIONS

Not applicable.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

Not applicable.

REPORT CHECKLIST

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

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

CHIEF EXECUTIVE REPORT: 2024

MEETING	Trust Board
DATE	26 th September 2024
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Jason Killens, Chief Executive
CONTACT	Jason.Killens@wales.nhs.uk

EXECUTIVE SUMMARY

This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues since the last Trust Board meeting held on 25th July 2024. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

RECOMMENDATION: The Trust Board are invited to discuss and 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 26th September 2024.

REPORT APPENDICES

An SBAR is attached.

REPORT CHECKLIST

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

Annex 1

SITUATION

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 25th July 2024.

BACKGROUND

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

ASSESSMENT

3. CHIEF EXECUTIVE

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, JCC and senior elected representatives.
- I had the privilege of attending the PINNACLE conference which is a prominent event for EMS leaders in North America, focusing on leadership, innovation, and the future of healthcare as a guest speaker, presenting on the topic 'What We've Always Done Isn't Working Anymore – Innovative Solutions to Solving the Staffing Crisis' and a second session entitled 'A Service Without a Medical Director'. Slides from the sessions have previously been circulated to board members and the executive has also received my conference notes from the sessions I attended.
- I hosted a Listen and Learn day at Vantage Point House for Abigail Harris. The purpose of this event was to provide a comprehensive overview of our services. Abigail had the opportunity to observe the 999 call handlers, clinical desks, NEPs, and 111 call handlers, culminating in a ride-along experience.
- I have been elected as the Chair of the Association of Ambulance Chief Executives (AACE). I have graciously accepted this position and am excited to be part of the leadership team. I look forward to working closely with my colleagues to drive innovation, improve patient care, and advocate for the needs of our sector and communities.
- I recently attended the NHS Wales Joint Commissioning Committee (NWJCC) Development Session, where I had the opportunity to engage with CEOs from various Health Boards (HBs).
- Meeting with Gareth Davies Member of the Senedd for Vale of Clwyd was a pleasure, as we discussed broader issues affecting his constituency and North Wales.
- I had the honour of attending the TASC Ambulance Memorial in Burton on Trent. The event was a poignant tribute to the dedication and sacrifices of ambulance service personnel. It was a moving experience to join colleagues and community

members in remembering and honouring those who have served and continue to serve in our ambulance services. The memorial serves as a powerful reminder of the vital role that ambulance staff play in our healthcare system and the profound impact they have on the lives of countless individuals.

- The executive team and I recently attended the DHCW / WAST Executive to Executive Session. The session was organised by DHCW Executives. The agenda covered various important topics, including WAST Digital Priorities, DHCW Strategic Priorities, and opportunities for joint working and learning.
- I had follow-up meetings with the CEOs of both Betsi Cadwaladr University Health Board (CUHB) and Hywel Dda Health Board (HB) to discuss ongoing collaborations and address key issues impacting our respective organizations. These meetings provided valuable insights and fostered a deeper understanding of the challenges and opportunities we face in delivering high-quality healthcare services

OPERATIONS DIRECTORATE

Manchester Arena Inquiry (MAI)

4. Progress against the 68 recommendations, directly or through partnership working, that relate to the Trust continues. The status of the project is as follows (noting that the categorisation denotes prioritisation of focus rather than the conventional risk/progress definitions):



5. The Trust has undertaken a detailed review of its provision as part of its obligation under recommendations 105 and 106 and has recently produced an evidence-based series of reports aimed at addressing the identified gaps. This has been supported further by the development of three Quality Impact Assessments that have been approved by the Clinical Quality Governance Group. The work identified 20 recommendations for which there is a financial dependency. The submission to commissioners of the Trust's reports relating to these recommendations has now occurred and the Trust awaits their considered response. The remaining recommendations continue to be progressed and it is anticipated these will conclude within the next six months.

6. To ensure the continued visibility of these report findings within the Trust, a corporate risk is being developed for inclusion in the Trust's risk register. This will enable the alignment of outstanding MAI recommendations with a clearly defined business-as-usual framework, ensuring proper governance of capability gaps while awaiting financial decisions from commissioners and the implementation of necessary changes.

Major Incident Declaration Cardiff

7. On Thursday 29 August 2024 at 2317hrs, a major incident was declared in Cardiff following an initial call into 111 which was subsequently passed to 999. The call reported difficulty in breathing with reports suggesting that this incident was of a potential gas/carbon monoxide origin with several symptomatic patients. However, following further investigation from the multi-agency response, the incident was later confirmed not to be of airborne origin but because of a water borne issue. Multiple resources from WAST attended the incident including three managers, three emergency ambulances and the Hazardous Area Response Team. Four patients were conveyed to hospital, with no other casualties reported and the major incident was stood down at 0329hrs.

Long Service and Good Conduct Awards

8. During June, the Trust celebrated long serving staff at three awards ceremonies across Wales, where colleagues with 20, 30 and 40 years of service were presented with medals to recognise their length of service. Almost 300 colleagues across the Trust received a Long Service Award this year. The Royal Mint was unable to fulfil our order of Queen's Long Service and Good Conduct Medal in time for our award ceremonies. The Royal Mint made available a quantity of NHS 75th anniversary coins to provide to medal recipients in lieu of medals not being available in time. This gesture, along with letters to explain the situation, was well received and the provision has been declared according to our gifts and hospitality procedures.

EMS Coordination Restructure and Reconfiguration

9. The restructure and reconfiguration programme is progressing well. The final organisational change (OCP) document was issued to EMS Coordination colleagues in July 2024, which marked the start of the implementation phase. All aspects of the project are on track with anticipated conclusion in Q3. The delivery of this programme will mark a new era in EMS Coordination with improved ways of working, with a much-needed progressive career structure, and capacity to better support our people.

Tests of Change Using New 111 System

10. The team has identified opportunities to improve delivery following the successful implementation of the new 111 call handling system (CPSS). Trials have taken place including:

CPSS of Green calls

11. Phase 1 was a 3-day trial (9/10/11 July 2024, 0830-1630hrs each day) with two 111 Call Handlers sitting with 111 Specialist lead. Green calls which are normally triaged by 111 Clinicians were triaged by 111 Call Handlers using CPSS. Results were positive with approx. 25% closed by 111 Call Handlers. Phase 2 will be undertaken in September 2024 during which calls will be warm transferred from the 999 Call Handler to the 111 Call Handler. A high priority line will be used to avoid delays in 111 Call Handler answering. All 111 Call Handlers will take these calls for phase 2.

Electronic transfer from 111 Call Handlers to 999

12. This trial took place in August over 3 days with 999 calls electronically sent from the 111 CAD to 999 CAD, followed by a phone call and confirmation of details.
13. Post trial analysis showed an average of 50 seconds per call saved. This was implemented as BAU from 0900 on the 3rd of September 2024.

Managing Delayed 999 Responses using CPSS

14. Trial to be undertaken in September 2024 which will include a dedicated CSD Clinician who will be sat side-by-side with a 111 Call Handler. The CSD Clinician will identify calls waiting for an ambulance response which may benefit from a CPSS assessment. When an appropriate call is identified, the 111 Call Handler will complete their assessment which can be validated clinically if appropriate.

FINANCE AND CORPORATE RESOURCES

Finance

15. The finance team continues to play a key part in the delivery for the 2024/25 financial plan by supporting those developments identified in the IMTP. The team also continues to support the Financial Sustainability Programme (FSP) and the identification of schemes / themes for this and future financial years.
16. Focus at this point in a financial year also starts to look at future financial plans (2025/26 and beyond) with the development of models dependant on future growth estimates, recurrent impact of developments, funding assumptions and hence savings and efficiency targets.

17. Two of the agreed objectives for the finance team for the 2024/25 financial year include:
18. Developing our digitalisation of WAST financial performance and monitoring for budget holders using dashboards and QlikSense tools and this is progressing at pace. Some training (pilot scheme) has been provided to a selection of budget holders with full roll out to commence from October 2024.
19. Developing a programme of enhanced finance training for budget holders and non-finance managers, with this also running in parallel to the above with documentation to be shared to all budget holders during the month of September 2024.
20. Work continues to progress well with the development of the PLIC system, and local modelling being undertaken with comparison to the NHS England model, work will continue around the development of costing other elements outside the NHS England model including 111 and Ambulance Care.
21. An Independent Examination of the 2023/24 Charitable Funds accounts is due to commence shortly which will be carried out by the external auditors, Audit Wales.

Capital Development

22. **New Dolgellau Ambulance Station** – There have been some delays in the approval of the lease which is now holding up further progress on this project. The updated business case was approved by Trust Board at end of May 2024, and the contract award is ready for approval by the Trust Board, but this is dependent on the formal confirmation of the lease. The Trust is currently waiting on the Head Landlord and subsequent chain's support for the changed use of the premises and the Head Landlord has requested further additional information which was provided immediately. The Project Team, supported by NWSSP is doing everything within their ability to expedite this as quickly as possible.
23. **Llangunnor CCC** – The Trust Board formally approved the business case and contract award on 7 August 2024. The successful contractor has now been appointed, and a programme of works confirmed; this is subject to the relevant Dyfed Powys Police security checks for the successful contractor which may impact on the works start date. It is anticipated that Phase 1 will commence with the ground floor CCC staff welfare/support areas, and in the meantime Dyfed Powys Police partners are progressing relevant actions within the organisation to facilitate the enabling works to allow WAST occupation of the additional ground floor space.
24. **North Wales CCC estate** – The North Wales CCC Project Board continues to oversee this work. The tender for the work went live earlier in September, running for 4 weeks. It is anticipated that the business case will be finalised on the basis of tendered costs of the preferred supplier in mid October, for relevant approvals and award of contract. At this point, a programme of works can be confirmed alongside

confirmation of contractor availability to commence the work, and further information regarding planned (estimated) timescales for occupation considered.

25. **Monmouth** – The Project Board has now agreed a planned way forward and signed off indicative early designs for the station. Discussions are ongoing with the Design Team and relevant consultants regarding the pre-application for the planning permission process. When the designs are further progressed, and as part of the pre-application for planning, it is anticipated that further staff and public engagement would be beneficial, and the timescales for this will be determined in the coming weeks. In the meantime, detailed specifications will now be developed in anticipation of a tender process. It is anticipated that this project will run through the rest of this financial year 2024/25 and into early 2025/26.
26. **Thanet House** – This was a new scheme for 2024/25 and prioritised within the Discretionary Capital allocation on the basis of an offer from NWSSP to relocate staff to Matrix House, Swansea less than 1 mile away. However, following further advice from NWSSP this option is no longer available, with instead an offer of alternative space comprising one half of a floor plate within Matrix House which will not be sufficient to accommodate Thanet House staff. Currently work is ongoing to explore alternative viable options for Thanet House. As an interim measure, the Trust has extended the current lease, to allow for proposals to be further developed on an alternative scheme which will be larger in scope and complexity and will require longer timescales to complete than the original project which anticipated completion within the 2024/25 financial year.
27. **Bangor Fleet Workshop** – The project focusses on establishing a revised location for the Fleet Workshop within the Bangor area. The Project Board has been established and continues to meet. Discussions are ongoing regarding a site in the Bangor area, with initial designs being developed to support a cost evaluation in the first instance. It is acknowledged that an element of the capital allocation will be for the provision of workshop equipment, and therefore the preferred solution will need to minimise the estate cost implications.
28. **Decarbonisation/EFAB** – All 2024/25 schemes are currently out to tender. It is anticipated that the evaluation processes will commence through late September, with relevant preferred contractors for all schemes being appointed by the end of October.
29. **Infrastructure for placement of hybrid and full electric vehicles** – following confirmation of Vehicle Replacement funding for 2024/25 in May 2024, work is now commencing to consider and agree the charging infrastructure requirements to support the commissioning of new vehicles. HART and Single Responder Vehicles (SRV) will be plug in hybrid, with EV Fleet Workshop vans and an EV SRV pilot to be scoped, and the appropriate infrastructure will be further enhanced across WAST sites to support this building on the success of the 70 chargers installed during 2022/23 and 2023/24. Recent challenges regarding increased electrical capacity at

a number of sites are noted, and we continue to highlight this at a national level, to seek further support in resolving an NHS Wales wide/public sector wide issue.

Progressing Bids for All Wales Capital

30. **Swansea Ambulance Station** – This scheme has now been re-highlighted to Welsh Government as part of a recent All Wales Capital prioritisation process and further discussions with officials. A preferred site within Fforestfach has been identified and negotiations regarding lease agreements are progressing well. The project is currently in RIBA stage 2 and indicative plans have been developed for use of the site. A resource schedule is in development to quantify further resources required for the initial stages of developing the proposals needed for inclusion within any BJC to Welsh Government.
31. **Newport Ambulance Station** – This scheme was also included as part of the All-Wales Capital prioritisation process. Noting that the outcome of the AWC exercise is not yet known, work continues on the project start up elements including development of Project Initiation Document and Terms of Reference and initial site searches. Further site searches will need to be conducted to establish suitable options. A new Project Manager has been appointed to cover these schemes alongside others.
32. **Llanelli Ambulance Station** – the Project Board will oversee NWSSP work on site searches to determine any current options for the development of a business case into WG. Again, as part of the AWC prioritisation process it is not yet known what level of WG support this scheme will receive, but work continues to scope out the parameters of the project and options for progressing with this scheme.

Estates, Environmental and Facilities

33. A new **Waste Management Policy** was approved on 21st May 2024 and a new **Estates, Environmental & Facilities Management Policy** will be reviewed by Policy Group on 24th September 2024.
34. The **2023/24 EFPMS** submission has been completed and a paper presenting this, along with an annual waste management report, was presented to F&PC on 17th September 2024.

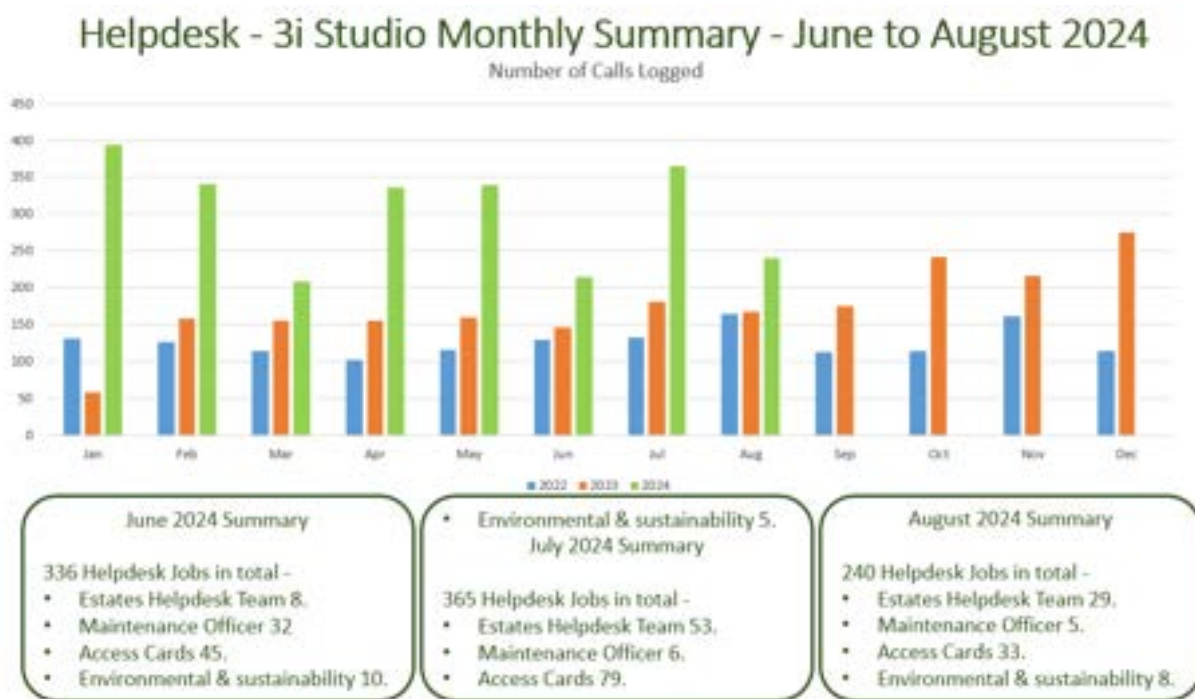
The headlines from the latest Estates Compliance Update include:

35. 244 members of staff across the Trust have now completed Fire Warden training with 28 pending completion of the E-Learning module. This is an increase of 36 from that last reported.
36. 30 sites have completed their annual emergency evacuation drill, up from the 19 last reported.

37. Legionella water risk assessments – tracker is being updated as remedial works completed.
38. Fire risk assessments - The action log continues to be updated with fire signage and fire alarm testing continuing to be undertaken.

Facilities Helpdesk Update

39. Average monthly calls logged during Q2 – 320



40. The Trust remains compliant with new waste legislation, however contractual issues with the trusts waste management provider contains some areas of challenge that continue to be resolved. Recycling percentages across some of the trust's estate require an increase to meet WG targets, with additional support given to those who require it.

Fleet

41. In relation to the completion of the final element of the 2022/23 programme (2023/24 element), which included some agreed and planned carry over of monies into last financial year by WG, only the following now remains to be completed:
42. 15 Ford Transit Customs, initially ordered in April 2022, the vehicles were delivered to the nominated convertor during May 2024, and they have been converted into wheelchair accessible vehicles. They have been delivered to WAST and are now going through the commissioning process and into service.

43. The 2024/25 Trust Board approved Fleet replacement programme and BJC was submitted to Welsh Government on 23/11/2023 requesting funding for the replacement of 157 vehicles at a cost of £24.4M. It contains an element of catch up from 2023/24. As Trust Board members will be aware, for the second year in succession the actual figure received from WG was £12.8M; a significantly lower sum than required. The Trust has once again had to go through a robust prioritisation process to optimise the utilisation of the funding provided.
44. The results of that prioritisation process are that the Trust will replace 72 vehicles, and orders have been placed for the entire 72:
45. 35 of the replacements are Emergency Ambulances based on the Mercedes Sprinter chassis. Those chassis have been purchased and delivered to the contractor ready for conversion which once again will be in Poland.
46. 30 replacements will be Solo Response Vehicles which are a combination of 20 plug-in petrol/electric hybrids (PHEV) and 10 full battery electric vehicles (BEV). These vehicles will be replacing 30 diesel powered vehicles greatly reducing tailpipe carbon emissions. Once converted the vehicles will be capable of fulfilling a variety of different roles; RRV, CHARU, APP and DOM. Having a "one size fits all" approach to solo operator responding vehicles creates efficiency savings and keeps the spare capacity requirement to a minimum.
47. The 5 Hazardous Area Response Team (HART) primary responder vehicles that were not replaced in 2023/24 because of the reduced funding will be replaced this year. They too are PHEVs and they will be replacing diesel-powered vehicles.
48. A competitive tender has been completed for the conversion contract of the Solo Response type vehicles and the contract will be awarded once the recommendation is approved at Trust board.
49. The 2 replacement support vehicles will be BEVs.

CORPORATE GOVERNANCE

50. The directorate underwent an organisational change process in July and August which has led to the confirmation of a new structure. This structure provides for two service lines for the leadership of the board business, risk management and integrated governance on the one hand, and another which leads on compliance and assurance including Welsh language, Freedom of Information Act requests, audit, declarations of interest etc. Whilst the process continues for job description evaluation into September and October it is anticipated this new structure will be embedded fully by the end of the financial year, and that it will provide the team and the board with much-needed capacity and clarity on roles and responsibilities.
51. The Covid-19 Inquiry published its first report for Module 1 on 18 July 2024 investigating the UK's 'Resilience and Preparedness' for the pandemic and included

a series of recommendations for the UK Government and the devolved administrations. The Module 3 public hearings commence on 9 September 2024, for a period of 10 weeks, concluding on 28 November 2024. WAST is a Core Participant in this module.

52. The Risk Management Transformation Programme is entering its next phase with a substantial piece of work planned in respect of enterprise risk and strategic risk management. This includes the development of a new strategic BAF that reflects the Trust's ambition and provides clarity on the risks that would prevent us from achieving our organisational objectives. The direction of travel with this work was presented to the Audit, Risk and Assurance Committee in September and supported.
53. Delivery of the Trust's Policy programme has seen a significant improvement in the number of policies within their review date and work plans continue to progress well.
54. In July the Trust's Welsh Language Services Manager attended a Technology and Digital Services conference that was organised by the Welsh Language Commissioner where challenges and successes in using technology to deliver Welsh language digital services were discussed.
55. The Trust's Welsh Language Policy is currently undergoing wide consultation and will be before the People and Culture Committee for approval in November 2024. The strides WAST is making with respect to Welsh language and the active offer are evident in the 2023/24 Welsh Language Annual Report that is before the board today. A baseline of compliance to standards has been introduced for 2024/25 to more objectively report on the standards. The policy will be the launchpad to embed the Welsh language and culture in 2024 and beyond and to support an increase in standards compliance as a result.
56. Our internal Welsh language translation service has now been in operation for one year and has had a hugely positive impact on the Trust's ability to provide bilingual services to our service users and to our people and reduce our reliance and associated costs in using external translation providers.
57. Since the July board meeting, significant progress has been made in addressing the vacancies for Non-Executive Directors. Jayne Beeslee was appointed to the board on 19 August and will Chair the Finance and Performance Committee. Currently, interviews are underway for two additional positions: the Academic Non-Executive Director, needed for our University Trust Status, and a successor for Kevin Davies, who will depart the board on September 30. We expect to fill both vacancies by the November board meeting.
58. The 2024 Structured Assessment is underway with good engagement from the Trust, working in partnership with Audit Wales. A self-assessment against the board related elements of the Structured Assessment was completed to inform the process, and it was evident that the focus we have had on the board and its

committees over the past few years has strengthened governance in a real and objective way.

STRATEGY, PLANNING AND TRANSFORMATION

Commission and Performance

59. since our last update, Welsh Government has approved the WAST IMTP subject to accountability conditions on 9 August 2024. These are set out in the IMTP report on the main Board agenda, including an update of how we are faring against the accountability conditions.
60. After only 17 weeks since the first cross-organisational workshops were held to start to design the evolution of the Clinical Services Model, a full programme infrastructure is now in place and work has been undertaken at pace to ensure that key priorities can be implemented before the peak of winter to improve the safety of our services and reduce levels of harm. The work is led by Senior Responsible Owners from across the Directorates, supported by Executive Sponsors and by the Strategy, Planning and Transformation teams who have put in place the governance and delivery structures. The programme is being designed in such a way as to encourage wide collaboration, bring clarity on devolution of accountability and decision making and promote the organisation's values, including a respect for each other.
61. The delivery of the full programme will be phased over the next 24 / 36 months. The priorities for this winter include the introduction of Rapid Clinical Screening, a service for the majority of 999 calls, where a rapid review of the clinical information obtained in the call will be undertaken by a Clinical Navigator (new role) allowing them to prioritise those calls that need an ambulance dispatch and conveyance to hospital. There has been significant work, led by the Assistant Director of Clinical Delivery, to create this new role within WAST, and it has been extremely pleasing to see 76 applicants, demonstrating both a support for the evolving model and for the new opportunities for career progression. The Assistant Director of Operations, Integrated Care is leading work in relation to the alignment of remote clinical support across 111 and 999 teams, with a particular focus on connecting patients to the right pathway, irrespective of their point of access. All Health Boards have supported the concept of opening appropriate pathways to both 111 and CSD clinicians, many of which will go live at the beginning of October. In addition, within the urgent community response service, the Assistant Director of Operations, EMS, is leading plans to implement the first mental health response vehicle in South-East Wales, as well as continuing to test the scheduling of APP capacity. Work is also ongoing in relation to how best to effectively measure the evolved model, including potential utilisation of new call categories.
62. Stakeholder engagement and support is critical to this programme. The Head of Strategy Development has been working with colleagues to create a refreshed engagement plan, including an updated stakeholder analysis. Collateral for internal

and external use is being developed, as well as a process for the analysis of feedback received to inform future engagement and to ensure we are listening to, and acting on, feedback received. A formal Briefing Report outlining the proposals has been developed and is currently being socialised with key external stakeholders including our commissioners and a meeting with Welsh Government officials is arranged for the end of September. A series of internal organisation wide communication videos have been released in August, along with more targeted communications briefings for staff working within the Integrated Care environment.

63. IMTP deliverables outside the scope of the Clinical Model Transformation programme are now being managed through Directorate Plans (Local Delivery Plans, (LDPs)) and the planning team has been working with directorates to ensure no increase in the burden of assurance and reporting by using existing Directorate Business Meetings so that assurance can be provided to the Strategic Transformation Board and onward to the Committee and Board. This process is facilitated by the Integrated Strategic Planning & Development Group (ISPD), formerly Integrated Strategic Planning Group (ISPG), with summary updates from Directorates which then support the cycle of strategic planning.
64. The Planning Team is also leading on the development of the next iteration of the IMTP. Trust wide IMTP Planning Guidance has been developed and circulated across key areas involved in the IMTP planning. The aim is to ensure both a bottom-up approach to planning, married together with Board and executive strategic steer in line with Delivering Excellence. An IMTP Project Team has been stood up with representation from across the Trust and collaborative planning and engagement sessions will commence from the beginning of October. There is currently a review of the NHS Wales Planning Framework underway, and the Planning Team led on a WAST response to the review lead Alun Lloyd which was submitted in August. We remain committed to strong planning within WAST and externally with our partners as the mechanism by which we lever change for the benefit of the public, our patients and our people.
65. The Planning Team also continues to engage heavily with Health Board strategic change projects and programmes around Wales, but also around some of the work required within the Six Goals programme environment, which will support the progress of our evolving clinical model transformation. We have actively engaged with Hywel Dda on both their Clinical Service Plans but also their pathways work with positive discussions on how we can continue working positively together on our joint agenda. We also have ongoing positive joint working with Aneurin Bevan on a range of collaborative pieces of work, including RPB funded initiatives such as mental health response and falls. We are working closely with the Six Goals for Urgent and Emergency Care national team and have developed our first Six Goals delivery plan in support of key aspects of the programme for which WAST has the solutions. This will be discussed with and presented to NHS Executive colleagues in the coming weeks.

66. Work is also progressing in Southeast Wales on regional projects, and we are engaging closely around the portfolio of regional strategic changes including orthopaedics, ophthalmology, stroke, cancer and the developing case to deliver the proposed Llantrisant Health Park in Cwm Taf Morgannwg Health Board area.
67. "The Commissioning & Performance Team continues to develop its approach to forecasting and modelling, in particular, it has now successfully recruited to its new Data Science & Simulation Specialist post (converting some external consultancy spend to an internal permanent post), with the postholder undertaking in-house emergency ambulance simulation modelling on seasonal performance. This is the first time the Trust has had this in-house capability. The Trust is well regarded by external peers in the forecasting and modelling community with an increasing number of requests to speak at conferences in the UK and abroad. The area of particular interest to external peers is how forecasting and modelling has been mainstreamed into the commissioning, planning and operational processes of the Trust.
68. September will see the team submit the closure report for the EMS Operational Transformation Programme to F&P Committee and Trust Board. This is the largest transformation programme the Trust has completed to date including an uplift of front-line staff of +343 FTEs, exceeding the consult & close benchmark and an efficiency gain of +72 FTEs through delivery of a pan-Wales roster review of EMS. The programme involved extensive collaboration and hard work from many colleagues across the Trust and was delivered during the pandemic period. It is further evidence to our external stakeholders of the Trust's ability to deliver. Whilst delivering its agreed outputs the programme has not delivered its intended benefits i.e. improved patient safety, because the programme was predicated on no more than 6,000 hours lost to ED handover pressures per month and not the extreme levels the Trust has had to operate in over the last five years.
69. The team continues to progress the roll out of the Quality & Performance Management Framework across the Trust and is expecting to receive the findings from an internal audit of the framework in early October."

CLINICAL DIRECTORATE

Pre-hospital Maternity Conference 2024

70. The Pre-Hospital Maternity Conference took place on the 3 September 2024 in Birmingham and welcomed over 350 attendees from across the UK. The event was the first of its kind and a sell out event! Facilitated by the co-chairs of the Association of Ambulance Chief Executives UK Pre-Hospital Maternity and Newborn Care group – WAST's own Consultant Paramedic, Regional Clinical Lead Steve Magee, and Camella Main, London Ambulance Service own lead Midwife - the conference offered a unique opportunity to delve into the latest advancements, protocols and

strategies to ensure optimal outcomes for women and babies in urgent and emergency situations.

71. There were real-life patient stories and lectures covering best evidence followed by interactive workshops. Everyone who attended left the day feeling better equipped to contribute to the improvement of pre-hospital maternity care and reducing inequalities, such an important piece of work.

Nigel Rees Awarded Honorary Professorship

72. Nigel Rees, the Trust's Assistant Director of Research and Innovation was inaugurated as an honorary Professor at the University of Warwick Medical School's Clinical Trials Unit. Honorary titles are bestowed by universities to those who make a significant contribution to academic business, usually through research collaboration, clinical teaching or both. His appointment recognises his significant and sustained contribution to research which has been vital in providing the evidence the NHS needs to transform services and improve outcomes for patients and their families. His research interests include clinical trials, qualitative research, violence and aggression towards ambulance staff and the use of drones in pre-hospital care and he has led and contributed to more than 100 peer-reviewed articles. Over the years, Nigel has helped to secure funding worth £15 million for research and innovation projects and has been Chief and Principal Investigator on a number of large-scale trials.

Duncan Robertson to Join SCAS as Chief Paramedic

73. The Clinical Directorate's Assistant Director for Clinical Development, Duncan Robertson, is joining South Central Ambulance Service as its first Chief Paramedic on an initial 12-month secondment starting in mid-September. He has undertaken multiple clinical roles across ambulance services in both England and Wales which have included Training, Helicopter Emergency Medical Service (HEMs), Advanced Paramedic, Consultant Paramedic and Regional Clinical Lead. Duncan is a proud paramedic and maintains clinical skills through operational shifts and providing on-call senior clinical advice. As an Assistant Director, Duncan has held a diverse clinical portfolio, including clinical intelligence and assurance, urgent care, clinical improvement and medicines management and has worked closely with Executive colleagues and WAST's Executive Director of Paramedicine. While in his posts in WAST he has led on the implementation of a national programme through the introduction of WAST's first electronic Patient Clinical Record (ePCR) and led a rotation of Advanced Paramedic Practitioners into Primary Care.
74. Jonathan Chippendale, the Directorate's Consultant Paramedic for Urgent Care will be replacing Duncan as the Assistant Director of Clinical Delivery from the 19 September for the duration of the secondment.

Clinical Strategy Days

75. The Clinical and Quality Directorate senior leaders got together in June to discuss the re-writing of the Clinical Plan. The Clinical Plan is a strategic document that outlines the Directorate's and Trust's clinical direction for the next 5 years and the current Clinical Plan runs to the end of 2025. There were many good discussions on the day to initiate the process of developing the new plan and a Task and Finish group will soon be established to see this through to delivery for 2025.

Flu Campaign Planning

76. Planning for the 2024/25 Flu Campaign is underway with the WAST Flu Campaign commencing with a soft launch in communications from 23 September and many Occupational Health and local clinics arranged for October and November. Currently, Flu Leads and Vaccinators are working to complete their required competencies in order to administer the flu vaccine safely.
77. Despite the decrease in flu vaccination uptake during the 2023-24 Flu Campaign, the engagement rate remained high and we hope to improve on this during the upcoming campaign. To do this, we have collaboratively worked with Digital colleagues to create a Power BI Dashboard to capture staff who wish to have the flu vaccine in a WAST setting, staff who complete the Microsoft Form to state they have had the flu vaccine elsewhere, and staff who wish to opt-out. Vaccinators utilising the dashboard will benefit from several fields being auto populated and all WAST staff will benefit from the reporting infrastructure provided, including the Directorate breakdown of both uptake and form engagement.
78. Myth busting is key to our communications for the upcoming campaign, following the last campaign's end of season staff survey which highlighted many staff are unaware of the benefits of the flu vaccine. Offering the flu vaccine to our eligible volunteer staff is also included in the 2024/25 Flu Campaign.

DIGITAL SERVICES

HI Rebrand

79. Aligned with the Data, Information and Insight pillar of the refreshed Digital Plan, and as part of continuing local culture, identity and improvement endeavours, the Health Informatics team have rebranded to "Insight and Data Services" (IDS). Insight and Data Services is made up of four function areas: Data & Analytics (including data engineering, reporting, visualisation and data quality); Records Services; Information Governance; and Data Applications (i.e. the technology arms of DOS and the 111 website).

80. The reasons for a rebrand are: 1) to solidify the team identity and unity to help with psychologically safe ways of working; 2) to simplify naming conventions to reduce confusion and promote the range of professional expertise held by the team; 3) to encourage earlier engagement to the right function area, empowering the wider organisation more efficiently; and 4) to align with modern terminology used across the technology sector and job market to help attract and retain talent. Further communication on this rebrand will be shared across the organisation throughout October.

ICT

81. There is an ongoing recruitment drive to backfill vacant positions and also fill new roles within the Digital Directorate as part of the New Digital Plan. This not only provides an opportunity to recruit new staff into the department, but also offers opportunities for current staff to move across into new roles, developing their skills and career path progression.
82. Work continues in enhancing the new 111 system, including the installation of a new dedicated test system to aid in the development process. Work has started on planning out the replacement of the c80 servers used for the 999 Computer Aided Dispatch (CAD) system that have reached the end of serviceable use. This is a significant piece of work that aims to be done with minimal disruption to 999 operations through careful planning and project management.
83. New telephony functionality is soon to become available to improve the patient experience and interactions with WAST services. Most significantly is the ongoing work with our suppliers to enable SMS (text messaging) functionality to allow users of our Non-Emergency Patient Transport Service (NEPTS) to be able to cancel appointments automatically.
84. Work is also ongoing to extend the use of courtesy call back into NEPTS, which provides callers with the option to have a call back at a later time to save them hanging on the line waiting to be answered.

Mobile Data Vehicle Solution (MDVS)

85. The MDVS project concluded the installation of the new MDT screens on 28th June, with installation of 15 new Ambulance Care vehicles to do once they are delivered to the Commissioning Centre in Merthyr.
86. The MDVS User Experience Survey results have been collated, with some key themes emerging relating to performance of the navigation system, the 'voice accept' function and access to the crew responder information. The MDVS Project Team are working with the supplier on ways to improve and overcome these issues and would like to thank staff for committing time in completing the survey.

Digital Plan Official Launch

87. We are excited to announce the official launch of the refreshed Digital Plan for 2024-2029, which outlines our strategic vision for digital transformation over the next five years. The launch will be accompanied by a video introduction that highlights the plan's key objectives and goals, alongside scheduled Q&A sessions to engage and inform stakeholders. A visually compelling rich picture has been developed to articulate our digital journey, offering an engaging and accessible way to understand the plan's impact.
88. To further support the launch, a dedicated digital stand will be present at the upcoming CEO Roadshow events in October 2024, providing an opportunity for direct interaction and feedback. The official plan documentation will also be formally published on the WAST website, making it easily accessible to all patients, colleagues and stakeholders. This comprehensive approach ensures that our digital strategy is clearly communicated, visually engaging, and fully integrated into our organisational narrative.

Putting Things Right Team (PTRT) – Everyday Essentials

89. The Digital function has implemented a new inbound call routing system for the PTRT that enhances how the public contacts the team. Previously, calls were directed to a voicemail-to-email system, but now calls are routed directly to team members during working hours with live call data displays and automatic call recording. Out-of-hours callers receive a message with no option to leave voicemails. The team uses Cisco Soft Phone and Finesse for call management, allowing staff to work remotely from any WAST site or home.
90. The new system includes bespoke wallboards that display live and historical call data, aiding in performance monitoring and improving overall service management. This approach provides a more personal and efficient caller experience, enhances staff flexibility, and offers robust secure data for ongoing performance assessment and future adaptability of call routing configurations.

Digital Strategic Planning

91. The Digital team has implemented a revised planning model and tool that strategically enhances our approach to managing work across Business as Usual (BAU), Transformation, and Digital Plan workstreams. This model provides a structured and clear framework for planning and prioritising initiatives, ensuring alignment with our strategic goals while efficiently allocating resources across all digital activities. The new tool enables better visibility of ongoing work, supports informed decision-making, and facilitates a more cohesive approach to managing our digital agenda.
92. In parallel, we are designing a new Digital Transformation & Innovation Programme (DTIP), which aims to bring key stakeholders from across directorates together to

foster collaboration and drive progress. The DTIP will provide a platform for discussing ongoing initiatives, offering steering and prioritisation support, and addressing issues and blockages that may arise. This integrated approach will ensure that our digital transformation efforts are aligned, well-supported, and effectively executed, maximising impact across the organisation.

Diversity and Inclusion

93. As we ramp up our recruitment activity within the digital function, we are committed to improving our diversity and inclusion efforts, particularly encouraging more Black, Asian, and Minority Ethnic applicants to consider joining our team. To support this, we are offering unconscious bias training to recruiting managers involved in upcoming recruitment procedures. This training is specifically designed for those participating in the shortlisting and interviewing process but is open to all team members who wish to attend. The aim is to ensure a fair and inclusive recruitment process that actively mitigates unconscious biases.
94. Additionally, we will be hosting digital recruitment workshops tailored for Black, Asian, and Minority Ethnic applicants, which will provide insights into our roles, application tips, and an opportunity to connect directly with our team. These workshops are intended to demystify our recruitment process, build confidence among prospective applicants, and highlight the diverse and inclusive environment we strive to foster. By taking these proactive steps, we aim to attract a broader range of talent and enrich our digital function with diverse perspectives and experiences.

Digital Equity Charter

95. WAST has officially signed the open letter and equity charter (www.equitycharter.digital), affirming our stand against racism and discrimination in the digital health sector. This commitment follows widespread calls within the industry to address issues highlighted by recent discriminatory remarks made by a prominent sector leader. By signing the letter, WAST aligns itself with a growing coalition of health organisations dedicated to fostering an inclusive and respectful environment in digital health. This action is consistent with our values and reinforces our commitment to equity, diversity, and inclusion across all aspects of our operations.
96. The equity charter, which we are now part of, serves as a framework to uphold high standards of conduct within the industry, actively opposing bigotry and discrimination. This step not only positions WAST as a leader in setting standards for equitable behaviour, but also strengthens our reputation as an organisation dedicated to social justice. Our involvement supports the ongoing development of industry-wide standards that promote respect and inclusion, reinforcing our commitment to creating a safer and more inclusive digital health landscape.

PARTNERSHIPS AND ENGAGEMENT

97. The Welsh Ambulance Services Charity will see its first Head of Charity take up post in October to drive an ambitious agenda to optimise income streams and use funds to deliver more benefit for staff, patients and communities across Wales. The Charity is in the process of developing its visual identity, in order that it can be relaunched in a way that resonates with staff and the public, making it easier for people to find the Charity, understand what it is there to do, and support it.
98. The Director of Partnerships and Engagement and the Chief Executive have also established quarterly meetings with Llais (the citizens' voice body), a representative of which will now be present at Trust Board meetings from September 2024.
99. Planning is underway for the annual WAST Awards, which will take place at Newport's ICC Wales venue in November. The event is an opportunity to recognise, celebrate and applaud our staff and volunteers. More than 300 nominations were received this year, and several thousand votes have already been cast to help determine the winners. The planning and delivery of this event is being undertaken by the Communications Team, including all nomination and category assessment planning, together with procuring sponsorship and full event planning. This is one of the landmark events in the Trust's calendar and is the organisation's premier staff recognition event, together with long service awards (also planned and delivered by the Communications Team).
100. The Trust secured extensive media coverage over the summer as part of its With Us, Not Against Us campaign, which is aimed at reducing assaults on Welsh emergency workers and which WAST leads on behalf of all blue light organisations in Wales and NHS Wales. A focus on verbal abuse in particular will continue into the busy winter period, when assaults will traditionally spike.
101. Given recent changes at both Westminster and Welsh Government level, with further changes possible at the time of writing, the Director of Partnerships and Engagement, together with the Chief Executive, are currently continuing their routine programme of engagement, with a stakeholder briefing due to be issued, with associated follow-up meetings, in the autumn.
102. Any further change to portfolio holders at Welsh Government level will be important as the new First Minister and Cabinet set their objectives in the final 18 months prior to the Senedd election in May 2026. As a result, a watching brief is being kept until any revised priorities are published and their impact on the Trust assessed.
103. As a result of WAST now coming under the Wellbeing of Future Generations Act 2015, the Trust must set and publish wellbeing objectives that are designed to maximise its contribution to achieving each of these wellbeing goals and must take all reasonable steps, in exercising its functions, to meet those objectives.

104. The Director of Partnerships and Engagement has recently met with the Deputy Future Generations Commissioner and Health Lead to understand more about what is expected of the organisation in this regard and, at the time of writing, is in the process of establishing a task and finish group with cross organisational representation and TU membership to develop the wellbeing objectives for Executive Leadership Team and Board approval by March 31 2025. Support is also being offered by Welsh Government to ensure those organisations new to the WBFGA are fully across their responsibilities.
105. In August 2024, the Senedd's Health and Social Care Committee published its [general scrutiny report](#) into the Welsh Ambulance Service, following written and in person evidence submission, in which it made a number of recommendations, some for WAST and others for Welsh Government and the Joint Commissioning Committee. At the time of writing, these recommendations are being assessed by the Executive Leadership Team and any required follow-up action will be agreed and undertaken.

QUALITY SAFETY AND PATIENT EXPERIENCE DIRECTORATE

MPOX PREPAREDNESS

106. The Trust has established a dedicated MPOX Task & Finish Group to monitor the emerging global situation. The teams' function is to ensure that our response is agile and informed by the latest scientific and public health advice. The group will ensure that our people working in our Contact Centres are appraised of the latest guidance to inform patients calling NHS 111Wales or 999 for advice or treatment, and for those providing a face-to-face response to ensure they are informed and equipped to remain safe while minimising potential exposure to other patients and staff whilst in our care.
107. The Welsh Ambulance Services University NHS Trust attended the September NHS wide tabletop exercises run by Public Health Wales (PHW) in response to the emerging global concern. The event tested preparedness and areas for further mitigation to ensure a resilient and comprehensive national response.

PUBLIC HEALTH SPECIALIST REGISTRAR PLACEMENT

108. As previously reported to Trust Board, we have been working with Public Health Wales to develop a placement for a Specialist Registrar in public health. I am pleased to report that Penny Cresswell-Jones has commenced a placement with the Welsh Ambulance Service. Penny will be working within the Quality; Safety & Patient Experience Team and her key areas of focus will be working with digital and planning colleagues to support our approach to population health and value-based healthcare. Penny will also be working with our Clinical Teams to offer advice and support to our approach in developing prevention measures as part of our Clinical Delivery Model.

ELECTRONIC PATIENT CARE RECORD (EPCR) - LEARNING DISABILITY

109. A new ePCR 'Needs' tab launched in September 2024, which will ensure better support for Autistic, Learning Disability and Neurodiverse patients, funded by the Improvement Cymru Learning Disability Team.
110. Effective communication is essential in all aspects of patient care, from the initial encounter and history taking to examination, treatment, and explaining procedures. It's crucial that we strive to communicate as clearly and accurately as possible. This becomes even more challenging in the pre-hospital setting, where high stress levels, unpredictable environments, and limited time add complexity. Clinicians meeting patients for the first time must swiftly evaluate the situation while also building trust and ensuring clear understanding. Responders are encouraged to ask if a patient has any additional needs early in their assessment, so that adjustments can be made to communication style and sensory presentation, making these assessments more effective.
111. Recording an additional need in the ePCR record also reveals links to the Joint Royal Colleges Ambulance Liaison Committee's (JRCALC) Communication Difficulties page, with specific reference to the T.E.A.C.H. mnemonic, Time, Environment, Attitude, Communication, Help. The tab also incorporates a pain assessment tool, as patients can experience and express pain atypically. Selecting the 'Need' tab reconfigures the pain assessment tool and reveals additional prompts and questions, with a wider range of options to assess pain more effectively.

LEARNING DISABILITY MINISTERIAL ADVISORY GROUP

112. Representatives from the Trust were invited to present an update to the Learning Disability Ministerial Advisory Group in September on work to improve access and experiences of people with a learning disability. The group's purpose is to advise Ministers on policies and issues for people with learning disabilities and feedback to the Trust was positive on the work undertaken to date.

999 EMERGENCY MEDICAL SERVICES RESEARCH CONFERENCE

113. Fiona Maclean, Patient Experience & Community Involvement Manager, provided a rapid elevator presentation at the '999 EMS Research: recognising progress, developing the future'. The Conference is being held in person on Tuesday 17 and Wednesday 18 September 2024 in Cambridge. This year's event is hosted and supported by East of England Ambulance Services NHS Trust. Fiona's presentation is entitled "[When you're hurt and you need serious help you call 999". Educating children about emergency services and appropriate use of 999: An evaluation study of the Blue Light Hub app](#)".

PATIENT EXPERIENCE NETWORK (PEN) NATIONAL AWARDS 2024 FINALS

- 114. The Welsh Ambulance Service has had three entries shortlisted for the PEN National Awards 2024 Finals in the following categories:
- 115. 'Partnership Working to Improve the Experience' with our entry title 'A System of Partnership Working'
- 116. 'Innovative Use of Technology, Social and Digital Media' with our entry title 'Blue Light Hub gaming app'
- 117. 'Engaging and Championing the Public' with our entry title 'Championing the Needs of people with a learning disability, when accessing Welsh Ambulance Services, through continuous engagement'
- 118. The date of the awards will be Thursday 3 October 2024 and will be hosted at the University of Birmingham.

PROFESSIONAL ACCREDITATION

- 119. Nicola White, Head of Health & Safety, was successful in achieving the highest level of accreditation to Chartered Fellow of the Institute of Safety and Health (CFIOSH) as a recognition of 'giving back' to the profession. IOSH has over 50,000 members across 130 countries, with 1% of total members achieving CFIOSH status and only 0.20% of these are women.

CONNECTED SUPPORT CYMRU - LUSCII TESTING AT CARE HOMES

- 120. The Trust, in collaboration with the Small Business Research Initiative (SBRI), Betsi Cadwaladr University Health Board and LUSCII (Industry Partner), has been testing the use of remote patient monitoring and remote clinical assessment equipment. A test of change in North Wales commenced on 21 August 2024, using a remote diagnostic equipment, care home staff, a digital clinical dashboard and designated Integrated Care colleagues to support patients and pre-identified care homes in Betsi Cadwaladr University Health Board.
- 121. Patients are being supported through a newly designed case management processes, to access the most appropriate pathway, identify and monitor for deterioration and reduce the need to attend the Emergency Department. This compliments the work we have been completing to support patients waiting for an ambulance response within the community where we are now able to consider remote monitoring with the support of Community Welfare Responders.

SHOCTOBER 2024

- 122. Running throughout October, the annual campaign sees school children across Wales participate in sessions on Cardiopulmonary Resuscitation (CPR) and general

information on what to do in an emergency. Shoctober is undertaken in partnership with Save a Life Cymru and compliments the Trusts strategy to secure early and effective implementation of the 'Chain of Survival' for patients in cardiac arrest through improved community knowledge and resilience. Our partnership has also seen us develop resources to support individuals and their families in need of support following CPR and cardiac arrest survivor support. These can be accessed through the following link: [Support after cardiac arrest | Resuscitation Council UK](#).

PEOPLE AND CULTURE DIRECTORATE

Culture

123. As we continue to prioritise inclusion and diversity, we're pleased to share that our Inclusive Recruitment group (which includes colleagues from our Recruitment and Inclusion Teams) are currently developing initiatives to attract more people from Black, Asian, Minority Ethnic backgrounds to the Trust. This will start with facilitating training for hiring managers involved in the live Digital Team recruitment exercise and an external workshop for people from Black, Asian, Minority Ethnic backgrounds to find out about the roles, what it's like working at WAST and how to navigate the recruitment process.
124. As a key partner in the Mastering Diversity Conference, leading the Digital Zone in September, we have been invited to be a panel member in the Public Sector Zone. As well as showcasing our digital plans, we will have the opportunity to engage with a wider audience, demonstrating our commitment to improving our services to meet the needs of our diverse population.
125. To help realise our future culture of feeling we belong, irrelevant of our backgrounds, an Equity, Diversity & Inclusion Spotlight Mini-Series has been created providing insightful resources, practical tools and inspiring stories to increase knowledge and to empower and support our network of Culture Champions to have conversations with colleagues. We are delighted that our Black, Asian and Minority Ethnic Network (renamed BEAM) has been relaunched (in August) across a range of platform and we're ensuring we provide active support to this important group.
126. Building on our ongoing efforts to increase levels of safety throughout the organisation, WAST Voices recently held a session with DASU (Domestic Abuse Safety Unit) highlighting the importance of talking about the subject and the support which is available for staff and patients. The session was well received with 33 colleagues attending and all feedback was positive "I've found this session really valuable – many, many thanks".
127. Ahead of the launch of the 2024 Staff Survey, we've recently shared an update with colleagues on the work we've been doing since the 2023 Staff Survey. Amplifying colleague voices remains a key priority for us and our approach for the 2024 centres around this. Our key focus this year is on increasing participation; we're doing this with a targeted communications and engagement plan, utilising our networks and

support from Trade Union Partners to raise awareness and challenge various preconceptions.

Capacity

128. We continue to build on our supportive approach to managing absence and we're pleased to report a reduction in June 2024 to 7.44%, the lowest level since April 2021 (7.35%). Whilst we saw a slight increase in July, it is very positive to see further improvement for August which historically has been a month showing higher absence rates. As such we are focussing our attention on trying to achieve sustained improvement for longer periods.
129. In line with our objectives to enable colleagues to raise concerns and address these proactively and compassionately, we're pleased to welcome three full time Investigating Officers into the People Services team to form a specialist Employee Relations arm. These appointments will enable the organisation to provide dedicated support with Complex employee relations activity and support timely processes in line with Compassionate Practices.
130. Aligned with our goal of "getting the basics right" and making our processes as efficient as possible, we're pleased to share that the introduction of a new 1-week WAST training programme with Swansea University 3rd year students (undertaken within their academic programme) has proved successful in enabling the Education and Development team to meet some of their induction competencies prior to onboarding. This has meant that some of the NQPs have been released to operations 1 week sooner than those who haven't completed this training, i.e.; other universities, qualified external paramedics.
131. With the new transformation roles and the number of Organisational Change Policy (OCP) processes actively ongoing within the Trust, the workload within Job Evaluation (JE) has increased significantly. To alleviate and address this, a dedicated resource from both a management and trade union perspective has been identified to support JE and improve the process.
132. The Health and Wellbeing Plan 2025-2029 has been presented to stakeholders throughout the organisation this month, including key teams. An open consultation for the plan was launched and promoted this month offering an opportunity to give feedback the plan in bookable sessions and anonymously via an online form. We have engaged with the development of the Strategic Workforce Plan and Retention Plan to ensure consistency, aligning with our overarching ambition to improve colleagues' daily lived experience throughout all stages of careers.
133. The draft Strategic Workforce Plan 2024-2030 was endorsed by People and Culture Committee at its August meeting and is presented to Trust Board for approval and implementation. Development of the plan has involved extensive consultation with key specialists, including Equality, Health and Wellbeing, Welsh Language, People and Culture, Operations and TU partnership. The plan provides an overview of where

we are and where we want to be in 2030 and outlines key activities that we will be undertaking (in 2-year blocks) to ensure we get there. The Plan will be 'live' and regularly reviewed by the ITPG and Strategic Planning Group; formal reviews and progress updates will also be provided.

Capability

134. We've seen an increase in attendance at the online sessions for Allyship and Active Bystander training, with almost 40 booked on the first Allyship and 20 on the first Bystander sessions in September. This appears to be a more accessible option for colleagues, as opposed to face to face training.
135. As part of our commitment to developing compassionate and effective leaders and managers, we have created a Management Essentials programme, which outlines the key responsibilities every people manager must fulfil, ensuring clarity on what is expected and supporting staff throughout their employee journey. By combining this with our work on the development of leadership behaviours 'Our WAST Way', we aim to provide a well-rounded approach to people management, supporting both leadership growth and essential management skills. We are actively working with stakeholders and testing the approach.
136. The Education and Development team are preparing for the upcoming commencement of the Emergency Ambulance Practitioner programme, designed in collaboration with colleagues across the Trust and complementing the Strategic Workforce Plan. The overall aim is to ensure that our Emergency Ambulance Practitioners are empowered to be best that they can be within their scope of practice and the programme will support future pathways into higher education.

RECOMMENDATION: The Trust Board are invited to discuss and note the contents of this report.

AGENDA ITEM No	8
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM IN THE CONTEXT OF EXTREME AND SUSTAINED PRESSURE ACROSS URGENT AND EMERGENCY CARE

MEETING	Trust Board
DATE	26 September 2024
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Rachel Marsh, Executive Director Strategy, Planning & Performance Hugh Bennett, Assistant Director Commissioning & Performance
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 original report was accompanied by a supporting action plan designed to mitigate patient harm. Updates have been provided at every subsequent Board meeting.
2. The report has now been running for two years. At the request of the CEO, the future of the report has been reviewed with the decision to move to a one-page Trust Board patient harm mitigations scorecard. A first version of this new scorecard, drawn from the metrics previously reported is attached at Appendix 1.
3. The report has also included a patient harm mitigations action plan. Executives think that the actions in this report, that are still open, are being monitored through other settings, so the action plan can be closed. For completeness this report gives a final summary position of the action plan.
4. Good progress has been made on the action plan with 12 actions completed, three off target, seven open/being progressed and five actions being significantly off target. Of the five actions that are significantly off target, three are the responsibility of health boards i.e. handover/pathways, and two are the responsibility of the Trust, sickness absence and consult & close.
5. Key headline patient harm mitigation metrics for August include:-
 - The Trust is responding to more red (immediately life threatening) incidents in 8 minutes;
 - But the levels of avoidable patient harm remain unacceptably high, with

the primary cause being longer response times than we would want in all call categories, with the extreme levels of hospital handover delay being a key contributory factor.

RECOMMENDATIONS; Trust Board is asked to:

- **NOTE** the continued level of avoidable patient harm in the 999-emergency care pathway.
- **AGREE** the new patient harm mitigations dashboard.
- **NOTE** the good progress made on the patient harm mitigations actions that are within the Trust's gift to deliver.
- **AGREE** that the patient harm mitigations action plan will be closed with on-going actions to mitigate harm being undertake through other delivery mechanisms.
- **CONSIDER** whether there are any further actions available to the Trust to mitigate patient harm.

KEY ISSUES/IMPLICATIONS

As outlined in the Executive Summary above.

REPORT APPROVAL ROUTE

Date	Meeting
17 Sep-24	Executive Director of Strategy, Planning & Performance & Executive Director of Operations Executive Director of Operations
27 Sep-24	Trust Board

REPORT APPENDICES

Appendix 1 – Patient Harm Mitigations Dashboard

Appendix 2 – Patient Harm Mitigations Action Plan Closure Report

REPORT CHECKLIST

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

SITUATION

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

BACKGROUND

2. The 28 July 2022 Trust Board received the first iteration of a report and actions to mitigate real time avoidable patient harm which has then been updated for every Board meeting.
3. The report has now been running for two years. The purpose and content of the report has been reviewed since the previous iteration received at July 2024 Trust Board.

ASSESSMENT

Patient Harm & Mitigations

4. *Appendix 1* contains a simplified patient harm mitigations dashboard. *Appendix 2* contains an updated action plan with a narrative update on each action. Many of the actions contained in the Board report from July 2022 have been completed and removed. Of the 27 actions live when last reported to Board:
 - 5 are red (significantly off target);
 - 3 are amber (off target);
 - 7 are green (on target); and
 - 12 have been completed.
5. The five red (significantly off target) are:
 - **Sickness absence to 6% by March 2024:** the Trust has seen a downward trend in sickness absence, as the Trust has emerged from the pandemic and through the application of the Managing Attendance Programme, however, the sickness absence rate rose above 8% in July 2024 to 8%. Continued application of the programme is the corrective action.
 - **Consult & Close ambition 17% by Q4 2023/24:** the Trust achieved 15.1% in April 2024, which is the highest rate the Trust has achieved; however, the implementation of the 111 CAS has affected the Trust's ability to report the 111 contribution to the consult & close rate. Corrective action is to resolve the 111 CAS reporting issues.
 - **Reduction in emergency department handover lost hours:** the 2024/25 Welsh Government target for handover lost hours is no waits over one hour, which equates to 7,500 hour per month. The Trust lost 17,540 hours in August 2024. Whilst a reduction from previous months, these levels are still extreme with the Trust's EMS roster keys being predicated on 6,000 hours i.e. they are simply not designed to cope with this level of loss and to do so would be prohibitively expensive.

- **Eradication of handover waits of > 4 hours:** the main Welsh Government target is now the no waits over one hour with a 30% reduction by December 2024. There were 1,355 waits of over four hours in August 2024 and 5,162 over one hour. Whilst these levels are below the two year average, they remain extreme.
 - **Implementation of Same Day Emergency Care (SDEC) services in each Health Board:** SDEC referrals accounted for < 0.1% of verified demand in August 2024 Trust modelling indicates 4% of the Trust's verified EMS demand could go into SDECs if the nationally agreed referral pathways were in place. It is important to note that SDECs do not only take referrals from WAST, but also from other sources, including Emergency Departments. Therefore, SDECs have been implemented, but the pathways into them from WAST are not working as initially intended.
6. At the July 2024 Trust Board it was acknowledged that this report had now been running for two years and it was an appropriate juncture to review its content and whether it should continue. The CEO met with a number of ELT members in August 2024. The consensus view was that there was still value in having a specific report that looked at patient harm metrics, with the suggestion that a one page scorecard was appropriate for Trust Board level. For the supporting action plan, the view was that this had now run its course and has been superseded by other delivery mechanisms, therefore this will be the last time the patient harm mitigations action plan will be reported to Trust Board.
 7. The Trust has made good progress on the actions in the plan, particularly those that are within its gift to deliver. For those actions that remain open the attached action plan details where accountability and continued performance management will take place.
 8. The main delivery mechanism going forward is the Trust's 2024-27 IMTP which sets out a range of actions designed to evolve the clinical model at pace to try and address the impact of handover. Key planned deliverables include:-
 - 111 digital platform: a business case that identifies what could be achieved;
 - 111 CAS: a new platform that will support integration between 111 and 999. The platform went live as planned on 30 April 2024;
 - 111 demand & capacity review: subject to potential agreement and funding with the new commissioners, a review that informs patient safety performance parameters, efficiencies and the capacity to deliver (now expected to commence in Q4 following delays in procurement);
 - Expansion of the remote clinician capacity and the scoping of the integration of 111 and CSD. An additional 28 FTEs (Clinical Navigators) are being invested into the control centres in 2024/25 and workshops on future clinical workshop completed;
 - Evolved Clinical Model: the review of the current clinical response model and move to a new clinical model. Transformation programme

structure is in place with actions being taken at pace, and discussions with WG and commissioners continue;

- 999 EMSC: the reconfiguration of the EMSC, to improve leadership, team structures, workloads and alignment to patient flows;
- CHARU: full roll out and improved utilisation;
- APPs: further expansion and improved utilisation. 32 FTEs APP funded for 24/24 and Task & Finish Group includes improved management information as part of its terms of reference; and
- Ambulance Care: movement to the agreed tighter scope of practice, that enables a focus on core routine/planned activity.

9. Finance & Performance Committee and Trust Board receive a quarterly accountability report on progress against the IMTP deliverables.

RECOMMENDATIONS: Trust Board is asked to: -

- **NOTE** the continued level of avoidable patient harm in the 999-emergency care pathway.
- **AGREE** the new patient harm mitigations dashboard.
- **NOTE** the good progress made on the patient harm mitigations actions that are within the Trust's gift to deliver.
- **AGREE** that the patient harm mitigations action plan will be closed with on-going actions to mitigate harm being undertake through other delivery mechanisms.
- **CONSIDER** whether there are any further actions available to the Trust to mitigate patient harm.

Patient Harm Mitigation Indicators Dashboard

Top Monthly Indicators	Target 2024/25	Jul-24	Aug-24	2 Year Average	RAG	Top Monthly Indicators	Target 2024/25	Jul-24	Aug-24	2 Year Average	RAG
Our Patients						Partnerships / System Contribution					
Volume of Red Responded Incidents in 8 Minutes	Increasing Trend	2,463	2,449	2,190	G	Successful Consult & Close Outcome	17.0%	11.0%	10.1%	13.35%	
Volume of Amber 1 Responded Incidents	Increasing Trend	11,181	11,064	11,468	A	% of EMS Verified Demand Accessing SDECs	Increasing Trend	0.1%	0.1%	0.16%	R
Amber 1 95th Percentile	Reduction Trend	7:05:00	6:07:08	6:32:22	A	Number of Handover Lost Hours	7,500	19,596	17,540	22,906	R
Can't Send & Cancelled by Patient Volumes	50% Reduction	9,659	8,476	9,031	A	Number of Patient Handovers > 1 hour	0	5,695	5,162	6,092	R
Our People						Number of Patient Handovers > 4 hour	0	1,594	1,355	1,994	R
Sickness Absence (all staff)	6.0%	8.06%	N/A	8.53%	R	Immediate Released (Red) Declined	0	5	8	16	R
Number of Shift Overruns	Reduction Trend	3,869	3,812	3,822	A	Immediate Released (Amber) Declined	0	221	218	309	R
Total EMS Resource (all types) UHP	95-100%	94%	93%	94.68%	A	Patients Estimated to be coming to Severe Harm (from long ED wait)	0	513	465	549	R
Value						Joint Investigation Framework Incidents	0			14	
% Conveying Production Lost Due to Handover Lost Hours	7.81%	22.9%	20.7%	26.07%	R						
111 Self Care	Increasing Trend	2,280	2,239	1,868	G						
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.35	2.34	2.35	R						

In-Month RAG Indicates =

- Green: Performance is at or has exceeded the target (Indicates no action is required)
- Amber: Performance is at or within 10% of target (Indicates some issues/risks to performance (monitoring is required))
- Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)
- TBD: Status cannot be calculated (To Be Determined)

Patient Harm Mitigations & Winter Resilience Actions

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
WAST ACTIONS – Operational				
1.	Immediate Release: Continue working with health boards to increase compliance, focusing on the validation process	Lee Brooks	- There were 509 requests made to health board EDs for immediate release of Red or Amber 1 calls in June 2024, compared to 478 requested in June 2023. In the Red category 154 were accepted and released, eight were not. In the Amber 1 category, 112 were released, but 235 were not. The Red position is relatively positive, but Amber 1 remains a concern. - The health board breakdown for Red not released, Jun-24 was: BCU 2, C&V 1, CTM 3 and HD 2. - The health board breakdown for Amber 1 not released, Jun-24 was: AB 16, BCU 133, CTM 13, HD 11 and SB 65. - Agreement has been reached with health boards around the validation process. - Reporting of immediate release with continue via the Patient Harm Mitigations Dashboard. Action COMPLETE. - Continue to report in Patient Harm Mitigations Scorecard.	Complete (Continue to report in Patient Harm Mitigations Scorecard)
2.	Clinical Safety Plan (CSP) & Resource Escalation Action Plan (REAP) annual review	Lee Brooks	- Both the CSP and the REAP were reviewed in advance of the festive season. Both are considered robust. - There will be further reviews this winter and in connection the Clinical Model Transformation Programme. - Transferred to Operations SLT. Action COMPLETE (and transferred going forward).	Complete BAU (Ops SLT)
3.	Introduction of limited Emergency Department “cohorting” to support reduction in shift overruns	Lee Brooks	- Some further “cohorting” (pods) was reintroduced for winter 2023/24 - At this point in time pods remain open at Morriston and YGC in BCU. A third is planned.	Complete (Ops SOT)

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			Transferred to Operations SOT. Action COMPLETE.	
4.	Patient handover actions.	Exec team	Some English ambulance services operate a system whereby handovers are mandated or forced after a certain period of time e.g. WMAS and LAS. This will be reviewed by the ELT. Action COMPLETE.	Complete (ELT)
WAST ACTIONS – Tactical				
5.	Sickness absence (and abstractions): Improve internal sickness efficiency to IMTP 2023/24 target and abstractions to ORH benchmark	Lee Brooks Angie Lewis	- Improvement trajectory agreed as part of IMTP 22/23 that returns us to pre pandemic sickness' rates over the lifetime of the IMTP. - In Jul-24, sickness absence was 8% (target 6% by March 2024), moving above 8%, with performance having previously been below 8% in 2024/25. Whilst missing the 6% target, given the nature of the service, this is reasonable performance. - The Trust will continue its focus through the Managing Attendance Programme into 2024/25, with a wider focus on abstractions as well. Abstractions did achieve the 30% benchmark several times this calendar year, but remain above the benchmark at this time. - Action NOT ACHIEVED, SIGNFICANTLY OFF TARGET. Transferred to the Monthly Quality & Performance Indicator Report.	6% by 31 March 2024 Not Achieved (MIQPR)
6.	National 111 awareness campaign	Estelle Hitchon	- The Director of Partnerships & Engagement has met with the WG policy lead/Head of Urgent Care and Head of Marketing for WG Dept of Health, Social Care and Early Years to discuss a more sustainable approach to digital development (including website) and 111 communications more generally. It is acknowledged that there is limited capacity within WAST and that sustainable solutions will need to be sought to ensure that the ambition of 111 as a “digital first” service with the ability to defray low acuity needs via a digital solution is realised. - WG and WAST have subsequently drafted a paper setting out the current situation and associated risks of the fragmented communications delivered by different organisations to support the	Open, on target (ELT)

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			delivery of NHS 111 Wales. The paper makes a recommendation to the JCC that a review should consider how a dedicated strategic lead, staffing and dedicated budget will be resourced to meet the delivery and widespread promotion of NHS 111 Wales. - The paper was shared with the JCC on 05 Jun-24. The JCC has committed to reviewing and sharing comments on this shortly. - Given some absence and movement within the WAST Comms Team, coupled with changes in directorate responsibilities, a restructuring plan will be developed over Q3, for agreement and support in Q4 and, if agreed, implementation from Q1 2024/25. - This will allow for succession planning within the directorate, as well as an opportunity to consider how best to deliver 111 comms, working closely with the proposed JCC recruit. - Action OPEN, ON TARGET (transferred to ELT).	
7.	Seasonal Forecasting & Modelling (original action was winter modelling)		- The Trust has undertaken winter modelling which it has made available to Welsh Government and reported to EASC. - Summer modelling completed. This was predicated on 19,000 handover lost hours per month. The school holiday modelling estimated Red 8 minute at 46% and Amber 1 median of 2hr and 35 minutes. The Trust achieved 51.75% and 1hr and 11minutes respectively. There was a material reduction in handover lost hours in Aug-24 to 17,540. - Season modelling is BAU and is currently being undertake for winter. - Action COMPLETE (BAU, Executive Director of SP&P).	19 Nov-23 Complete (Exec Director SP&P)
8.	Additional 111 Mitigations (original action was winter mitigations)	Lee Brooks	The service is managed well and has recently delivered at pace the new 111CAS system. The service has good workforce planning, but training capacity has had to focus on the new system, which has affected recruitment and production, with the Trust estimating it will achieve the 190 FTE call handler commissioned control total by Sep-24. Call	Open, off target (Ops SLT and CMT PB)

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			demand is 10% higher in the three months to the end of Jun-24, compared to the same period last year. - It is imperative that the Trust now undertake a collaborative and independent 111 demand & capacity review, as agreed with the new Joint Commissioning Committee (JCC). Action due to commence on that in second half of Jul-24. This will assist both the Trust and commissioners in determining whether the commissioned level of call handlers (net of efficiencies) is sufficient to meet demand. - In year monies for website development currently being actioned, in particular, new dental assets (live) and an independent report on the website (completed). Next stage is to develop a business case connecting to the findings from the independent report. - Call handler levels are now not expected to be recovered by Sep-24. A procurement issues has delayed the work on 111 demand & capacity (due to be undertaken as part of a review of rostering practices). The business case is under development. - Action OPEN, OFF TARGET (transferred to Operations SLT – recruitment and rostering; and transferred to CMT Programme Board for website).	
9.	Winter Overtime	Lee Brooks	- The Trust targeted production and overtime to forecast demand peaks in the first half of winter. The Trust has achieved 94% EA UHP for the last three months to end of Jun-24, benchmark 95%. - This action relates to previous winters. - It is BAU to target overtime, both during the winter period, and outside. Action COMPLETE (Operations SLT, BAU).	Complete (Ops SLT, BAU)
10.	Additional Winter NEPTS Discharge Capacity	Lee Brooks	- The Six Goals Programme made an allocation of £10,000 her health board. - Whilst some Health Boards booked additional NEPTS transport through WAST using a dedicated spend code related to this	Offer made. £70,000 allocation Closed /

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			allocation, this was not consistently applied. We understand that in some cases, whilst the spend was made through WAST, the allocation was coded internally. It has therefore not been possible to fully identify how each Health Board utilised their allocation.	Complete
11.	Operations Senior Planning Team (winter)		The Operations Senior Planning Team is live and meeting every week.	From 20 Nov-23 Complete
WAST ACTIONS – Strategic / Transformational				
12.	Maximise the opportunity from Consult & Close for 999 calls – stretch to 15% and beyond	Lee Brooks Andy Swinburn	- The IMTP 2023/24 ambition to move this up to 17% within existing resource constraints i.e. by delivering more efficiencies, by quarter four 2023/24. - Performance has continued to recover with the Trust achieving 15.1% in Apr-24; however, it dipped to 12% in May and 10.1% in Aug-24. This is a reporting issue caused by the new 111CAS, in particular, that the 111 contribution to consult & close is not included. - The Trust's 2024/25 ambition is 17% (also a WG target) with recent demand & capacity modelling suggesting that the updated clinical model could see a maximum figure which is higher again. - The Trust is investing a further 28 FTEs into its remote clinical capability this winter, as part of the Clinical Model Transformation Programme. - Action NOT ACHIEVED, SIGNIFICANTLY OFF TARGET. Transferred to the Monthly Quality & Performance Indicator Report.	March 24 Not achieved (MIQPR & CMT PB)
13.	Recruit and train more Advanced Paramedic Practitioners	Andy Swinburn	- The Trust uplifted its APP establishment by a further 15.7 FTEs in 2023/24 (funded through internal movements). For 2024/25 the Trust is funding a further uplift of 32 APPs (additional funding, not internal movements). - The above uplifts will increase the APP establishment to 120.7 FTEs.	Q4 2023/24 Open, On Target (Advanced Clinical Practice)

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			- Phase 1 18 recruited through initial recruitment round with an estimated 12 through Phase 2, which does leave a shortfall of 6 FTEs (36 required to cover turnover). Mitigations currently being considered, in particular, Mar-25 in take. - APP Recruitment Task & Finish Group leading on recruiting up to the 24/25 APP establishment. The Task & Finish Group reports to ACPDG. - Action is OPEN, on target.	Delivery Group - ACPDG)
14.	Senior system influencing	Jason Killens Colin Dennis	- CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant for settings. - A series of meetings have been held with each of the Health Board CEOs in order to listen to their priorities and understand how we might work more productively at a strategic level with them. - An updated reputation audit, quality assured by The Consultation Institute, was conducted with key stakeholders in April and early May-24. - Work is ongoing to develop and build relationships with key stakeholders within the new JCC arrangements. - The Trust presented a briefing paper to the JCC Board Development session in Aug-24. - Action is OPEN, on target, being delivered through the CMT Programme Board.	Open, on target (CMT PB)
15.	Overnight falls service extension and future modelling	Mark Harris	- Night Car Scheme extension agreed to 31 September 2024 (2 regional resources) - Utilisation rates continue to be monitored: - Nighttime utilisation:- - Q2 65% - Q3 64% - Q4 64% - Q1 2024 - 66%	Complete.

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			- Daytime utilisation:- Q2 57% Q3 56% Q4 to date 58% Q1 2024 57% - Combined day and night Q2-Q3 58% Combined day and night Q4 to date 59% Combined day and night Q1 2024- 59% - There is now also an additional Level1 nighttime resource through RPB and Gwent Resilience Plan: - Ringfenced AB dedicated level 1 Q1 2024 64% - Contract options paper appraised by Executives. Shared Services supporting current provider extension and future retendering process 24/25. - Falls contract monitoring moved from QSPE Directorate to Operations Directorate. - The 2023 EMS Demand & Capacity Review has completed its modelling of falls level 1 and level 2 resources. This will now need to be considered further by the Trust, commissioners and health boards. Contract resolved. - Action is COMPLETE.	

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
16.	Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	Audit Wales	- 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) - The audit has completed nearly all the fieldwork. It has one outstanding focus group left, which is scheduled for the end of July and then will be issuing the draft report to the Trust by the end of Aug-24. - Report currently being drafted with release expected in Oct-24. - Action OPEN, transferred to ELT.	24/25 Q1+Q2 Open (ELT)
17.	Full roll out of CHARU	Andy Swinburn	- Current position (May 2023 EMS Operational Transformation Programme Board) is 30 FTE vacancies (20%) against the 153 FTEs modelled requirement (including those just recently recruited, but not yet live). Recruitment into more rural areas remains challenging. - ELT have identified an issue around the utilisation (compared to the modelled levels) of CHARUs. The CHARU Task & Finish Group is currently investigating this issue. The initial results indicate that the Trust is reaching more Red calls with CHARUs than it did with RRVs (there are significantly less CHARUs than the previous RRV resource). - Further analysis has been undertaken and is now being considered. - Recent progress is the best to date at an 80% roster fill. Decision in principle to recruit FQ Paramedics as a way of trying to reach complete roster fill.. - Partially achieved. Action OPEN, transferred to Operations SLT, supported by Integrated Technical Planning Group.	Open, Partially Achieved, (Ops SLT)
18.	Virtual Ward now Connected Support Cymru (CSC)	Liam Williams	- Currently awaiting WG feedback on the submitted business case. - Further meetings arranged with between the Executive Director of Quality & Nursing and Six Goals Programme/WG/. Trust has also approach WG with a smaller ask to facilitate 7 FTE CSD clinicians to	Open, funding remains uncertain

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			provide a continuation of the Luscii solution - this would enable a proof of value pilot to further inform a business case. - At this stage there is no further external funding available to support this initiative; however, both commissioners and WG are supportive in principle. - Position Statement being developed by project team. Action OPEN, transfer to Clinical Model Transformation Programme.	(CMT PB)
19.	Red screening		- Red review went live on 19 June 2023. - Red review for protocol six breathing difficulties, currently undertaken when CSD UHP is over 100%. - The Trust has now formally modelled the resource required for rapid clinical screening which is now being undertaken by the 2023 EMS demand & capacity review. The Trust is investing 28 FTEs this year. - The ratios of responding resources to incidents is kept under weekly review through the Operations Performance meeting (see below). - Original action delivered. - Further development of this approach i.e. remote clinical screening is a key part of the CMT Programme.	Complete
20.	Response Logic		- The change in dispatch logic for Red incidents (aimed at improving the 65% 8 minute performance and improving patient safety) went live on 19 June 2023. - Work is progressing based upon a planning assumption that the desired multiple attendance ratio is between 1.1 and 1.3. The Trust is currently achieving 1.28 (w/c 08 Jul-24) for Red all allocation code set. - The Trust has undertaken an initial analysis of CHARU (see above) effectiveness with further analysis currently under review. - Original action delivered. - Further work on the response logic being undertaken by the CMT Programme.	Complete

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
21.	Integrated Commissioning Action Plans (ICAPs)	Rachel Marsh	- The ICAP meetings focused on ambulance response performance, handover delay performance and the development of actions to reduce handover delays and improve ambulance response times. - The 2024/25 ICAP structure is being reviewed to consider the planned changes with regards to the new Joint Commissioning Committee (JCC). These meetings were paused for the transition into the JCC, and have not yet properly been restarted. ToR are being drafted for consideration. - Action is OPEN, with action transferring to Executive Director, SP&P.	Open, JCC currently reviewing (Exec Director, SP&P)
22.	Future Clinical Service Model		<i>Future Clinical Service Model</i> - A series of five clinical workshops were undertaken in May-24 to provide dedicated time and space to continue the thinking and early development of proposals to transform the organisation's future clinical service model. - The workshops focused on a number of the key components of the emerging future model, including telephony processes, design of the rapid clinical screening function, continued thinking around the RICS concept (Remote Integrated Care Service) and Community Response Service. - To aid the delivery of this complex change, the Trust has reviewed its programme management arrangements, closed down its existing programmes, set up a new Clinical Model Transformation (CMT) programme supported by five workstreams: digital front end, emergency response service, remote integrated care service, urgent community response service and health transport service. - More detailed progress against each of these workstreams was reported to Jul-24's Finance & Performance Committee in the IMTP 24/25 Q1 update. - The programme is also supported by a range of other groups on engagement, quality/performance metrics and evaluation and the interface with our commissioners.	Open, on target (CMT PB)

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			- A case for change document continues to be developed and is expected to go to the JCC in Sep-24. - Action is OPEN, transferred to CMT Programme Board.	
23.	Strategic 2023 EMS Demand & Capacity Review		- The report is due to go to Finance & Performance Committee and Trust Board in Jul-24 (completed for F&P, on target for TB). Completed. - The report clearly shows that the traditional conveyance model (based on current levels of handover) is prohibitively expensive and that change is not an option. - The report models an initial “best estimate” of a future clinical service model, with much more emphasis on telephone triage and servicing demand in the community. - Action is COMPLETE.	Complete
SYSTEM STAKEHOLDER ACTIONS				
24.	Reduction in handover lost hours to 15,000 by Q2 and 12,000 hours in Q3 (Welsh Government target now no waits over one hour, with a 30% reduction by Dec-24)	HB CEOs	- Jun-24's handover lost hours were 22,229 compared to 18,588 in Jun-23 i.e. they have gone up. The Trust's implemented rosters are based on 6,000 handover lost hours and are simply not designed to cope with this extreme level of loss. - C&V UHB being a clear outlier from other health board in demonstrating sustained improvement. In the w/c 08 Jul-24 C&V UHB had no waits over one hour. - The Trust lost 17,540 hours in Aug-24 or 20.7% of its conveying capacity (two year average of 26.07%).	Q3 / Q4 targets Not achieved (JCC)
25.	NHS Wales eradicates all emergency department handover delays in excess of 4 hours (replaced by no waits over one hour with a 30% reduction by Dec-24 as per letter from Director General Health, Social Care & Early	HB CEOs	- There were 1,335 > one hour patient handovers in Aug-24 (two year average 1,994). - The NHS Wales 2024/25 Performance Framework target is no waits over one hour with a 30% reduction by Dec-24. It is not clear what the baseline for the reduction is. - Whatever the baseline the system is some distance from achieving this (it would equate to an estimated 7,500 lost hours per month),	Dec-24 Not achieved (JCC)

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
	Years/NHS Wales CEO 07 May-24)		with current levels in excess of 22,000 hours and going in the wrong direction. The 2023 EMS Demand & Capacity Review includes a scenario based on this target for handover.	
26.	Implementation of Same Day Emergency Care (SDEC) services in each Health Board	NHS Wales	- The Trust has provided Welsh Government with information which indicates that SDEC referrals account for less than 1% of the Trust's verified EMS demand. - The modelling indicates 4% of the Trust's verified EMS demand, using the acceptance criteria and opening times used in the modelling, could go into SDECs. - SDEC referrals accounted for 0.1% of verified demand in Aug-24. - It is important to note that SDECs do not only take referrals from WAST, but also from other sources, including Emergency Departments. Therefore, SDECs have been implemented, but the pathways into them from WAST are not working as initially intended. A series of workshops were held in Mar-24 and Apr-24 alongside NHS exec colleagues; however, many issues remain e.g. no SDECs operating at some hospitals, challenge from clinicians about the need for SDECs, data quality, the use of SDECs for "bedding down" patients i.e. overflow from hospitals etc.	Q4 22/23 Not achieved (JCC)
27.	National Six Goals programme for Urgent and Emergency Care	NHS Wales	- 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 the Director of Paramedicine and on the overarching programme board by the Executive Director of Strategy, Planning & Performance. - The Trust also has a presence on all the individual goal boards. - At the April Integrated Quality, Planning & Delivery (IQPD) meeting with WG, it was agreed that the Trust will produce its own six goals plan. This is a positive development. This has now been	Ongoing Open, (ISPD).

Ref	Description	Owner	Progress Update	Planned Delivery Date & RAG Rating
			developed and the Trust is currently in dialogue with the Six Goals Programme. Action is OPEN, transferred to the Integrated Strategic Planning & Delivery (ISPD) group.	

AGENDA ITEM No	09
OPEN	Open
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – July/August 2024

MEETING	Trust Board
DATE	26 September 2024
EXECUTIVE	Rachel Marsh Executive Director of Strategy, Planning & Performance
AUTHOR	Melanie O'Connor - Senior Performance Analyst Mark Thomas – Commissioning & Performance Manager Hugh Bennett - Assistant Director, Commissioning & Performance
CONTACT	Melanie.O'Connor@wales.nhs.uk Mark.Thomas12@wales.nhs.uk Hugh.Bennett2@wales.nhs.uk

EXECUTIVE SUMMARY
1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for July/August 2024. 2. Data quality issues have been identified and are being addressed within 111, APPs and throughout the quality indicators. 3. The response times to 999 callers remains a key concern with red 8-minute performance at 51.75% in August 2024 and Amber 1 median at 1 hour and 11 minutes, which the Trust knows leads to avoidable patient harm. The Trust continues to work on tactical actions within its control to mitigate this risk including maintaining high levels of EA production (declined in August) and fully rolling out the CHARU service (improving); whilst also undertaking more transformative actions through the Clinical Model Transformation (CMT) Programme. 4. The Trust lost 17,545 hours to handover in August 2024 (lower than August 2023). This level of lost capacity is difficult to compensate for, despite all the actions being taken by the Trust.

5. The 2024/25 budget includes further investment in activities designed to shift demand left and mitigate the impact of handover lost hours, in particular, investing in clinical screening and APPs, which form part of the CMT Programme.
6. Data quality issues have been identified in 111. These are currently being addressed. 111 call handling performance has stabilised post-delivery of the new 111 CAS, but the call abandonment rate is higher than the 5% target. This is due to a number of factors, in particular, a lower level of staff in post caused by training capacity having to be diverted to the implementation of the new system, sickness absence. The Trust anticipates that staff in post will be restored to commissioned levels by November 2024.
7. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance has been stable, with oncology remaining above target and renal performance achieving its target. Both the NET Centre and NEPTS transport are due to be re-rostered in 2024/25 (on target), a key efficiency.
8. The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People & Culture Plan. Sickness absence was 8.06% in July 2024 breaking the consistency of being below 8% since March 2024. The IMTP ambition is to reach 6%. The Trust will continue its focus on sickness absence. It is of note that the EMS absences did hit the 30% benchmark in January, February, April, and June respectively, for the first time since the pandemic, but were at 33% in Aug-24 (annual leave & sickness absence).
9. The Trust is continuing to deliver its Clinical Model transformation (CMT) programme at pace, aiming to get key aspects of the change programme in place in advance of winter. More detailed progress on the CMT can be found in the IMTP 24-27 report.

RECOMMENDATION

Trust Board is asked to: -

10. Consider the July / August 2024 Integrated Quality & 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
20.09.24 Executive Director Strategy, Planning & Performance 25.09.24 Executive Leadership Team

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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

SITUATION

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

BACKGROUND

2. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus: -
 - Our Patients (Quality, Safety and Patient Experience);
 - Our People;
 - Finance and Value; and
 - Partnerships and System Contribution
3. As previously agreed, the metrics which form part of this committee/Board report are updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust's plans (IMTP) and strategies. The 2024/25 revised metrics have been agreed.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

4. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
5. **999** call answering times improved in August with the 95th percentile at 4 seconds, compared to 9 seconds in July 2024. The 65th percentile and median performance remain consistently good in July 2024.
6. **111 call answering performance has improved over recent weeks**, although the call abandonment performance was at 8.9% in August and off target (5%). One of the key issues has been the temporary reduction in call handling staff in post caused by a redirection of available training capacity towards the delivery of the new 111CAS system. Recruitment is now underway again and it is anticipated that the staff in post to establishment position will be recovered by November. It should be noted that there is also a reduction in the commissioned level of call handler FTEs in 2024/25 compared to last year (-4%).
7. 111 demand in August 2024 was 1.15% higher than during August 2023, and the longer term trend is up. The Trust is expecting to shortly procure a third party to undertake a collaborative (with commissioners) and independent review of the

Trust's 111 call handler rostering practices, including a review of demand levels and required staffing capacity.

8. **111 Clinical response:** data quality issues have been identified and these are currently being addressed with no data available past June 2024.
9. **Ambulance Response** (safety / patient experience): the red 8-minute response performance for August 2024 was 51.75%, remaining below the 65% target; however, the Trust is reaching more red patients in 8 minutes, but the denominator (demand) has also grown. The Amber 1 median in August was 1 hour 11 minutes and the Amber 1 95th percentile was 6 hours 7 minutes. These long response times have a direct impact on outcomes for many patients.
10. Traditionally the main factors which affect response times are demand and capacity (recruitment and lost hours). A recruitment gap has been identified and is currently being addressed through a series of corrective actions, but the lost capacity through handover at hospital remains extremely challenging and largely out of the Trust's control to address. The Trust's main focus in the first half of 2024/25 is to implement a material change in how it responds to patient demand by evolving its clinical model through the Clinical Model Transformation (CMT) programme, elements of which will be implemented before winter. Areas of focus include: -
 - Data quality issues have been identified with APPs and these are currently being addressed.
 - Further investment into remote clinical capacity (+28.5 FTEs);
 - Further investment in APPs (+32 APPs);
 - Development of the remote integrated care service (111 clinicians and CSD clinicians);
 - Continued focus on a range of responses that support non-conveyance, where it is clinically safe and appropriate to do so: Connecting Support Cymru, mental health response pilot, Falls response etc.
 - Formal reporting of the 2023 collaborative and independent EMS Demand & Capacity review.
11. The one area of particular focus for recruitment is CHARU: with the Trust looking to recruit up to the modelled 153 FTEs; and connected to this a focus on CHARU productivity, with a detailed presentation given at Sep-24's Finance & Performance Committee (findings positive) etc. The Trust achieved an 80% CHARU UHP in Aug-24, the highest it has achieved and is now seeking to close the remain gap through the recruitment of fully qualified paramedics.
12. As above, the extreme level of lost hours to **handover outside Emergency Departments** remains the critical component of long waiting times and patient safety incidents. 17,545 hours were lost during August 2024. Cardiff & Vale's

handover lost hours continue to remain comparably much lower, due to an organisational focus within the health board. While some small improvements have been seen in other health boards in recent months, Betsi Cadwaladr health board remains significantly high and just below its two-year average figure (7,700). WG have re-iterated to health boards the critical importance of improvements in this area. The WG pan-Wales target of no handovers of more than one hour, equates to 7,500 lost hours.

- 13. Ambulance Care (Patient Experience):** Oncology performance in August 2024 was 76.6%, hitting the 70% target. Renal performance also remains above target at 72.8%. Advanced discharge & transfer journey performance increased compared to the previous month to 78%, but remains below the 95% target. Overall demand for NEPTS continues to increase, but remains below pre-pandemic levels. The Trust has a comprehensive Health Transport transformation workstream in place, which includes delivering a range of efficiencies and improvements, for example: re-rostering NEPTS transport in 2024/25 which will better align available capacity with changing demand patterns (on target).
- 14. National Reportable Incidents (NRIs) / Concerns Response:** data quality issues have been identified which are currently being addressed. The Trust reported four NRI's to the NHS Executive in June 2024, an increase from the one reported in May 2024; and three serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In June 2024 complaint response times improved to 88%, a strong improvement on the 50% recorded in May 2024, and achieving the 75% target, however, cases remain complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken. The Trust has recruited to a new structure for the Putting Things Right (PTR) team, which is a key enabler in the improved performance.
- 15. Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 88.4% in August 2024, remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system. The return to spontaneous circulation (ROSC) compliance rate increased to 24.2% in August 2024 compared to 12.8% in July 2024.
- 16.** The Trust is now able to report on call to door times for Stroke and STEMI patients. For August 2024, these highlight call to hospital door times of two hours and 17 minutes for stroke patients and two hours and fifty-five minutes for STEMI. Clearly these times are too long and are representative of the longer response times for all calls as a result of the pressures and issues outlined in this report.

- 17.** In August 2024, 8,785 patients **cancelled** their ambulance, and the Trust was unable to send an ambulance due to the application of the Clinical Safety Plan levels to approximately 264 callers. The Trust believes that 50% of this combined number is unmet demand and is likely to be popping up elsewhere in the system. Anecdotal evidence from health boards supports this view, but data linking planned for 2024/25 is a key enabler to properly evidence this.

Our People (workforce resourcing, experience, and safety)

- 18. Hours Produced:** The Trust produced 118,091 Ambulance Response unit hours in August 2024 and delivered an emergency ambulance unit hours production (UHP) of 90%, below the 95% target. The primary causes were vacancies, annual leave, and sickness absence. Whilst EA UHP declined in August 2024 the Trust produced more ambulance units' hours (all resource) than August 2023. As per paragraph 10 above the Trust is taking a series of corrective actions to address these vacancies.
- 19. Response Abstractions:** EMS abstraction levels increased to 33.07% in August 2024, remaining just above the 30% benchmark figure. Response sickness abstractions stood at 7.46% (benchmark 5.99%).
- 20. Trust sickness absence:** the Trust's overall sickness percentage was 8.06% in July 2024, an increase on the 7.44% recorded in June 2024. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The 8.06% is above the 2023/24 IMTP ambition of 6%.
- 21. Staff training and PADRs:** PADR rates did not achieve the 85% target in August 2024 but have been remaining consistent (75.96%). Compliance for Statutory and Mandatory training increased to 84.66%, just shy of the 85% target.
- 22. People & Culture Plan:** the Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working, and the introduction of a staff pulse survey tool. The Executive Leadership Team will undertake another round of a pan-Wales of CEO Roadshows in November 2024.

Finance & Value

- 23. Financial Balance:** The reported outturn performance at Month 5 is a surplus of £31k and the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

Partnerships & System Contribution

24. We are not able to fully report on the consult & close rates as the 111 contribution is not available due to issues with system changes within the 111 CAS system. The IMTP ambition (and Welsh Government target) remains 17% at this point in time. The Trust has a recovery plan in place, with further work continuing during 2024/25.
25. Same Day Emergency Care (SDEC) centres continue only see a low level of ambulance activity and handover levels remain extreme, which make the work on the updated clinical model, before next winter, a tactical imperative.

Summary

26. Data quality issues have been identified and are being addressed within 111, APPs and throughout the quality indicators. The indicators used at this high-level highlight that 111 has stabilised post the 111CAS implementation with the coming months seeing a focus on recruiting back up to the establishment, which was affected by the implementation of the new system. EMS is stable, but likewise off target with the primary cause being handover lost hours. The Trust has largely exhausted traditional approaches to improving EMS performance and therefore is now focused on evolving the clinical model at pace this side of winter. Ambulance Care performance is stable and above target for its two-headline metrics.

RECOMMENDATIONS

Trust Board is asked to: -

- **Consider** the July/August 2024 Integrated Quality & 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.

Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

July / August 2024

Annex 1 – Top Indicator Dashboard



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

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

by Commissioning & Performance Team



Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators		Target 2024/25	Jul-24	Aug-24	2 Year Average	RAG	Top Monthly Indicators		Target 2024/25	Jul-24	Aug-24	2 Year Average	RAG
Our Patients						Health & Well-being							
						Sickness Absence <i>(all staff)</i>		6.0%	8.06%	N/A	8.16%	R	
Timeliness Indicators						Mental Health Absence Rates		Reduction Trend	2.43%	N/A	2.21%	G	
111 Clinical Triage Call Back Time (P1)		90%	N/A	N/A	98.3%		Staff Turnover Rate		Reduction Trend	8.12%	8.10%	9.25%	G
999 Call Answer Times 95th Percentile		00:06	00:09	00:04	00:22	G	Statutory & Mandatory Training		>85%	84.47%	84.66%	75.64%	R
999 Red Response within 8 minutes		65%	48.2%	51.8%	49.2%	R	PADR/Medical Appraisal		>85%	76.76%	75.96%	73.46%	R
999 Amber 1 Median		00:18	01:26	01:11	01:22	R	Number of Shift Overruns		Reduction Trend	3869	3812	3,669	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time						Inclusion & Engagement / Culture							
						NEPTS % of Total Calls Answered in Welsh		Increasing Trend	2.8%	2.0%	1.5%	G	
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)						Value							
						Financial balance - annual expenditure YTD as % of budget expenditure YTD		100%	100.00%	100.00%	100%	G	
Clinical Outcomes / Quality Indicators						EMS Utilisation Metric (CHARU)		Increasing Trend	27.4%	25.3%	28%	A	
Return of Spontaneous Circulation (ROSC)		Increasing Trend	22.75%	24.2%	18.6%	G	Average Jobs per Shift (All Vehicles)		Increasing Trend	2.35	2.34	2.35	R
Stroke Patients with Appropriate Care		95%	85.90%	88.4%	78.4%	A	NEPTS on the Day Cancellations		Reduction Trend	21.4%	21.4%	20%	A
Stroke Call to Hospital Door Times		Reduction Trend	02:10	02:17	9.4%	R	Partnerships / System Contribution						
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care		95%	58.89%	59.0%	46.3%	R							
National Reportable Incidents reports (NRI)			N/A	N/A	5		Inverting the Triangle						
Can't Send & Cancelled by Patient Volumes		Reduction Trend	9,881	8,476	9,087	A	Successful Consult & Close Outcome		17.0%	11.0%	10.1%	13.3%	
Concerns Response within 30 Days		75%	N/A	N/A	41.1%		% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department		Increasing Trend	11.25%	11.71%	11.3%	A
Enactment of the Duty of Candour		100%	N/A	N/A	73.3%		Number of Handover Lost Hours		7,500	19,596	17,540	22,904	R
Our People						NHS111							
						NHS111 Dental Calls		Increasing Trend	N/A	N/A	6,665		
Hours Produced for Emergency Ambulances		95-100%	90%	90%	90%	A	Consult & Close Volumes by NHS111		Increasing Trend	N/A	N/A	1,012	

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (To Be Determined)

Our Patients: Quality, Patient Safety & Experience

111 Call Answering/Abandoned Performance Indicators

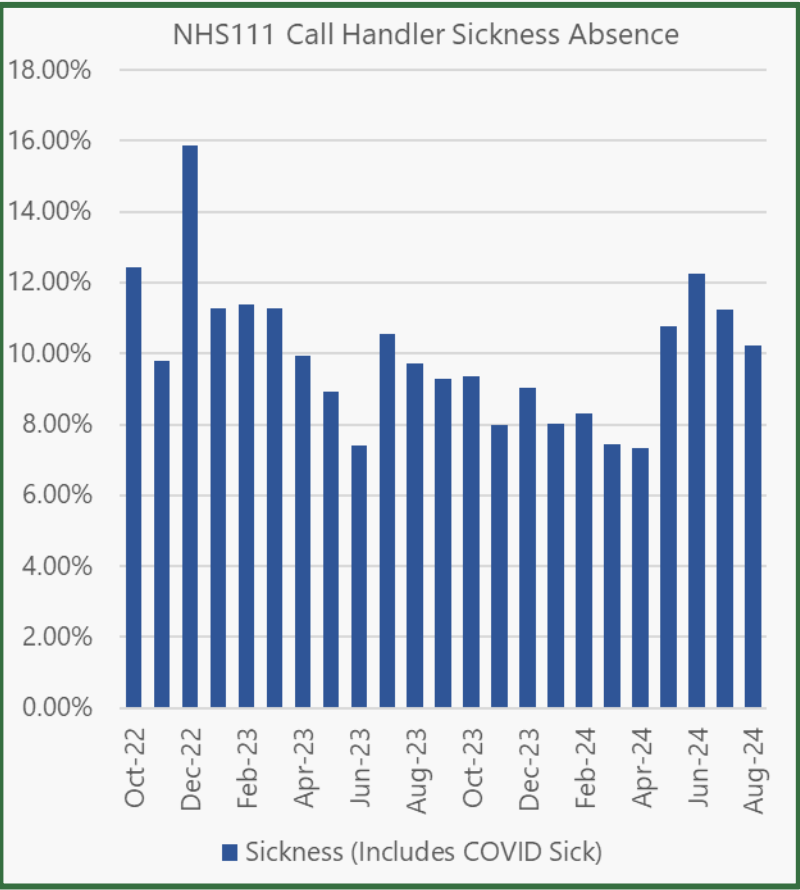
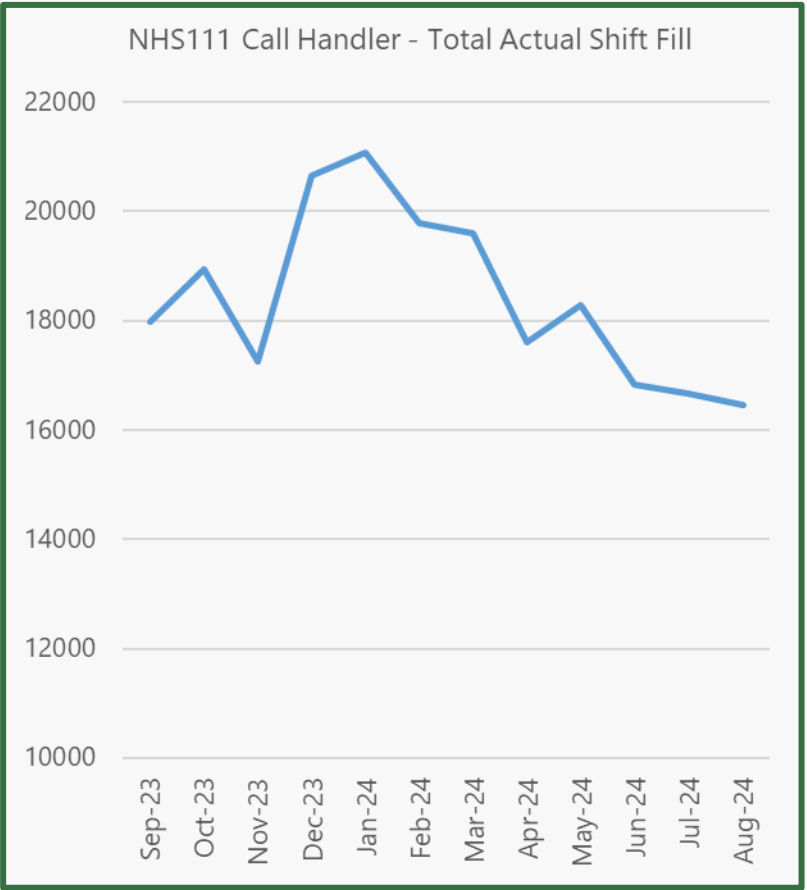
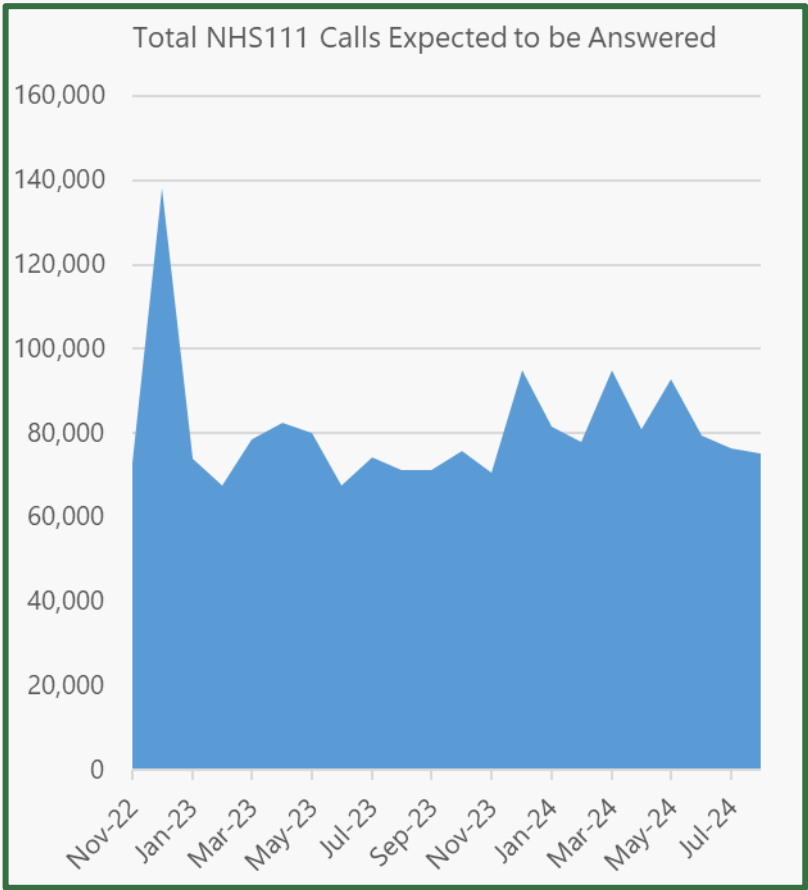
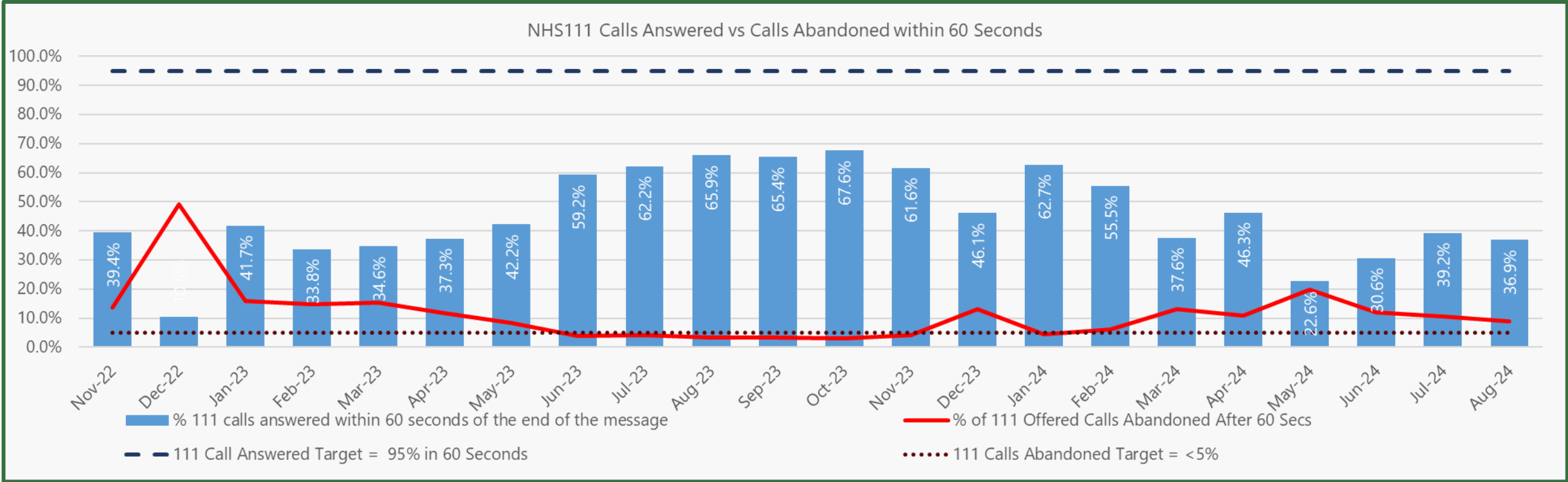
Influencing Factors – Demand and Call Handling Hours Produced

(Responsible Officer: Lee Brooks)

Abandonment Rate
R

FPC

NB: Data quality issues have been identified in 111. These are currently being addressed.



Analysis

The 111-call abandonment rate improved from 10.6% in July 2024 to 8.9% in August 2024, but did not achieve the 5% target for the 7th month in a row. The percentage of 111 calls answered within 60 seconds declined, from 39.2% in July 2024 to 36.9% in August 2024, and continues to be below the 95% target.

The dip in performance over the past few months has been due in part to increased call handler sickness levels, staffing numbers being below establishment and the new 111CAS system, which went live on 30th April 2024. In the run up to implementation, staff were abstracted for training, and in addition recruitment was paused. After go-live, staff are familiarising themselves with the system, which is having some impact on efficiency.

Remedial Plans and Actions

Key actions include:

- Recruitment up to commissioned levels, with cohorts starting over the summer and a plan to be at commissioned levels by October, a slip from the previous August deadline;
- Further action is being undertaken to try and improve on the call handling position across the Winter months e.g. possible over-establishment.
- A focus on realising the benefits of the new 111CAS;
- A 111-re-roster pre-work review that takes account of the increased demand the Trust is seeing, what levels of performance commissioners want and the mix of capacity and efficiencies to achieve this.

Expected Performance Trajectory

The expectation is that once the new system has bedded in and additional staff have been recruited performance will improve once again; however, there are risks including demand, levels of commissioned call handlers being lower than last year and an unknown impact of the new system.

Our Patients: Quality, Safety & Patient Experience

111 Clinical Assessment Start Time Performance Indicators

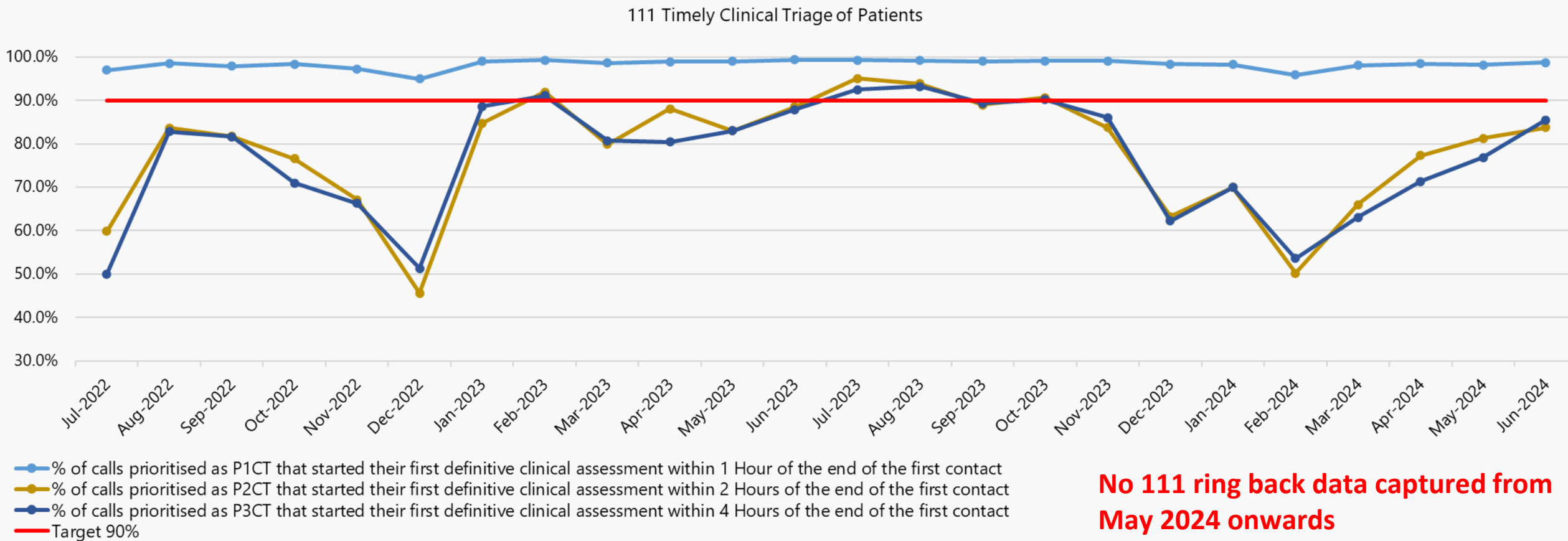
Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

P1CT

FPC

NB: Data quality issues have been identified in 111. These are currently being addressed.



Analysis

The highest priority calls, P1CT, achieved the 90% target, recording 98.7% in June 2024. No further data is available.

Ring back times for lower category calls improved during June 2024, reversing a previous deterioration in performance, this was despite a drop in shift fill levels during June, compared to May 2024.

Numbers of clinician hours produced increased again in August 2024 for the second month in a row. This was despite clinician sickness absence also increasing during the month to 17.09%.

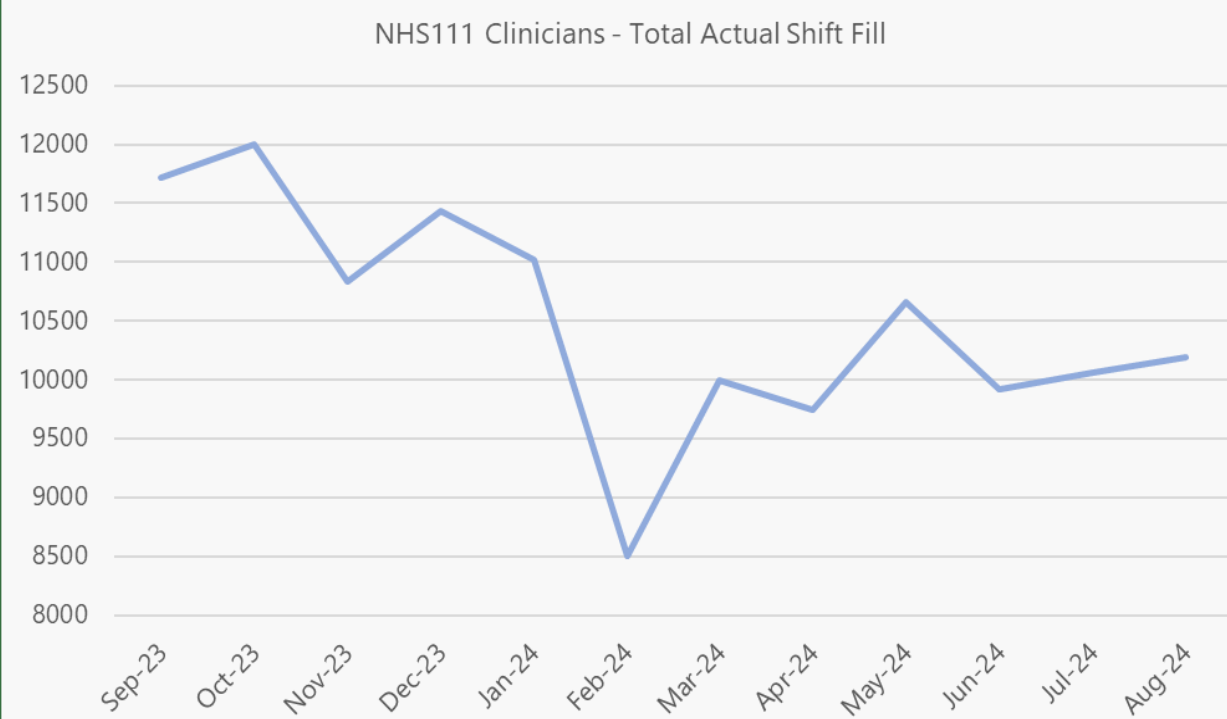
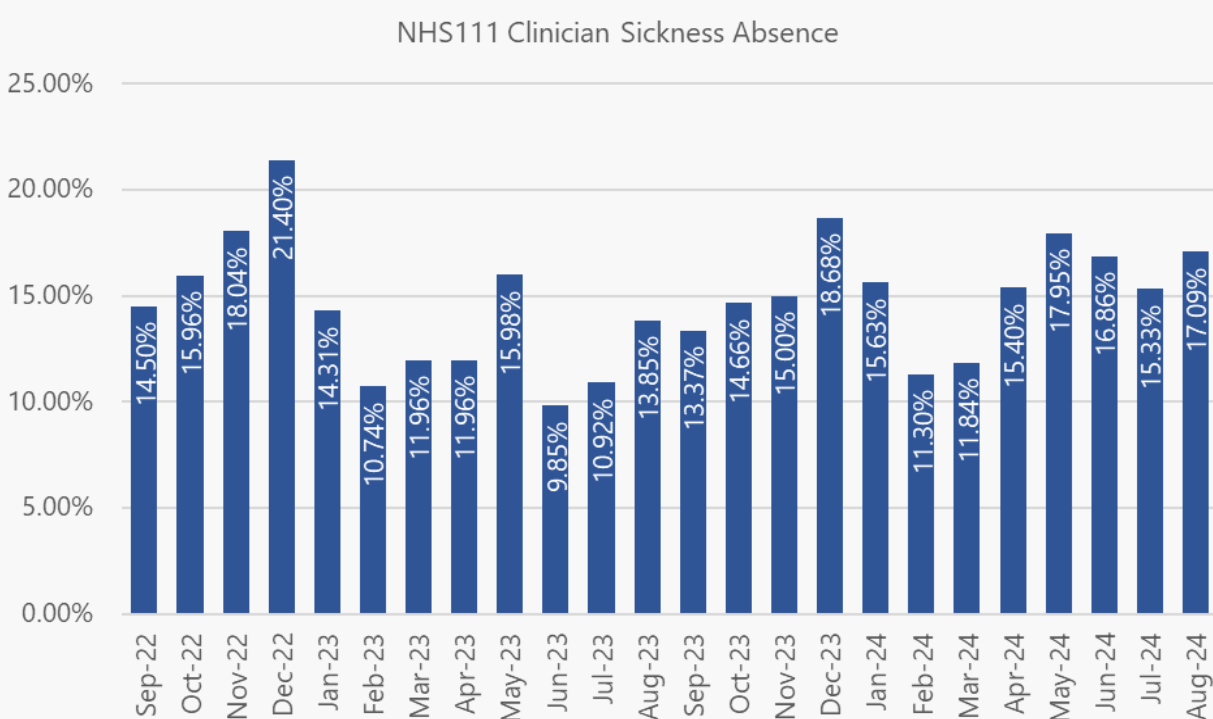
Remedial Plans and Actions

The key actions include:

- A focus on delivering the benefits of the new 111CAS.
- Recruitment up to commissioned levels of clinicians
- A demand and capacity review to determine appropriate levels of capacity to meet increasing demand (this may now be delayed to enable the impact of the work on the digital front end to take effect).

Expected Performance Trajectory

The new 111CAS will bring performance benefits, however, demand is increasing materially, and the number of commissioned clinicians will be lower in 2024/25. Therefore, it is unclear what performance levels will be able to be achieved.



Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

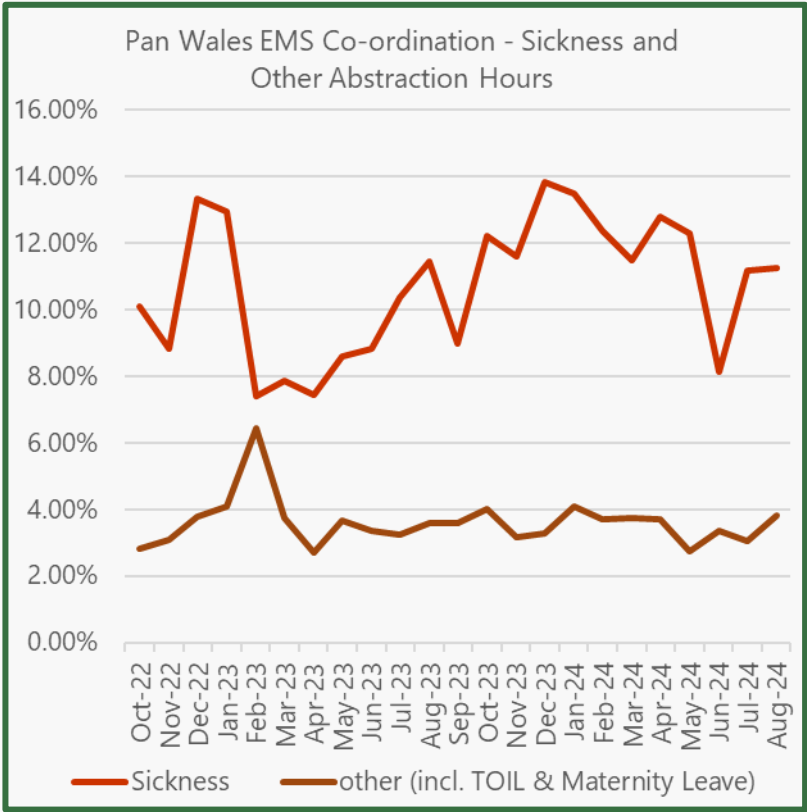
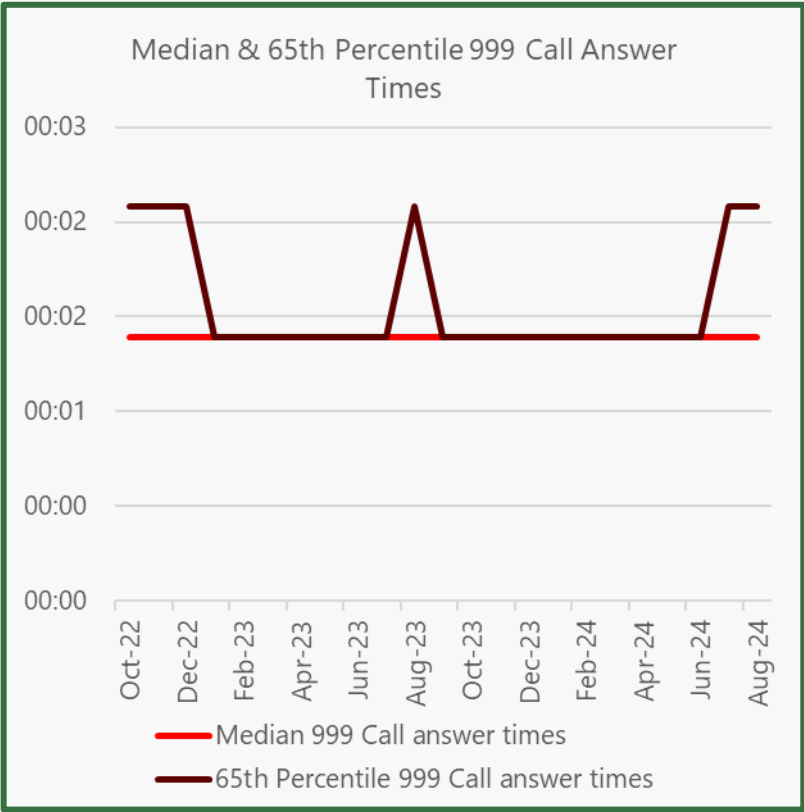
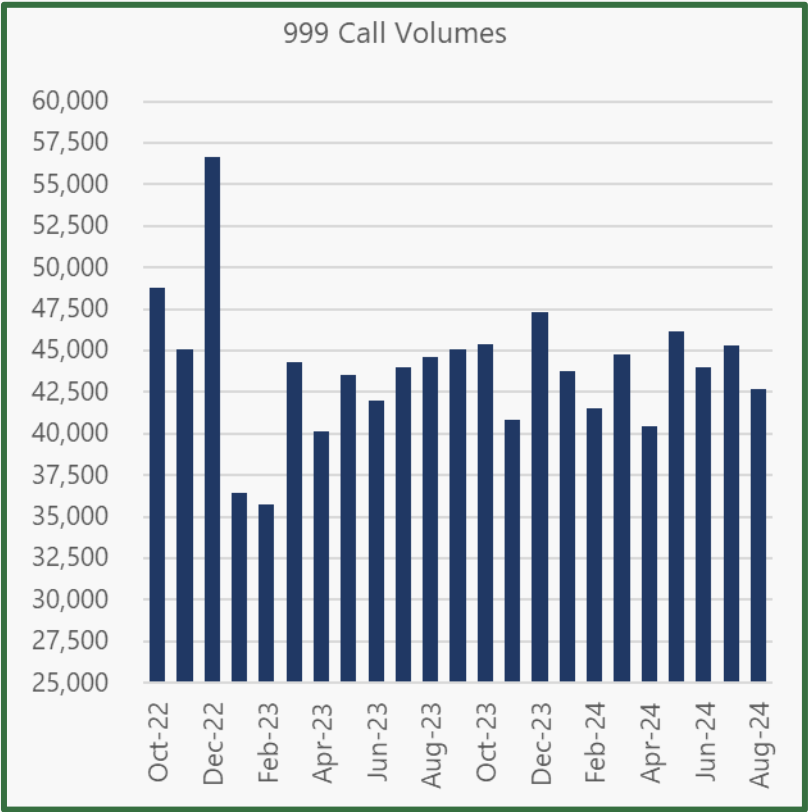
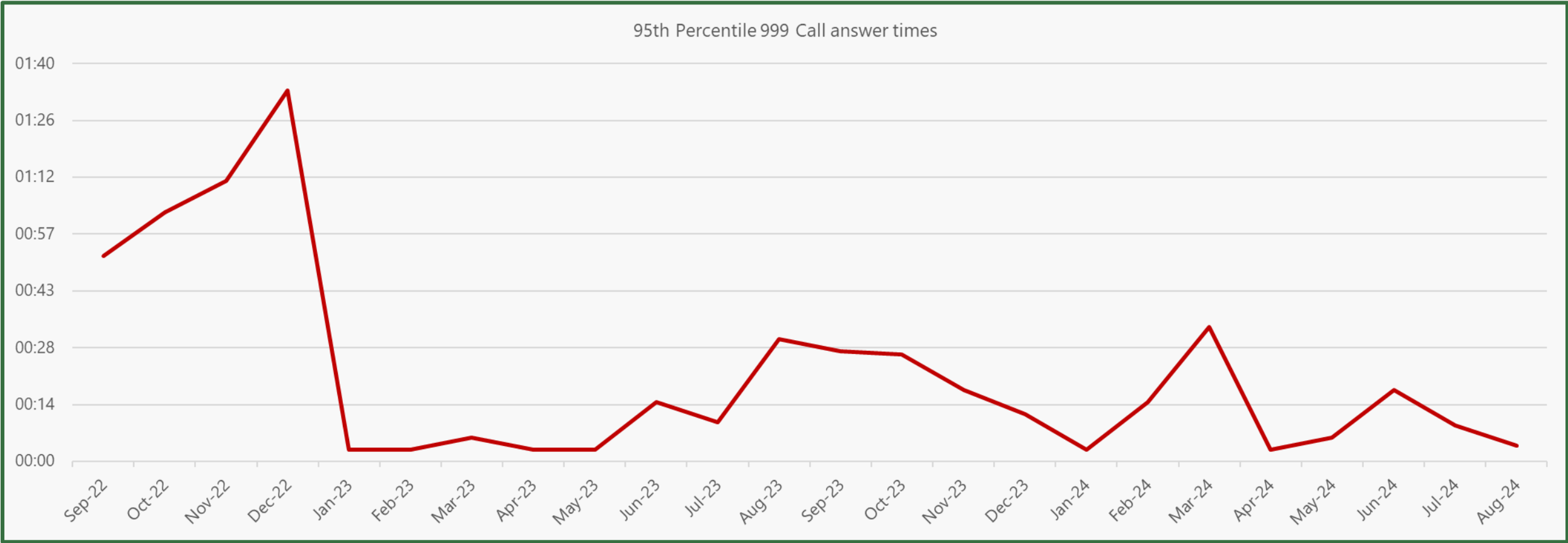
(Responsible Officer: Lee Brooks)

G

FPC

CI

Influencing Factors – Demand and Hours Produced



Analysis

The 95th percentile 999 call answering performance achieved the 6 second target (00:04) in August 2024. The median call answer time for the 999-service remained consistent at 2 seconds in August 2024.

There was a decrease in demand in August 2024 to 42,707 calls from 45,292 in July 2024.

Sickness levels saw minimal movement from 11.20% in July 2024 to 11.26% in August 2024.

Remedial Plans and Actions

- Over establishment has been approved for EMSC by the Executive Director of Operations with call takers currently above establishment (105.5 FTEs v 126.26 WTEs)
- Will continue to overrecruit for the next few months (as approved by the ADO and the EDoOps) into the winter months.
- Further recruitment drives in all three centres are planned for November, January & March with 12 per cohort.

A transformation programme is underway:

- **Roster Review.** A dispatch roster review for Allocators and Dispatchers.
- **Boundary changes.** Realignment of dispatch boundaries to balance workload and pressures for individual dispatch teams.
- **Broader Ways of Working.** This project is looking to create efficiency, effectiveness and improved productivity through a review of processes and procedures as well as providing consistency and reduction in variation across centres.

Expected Performance Trajectory

The median and 65th percentile are performing very well and are stable. The above changes should provide further resilience. There is some resilience to demand increases, but this needs to be kept under review.

Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

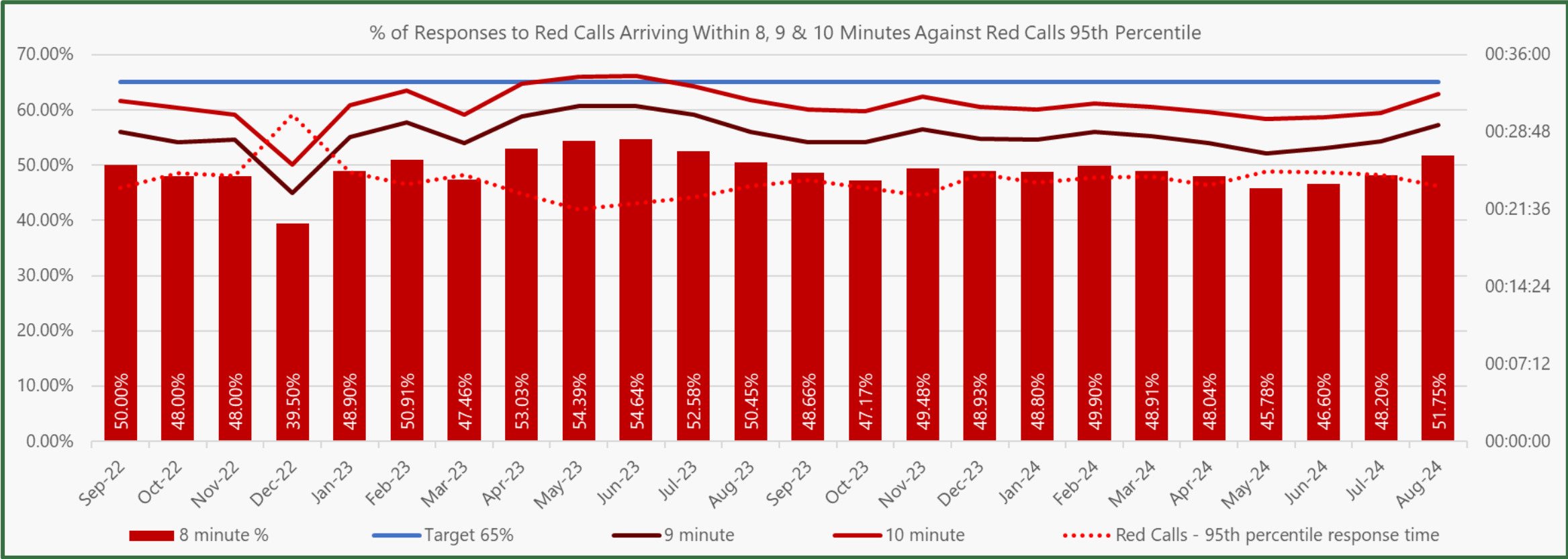
8 Min

R

QUEST

FPC

CI



Analysis

Red 8-minute performance continues to remain below the 65% target increasing marginally during August 2024 to 51.75%.

Red 10-minute performance for August 2024 was 63%, which is marginally above the 2-year average (60.9%).

One of the main determinants is **red demand**, which has **increased** over the last few years, with red demand in August 2024 being 22% higher than that seen in August 2023. However, as red demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for August 2024 being 2,449 (25.1% higher than the figure for August 2023) i.e. the Trust is reaching more red calls in 8 minutes, but the denominator is also increasing.

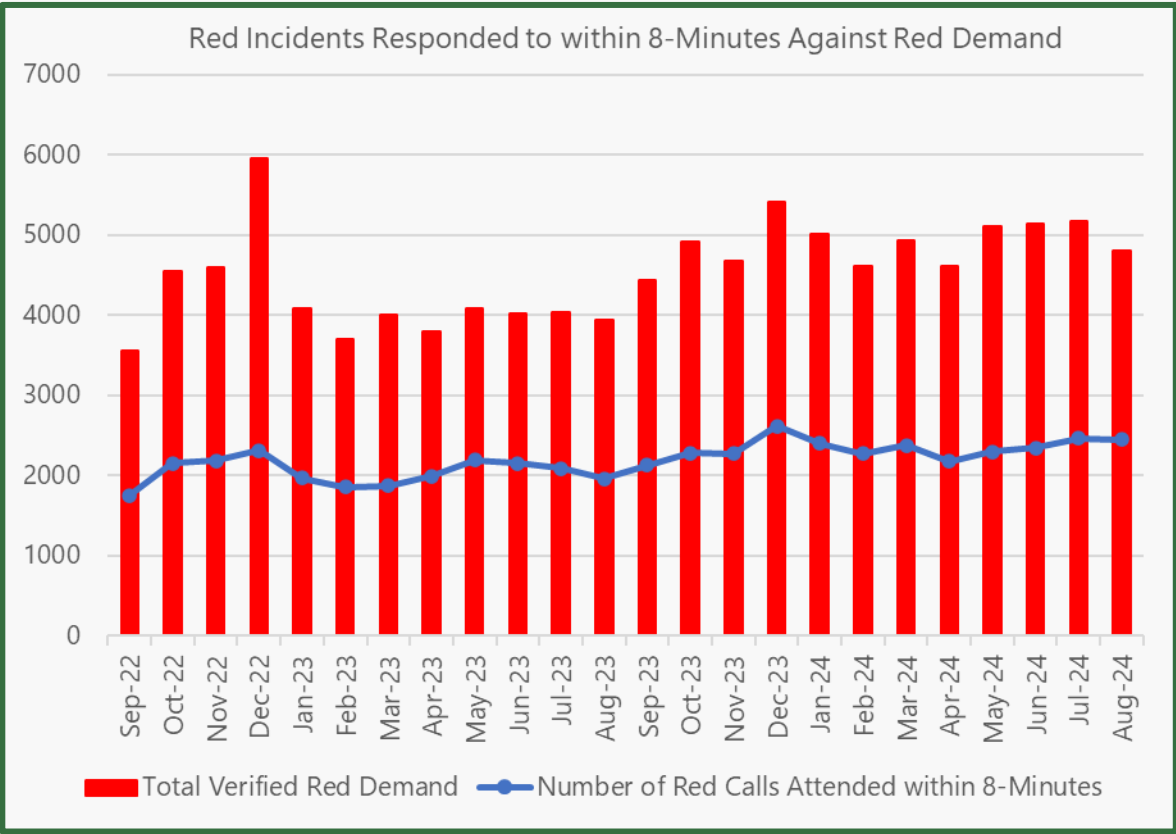
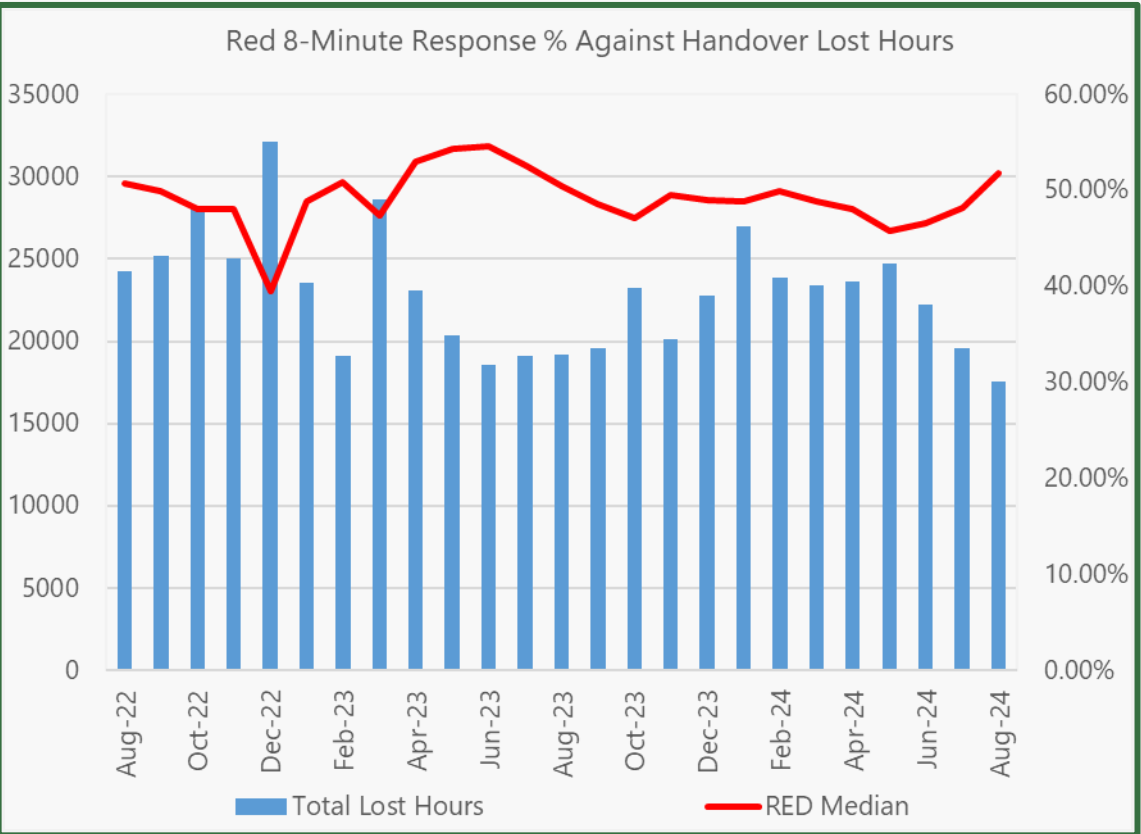
The lower left graph demonstrates the correlation between overall Red performance and **hospital handover lost hours**, which shows that as handover rates decrease, so red performance improves. There were 17,545 lost hours in August 2024.

Remedial Plans and Actions

- The main improvement actions in the Trust's gift are:
- To maintain commissioned establishment in post levels overall.
 - To recruit an additional cohort of 21 EMTs in November.
 - Full roll out of the Cymru High Acuity Response Unit (CHARU), now largely complete (128 FTEs v target of 153 FTEs) with the exception of some hard-to-reach areas.
 - Continued focus on production and abstractions (EA production was 90% UHP in July 2024 and CHARU production 74% against full roll out);
 - The rapid deployment, before winter 2024/25 of the first phase of actions towards an updated clinical model e.g. rapid clinical screening, as outlined in our IMTP.

Expected Performance Trajectory

Modelling for Summer 2024 (school holiday period) indicates a level of Red performance below target (most likely scenario 46%) and Amber 1 (over two hours).

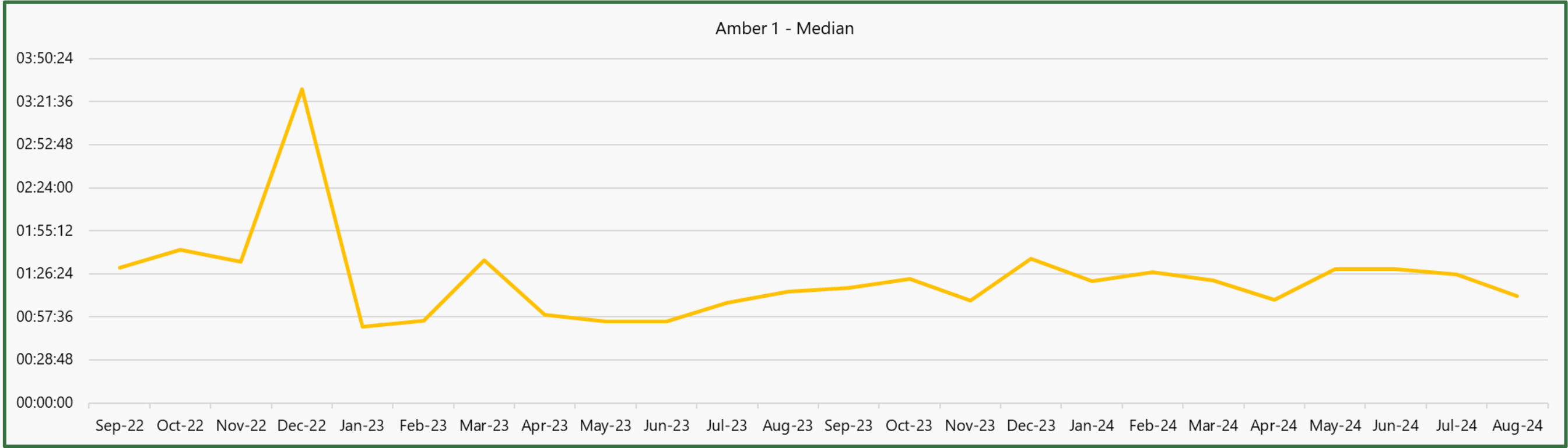
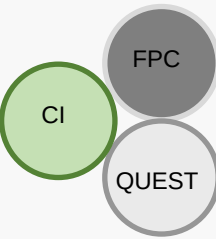


Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



Analysis

The Amber 1 median performance time improved marginally during August 2024 to dropping to 1 hour 11 minutes compared to 1 hour 26 minutes in July 2024. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95th percentile also improved during August 2024 to 6 hours 7 minutes falling from 7 hours 6 minutes in July 2024. Although this time remains far too long, it was below the 2-year average figure of 6 hours 32 minutes for the first time in four months.

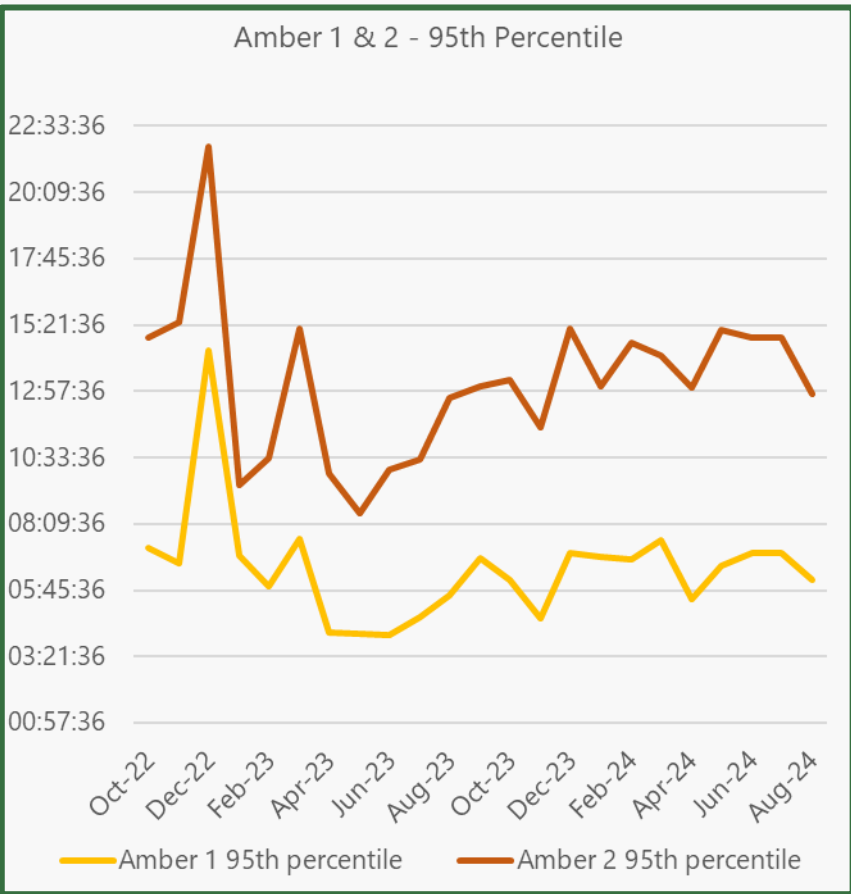
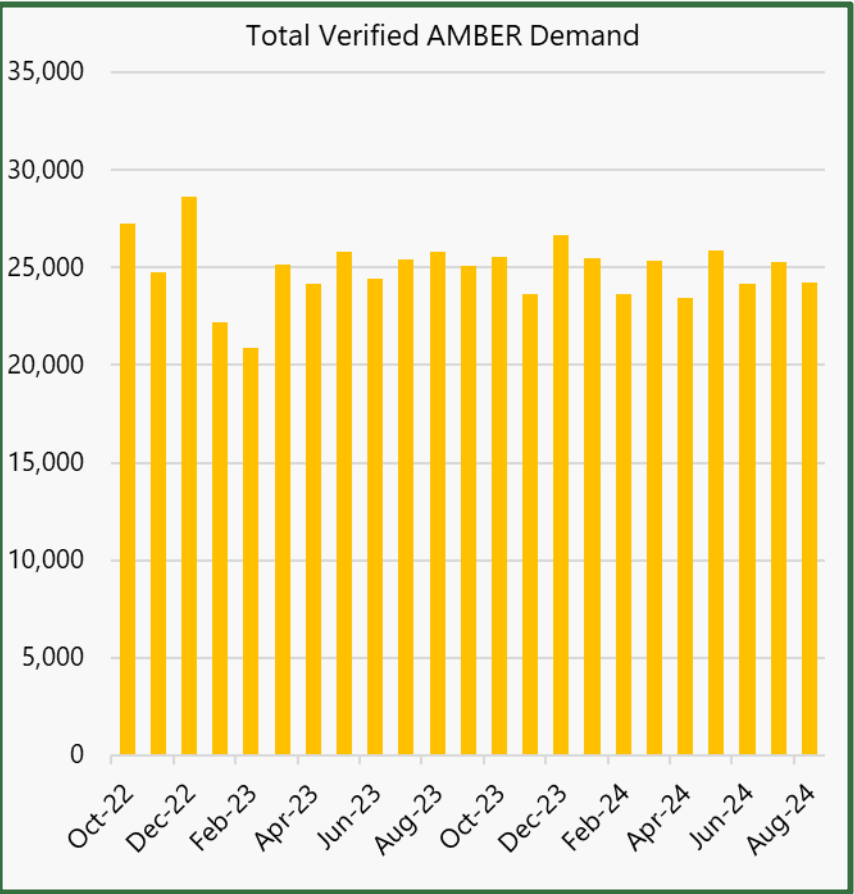
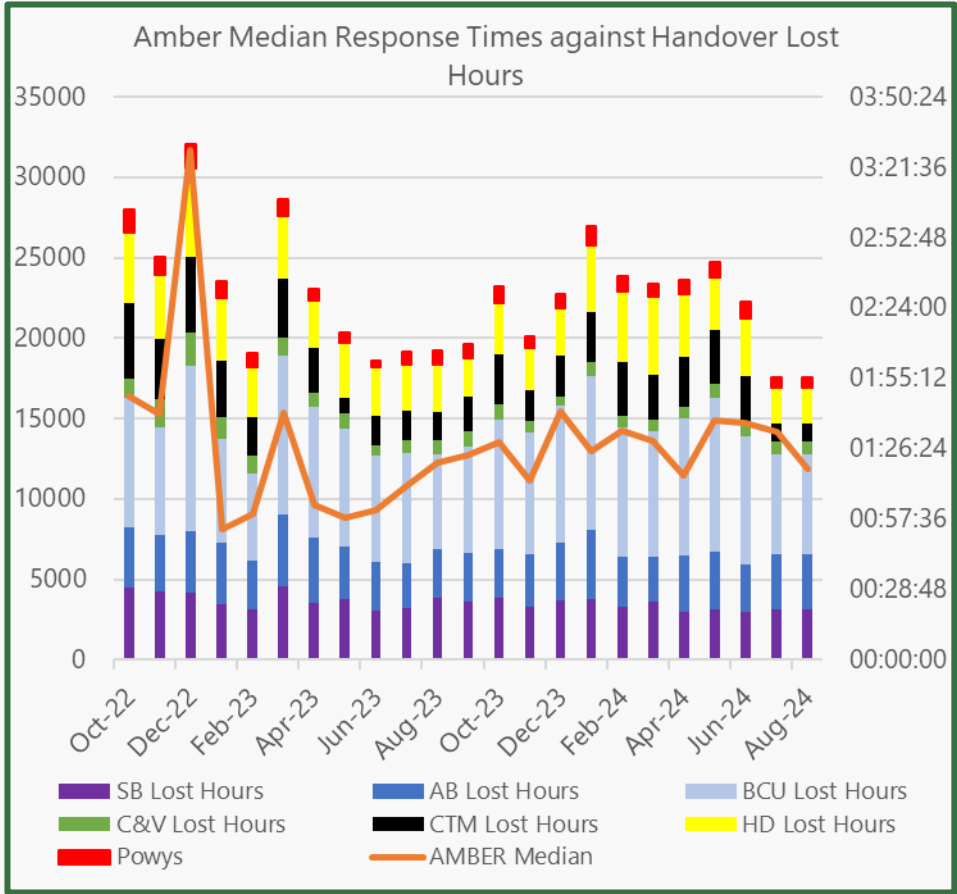
As with Red, there is a strong correlation between Amber performance and lost hours due to handover delays, which shows Amber performance improving over the past two months as handover levels have reduced.

Remedial Plans and Actions

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

Expected Performance Trajectory

The Trust is currently evolving its clinical model and has completed a new 2023 EMS Demand & Capacity Review.



Our Patients: Quality, Safety & Patient Experience

Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

D&T

R

Oncology

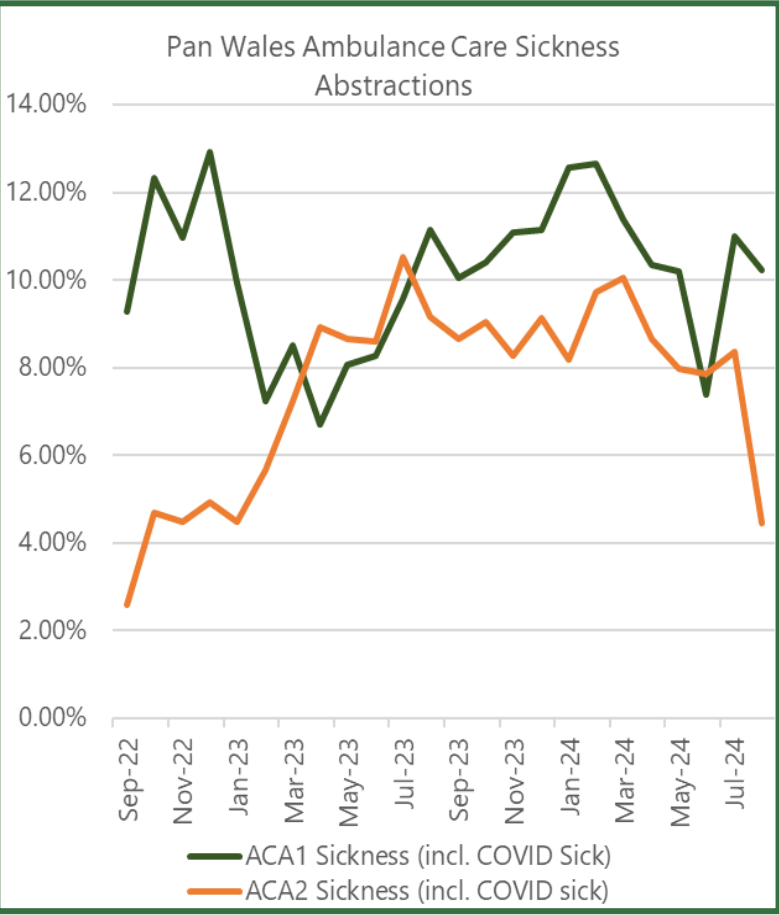
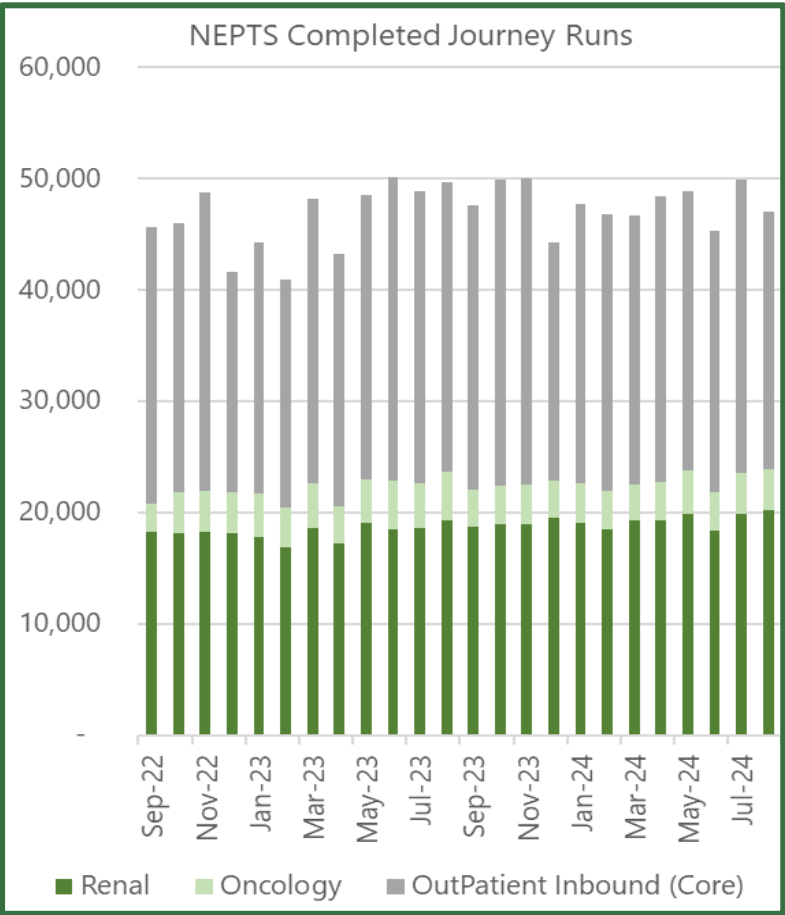
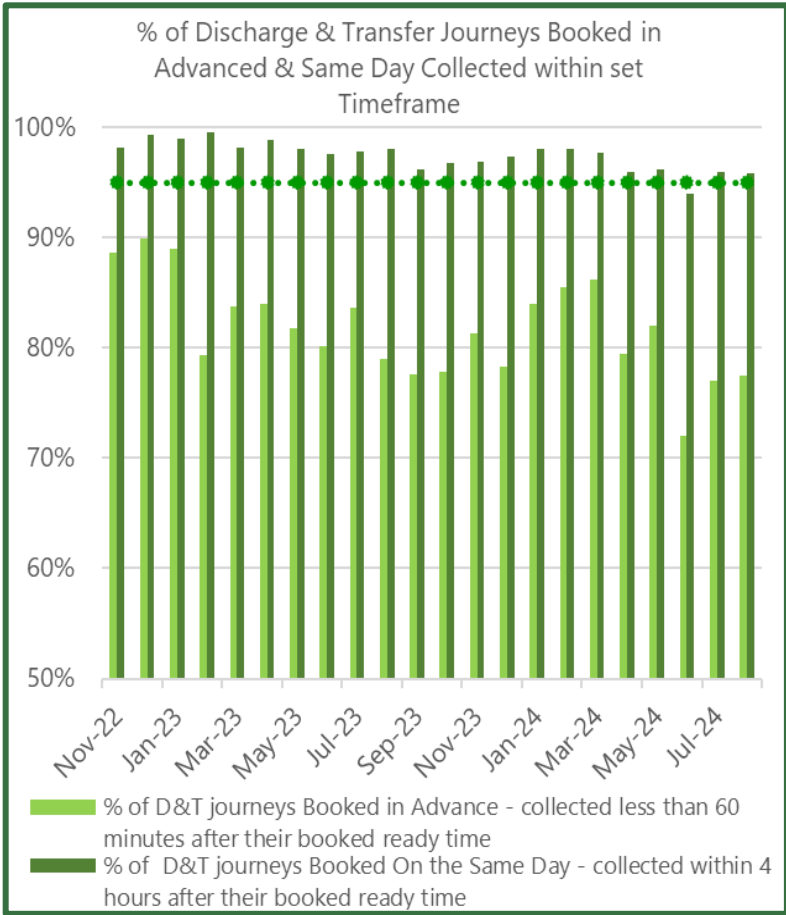
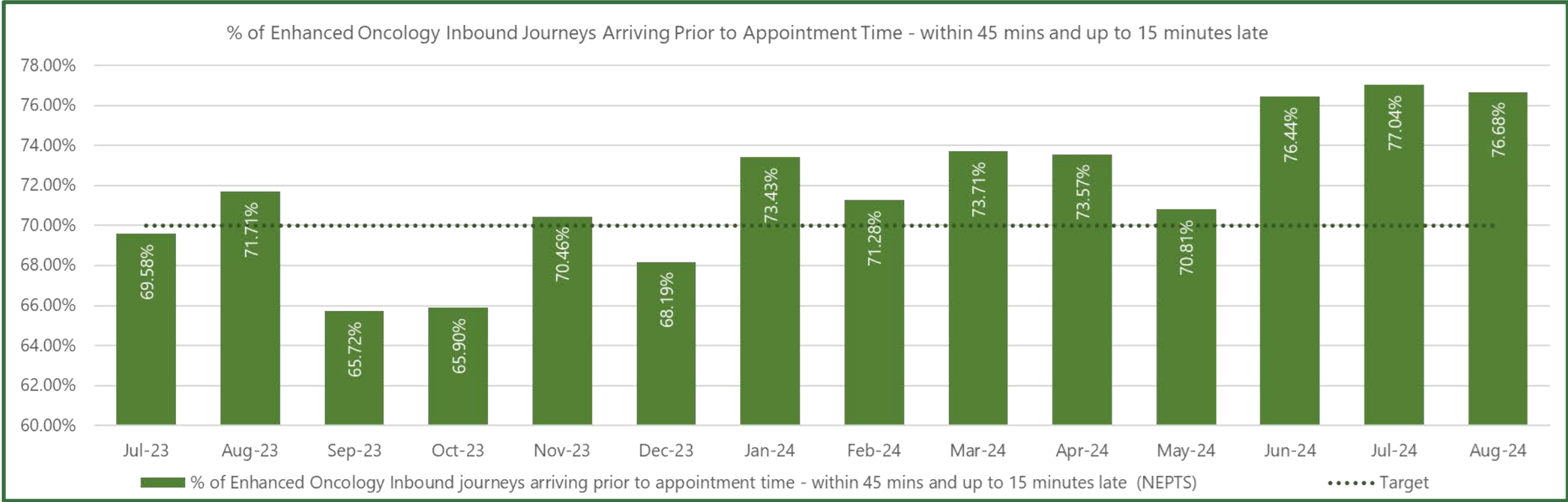
G

Welsh Calls

G

FPC

CI



Analysis

Ambulance Care (NEPTS element) performance remained stable during August 2024. 76.6% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time, a minimal decrease from the 77% in June 2024, and achieving the 70% target for the eighth month in a row. Oncology performance continues to be an area of focus for the service, and we continue to invest both time and resources on these journeys.

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment remains below target (95%) at 78% in August 2024, although this was an improvement from 77% in July.

Enhanced Renal journeys, remained stable at 73%, but continues to exceed the agreed performance standard (70%).

Call volumes answered declined further in August 2024 to 16,222 compared to 17,576 in July 2024; however, the average speed of call answering also declined from 9 minutes 10 seconds in July to 5 minutes 12 seconds in August.

Remedial Plans and Actions

Increased performance on data management and journey recording times is underway, with enhanced focus on weekend performance. Projecting an improvement in performance over next few months, although caution on achieving the 95% figure as this was always an aspirational target that needs engagement and system change from Health Boards which is complex and challenging to achieve.

New rosters keys are just being finalised based on updated demand, which will then be taken into a NEPTS transport roster review.

Enhanced sickness monitoring has been implemented at the ADO/HoS level and all long term and complex cases are being reviewed regularly.

Expected Performance Trajectory

Performance is anticipated to follow recent trends.

Our Patients: Quality, Safety & Patient Experience

Clinical Indicators

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

Stroke	ROSC	STEMI	Self-Assessment: Strength of Internal Control: Moderate
A	G	R	

QUEST

(Responsible Officer: Andy Swinburn)

Analysis

The percentage of patients documented as receiving appropriate care bundles in **August 2024** was:

Stroke – 88.4%, an increase from 85.9% in July. There is a correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance, this has informed the recovery plan and is a focus during Senior Paramedic ride outs with clinicians which has contributed to this improvement.

STEMI (heart attack) – 59.0%, consistent with July. User Interface changes are planned in November for justified exceptions with GTN to improve electronic Patient Clinical Record completion and compliance. A 'nudge' is also planned to improve compliance to Aspirin and GTN.

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 24.2%, an increase from 22.8% in July. Issues with the ROSC coding scripting were identified and subsequently updated from the July 2024 figures, which now shows a step change and with August being the highest since ePCR was implemented.

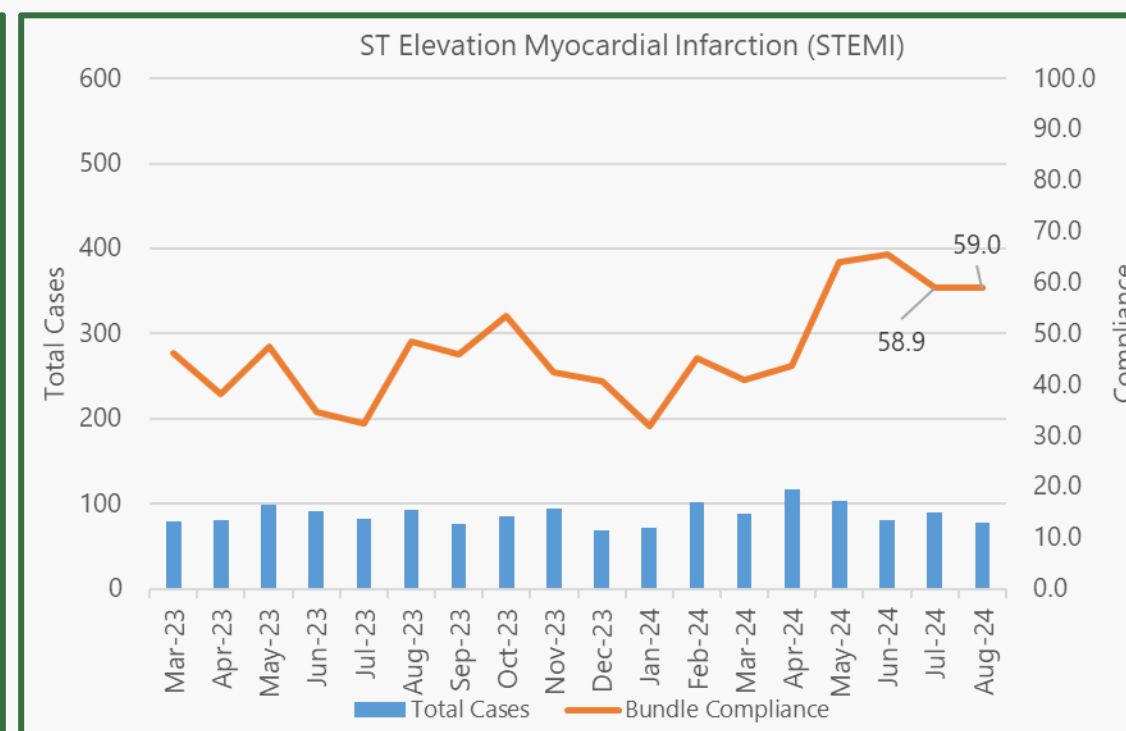
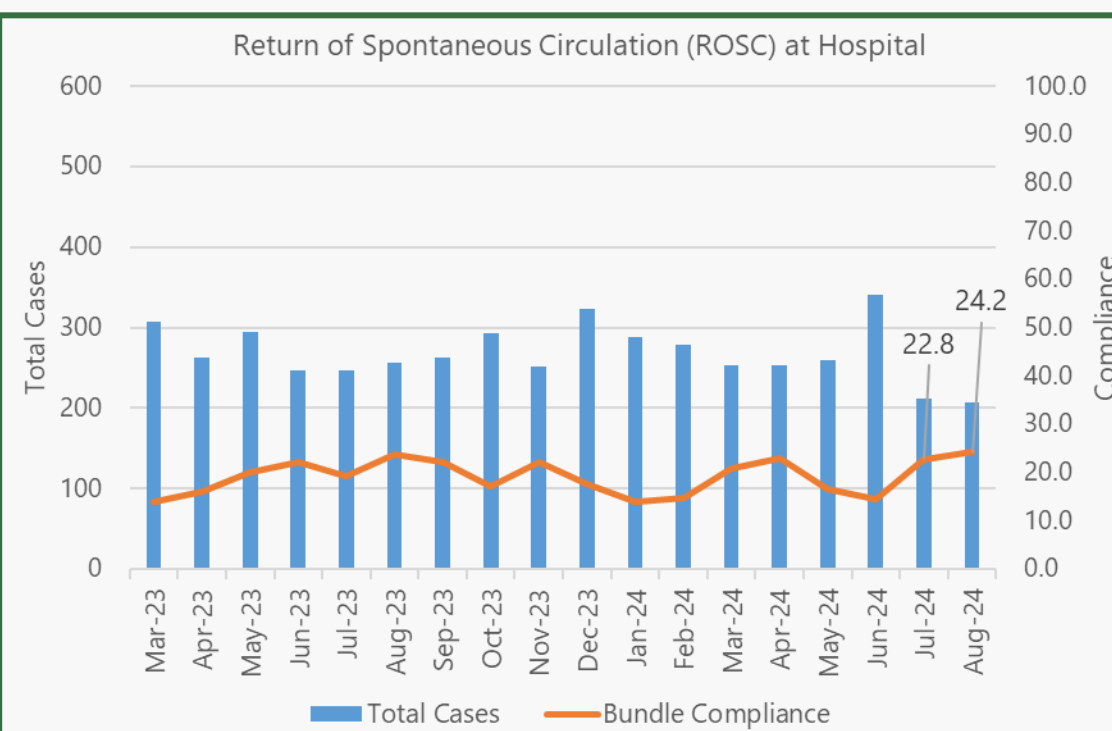
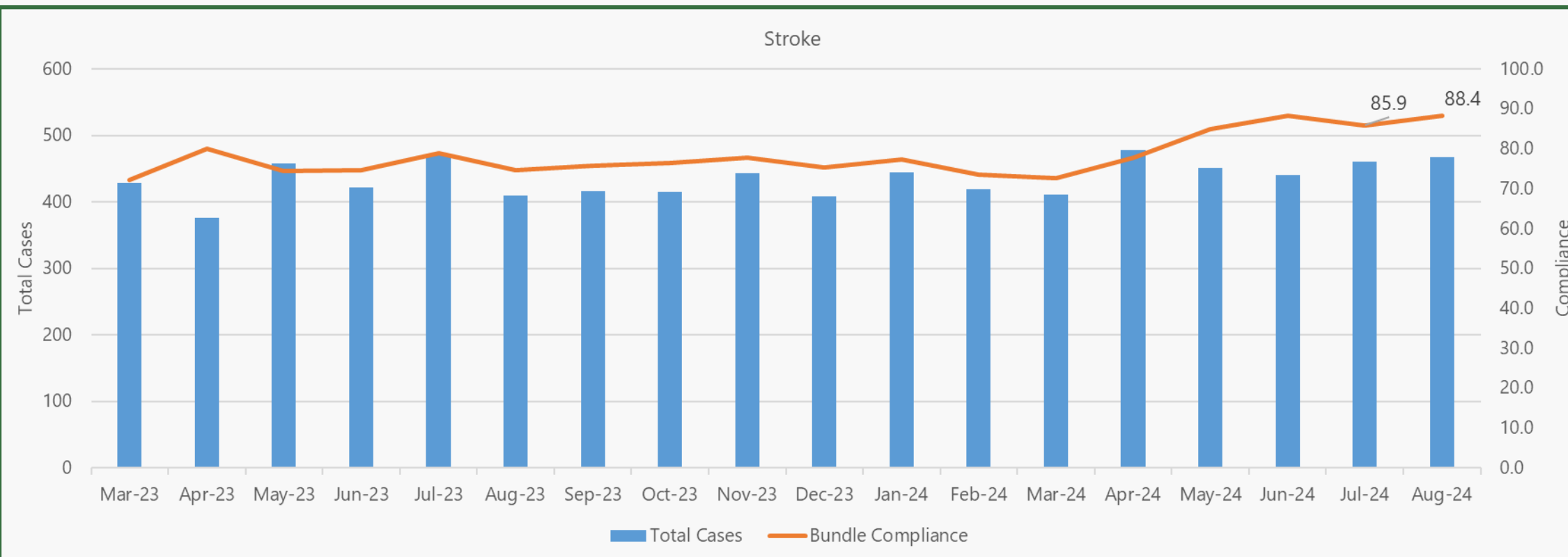
N.B. Due to the nature of this metric, common cause variation occurs which can result in a marked reduction in performance from small numbers of unsuccessful resuscitations attempts. The factors that influence this include response times, bystander resuscitation and response type/numbers.

Following the switch to the electronic Patient Clinical Record, the way data is collected has changed. Automated Clinical Indicator reports are generated from data directly inputted by clinicians. As a result of the anticipated low compliance, risk 535 was generated with three key mitigations to work on:

Design of the electronic Patient Clinical Record User Interface
Clinician interaction with the electronic Patient Clinical Record
Accuracy of the scripting to extract the data from the data warehouse to create the reports.

Further electronic Patient Clinical Record User Interface changes are planned for November 2024 and the impact will be monitored.

Welsh Ambulance Services University NHS Trust



Our Patients: Quality, Safety & Patient Experience

Clinical Indicators

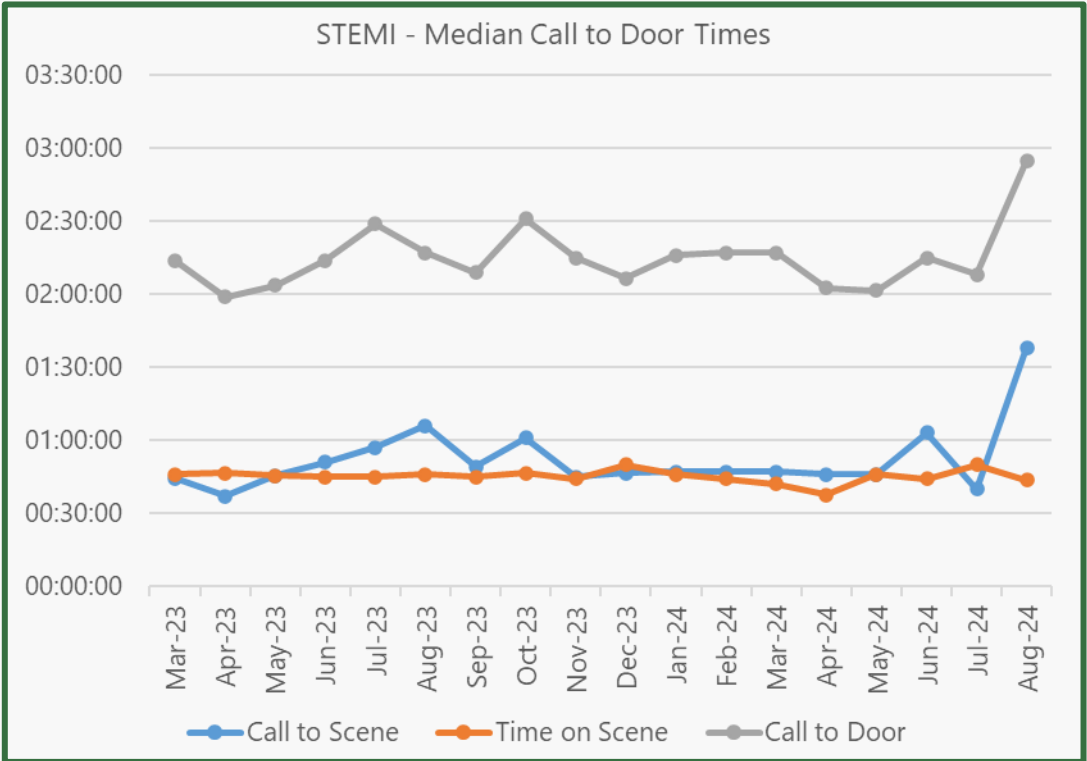
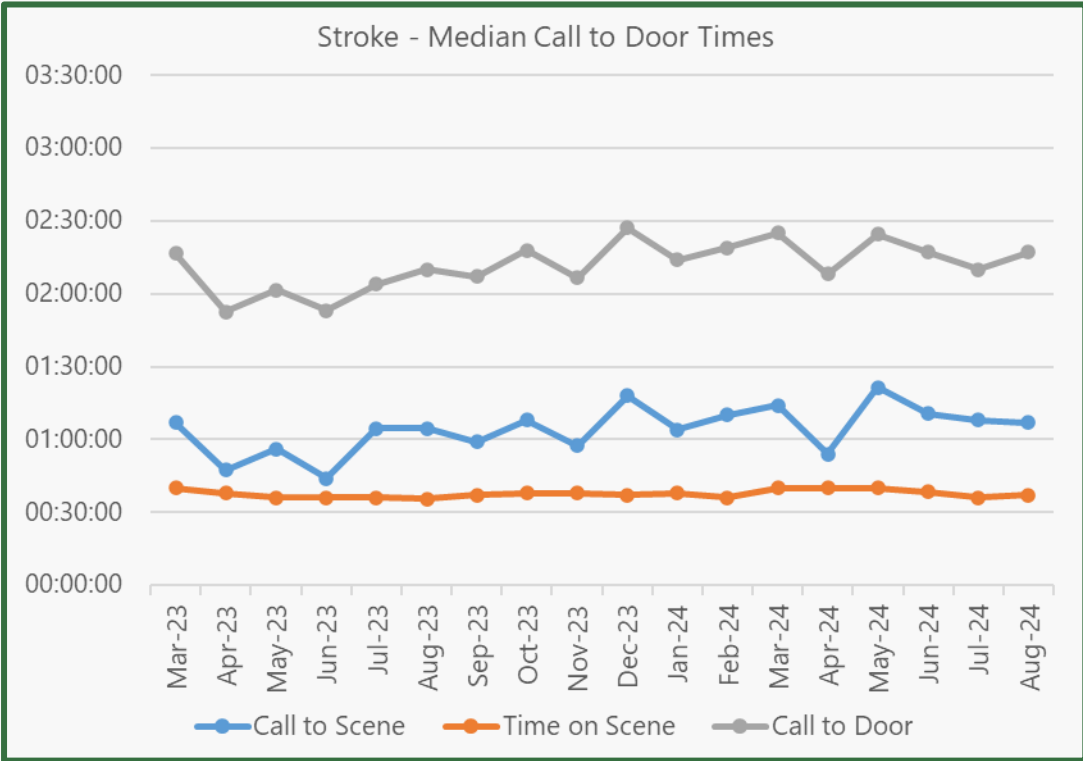
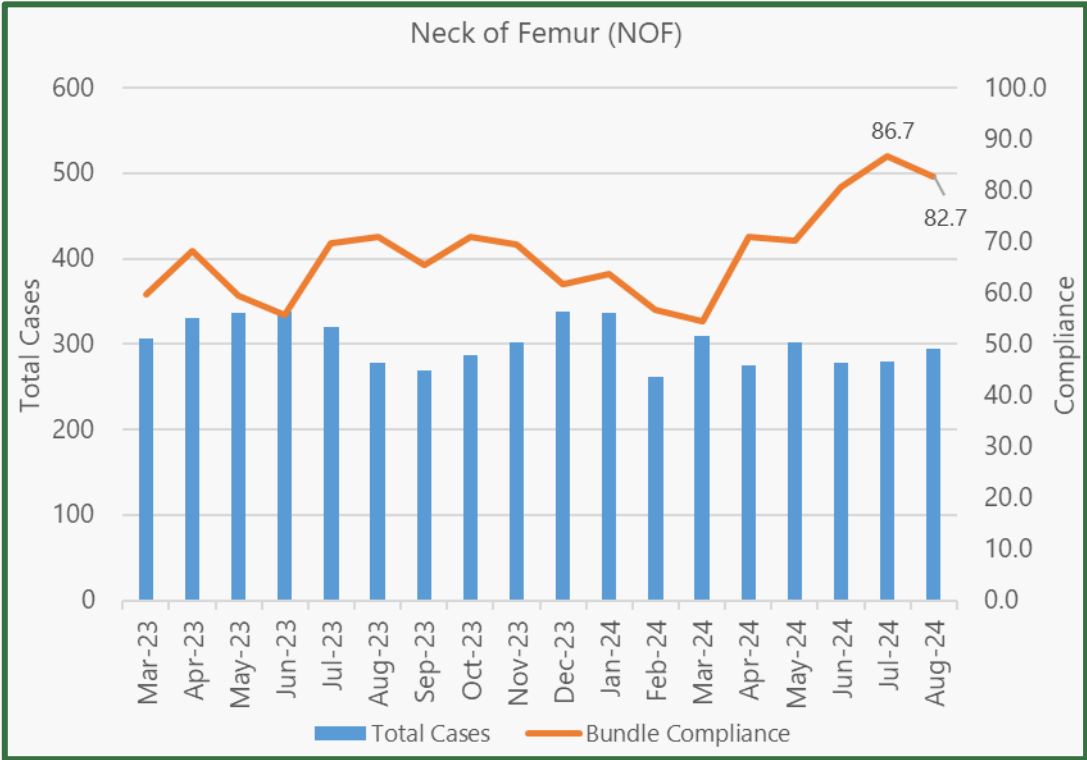
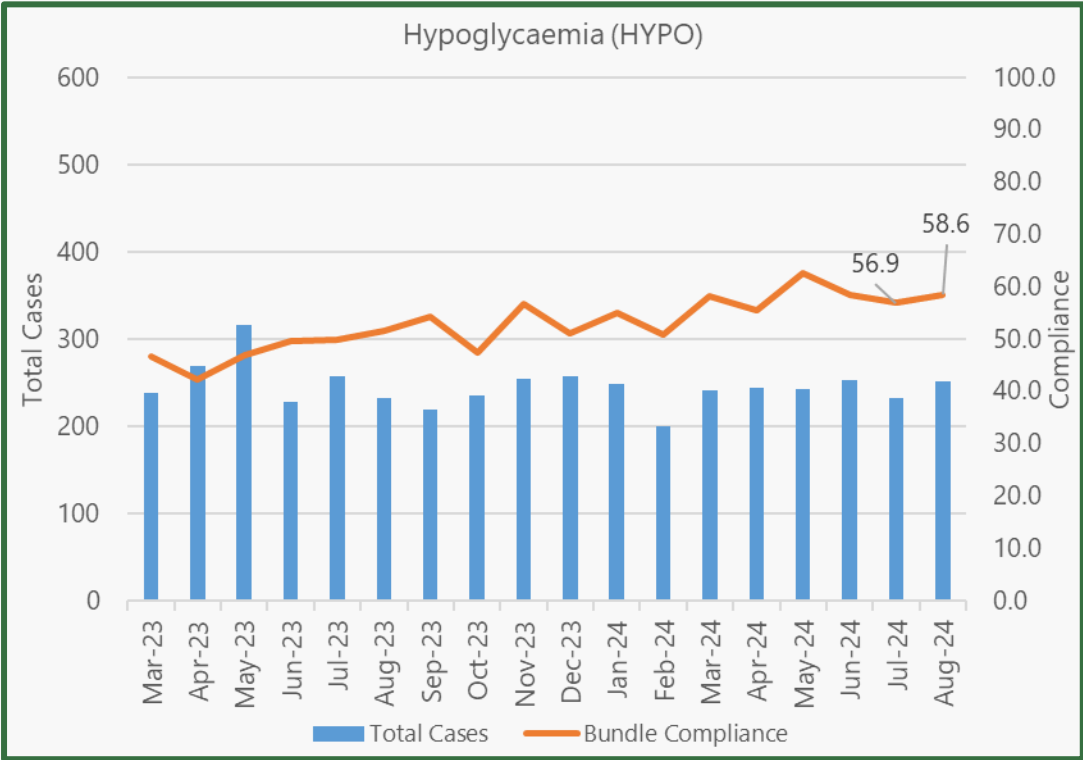
Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (Stroke & STEMI)

(Responsible Officer: Andy Swinburn)

Call to Door
R

Self-Assessment:
Strength of Internal
Control: Moderate

QUEST



Analysis

The percentage of patients documented as receiving appropriate care bundles in **August 2024** was:

Hypoglycaemia (diabetic patients with low blood glucose) – 58.6%, an increase from 56.9% in July. There has been a slight increase in documenting each of the criteria for this care bundle; pre & post treatment blood glucose checks as well as treatment administered which has contributed to the increased care bundle compliance.

Fractured Neck of Femur (hip fracture) – 82.7%, a decrease from 86.7% in July. The use of a 'nudge tool' for analgesia implemented in June provided a prompt when important information is not documented. Compliance has consistently improved for this since then, with August analgesia being 95%, the highest since the electronic Patient Clinical Record was implemented.

Call to door times for Stroke and STEMI - anomalies were noted with the STEMI data for August across WAST which are due to two incidents with a significantly extended incident cycle time.

Remedial Plans and Actions

A recovery plan has been implemented to improve compliance; actions include: Focussed communication with clinicians to use the bespoke electronic Patient Clinical Record fields (in addition to the narrative). Providing weekly non-compliant data to support Senior Paramedics conversations with clinicians to improve compliance. Health Board focussed workshops to promote understanding of Clinical Indicators, care bundles and electronic Patient Clinical Record completion. Reviewing the scripting used for reports for each Clinical Indicator bundle. Following the success of the 'nudge' tool with analgesia for Fractured Neck of Femur (hip fracture), further 'nudges' will be implemented in a stepwise approach, those for Aspirin & GTN with STEMI are scheduled during October.

Expected Performance Trajectory

The continued support of Health Board Clinical Leads and Senior Paramedics, working closely with the Clinical Improvement, and Clinical Intelligence and Assurance Teams, will contribute to a continued increase in compliance rates.

Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Patient Concerns Responses Indicators

(Responsible Officer: Liam Williams)

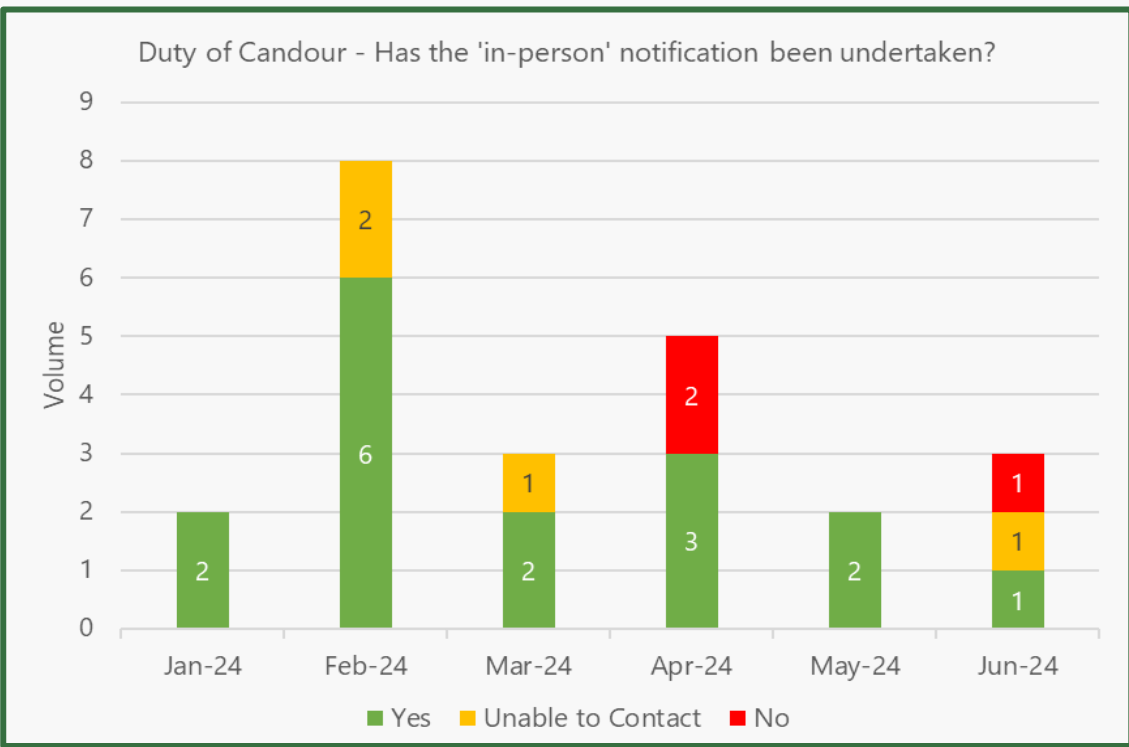
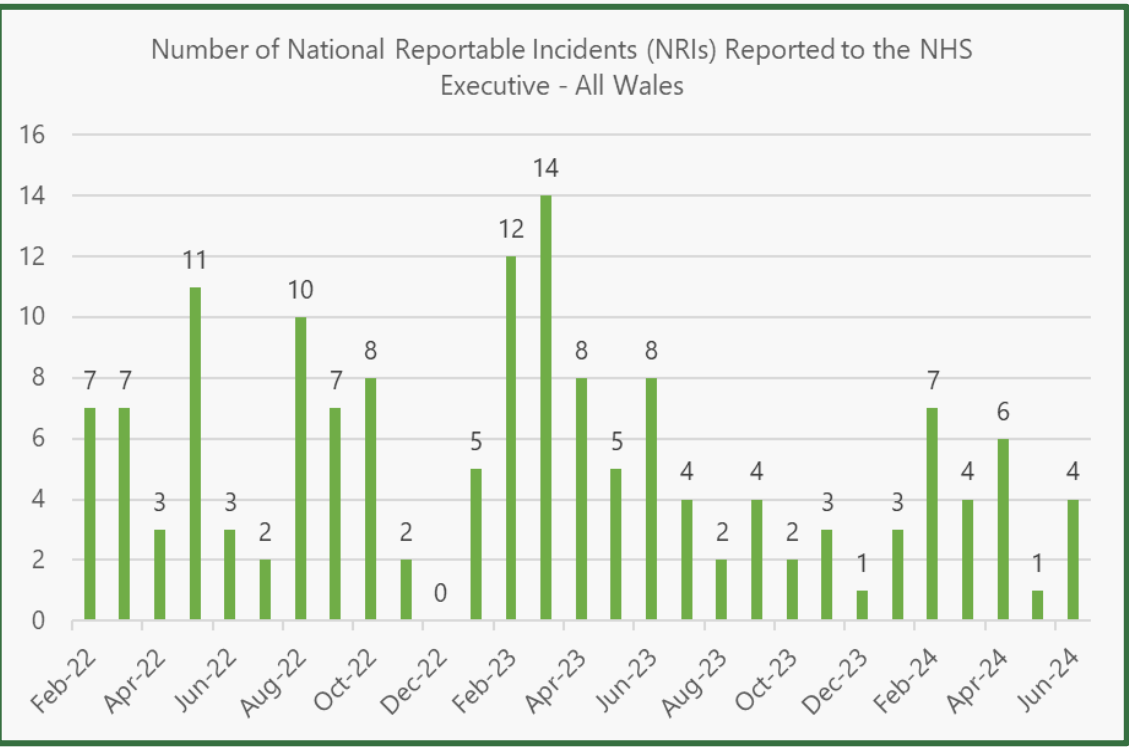
Concerns.

Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

Health & Care
Standard
Health - Safe Care /
Timely Care

NB: Data quality issues have been identified in many Quality metrics. These are currently being addressed with no data available after June 2024.



Analysis

The improvement in complaints timescales continues with the Trust exceeding the minimum target of 75% 30 working day compliance for the first time in several years. This is as a direct result of improved resourcing in the PTR team, particularly in leadership positions, following investment in the department. Acknowledgement of formal complaints is also fully compliant with the national timescales. It is anticipated that 30 working day compliance will begin a temporary decrease next month as the team begins to focus on resolving long-standing complaints and the total number of open cases. 4 NRIs were reported to the NHS Wales Executive in the previous month. There has been a notable decrease in cases requiring escalation to the SCIF. A decrease in incidents shared with Health Boards under the Joint Investigation Framework is also apparent. Further monitoring and triangulation will be undertaken to provide assurance on whether this is reflective of reducing system harm or a change in incident-reporting profiles.

Duty of Candour

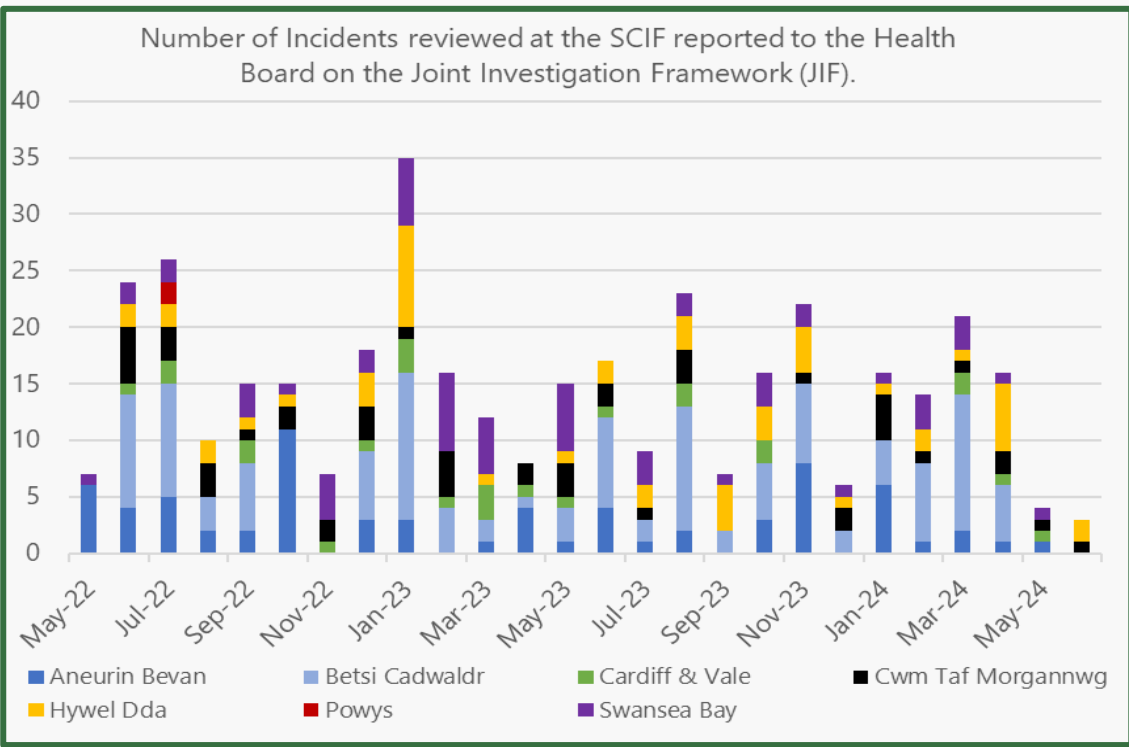
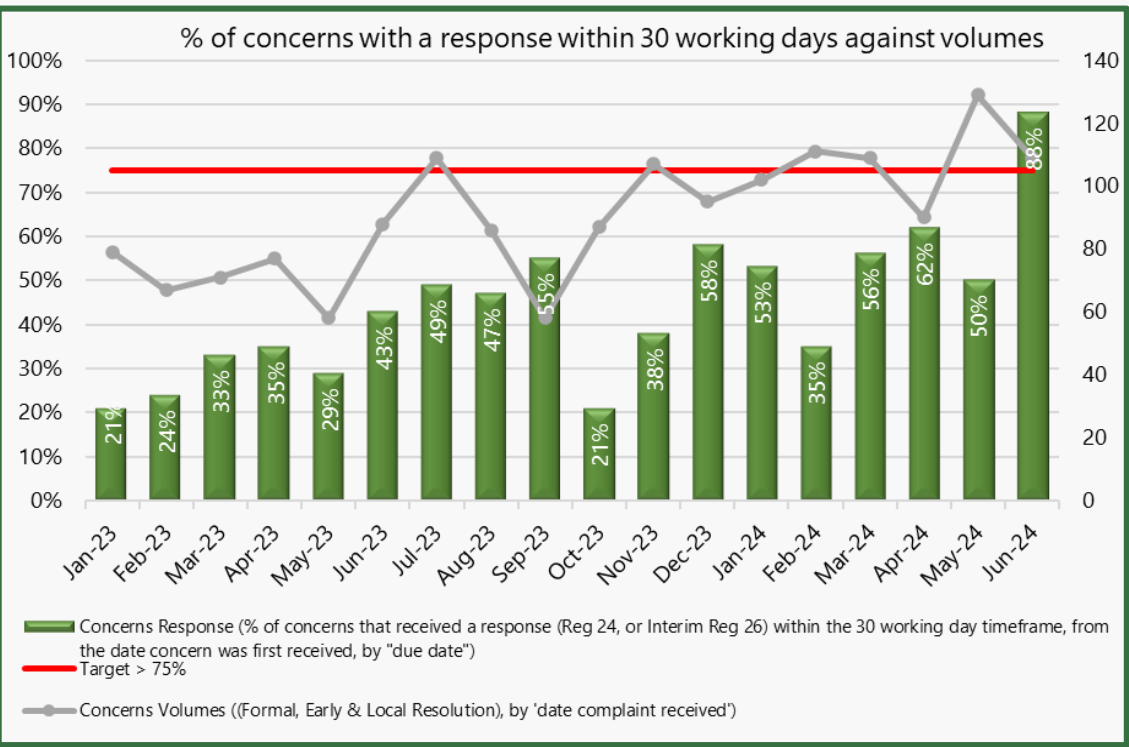
Duty of Candour Regulations (2023): An "in-person" notification is made when the Trust becomes aware of a notifiable adverse outcome. There are occasions when we have not been able to contact patients or families despite trying several avenues. Where enactment of the Duty has been attempted, but unsuccessful the rationale is documented on the Datix Cymru System.

Remedial Plans and Actions

Recruitment to the full PTR establishment is nearly completed. New staff are expected to be in post by Q3 at the latest. A detailed Putting Things Right Recovery Plan has been presented and accepted by QUEST Committee. This includes SMART actions, expected performance trajectories and key dependencies over the coming financial year.

Expected Performance Trajectory

The PTR Department will, over the coming months, begin to focus on ensuring that recent improvements in the timeliness of complaints responses are sustainable and that we are reducing the longest waiting complaints. There are high staff vacancy and absence levels in the Patient Safety Team and the remaining team members are focused on maintaining statutory and national priorities, including identification, reporting, investigating and closure of NRIs and the enactment of the Duty of Candour.



*NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change **NB: 30 Day Compliance reported from Power BI and therefore data is not yet validated

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

Our Patients: Quality, Safety & Patient Experience

Patient & People Safety Indicators

NB: Data quality issues have been identified in Quality metrics . These are currently being addressed with no data available after June 2024.

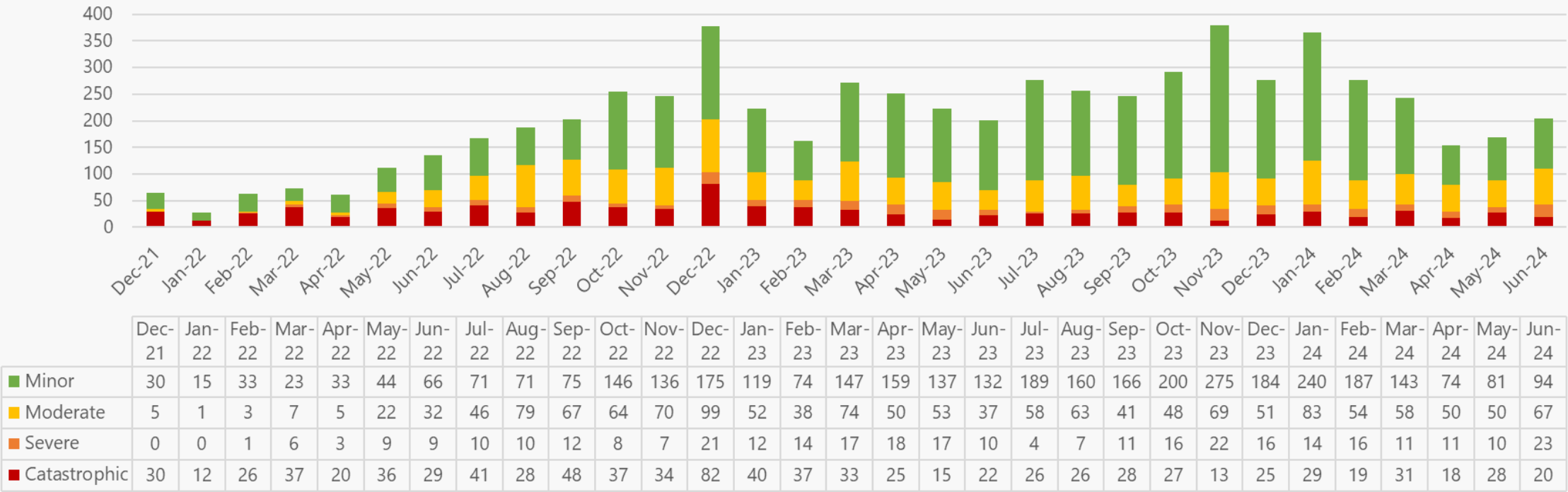
(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

Health & Care
Standard
Health – Safe Care

Number of incidents Received on Datix system within the reporting month, by Harm grading (Volumes Received)



Analysis

Once cases are investigated and any improvement actions / learning is identified by the Patient Safety or Clinical Team, (or for instances where serious harm has occurred referred to the Serious Case Incident Forum (SCIF) for review) they are closed.

An increase in incident reporting during June 2024 is observed across all harm gradings.

All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident). Incident volumes include those reported internally by WAST staff but also those reported by Health Board colleagues about WAST services or care and transferred onto our Datix database.

The bottom graph highlights the 114 Incidents that were closed on the Datix system in June 2024.

Remedial Plans and Actions

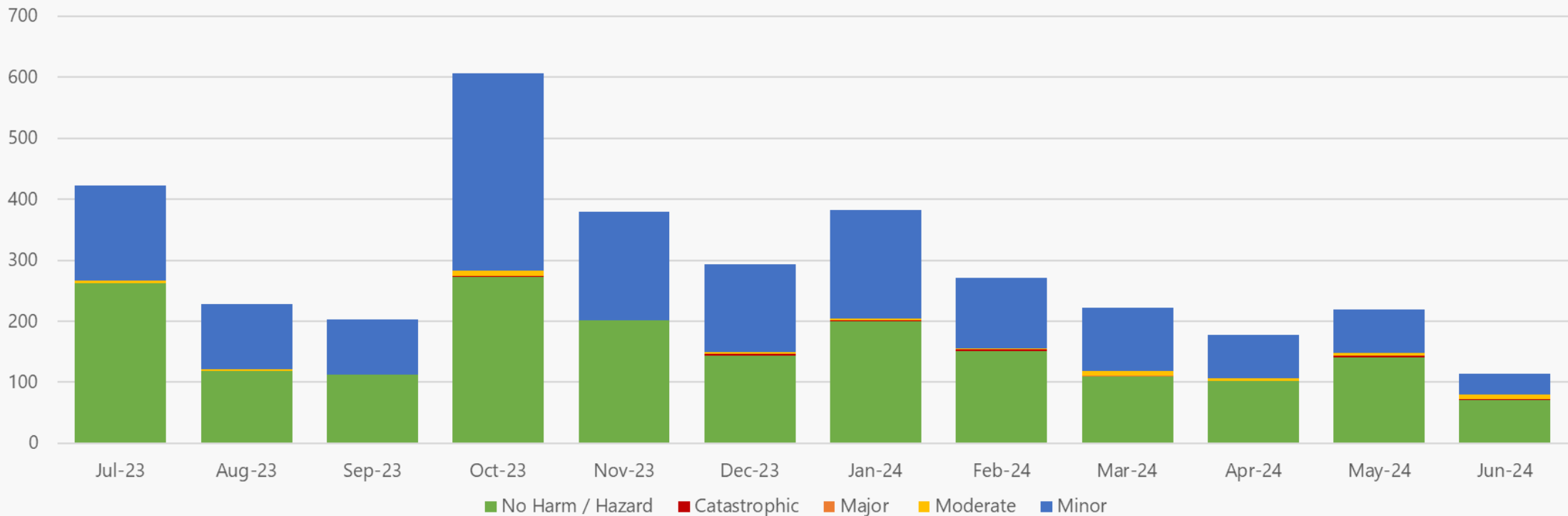
The Putting Things Right teams continue to focus on the priorities outlined in the departmental Recovery Plan to improve the Trust position and performance across a number of quality metrics and Tier 1 targets. The Trust is represented at national networks including Duty of Candour, Complaints, Ombudsman, Learning, Mortality, Claims, Redress and Datix Cymru development groups as resources allow. Work is progressing in respect of the development of dashboards and the aggregation of data and information to inform patterns, trends and learning opportunities as part of the quality management system.

Expected Performance Trajectory

As captured in the PTR Recovery Plan, Incident management priorities will initially be focused on reducing the number of overdue NRIs.

**NB: Data 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)



Data source: Datix

Our Patients: Quality, Safety & Patient Experience

Coroners, Mortality and Ombudsmen Indicators

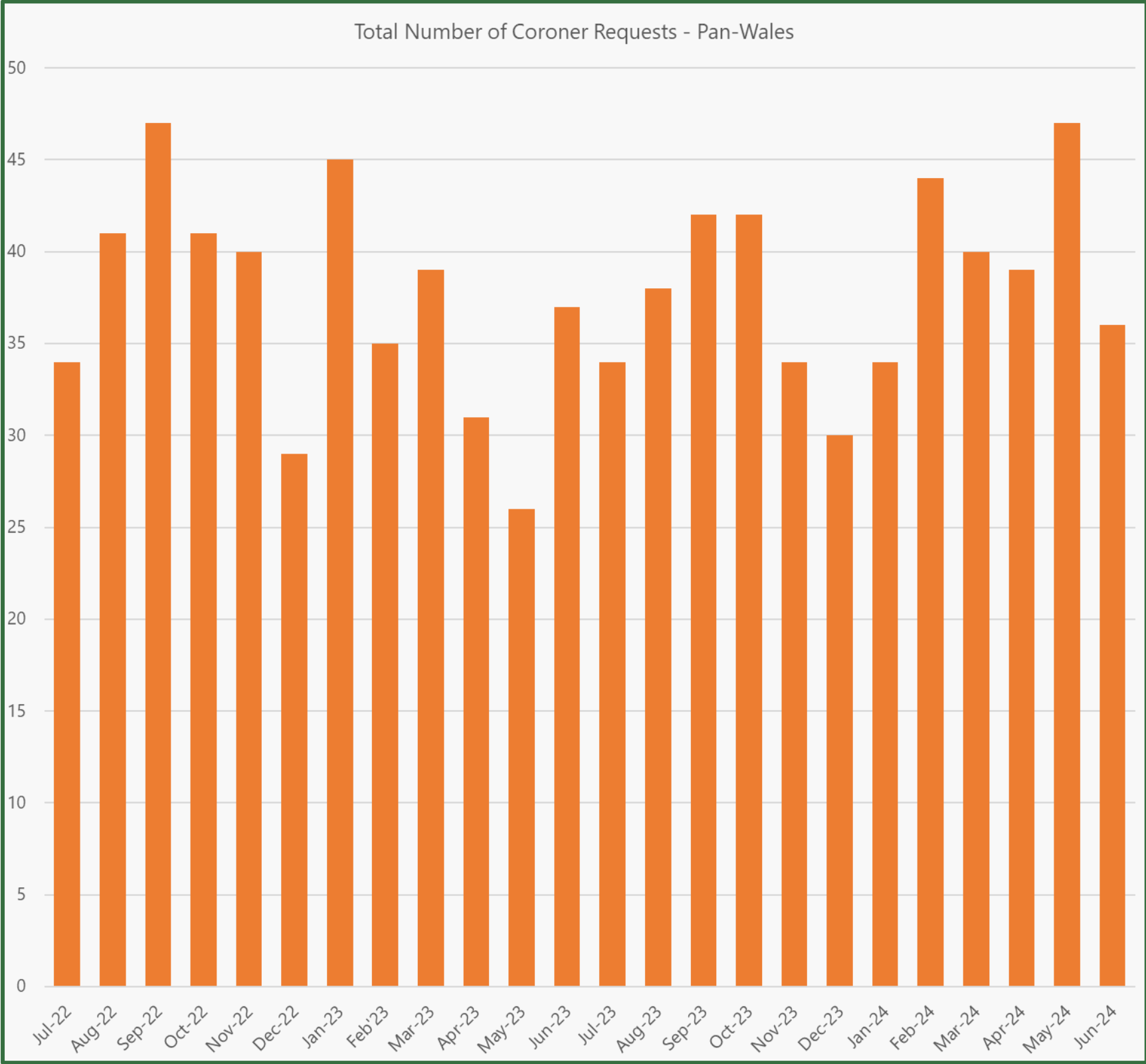
(Responsible Officer: Liam Williams)

Coroners
Self-Assessment:
Strength of
Internal Control:
Moderate

Mortality
Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

NB: Data quality issues have been identified in Quality metrics . These are currently being addressed with no data available after June 2024.



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

Analysis

Coroners: The complexity of the cases remains high, with multiple statements and actions per approach. Coroners are attempting to clear backlogs, still outstanding since Covid. This has resulted in the need for more prevention of future deaths statements. Some coroners have reduced administrative support (documented in the Chief Coroners Annual Report) , which has resulted in some delayed requests reaching the Trust.

Ombudsman: There has been a reduction in initial approaches to the Trust by the PSOW. All PSOW cases are now being managed via Datix Cymru. Management responsibility for PSOW cases has been transferred to the Patient and Family Relations team to allow an end-to-end understanding of cases that progress through to PSOW consideration.

Mortality Review: The Trust continues to participate in Health Board led mortality reviews as appropriate, with attendance from the Patient Safety Team and clinical colleagues. Data and information is also provided by the Trust as required to the Medical Examiner Service to inform their reviews of deaths in acute care. Currently the focus of the Medical Examiner Service is undertaking reviews in the acute care setting and the plan is for all non-coronial deaths, including community deaths to be reviewed by the Medical Examiner Service from September 2024.

Remedial Plans and Actions

Coroners: The Team are requesting extensions were possible and escalating issues earlier to ensure we are reaching deadlines. One specific coroner has advised that if statements are not received within the requested timeframe, a schedule 5 will be issued.

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

Mortality Review: The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews aligning to the national approach. This includes: -

- Consideration of the resources required in the new Putting Things Right (PTR) Team structure
- The Patient Safety Team engaging in meetings led by the Once for Wales Datix Cymru Team who are developing the Datix Cymru Mortality Module.
- The establishment of the Learning from Deaths Forum, chaired by the Assistant Director of Quality & Nursing

Expected Performance Trajectory

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

Ombudsmen: The team are pleased with the low conversion rate of complaints to PSOW cases, demonstrating the quality of responses to formal complaints.

Mortality Review: Whilst the multiple benefits of the Medical Examiner Service are recognised there will undoubtedly be significant resource implications for the Trust, particularly as the process expands to every non-coronial death in NHS Wales by the end of September 2024.

Our Patients: Quality, Safety & Patient Experience

Safeguarding, Data Governance & Public Engagement Indicators

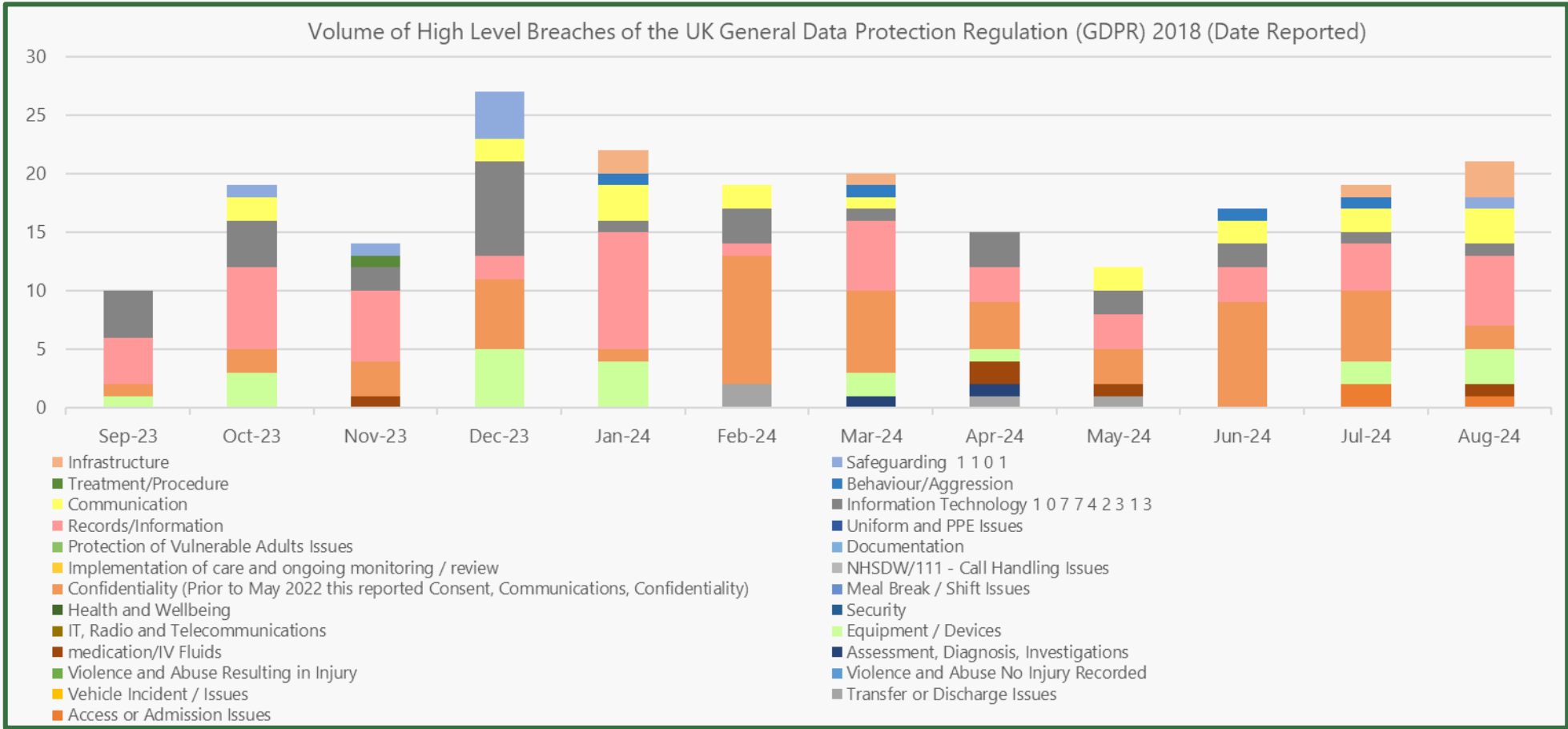
NB: Data quality issues have been identified within Safeguarding. These are currently being addressed.

(Responsible Officers: Jonny Sammut & Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Strong

PCC

Health & Care
Standard
Health – Safe Care



Analysis

Safeguarding: In July 2024 staff completed a total of 213 Adult at Risk Reports, 93% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 556 reports were received and processed to the Local Authority during this reporting period. There have been 222 Child Safeguarding Reports in July 2024, 95% of these were processed within 24 hours.

Data Governance: In August 2024, there were 21 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 21 breaches, 2 related to IG/Confidentiality, 6 Records/Information, 1 Information Technology, 3 communication, 1 access / admission, 3 equipment/devices, 1 medications, 1 safeguarding, and 3 infrastructure.

Public Engagement: Public Engagement: During August, PECL attended 19 community engagement opportunities, engaging with approximately 1,669 people. Including the Flint & Denbigh Country Show and the Barry & Newtown Emergency Service Open days. Supported Food Fun Wales school holiday enrichment programme in Cardiff, visiting 12 schools across the area as part of their scheme to provide nutrition education, physical activity, enrichment sessions and healthy meals to children during the school summer holidays. WAST provided sessions that discuss appropriate use of 999 and demonstrations of life saving skills.

Remedial Plans and Actions

Safeguarding: The Trust primarily manages all safeguarding reports digitally via Docworks Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports. 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.

Data Governance: During the reporting period, of the 21-information governance related incidents reported on Datix, 0 incidents were reported to the Information Commissioner's Office (ICO). The IG Team continues to review and provide advice on reported incidents.

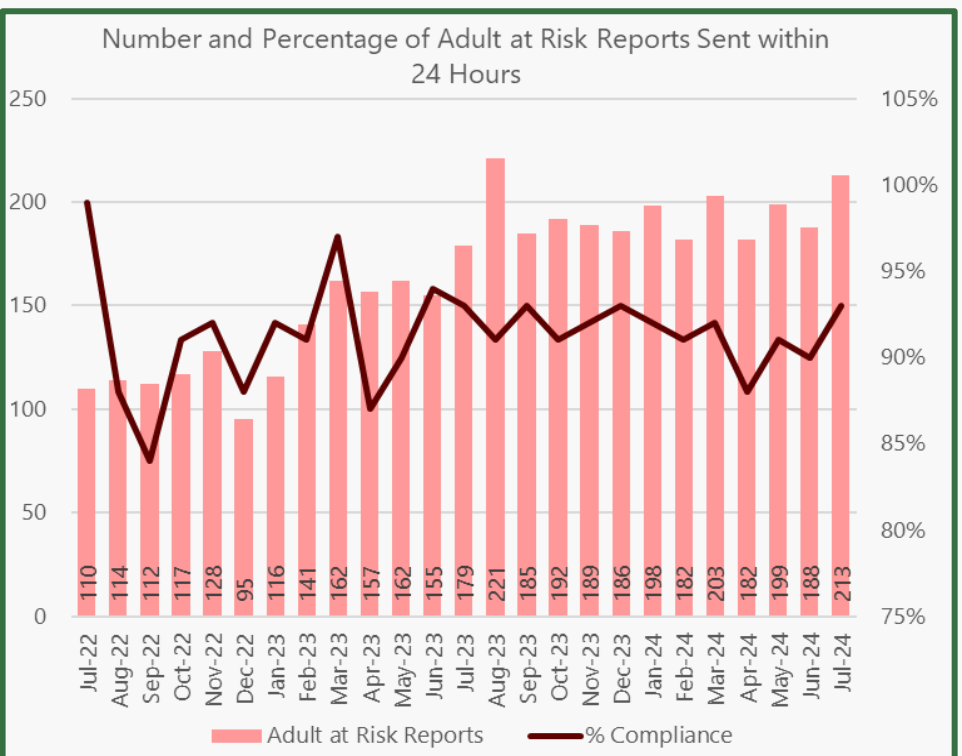
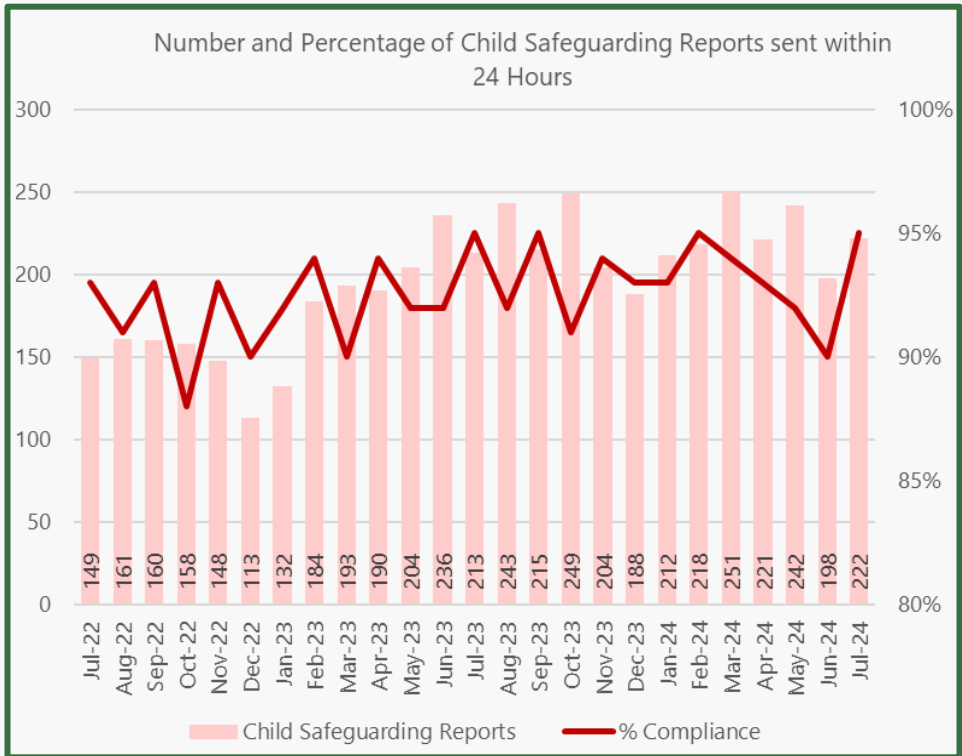
Public Engagement: Community involvement and engagement with patients/public forms an integral part of the Trust's strategic transformation ambitions. The PECL Team will continue to engage in an ongoing dialogue with the public on what they think are important developments the Trust could make to improve services they receive.

Expected Performance Trajectory

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

Data Governance: The IG Toolkit Improvement Action Plan continues to be worked on with aims to achieve all actions by November 2024. The status of the Action Plan is reported to and monitored by IGSG.

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



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

Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

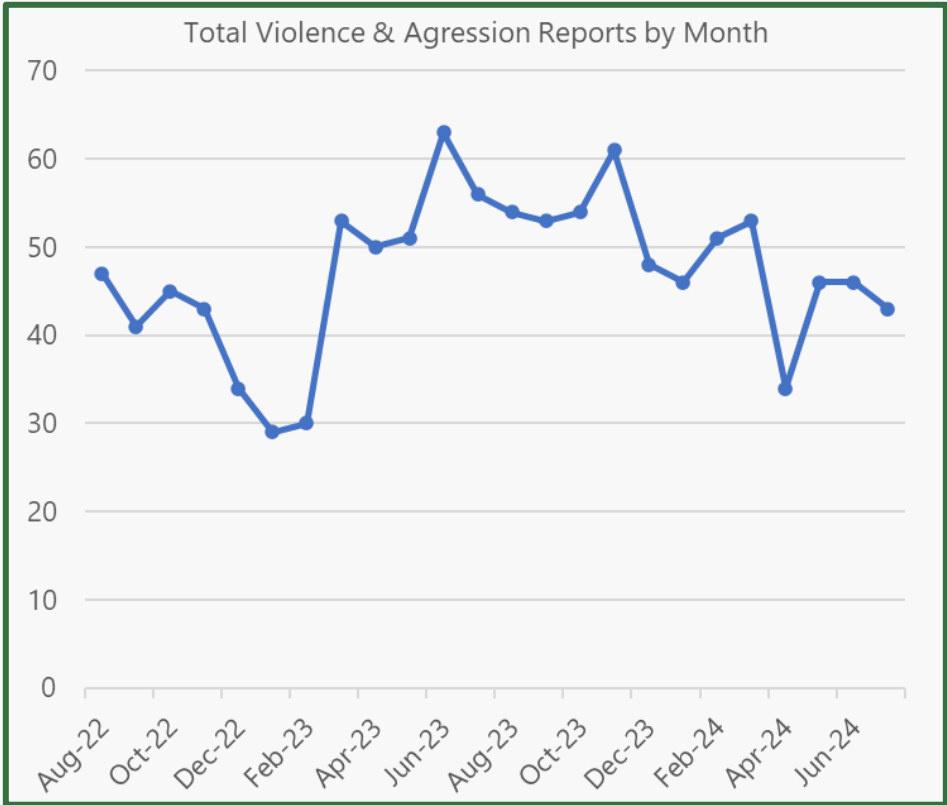
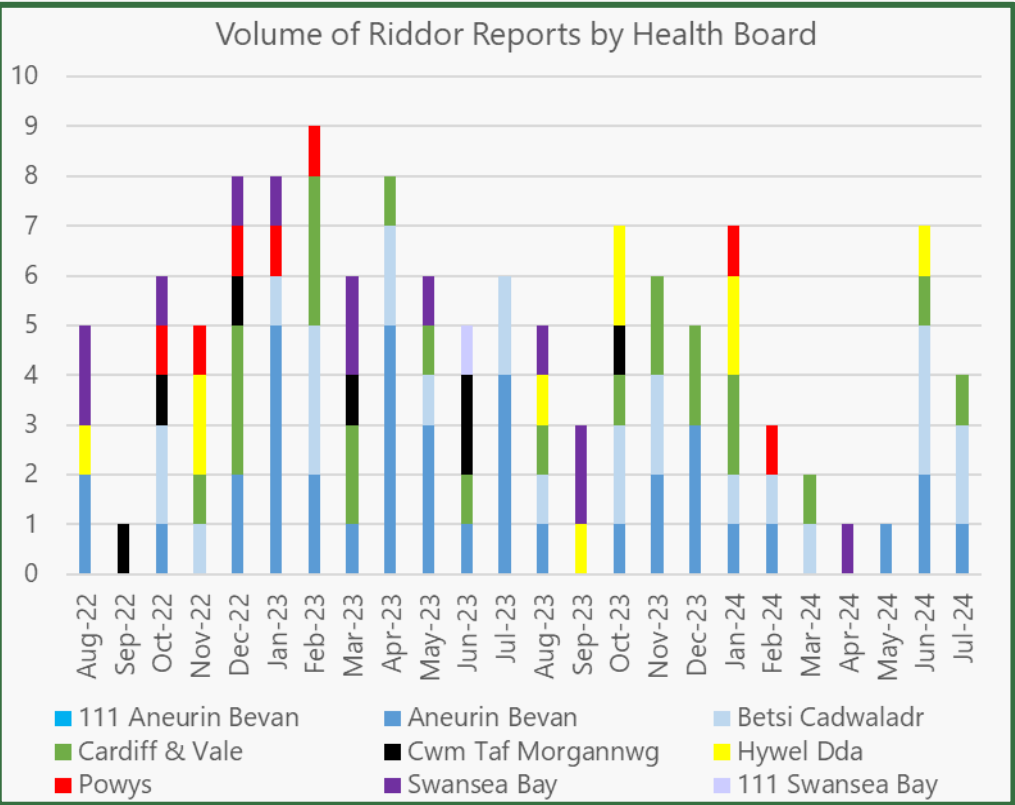
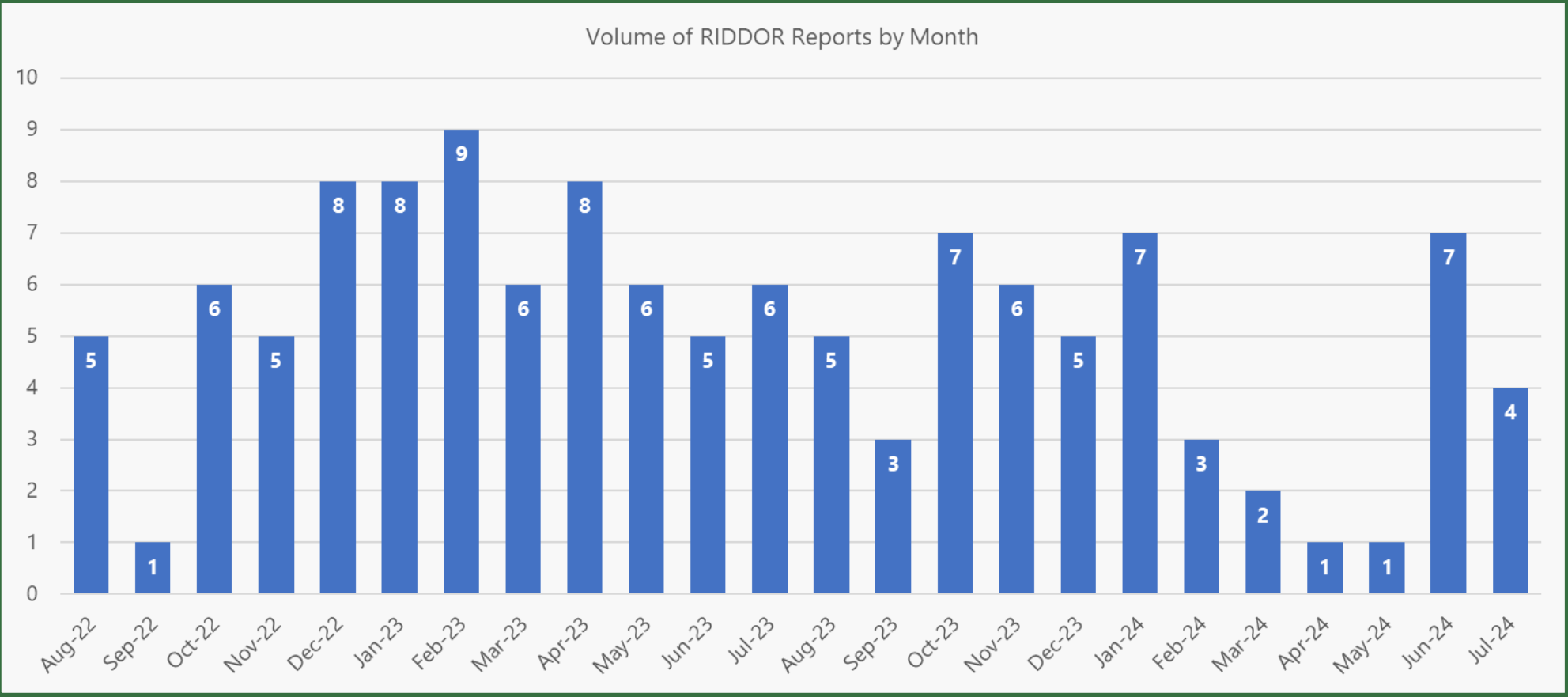
NB: Data quality issues have been identified. These are currently being addressed.

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care



Analysis

RIDDOR: There were 4 incidents requiring reporting under RIDDOR during July all were as a result of being unable to perform their normal duties for more than 7 days.

One was reported as a result of a manual handling incident that occurred whilst pulling a stretcher with a patient on board.

There were 2 reports resulting from slip and trip incidents 1 on the stairs of a patient's property and the second was as a result of oil left on the floor of an ambulance station garage.

One member of staff received and injury when they struck some stationary machinery in one of our vehicle workshops.

The HSE requirement for more detailed information when reporting RIDDOR's is continuing to have an impact on reporting times due to the time taken to communicate with staff ahead of submission.

Violence and Aggression: A total of 43 incidents have been reported of V&A in July.

2 Physical Assaults on staff were reported during the month with incidents of verbal abuse amounting to 41 for the month.

11 incidents were reported as Moderate in harm and 20 noted as low harm with 2 cases being noted as causing severe harm.

The number of moderate harm incidents have returned to the lower levels previously seen within the Trust. Such variations can have a number of causes which are being investigated by the V&A Team.

Remedial Plans and Actions

RIDDOR: The vacant administrative role within the department has been filled and the new member of staff will be assisting in the collection of the information required for RIDDOR reporting to improve reporting times and data quality.

Violence and Aggression: V&A incident causation is being trended to identify the suitability of recording incidents in response to the volume of low harm and no harm incidents to with the aim of undertaking suitable investigations and providing sufficient support for staff members affected. The team have been working with the Clinical Support Desk to explore mechanisms to better protect staff by use of Community Behavioural Orders via the Patient Care Plans.

Expected Performance Trajectory

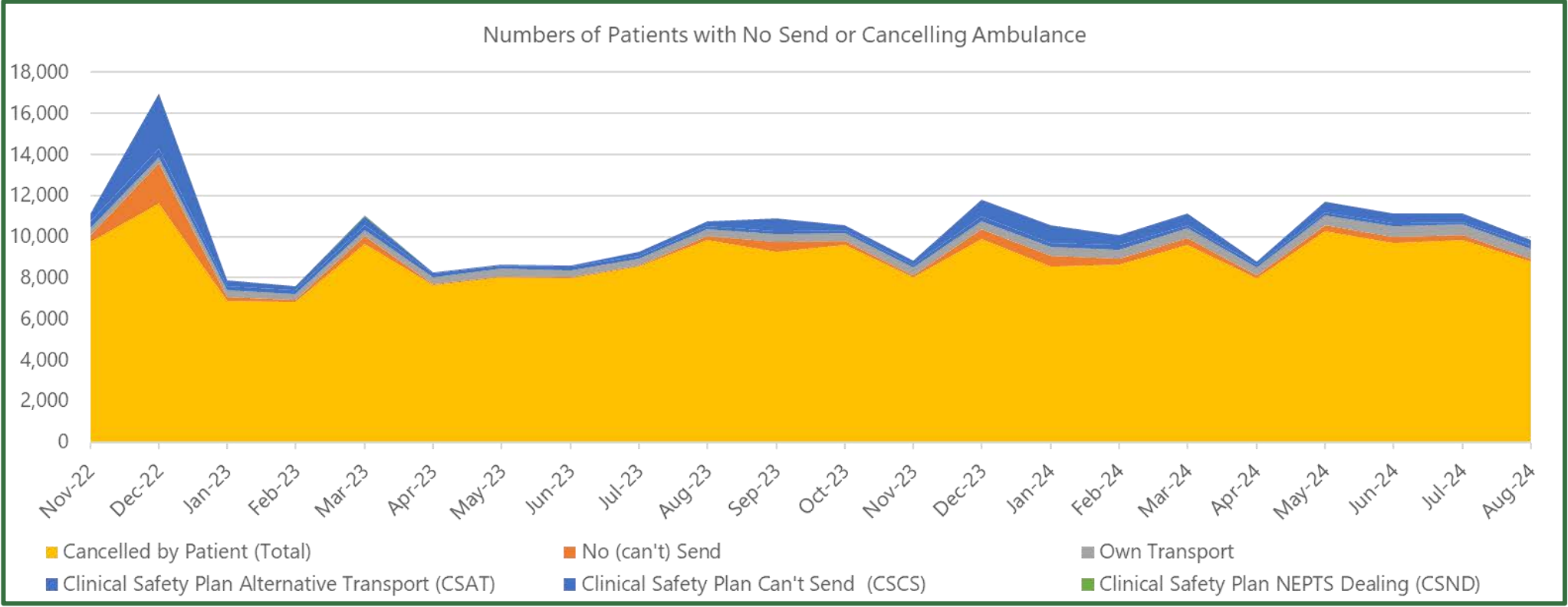
RIDDOR: The number of manual handling injuries sustained whilst moving patients is currently static with an average of 13 being reported each month. The DSE/Manual Handling Advisor is completing their findings into the manual handling injuries within the Trust, and these will be compiled for trending and causation analysis.

Violence and Aggression: Whilst there has been a downward trend in V&A incident numbers the current performance remains steady in terms of numbers. The majority of incidents recorded are verbal in nature arising from our call centres. Work is being undertaken by V&A team and call centre staff is aiming to improve the reporting of incidents.

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

Our Patients: Quality, Safety & Patient Experience

Potential Patient Harm Indicators



Analysis

In August 2024, 161 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 264 were stopped due to CSP 'Can't Send' options. In addition, 8,785 ambulances were cancelled by patients (including patients refusing treatment at scene) a decrease from the 9,855 in July 2024.

There were 436 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in August 2024. Of these 125 were accepted and released in the Red category, with 8 not being accepted. Further to this, 112 ambulances were released to respond to Amber 1 calls, but 218 were not.

The graph in the bottom left shows that in August 2024 of the 5,162 patients who waited outside an ED for over an hour to be handed over to the care of the hospital, the Trust could assume that 15% (774 patients) would experience no harm, 53% (2,735 patients) would experience low harm, 23% (1,187 patients) would experience moderate harm and 9% (464 patients) would experience severe harm.



In August 2024 CSP levels for the Trust were:



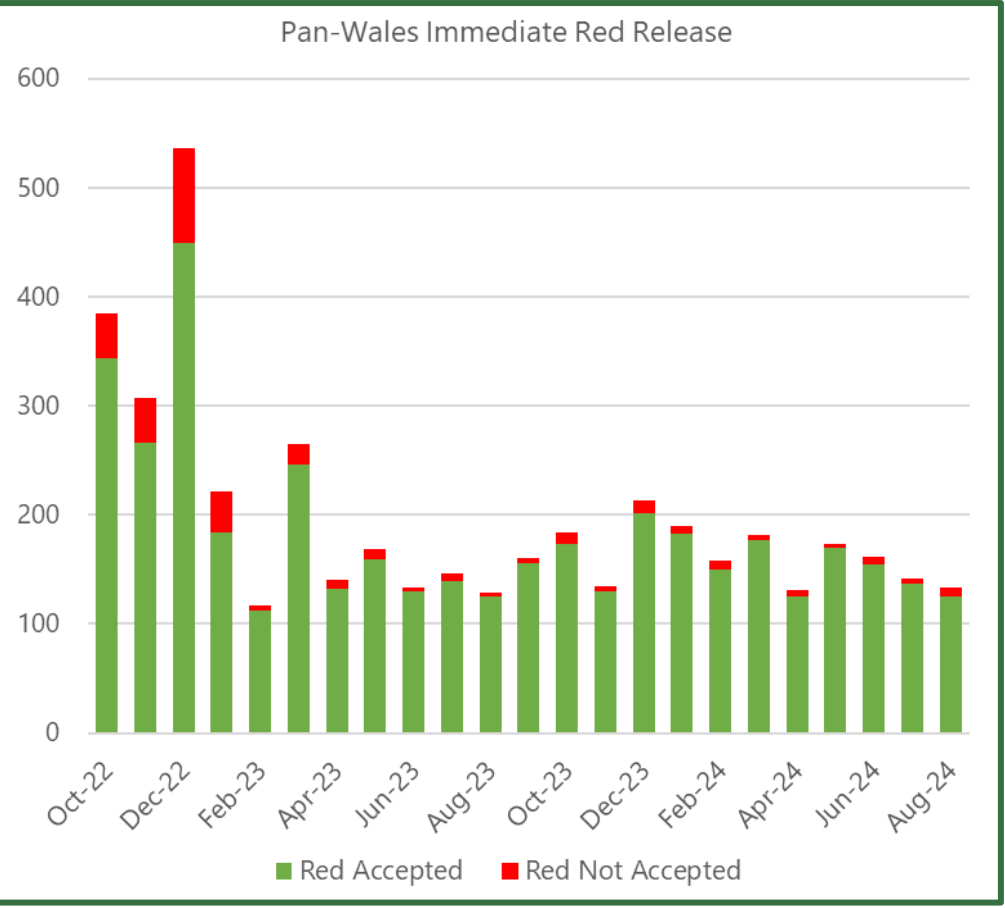
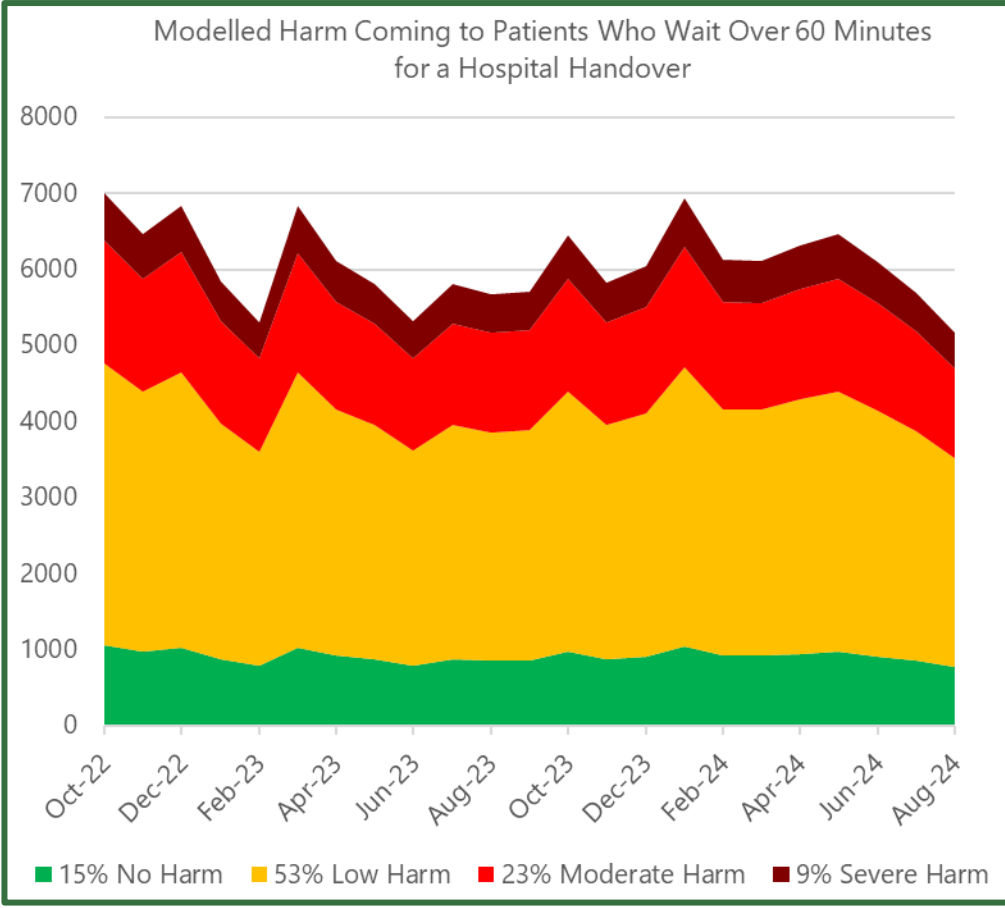
Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings had been paused as the Trust moves into the new commissioning arrangements but have now restarted. The NHS Wales Performance Delivery framework 2024/25 has a target of no handovers of more than one hour, this equates to 7,500 hours of handover lost hours.

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 Trust's ability to respond to demand. See also slides on Red performance and Amber performance, in particular, remedial actions.

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



Our Patients: Quality, Safety & Patient Experience

Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care

Duty of Quality – Patient Experience		
These are mandatory requirements; Under the Health and Social Care (Quality and Engagement) (Wales) Act 2020, WAST has a duty to secure quality in its services and must exercise its functions with a view to securing improvement in the quality of its services. The Duty of Quality includes the experiences of individuals to whom health services are provided.		
August 2024		
NEPTS (13 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	70
Were you happy with the transport you received?	85	88
999 (19 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	85
The 999-call taker who answered your call explained what was going to happen next.	85	82
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	85
The length of time I waited for an ambulance to arrive was acceptable.	85	73
111 (13 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	80
Did you followthe advice given to you by NHS 111 Wales?	85	75
Would you consider using NHS 111 Wales again?	85	80
WAST Overall - Friends & Family Test	Ranked from very poor to very good.	
How was your overall experience with the service today?		
o Ambulance care	100% Good	0.00% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	75.00% Good	25.00% Poor
o EMS (including CSD)	78.95% Good	21.05% Poor
o NHS 111 Wales Online	36.00% Good	60.00% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis

Within the NEPTs survey the response provided did not hit the benchmark in relation to the question ‘How long did you wait for your transport to take you home after your appointment, while the question ‘Were you happy with the transport your received’, came out above the 85-benchmark figure (n=88).

Two questions within the 999-section achieved the benchmark, these being ‘The 999-call taker who answered your call was reassuring’ (n=85) and ‘You felt confident in the call taker ability to manage your call and provide appropriate advice?’ (n=85), whilst within 111 all questions saw responses fail to achieve the benchmark 85. Response rates to the 999 and 111 surveys remain low and it's acknowledged that these do not reflect an entirely representative picture based on overall call volumes.

Remedial Plans and Actions

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

- 999 EMS Response (incorporating CSD)
- Ambulance Care (NEPTS)
- NHS 111 Wales Telephony
- NHS 111 Wales Online
- We are continuing to work on a DPIA to be submitted to the ICO for their consideration about use of SMS text messages to directly distribute survey requests to 999 service users. This will be considered by WAST IGSG in October before submission to ICO.
- Plans to place QR codes in the back of EMS vehicles to increase patient feedback are progressing and we have spoken to IPC and Fleet colleagues about what is needed to proceed.
- We continue to work closely with the Trust's Falls Improvement Lead to deliver a targeted survey looking at the experiences of people who are responded to by either a Level 1 or Level 2 falls responder. Plans are in place to duplicate this method of survey delivery with patients attended to by a CWR Volunteer.
- We continue to engage with the Once for Wales Programme Board who have updated the 'All Wales Patient Experience Question Set' and 'People's Experience Framework'. The Framework and new questions will be formally launched by WG in the coming months.

Expected Performance Trajectory

An overall aim of increasing visibility of experience surveys and maximising opportunities to capture patient experience data.

Our People

Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production

A

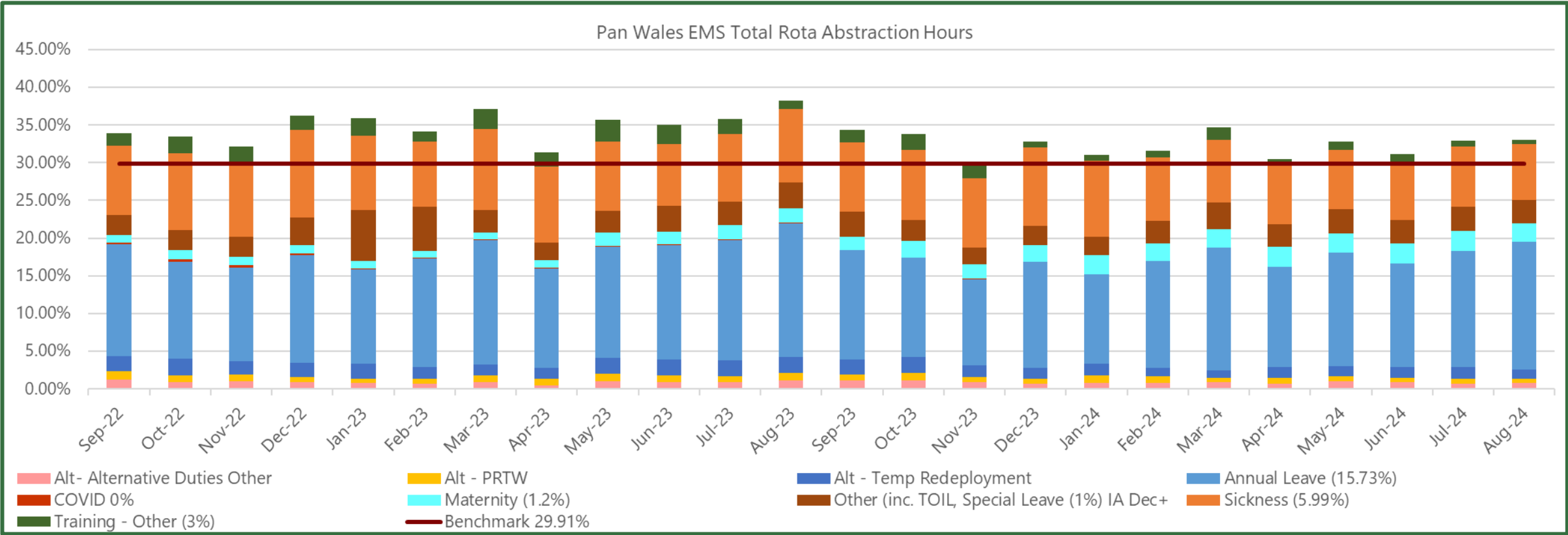
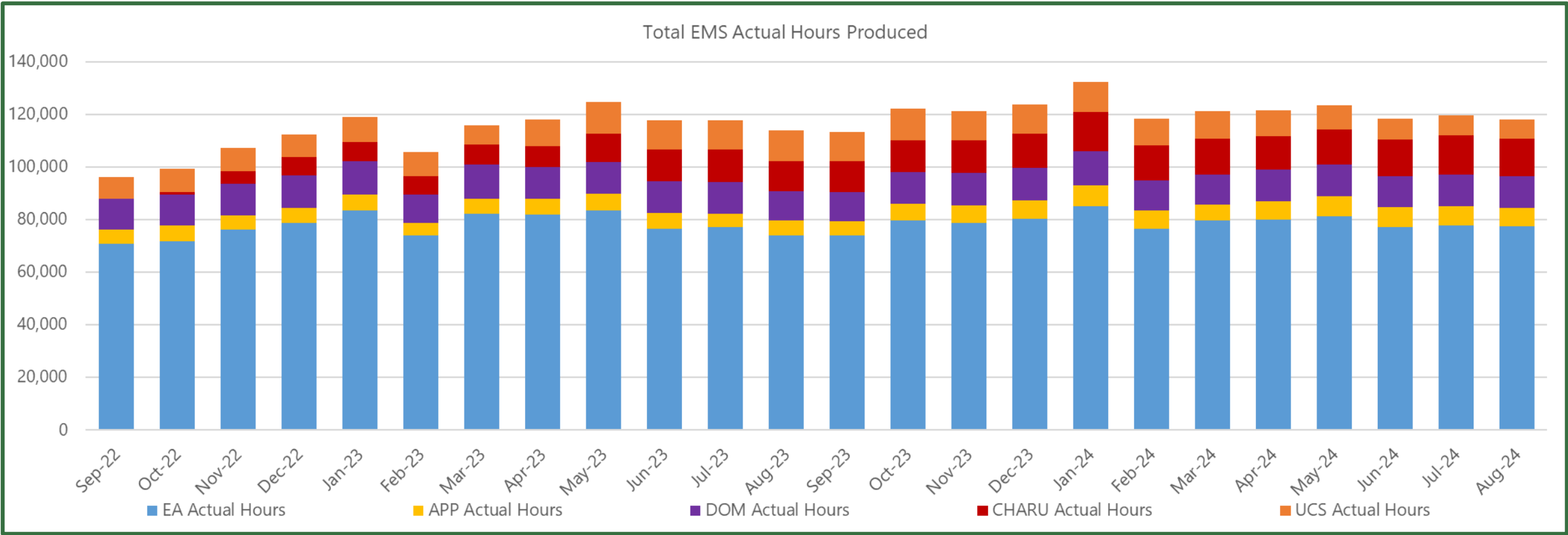
Abstractions

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FPC



Analysis

The total EMS hours produced is a key metric for patient safety. The Trust produced 118,091 hours during August 2024, an increase compared to 113,830 hours produced during August 2023. The Trust is delivering good levels of production.

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced, as are the total number of staff in post. As well a high number of vacancies, August 2024, saw a total EMS abstractions (excluding Induction Training) of 33.07%. This was an increase on the 32.95% recorded in July 2024. The highest proportion of abstractions was due to annual leave at 17.01% followed by sickness at 7.46%.

Emergency Ambulance Unit Hours Production (UHP) achieved 90% in August 2024 which equated to 77,500 Actual Hours.

In August 2024 CHARU UHP was 80% against the full roll out requirement.

Remedial Plans and Actions

- Continued focus on managing attendance across the Trust and managing abstractions from rosters.
- Full roll out of CHARUs.
- Continued focus on staff in post to establishment, aiming for 95% benchmark.
- Smoothing of staff between urban and rural areas.
- Focus on recruitment to reduce identified vacancy gap, in particular, EMTs and APPs.

Expected Performance Trajectory

UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is good. The Trust maintains an ambition to reduce sickness to 6% and abstractions to 30%. This has not yet been achieved for sickness, but the direction of travel is good, while the abstractions benchmark has been achieved a number of times this year.

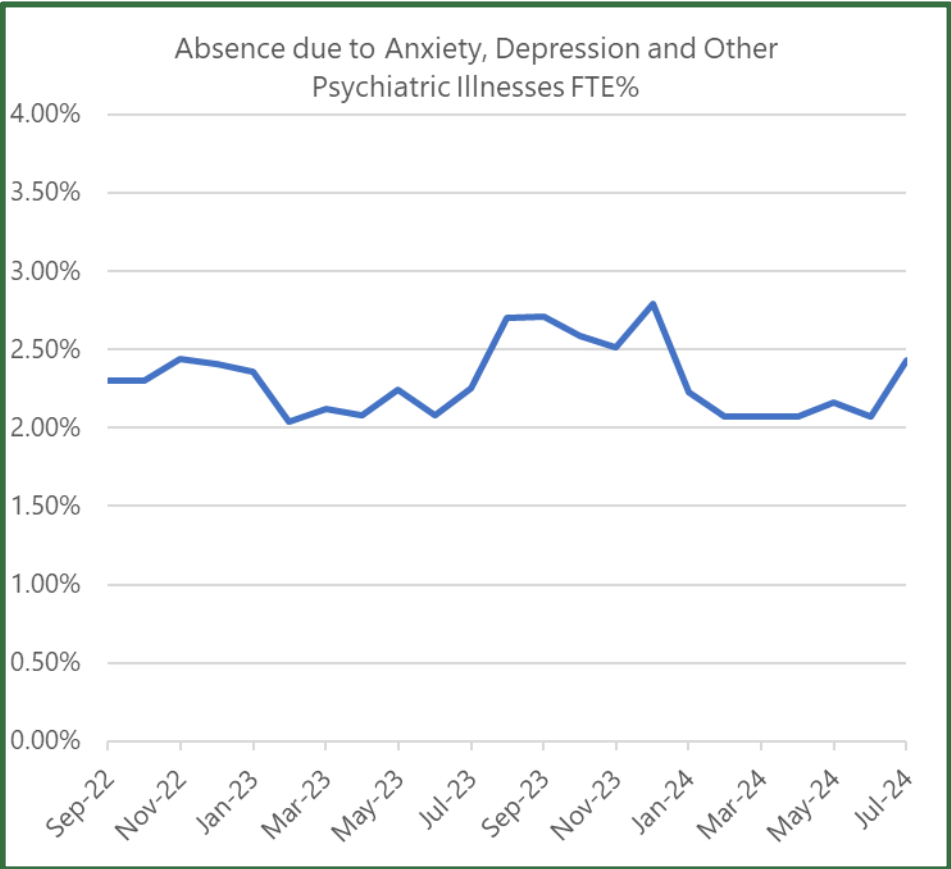
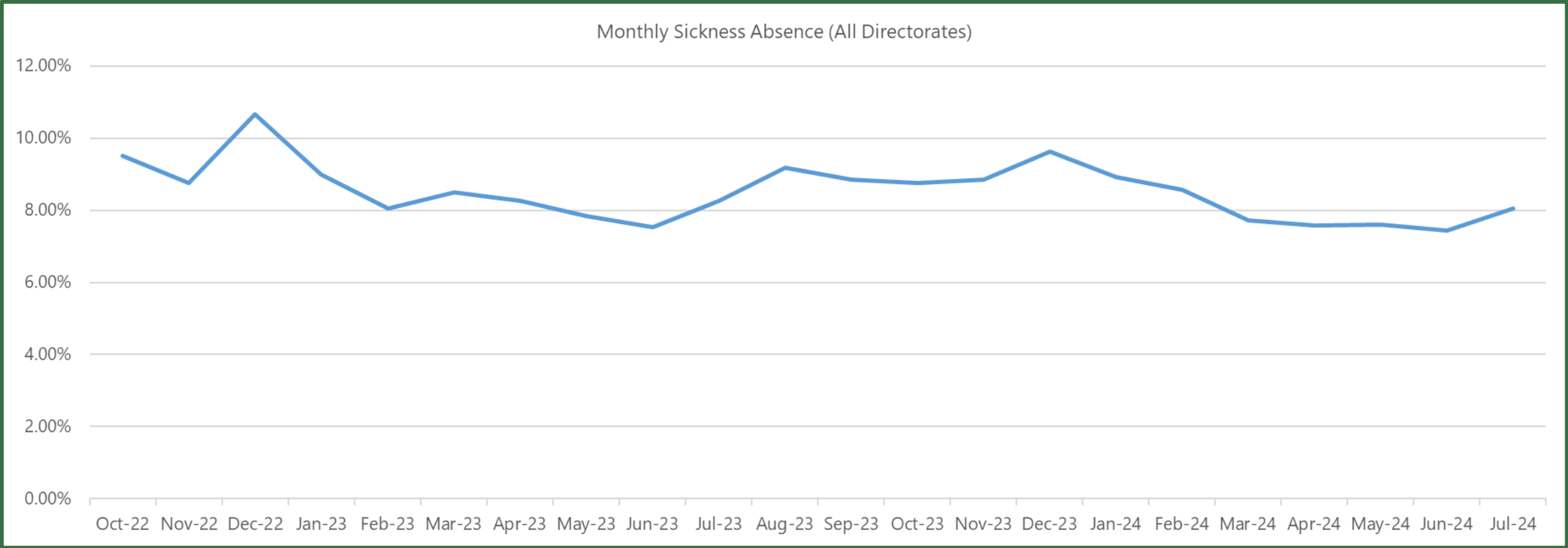
Our People

Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)

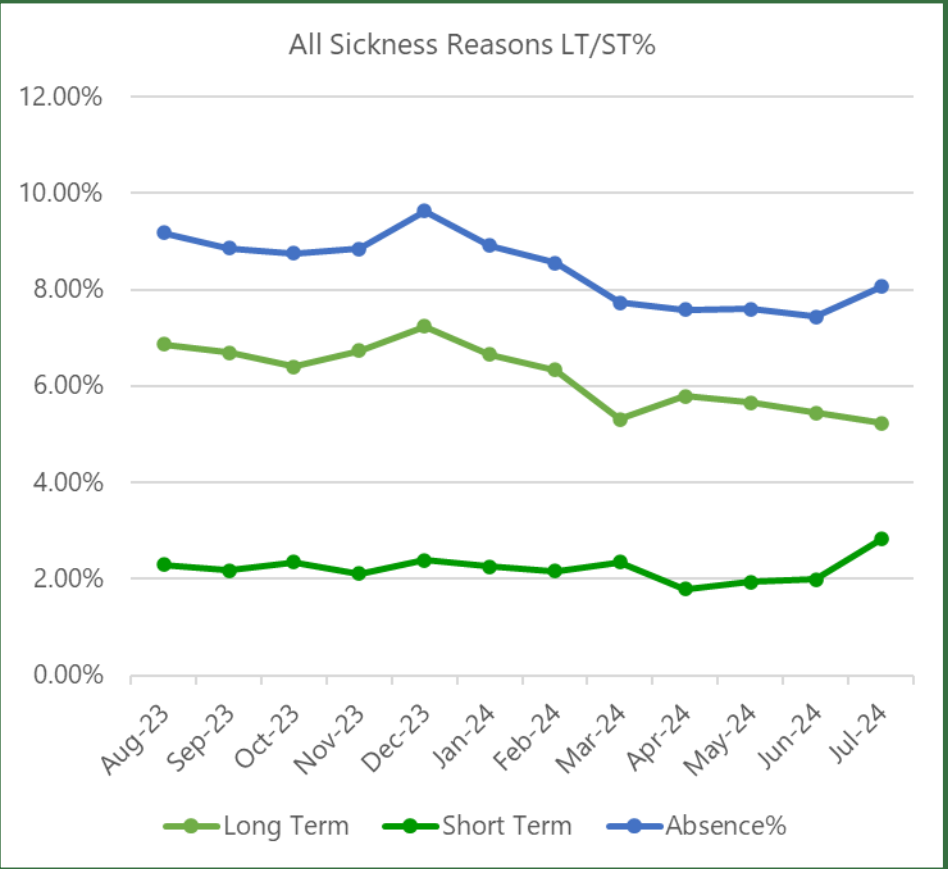
Mental Health
G

CI



Average working days lost per FTE (Annual)	
19.24 days	
Single month Absence %	
8.06%	
Long Term	Short Term
5.23%	2.83%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.43%	0.88%

July 2024



Analysis

There was a slight increase in overall sickness absence rates between June 2024 and July 2024, rising from 7.4% to 8.06%. Long term absence decreased from 5.45% in June 2024 to 5.23% in July 2024, while short-term absence increased slightly to 2.83% in July from June 2024 (1.99%). The highest reason for absence in July 2024 was Anxiety/ Stress/ Depression, other musculoskeletal problems and injury, fracture.

Absence due to Mental Health increased from 2.07% in June 2024 to 2.43% in July 2024.

Occupational health waiting times have greatly improved, our KPI of 10 working days from receipt of management referral to first offer of appointment is being met, with colleagues currently waiting for 3 to 5 working days. From receipt of Wellbeing referrals to first call (from one of our Wellbeing Practitioners), the waiting time is still 2 days. The team continue to triage all referrals and enquiries to ensure prioritisation of anything that requires urgent attention.

Remedial Plans and Actions

- Monitoring continues with ongoing reviews in both long term and short-term absences with monthly meetings to track sickness and provide support.
- MAAW training and bitesize training sessions continue to be scheduled on a bi-monthly (MAAW) and monthly basis (Bitesize sessions).
- Audits for all Directorates, will be undertaken on a monthly basis over the next 6 months and the People Services Team will provide targeted support to line managers on reasonable adjustments and the appropriate use of discretion in areas identified as hot spots.
- We have recently recruited 2 Occupational Health Advisors to cover maternity leave, we also recruited a Clinical Team Lead.

Expected Performance Trajectory

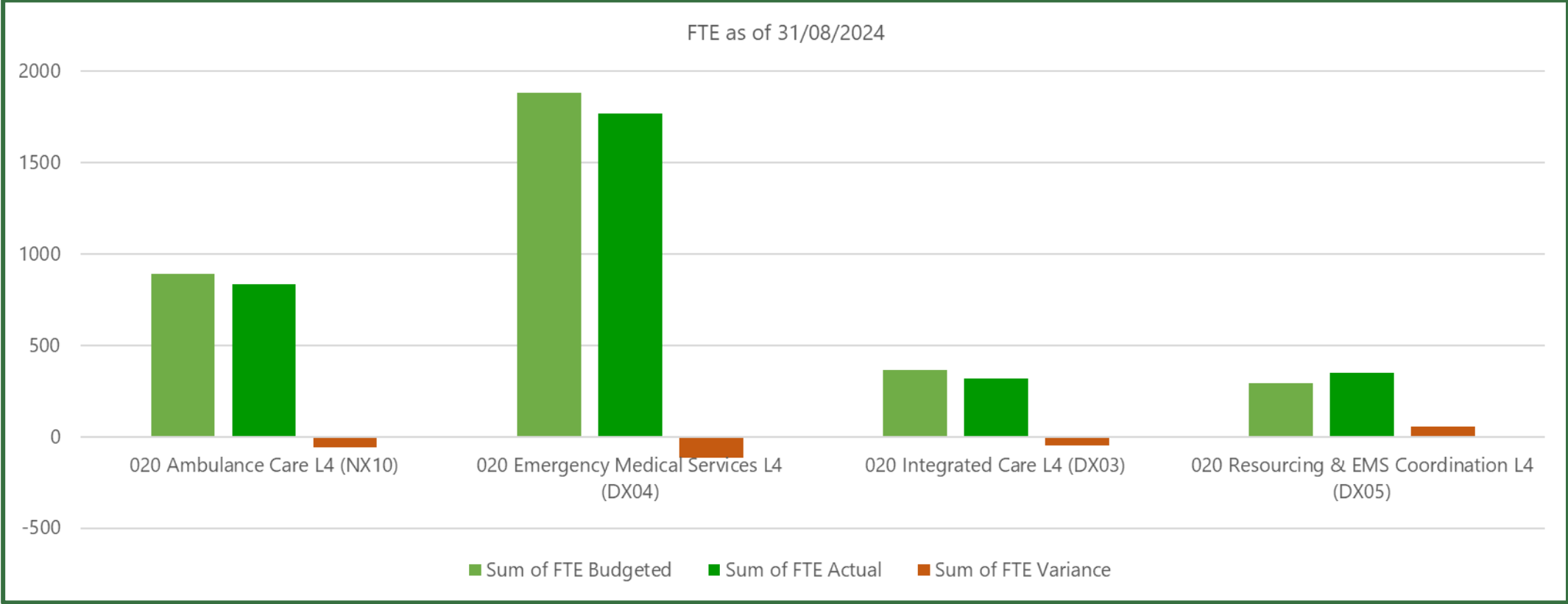
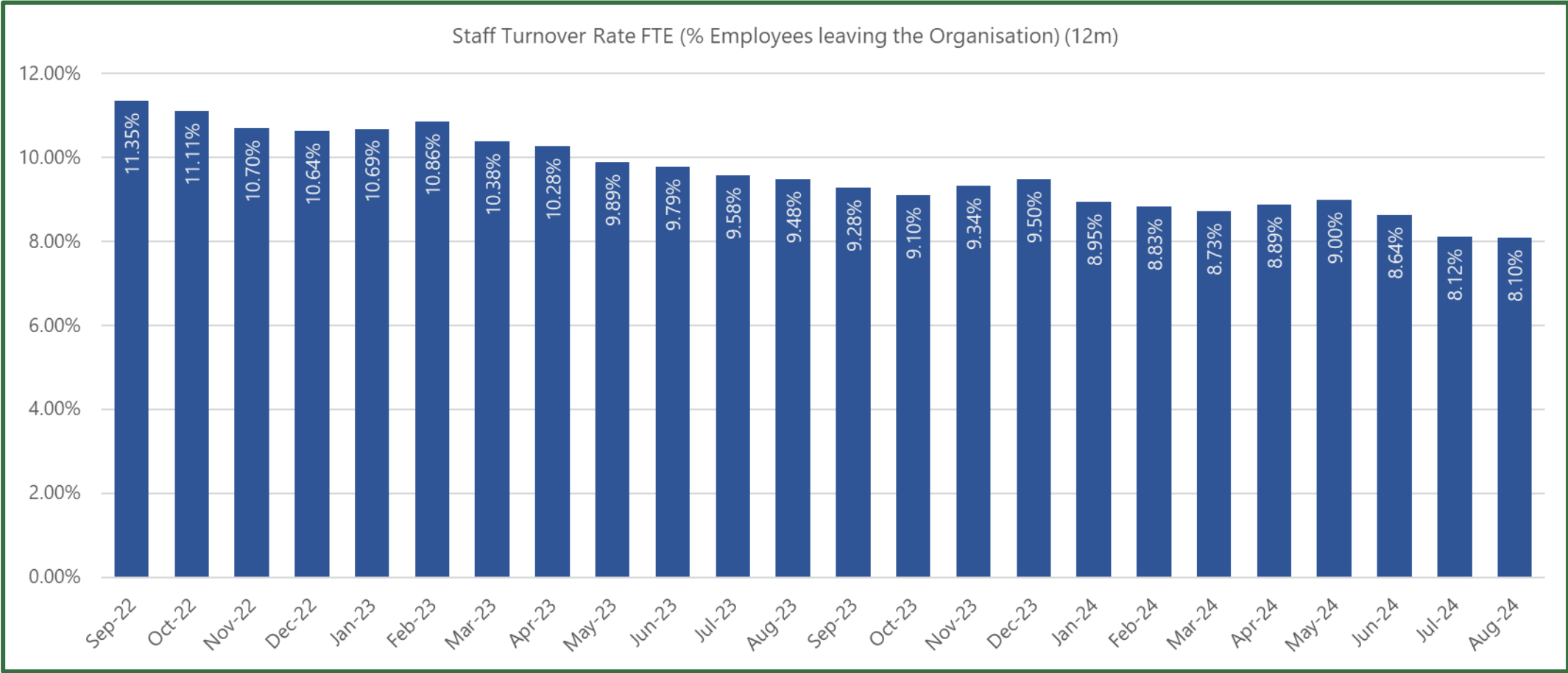
The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but that there remain risks to delivery.

NB: Sickness data will always be reported one month in arrears. It should be noted that the figures reported in this presentation are official to 31st March 2024. All figures for April 2024 are indicative only (as of 23.04.24).

Our People

Capacity - Turnover

(Responsible Officer: Angela Lewis)



Analysis

Staff turnover rates in August 2024 were 8.10%, a minimal decrease from the 8.23% recorded in July 2024. August saw 30 leavers (26.88 FTE). Turnover in months at the end of the quarter are generally higher). This was balanced with 41 joiners (20.44 FTE) in August, of those leaving, the group with the greatest number were Emergency Medical Dispatchers (8 people).

WAST are meeting national KPIs. Due to staff sickness and staff changes (new team members to be inducted/trained etc.) our occupational health waiting times have slightly increased. Currently colleagues are waiting around 23 working days. From receipt of Wellbeing referrals to first call (from one of our Wellbeing Practitioners), the waiting time is still 1-2 days.

Remedial Plans and Actions

- We are working to improve our data collection through Our MI system (Opas G2), some ongoing technical issues are being investigated by Civica.
- The team continue to support staff by providing advice and guidance on how to use the MI system. We have facilitated events; Occupational Health - Guidance on Management Referrals, attendance was good, and the team are looking at providing more sessions in the future.
- The self-referral portal on Opas G2 for Occupational Health and Wellbeing continues to prove popular and has streamlined the service.
- We are still working closely with the Welsh health boards to standardise our reporting, however in addition to this we have built our own customised reports, which help us identify themes and trends. The Wellbeing team continue to deliver Drop-in sessions across all our Clinical Contact Centres, (CCCs) dates are advertised on Siren and through our seasonal newsletter. We are still in the process of writing the Health and Wellbeing strategy for 2025/29. The team has implemented outcome measures and integrated them into OPAS G2, our MI system.
- Finalised plans for the pilot Health Check Programme, Health Diagnostics, which looks at reducing risk of cardiac ill health in our older workforce.
- Working on reevaluating plans/timelines to attain SEQOHS accreditation, a meeting with SEQOHS has been scheduled with a view to start working on this in September.

Expected Performance Trajectory

The People and Culture Strategy continues with its wellbeing focus. We are currently in the process of writing the WAST Health and Wellbeing strategy for 2025/29.

Our People

Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR
R

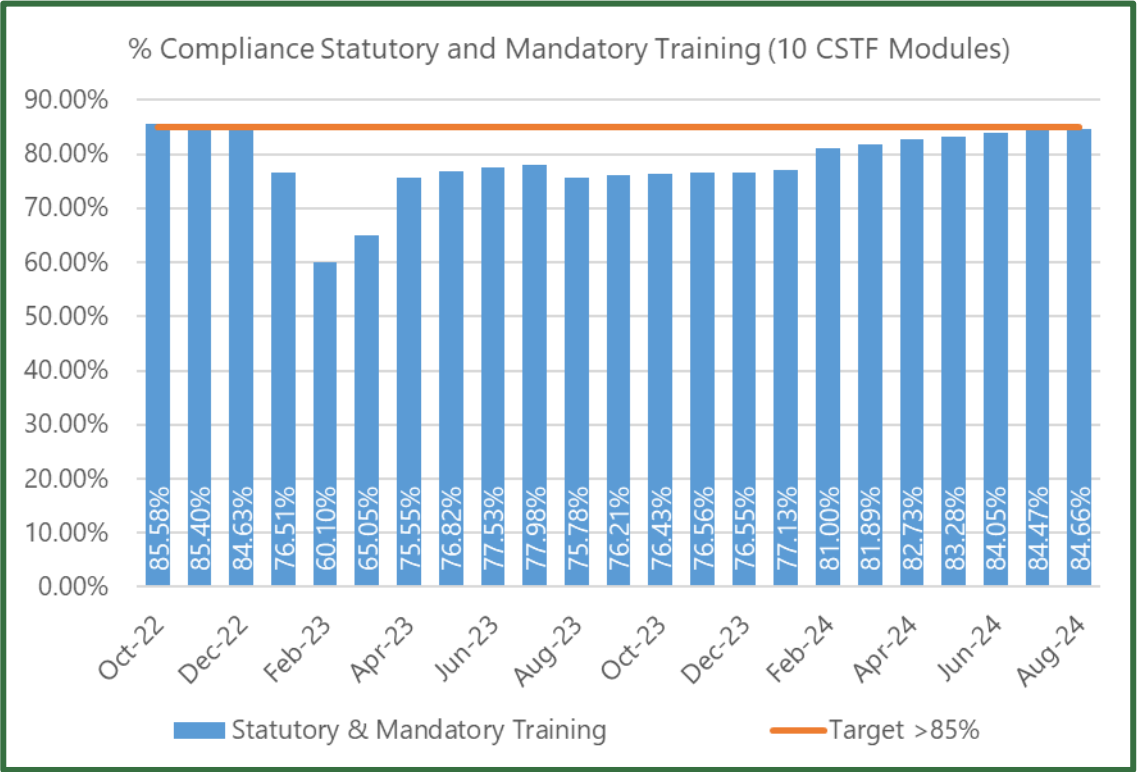
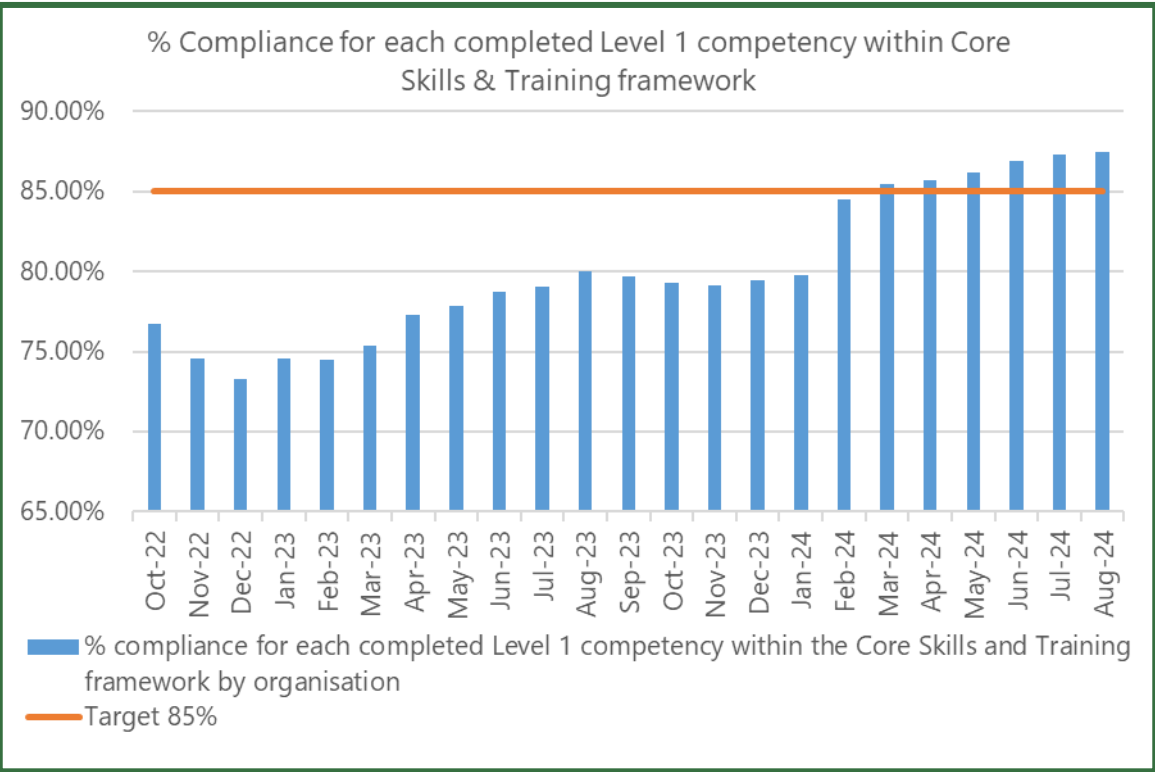
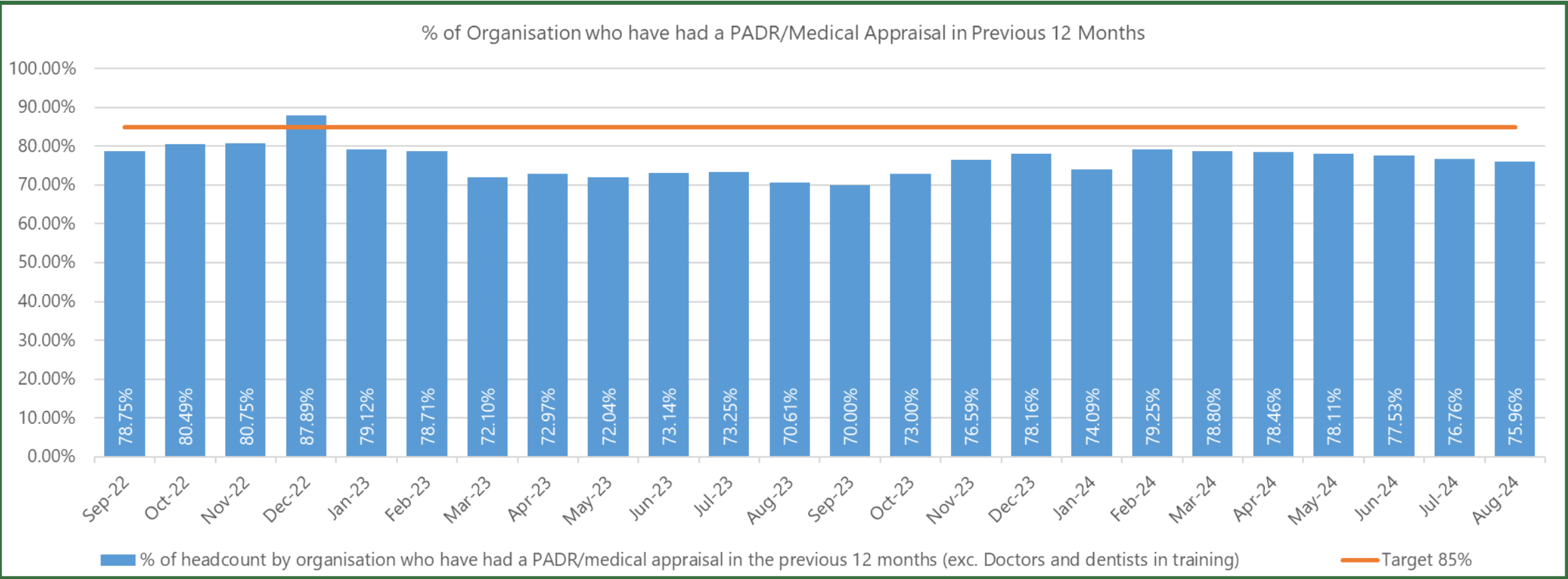
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Health & Care
Standard
Health – Staff &
Resources

Self-Assessment:
Strength of Internal
Control: Strong



Analysis

PADR rates decreased from 76.76% in July 2024 to 75.96% in August 2024 and remain below the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In August 2024 Statutory & Mandatory Training rates reported a combined compliance of 84.66%; which is the 8th consecutive month to see an improvement. However, only Dementia Awareness (95.18%) and Moving & Handling (93.44%), achieved the 85% target. Equality & Diversity (83.34%), Safeguarding Adults (83.07%). Fire Safety (79.26%), Information Governance (77.09%), Violence Against Women, Domestic Abuse & Sexual Violence (72.82%), Paul Ridd (71.66%), Fraud Awareness (66.73%) and Welsh Language Awareness (65.59%) all remain below this target.

There are currently 18 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table:

Remedial Plans and Actions

Engagement in the PADR process serves as a Key metric for evaluating team cultural health. By increasing engagement with the PADR process, our goal is to enhance employee Development opportunities, support better Communication between managers and employees and develop a culture of accountability and continual improvement.

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

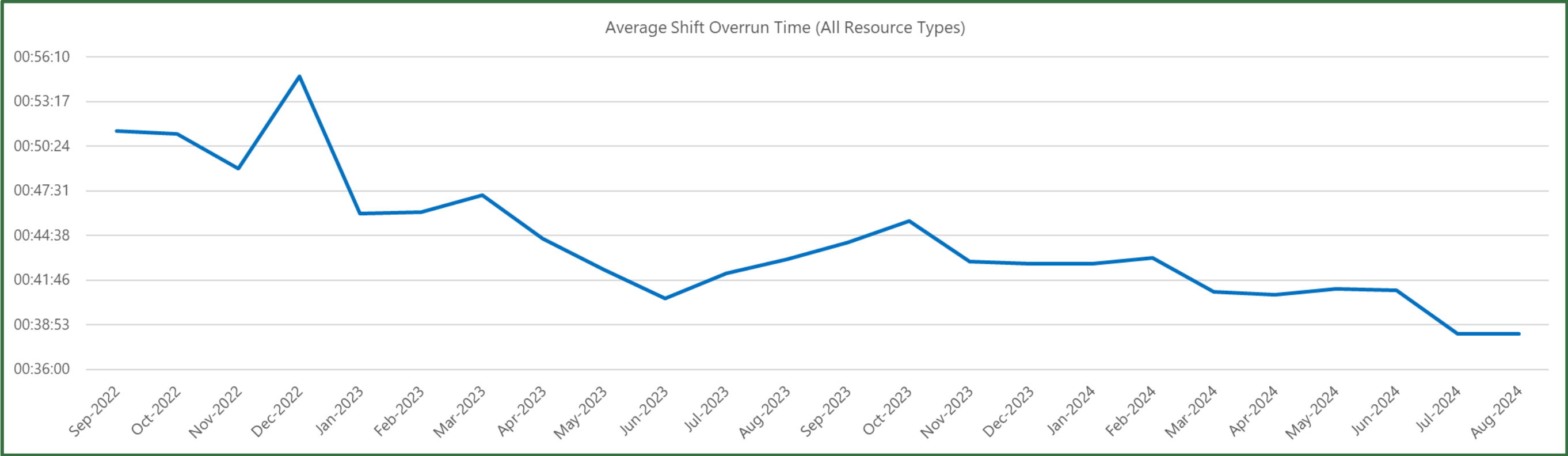
Expected Performance Trajectory

Performance is improving as compliance has risen.

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

Our People

Health and Well-being – Shift Overruns



Analysis

The average overrun figure for August 2024 was 38 minutes and 17 seconds, remaining the same as the figure for July 2024. The trend continues to be downward over the past two years.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 73.7% of the total. 19.7% fall within the 61 to 120-minute category, 5.4% in the 121 to 180-minute category, 0.5% in the 181 to 240-minute category and 0.3% in the 241 minutes and over category.

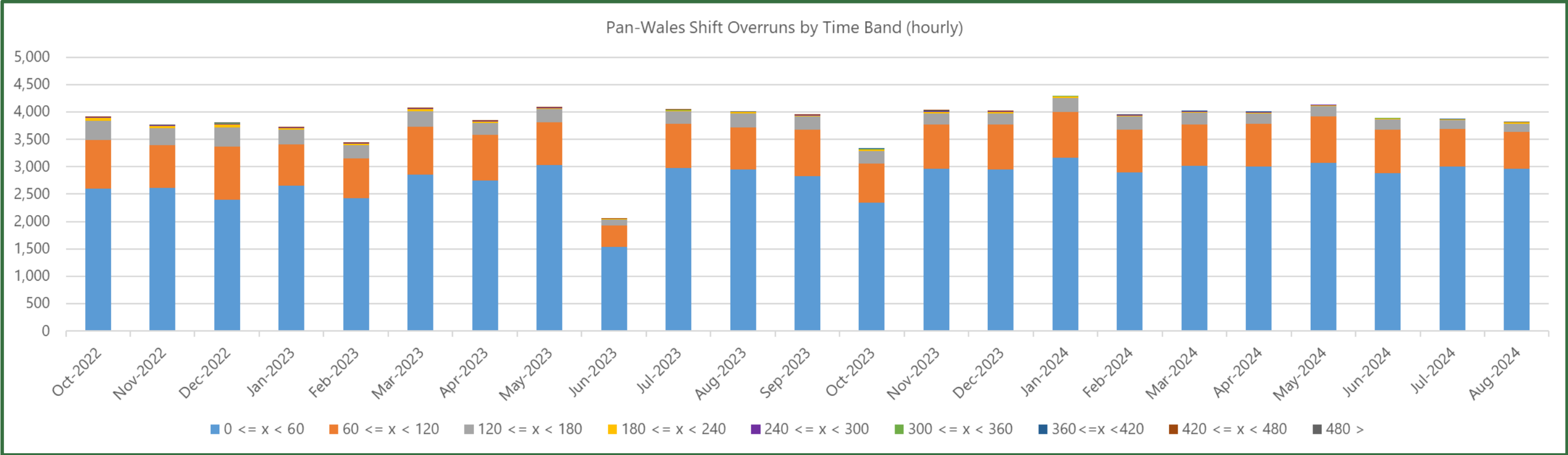
Remedial Plans and Actions

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

As part of the Trust’s winter resilience planning, it introduced “pods” at some hospital locations to aid staff finishing on time. These are continuing, at this time, into 2024/25.

Expected Performance Trajectory

Overruns correlate with handover lost hours. As we have moved out of winter both levels had started to drop. We may expect this to stabilise before moving into higher levels again next winter.



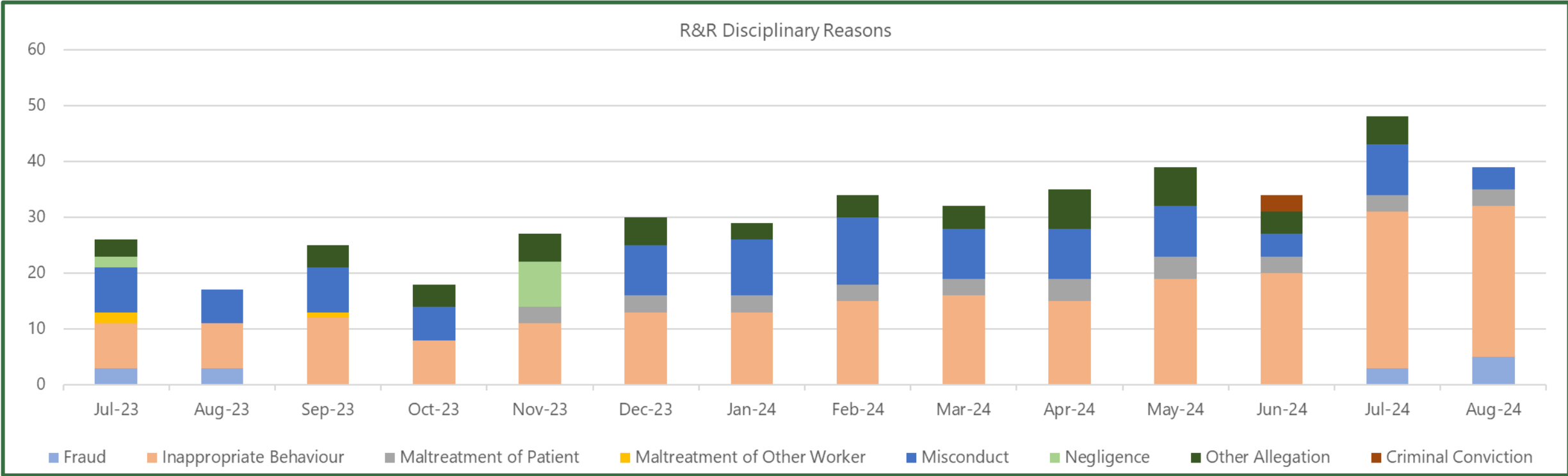
Our People

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

(Responsible Officer: Angela Lewis)

Self-Assessment:
Strength of Internal
Control: Moderate

PCC



Analysis

There were 39 open formal disciplinary cases recorded at the end of August 2024, a decrease compared to 48 in July 2024 which was the highest number seen over the past 12 months. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by fraud.

There were 17 open formal Respect and Resolution cases submitted by employees in August 2024, two less than in July 2024. These are a mixture of both Respect and Resolution Grievances and Dignity at work.

The bottom graph shows that in August 2024, 1,093 job applications were processed, and 380 interviews were planned.

Of the 1,093 applications, a total of 486 were from under-represented groups with 263 in the category of Ethnicity, 121 within Disability and 102 within Sexual Orientation.

In August 2024, 28.2% (n=137) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was an increase from the 19.5% in July 2024.

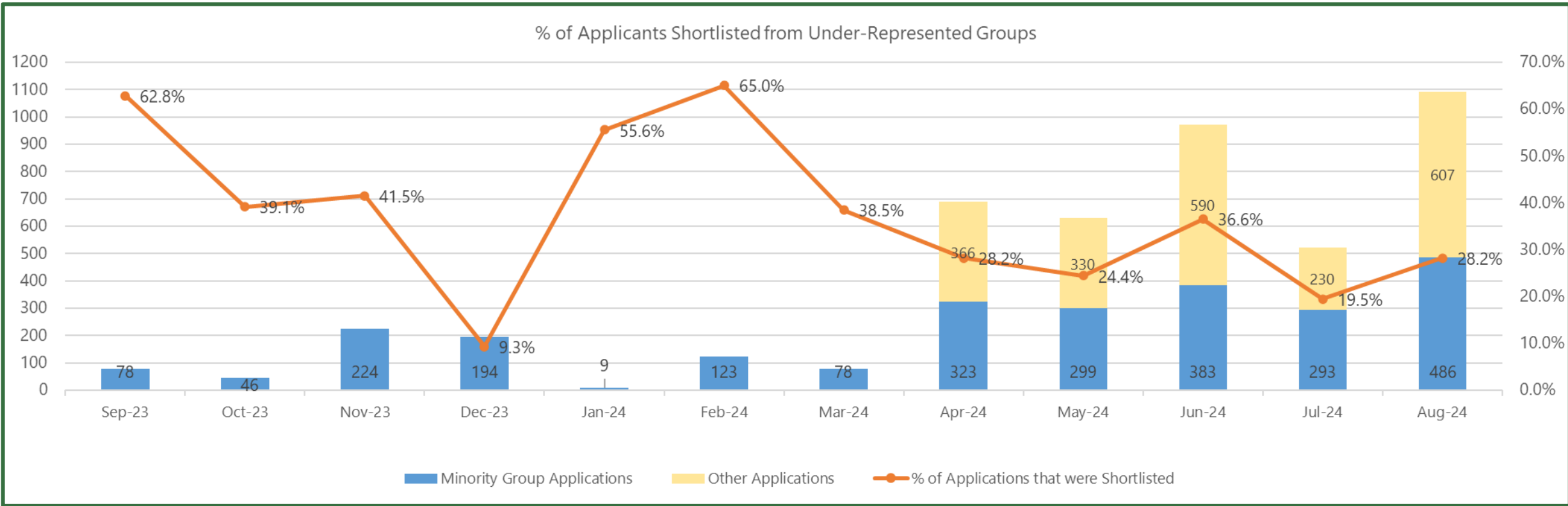
Remedial Plans and Actions

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

Applications: The inclusive recruitment work is ongoing to develop targeted recruitment campaigns and events. Workshops are taking place in Sept and Nov-24 to recruit for Black, Asian and Ethnically diverse applicants into our digital roles. Unconscious bias training is also being undertaken by managers in the Digital directorate to assist with recruitment.

Expected Performance Trajectory

Continue to monitor levels, no trajectory for this measure.

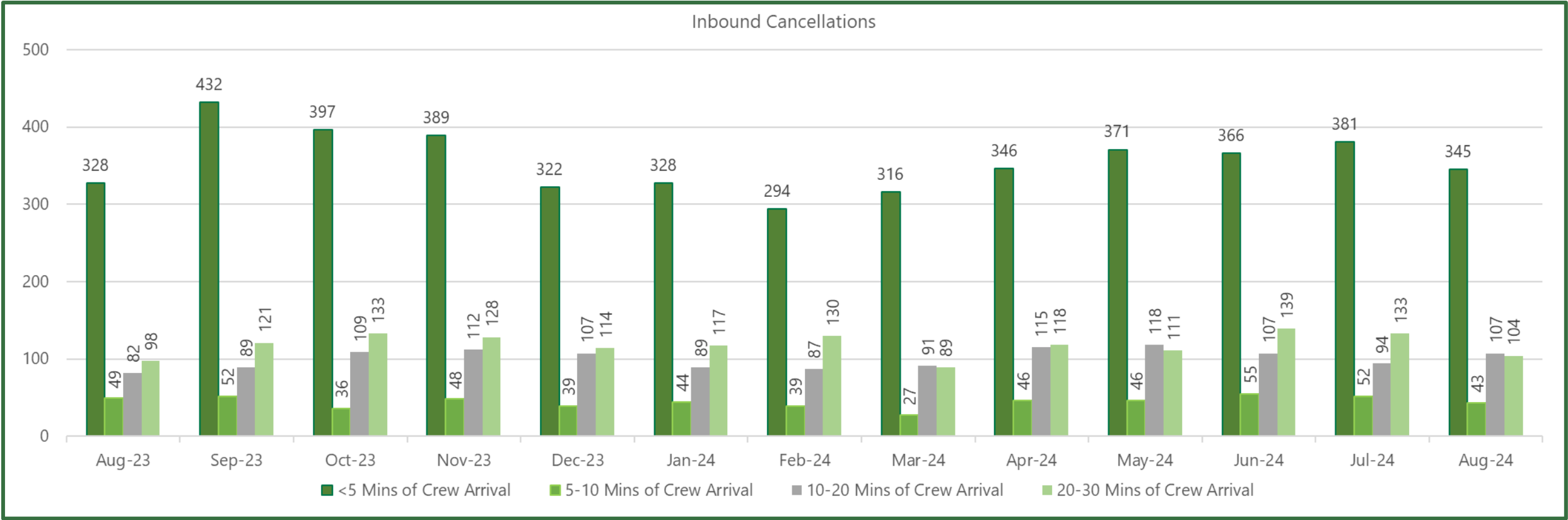


Finance, Resources and Value

Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Cancellations
A



Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a decrease in August 2024 to 345, compared to 381 in July 2024. The total number of cancellations within 30 minutes decreased from 660 in July 2024 to 599 in August 2024.

In August 2024 there were 102 appointments cancelled by patients, decreasing from 117 in July 2024.

The other top reasons for less than 5-minute cancellations included: 41 patients not located, 13 unwell/too ill to travel and 9 addresses not located.

Same day cancellations remained consistent in both July and August 2024 (21.4%).

Remedial Plans and Actions

Work with Hywel Dda to develop a direct link between their PAS system and our CAD but has been delayed by a clash of organisational priorities but will be picked back up in late Q1. Once in place this will allow for WAST to be notified once the health board cancels or alters an appointment.

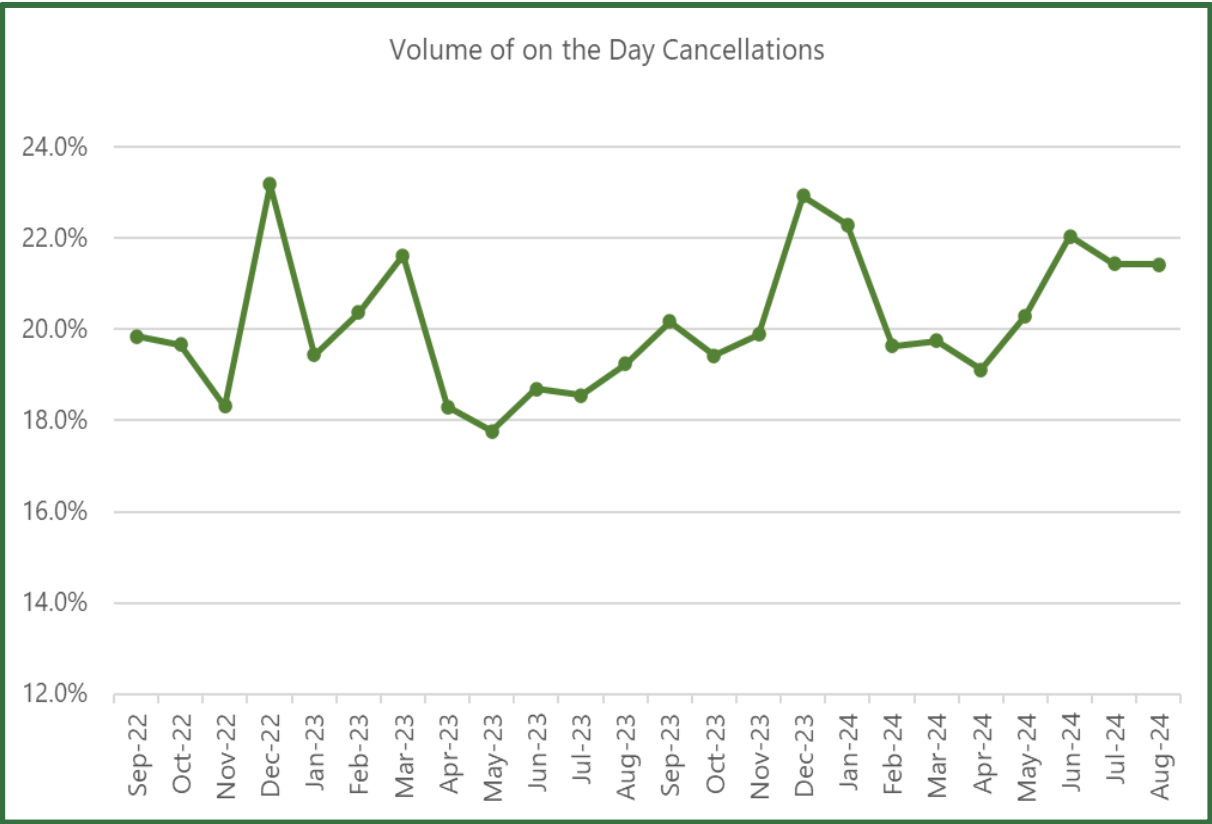
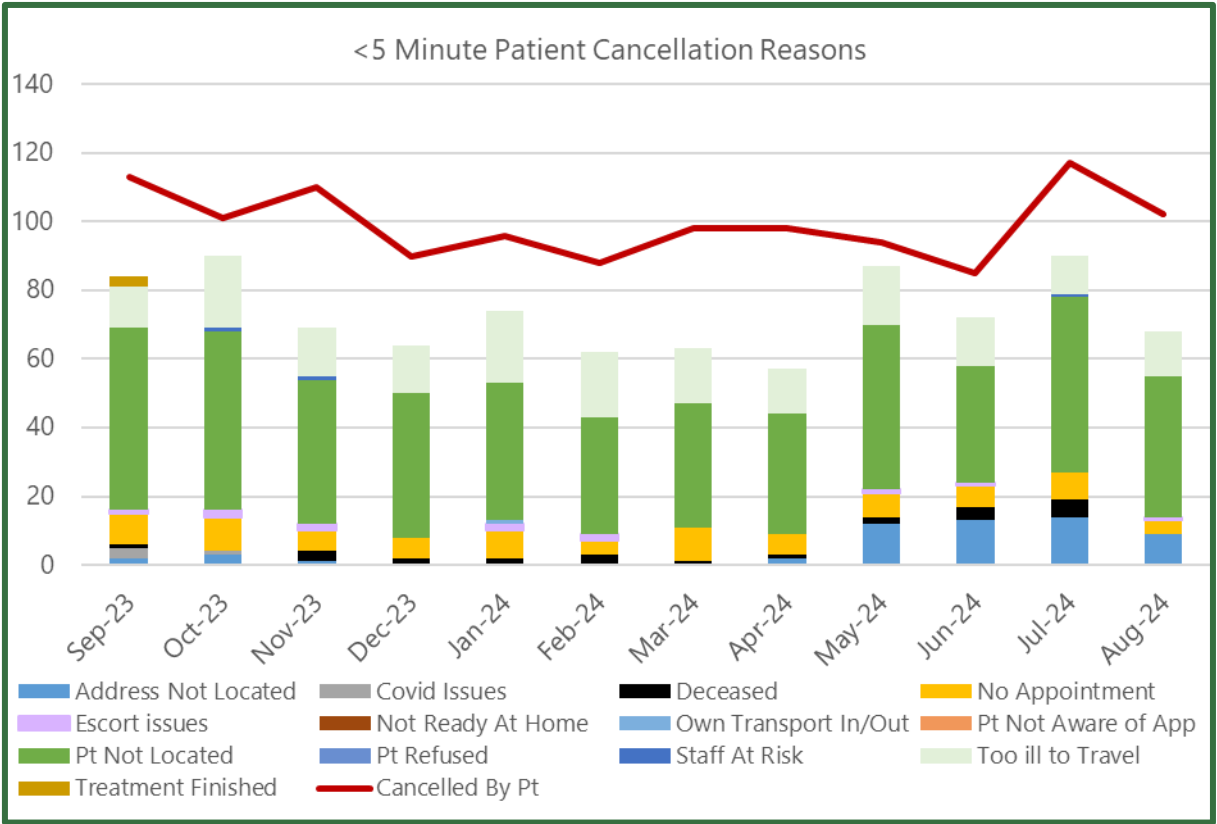
Work is also underway to enhance the service’s text messaging options to improve notification to patients. This should be complete in Q2.

Expected Performance Trajectory

Until this work is completed, we do not anticipate a significant shift in the trajectory as many of the factors affecting this are outside of our direct control.

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

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



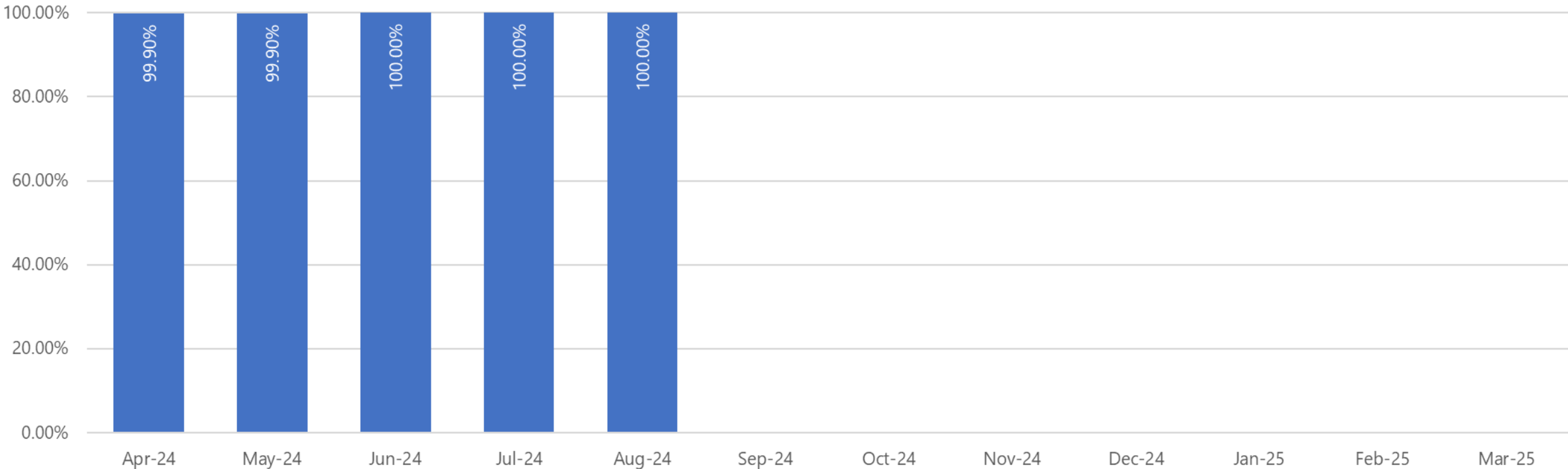
Finance, Resources and Value

Value - Finance Indicators

(Responsible Officer: Chris Turley)



Financial Balance - Annual Expenditure YTD as % of Budget Expenditure YTD



Analysis

The reported outturn performance at Month 5 is a surplus of £31k.

For Month 5 the Trust is reporting planned savings of £2.828m and actual savings of £3.313m (an achievement rate of 117.1%).

The Trust’s cumulative performance against PSPP as at Month 5 is 97.8% against a target of 95%.

At Month 5 the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

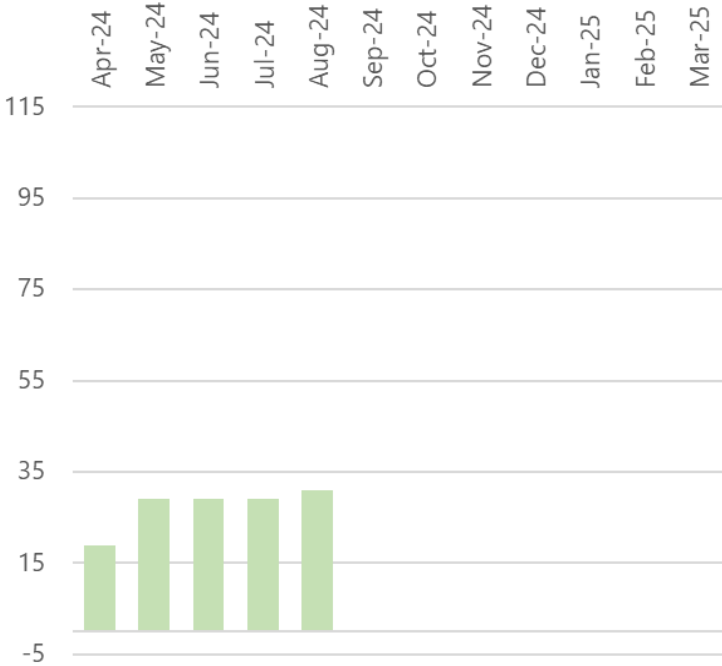
Remedial Plans and Actions

- There is no remedial plan required given the Trust is forecasting to breakeven; however, as the Trust moves into 2024/25 key areas of focus include:-
- Undertaking a review of commercial opportunities for income generation (Report being considered by FSP group).
 - A continued focus on the Trust’s financial sustainability programme.
 - Improved governance for Value Based Health Care, with a particular focus on benchmarking; and
 - An improved approach to benefits realisation

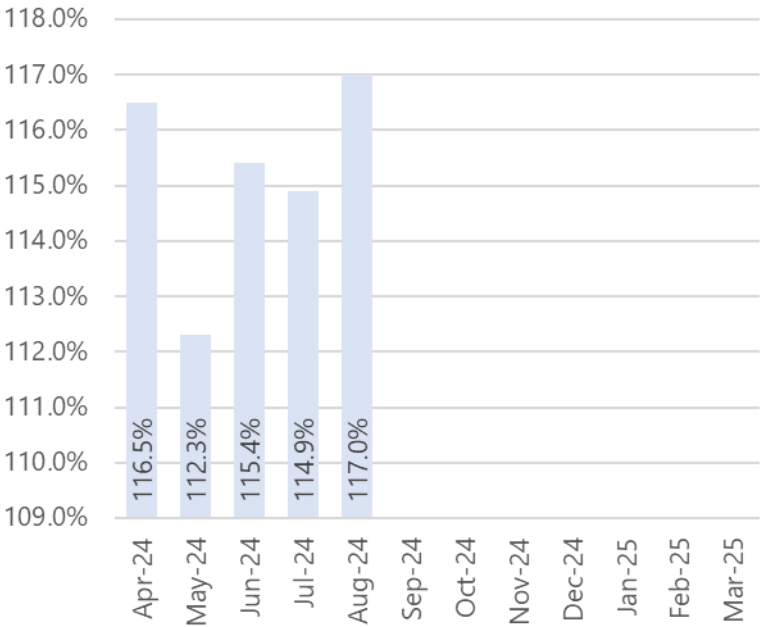
Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2024/25 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver a planned level of savings in the 2024/25 financial year of c£6.4m.

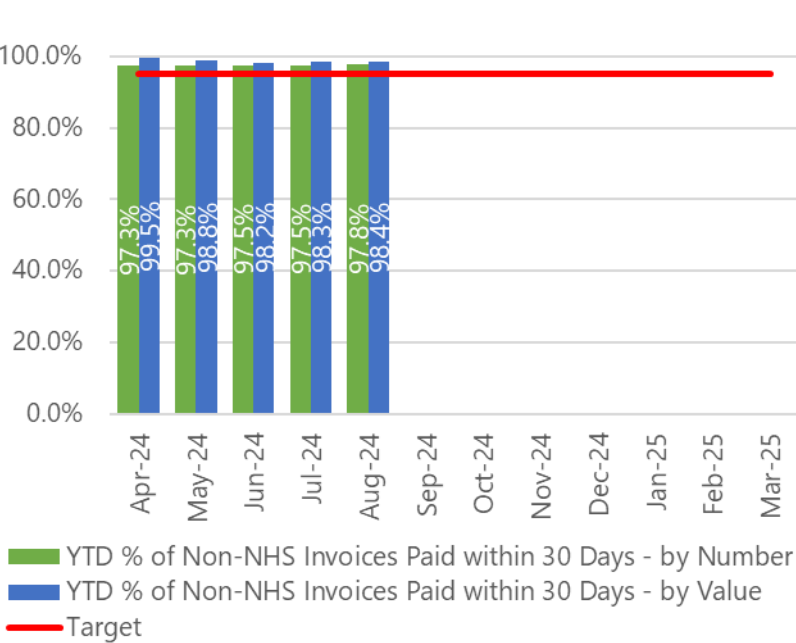
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



Finance, Resources and Value

EMS Utilisation & Average Job/Shift Times

(Responsible Officer: Lee Brooks)

Jobs Per Shift

R

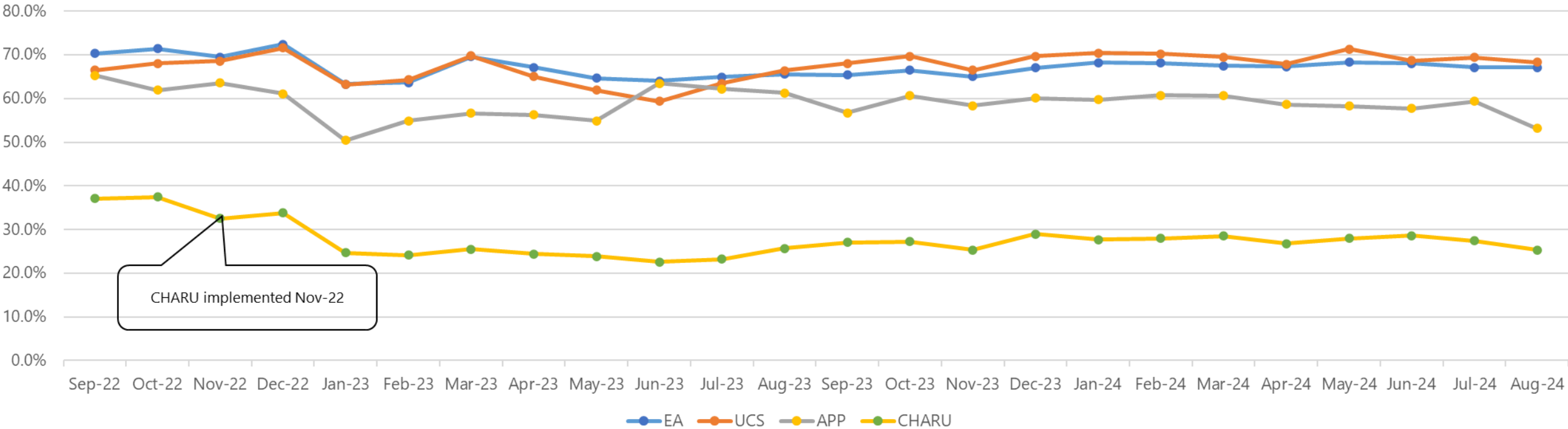
CHARU Utilisation

A

FPC

NB: Data quality issues have been identified within APP data. These are currently being addressed.

Pan-Wales Utilisation % By Vehicle Type



Analysis

Pan Wales Utilisation metrics in August 2024 were 56.8% for all vehicles types, decreasing slightly from 57.4% in July 2024. UCS was the highest rate during the month at 68.3% while EA was at 67.1%. Both have seen a generally stable trend over the past two years. The optimal utilisation rate for EAs needs to lower so that they are free to respond to incoming calls.

As demonstrated in the bottom left graph, the average job cycle in most categories decreased in August 2024, to 2 hours 3 minutes for EAs, 55 minutes for CHARU and to 1 hour and 22 minutes for APPs. UCS increased by 1 minutes to 2 hours and 33 minutes.

Overall average jobs per shift was 2.34 in August 2024, indicating a slight decrease from July 2024 (2.35). EAs averaged 2.51 jobs per shift and UCS crews 2.03 jobs per shift. This is more than what would be ideal and a product of handover delays. APPs attended on average 3.42 jobs per shift and CHARU's 1.80 jobs per shift. Both sets of data are under review.

Remedial Plans and Actions

EA and UCS jobs per shift is fundamentally a product of handover delays.

For APPs, the newly created APP Recruitment Task & Finish Group will give a focus on further improvement, in particular, improved information and a re-roster.

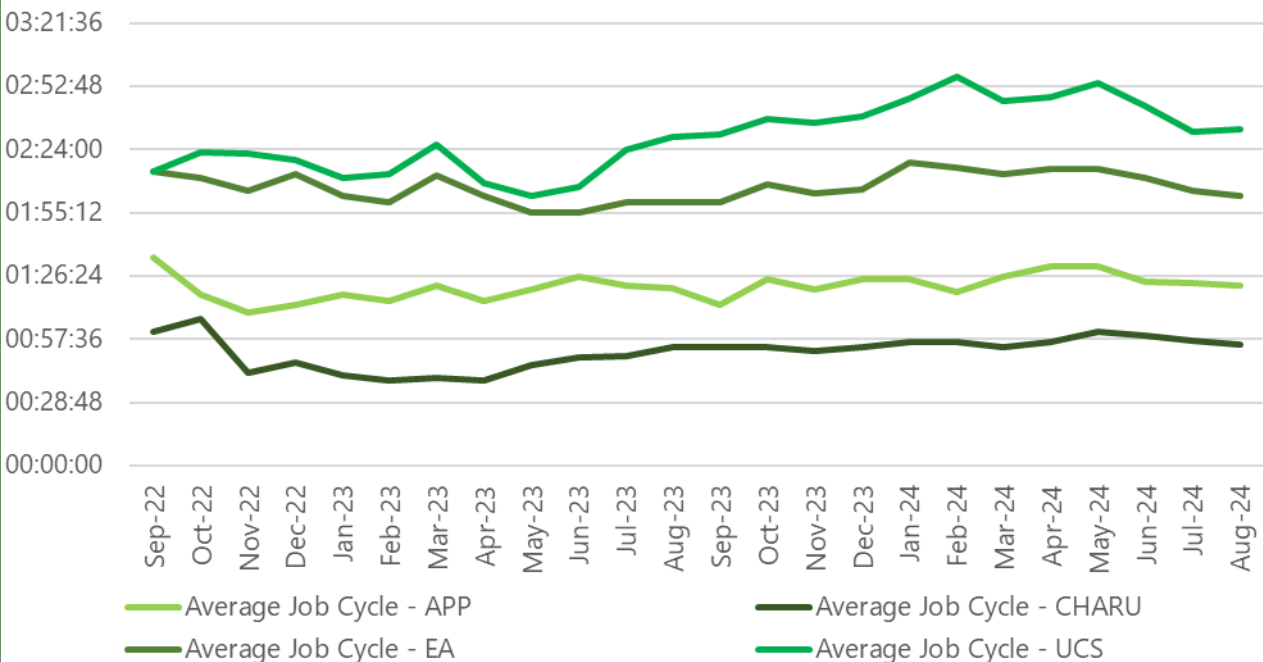
CHARU is a particular area of focus. Initial analysis indicates that CHARU contribution to Red compares favourably with the previous resource: RRVs.

Expected Performance Trajectory

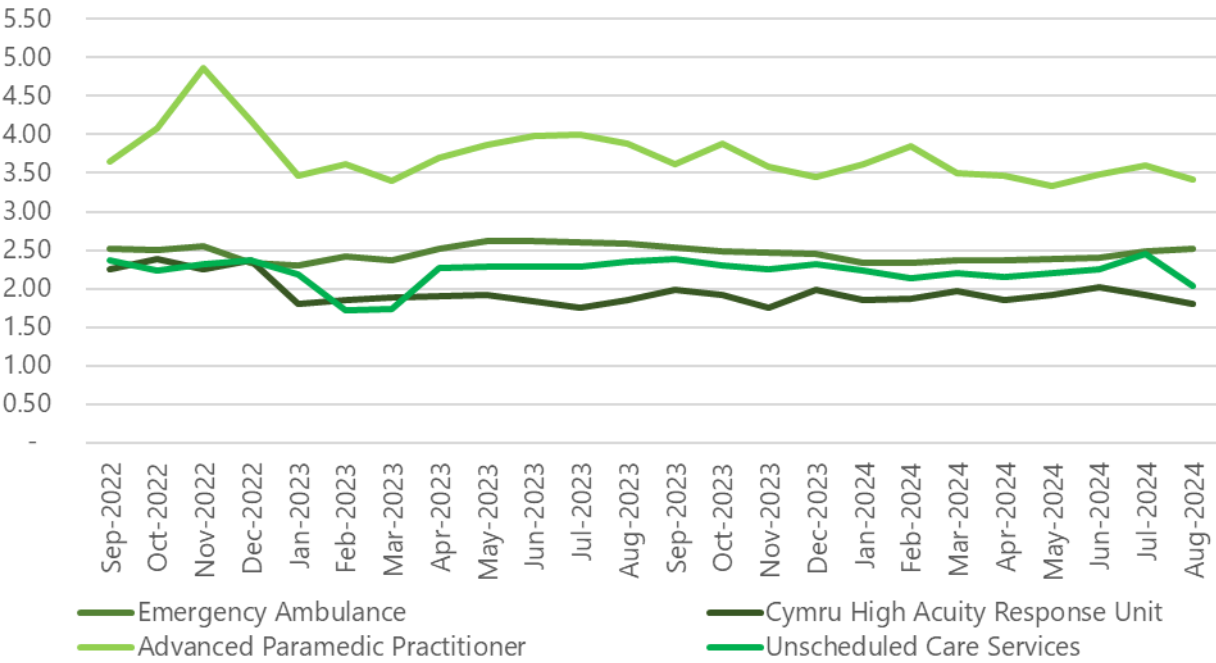
The Trust's ability to reduce the high utilisation rates for EAs and UCS is a product of handover, which it does not control. The Trust would expect an increase in APP and CHARU utilisation during 2024/25 linked to the remedial actions identified above.

Welsh Ambulance Services University NHS Trust

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



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



Partnerships / System Contribution

NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

NB: Data quality issues have been identified in 111. These are currently being addressed.

Analysis
During August 2024, 58,745 calls were allocated into the 14 categories displayed in the graph opposite, a slight increase compared to the 57,972 seen during July 2024. However, data quality issues have been identified in 111 which are currently being addressed.

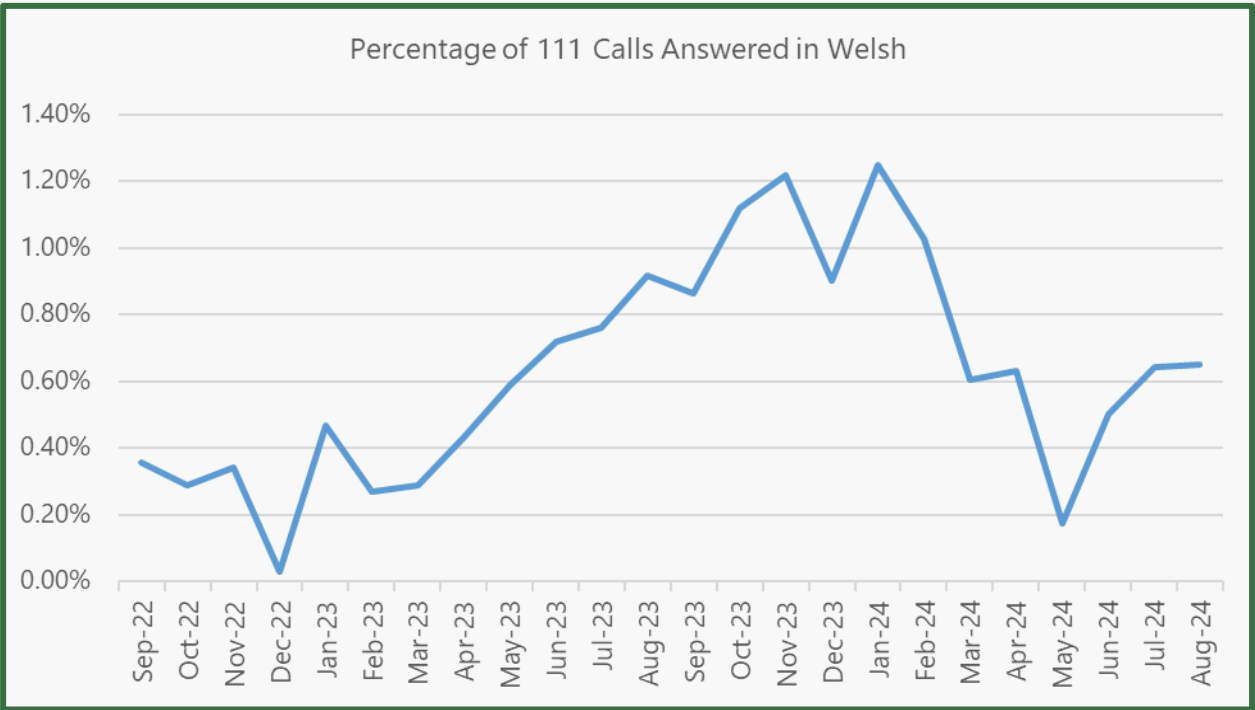
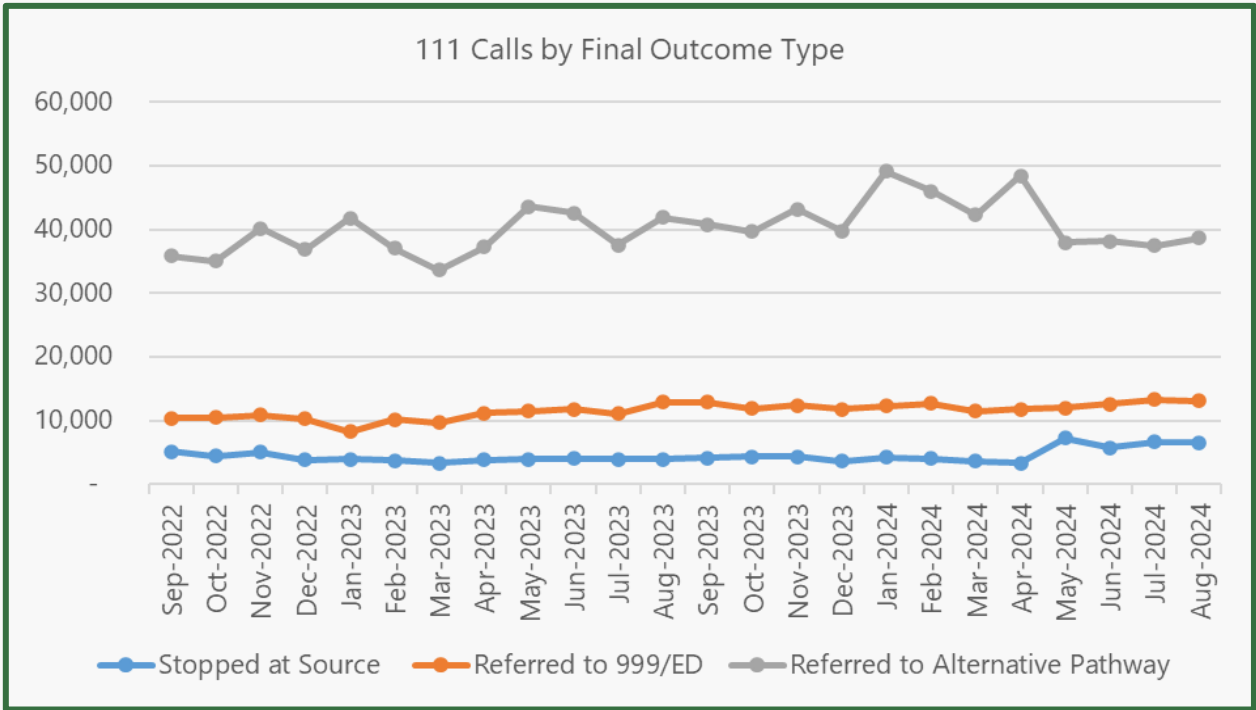
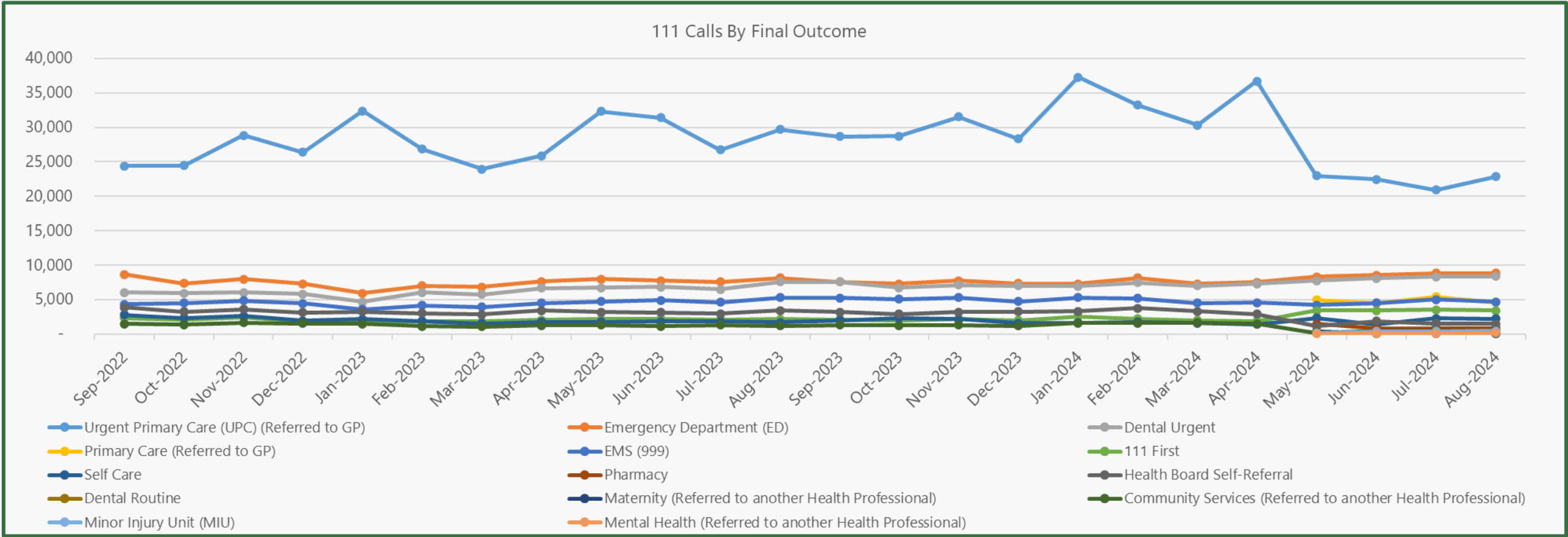
Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 33.37% of all calls during August 2024, but there has been a material drop since the implementation of new 111CAS.

As the bottom left graph highlights, in August 2024, 6,550 calls were ‘Stopped at Source’, with no onward referral, a slight decrease from the 6,657 in July 2024. 13,068 calls were referred to 999/ED in August, a decrease from the 12,335 in July.

The percentage of 111 calls answered in Welsh increased from 0.64% in July 2024 to 0.65% in August 2024. This equated to 34.8% of all 111 calls being offered in Welsh being answered.

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

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



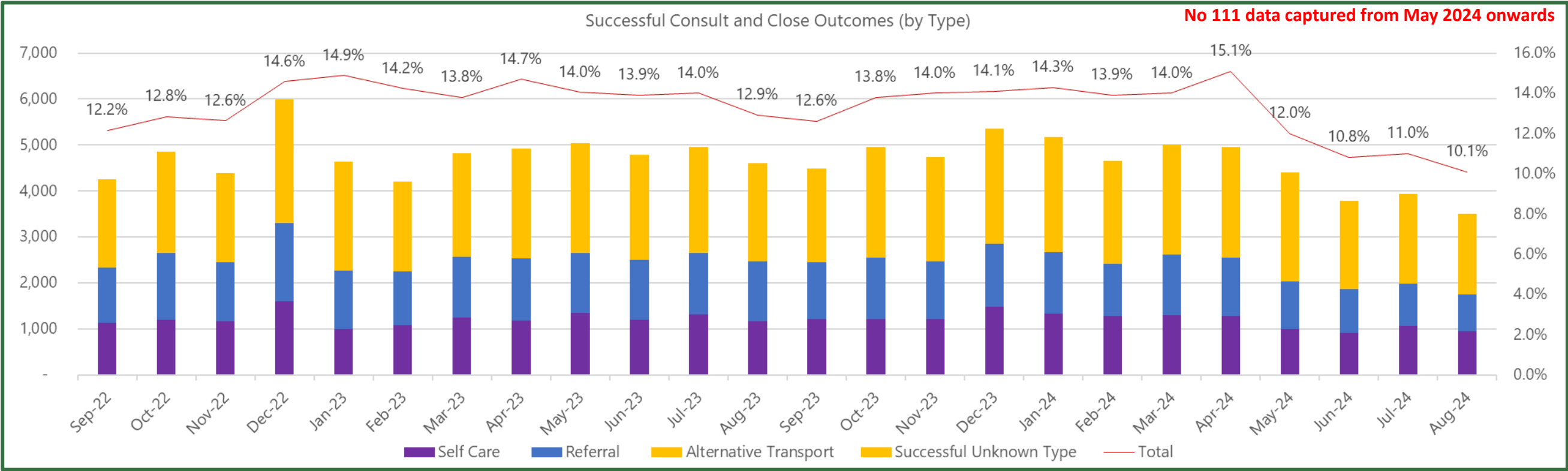
Partnerships / System Contribution

Consult & Close Indicators

(Responsible Officer: Lee Brooks)

C&C
Outcomes

FPC



NB: Data quality issues have been identified in 111. These are currently being addressed.

Analysis

Consult and Close, with contributions from Clinical Service Desk (CSD) (9.2%), NHS111 (0%), WAST APP (0.5%) and the Health Boards using Physician Triage and Streaming Service (PTAS) (0.4%) achieved 10.1% in August 2024, dropping from 11% in July 2024 and remaining short of the 17% IMTP ambition. The number of 999 calls resulting in a Consult and Close outcome was 3,499, a decrease from 3,935 in July 2024.

**There is currently a reporting issue with the 111 contribution, which is incorrectly showing as 0%.*

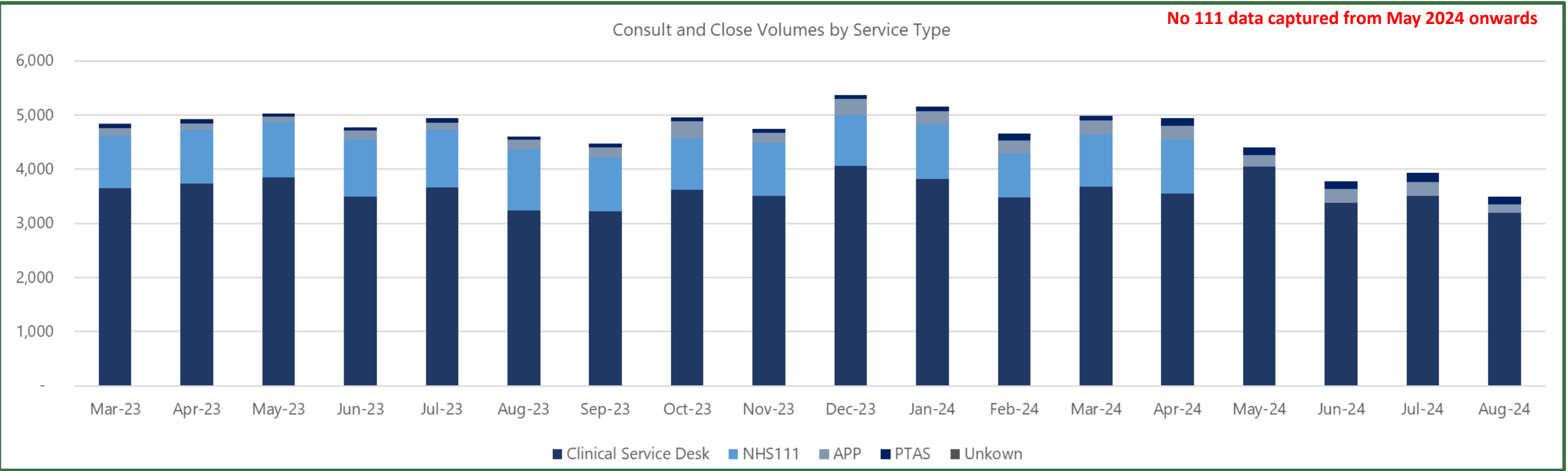
Of the calls successfully closed in August 2024, 943 patients received an outcome of self-care; 806 patients were referred to other services (including to Minor Injury Units and SDEC) and 1,750 were advised to seek alternative transport services to acquire treatment.

Remedial Plans and Actions

- Work underway with HI to establish a quality assured data warehouse for all new 111CAS data and resolve 111 reporting issue.
- Recruitment of additional 28.5 FTEs into rapid clinical screeding for 24/25.
- Implementation of key aspects of the Clinical Model Transformation Programme before winter are expected to increase remote management

Expected Performance Trajectory

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



Partnerships / System Contribution

Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

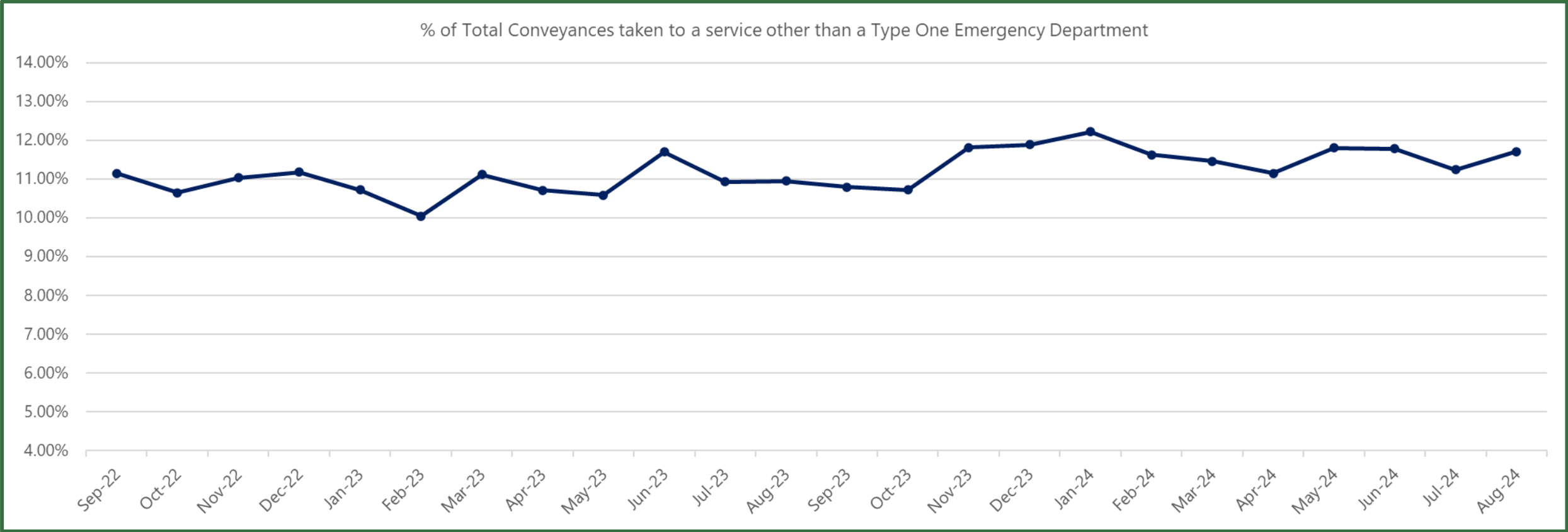
Conveyances

A

FPC

Ministerial Measure

NB: Data quality issues have been identified in APP data. These are currently being addressed.



Analysis

In August 2024 11.71% of patients (1,682) were conveyed to a service other than a Type One ED, while 36.8% of patients were conveyed to a major ED, as a percentage of verified incidents.

The combined number of incidents treated at scene or referred to alternate providers decreased slightly, from 3,826 in July 2024 to 3,735 in August 2024.

APP conveyance rate was 42.2% in August 2024 and continues to experience a generally increasing trend since March 2023; however, data quality issues around accurately capturing APPs on shift is likely to be contributing to discrepancies in this figure.

Patients conveyed to SDEC’s remained low at 0.14%.

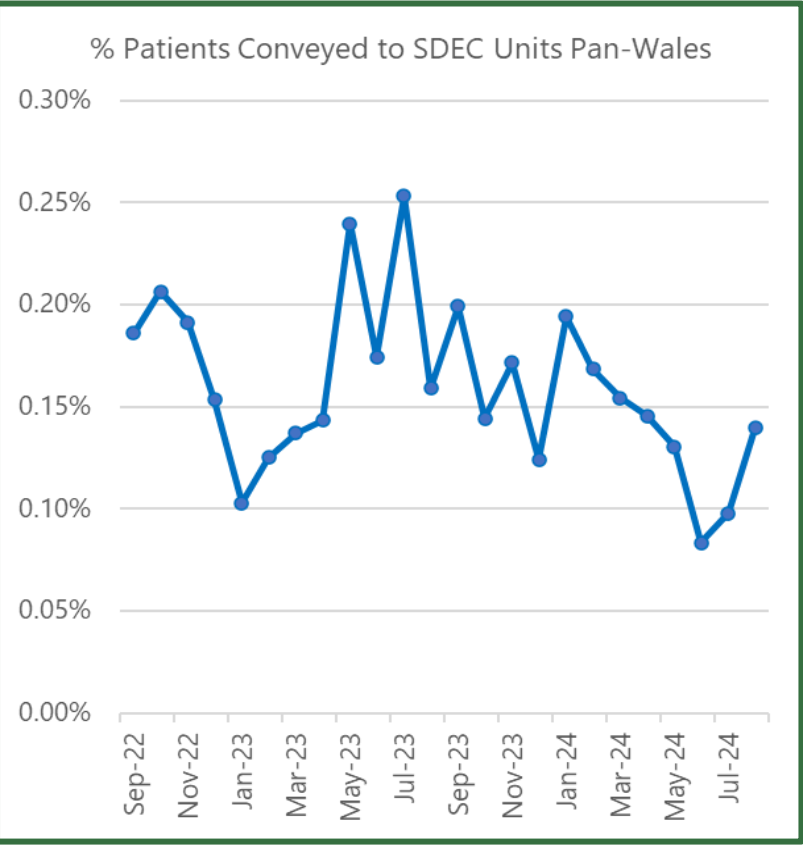
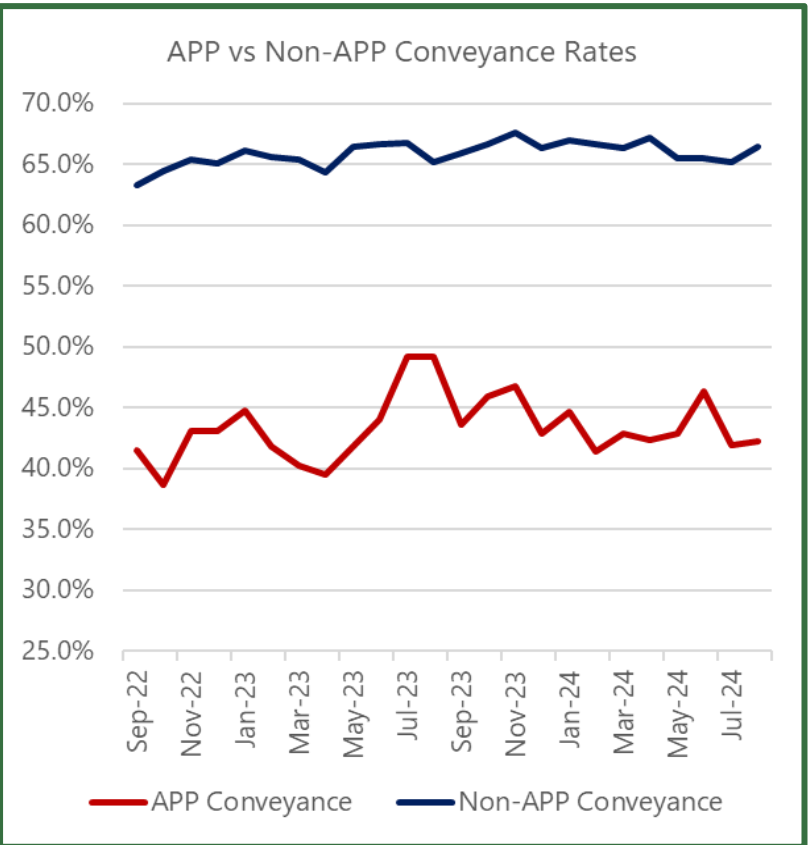
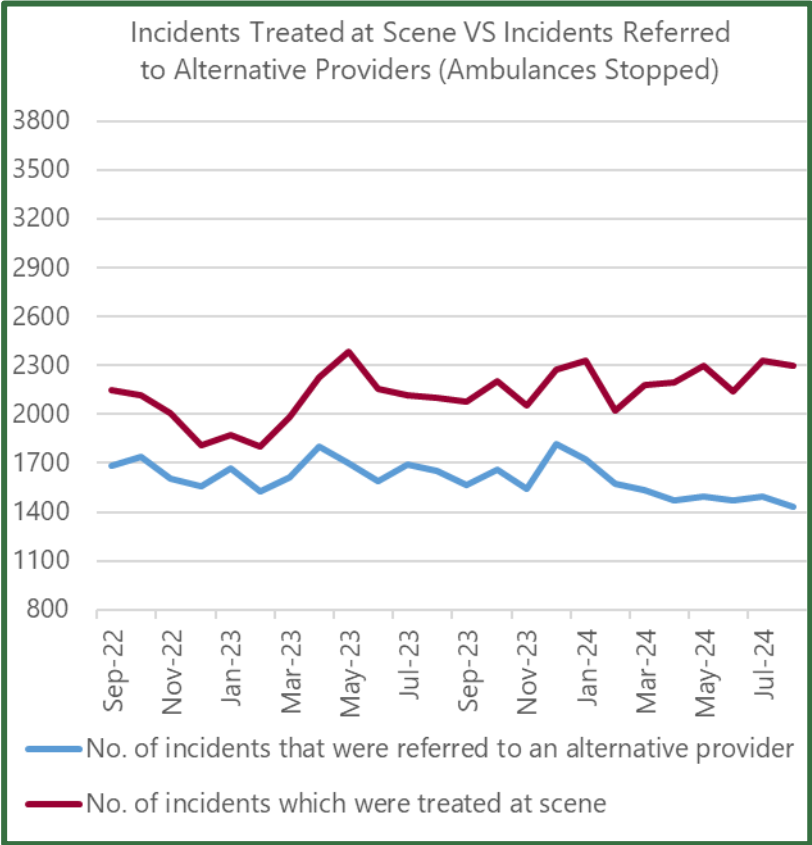
Remedial Plans and Actions

- Continued provision of information to external stakeholder about the effectiveness of SDECs.
- Further investment in the APP workforce in 2024/25 (+32 APPs).
- Establishment of an APP Recruitment Task & Finish Group, with focus on re-rostering to demand keys, improved placement (training) experience and more certainty for TAPPs about where they will be located.
- Review of performance systems for APPs to improve data quality.

Expected Performance Trajectory

The 2023 EMS Demand & Capacity Review (strategic) models various future states. The modelled scenarios indicate that the Trust will need to evolve its clinical model with health boards also significantly reducing handover e.g. 12,000 hours or 7,500 hours, alongside varying levels of investment. Further in year tactical modelling for spring and summer has been completed.

NB: Data quality issues have been identified in APP Data. These are currently being addressed.



Partnerships / System Contribution

Handover Indicators

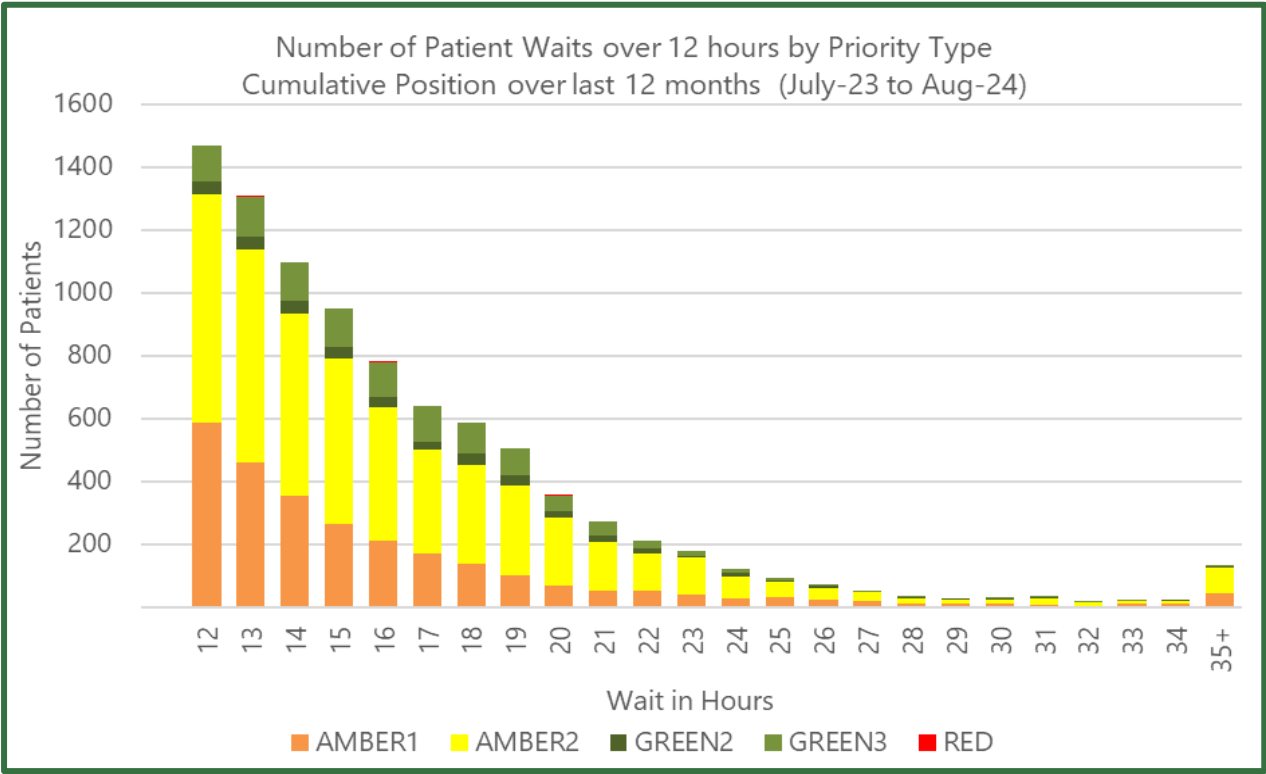
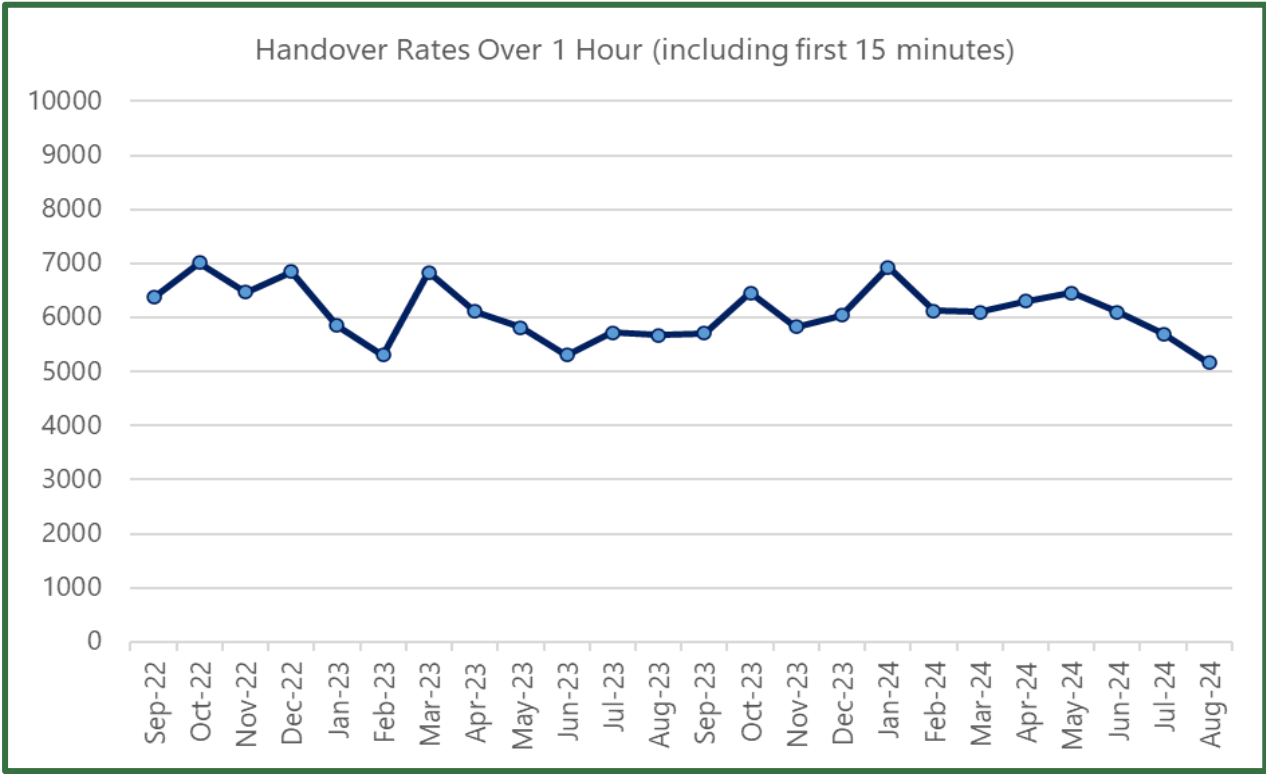
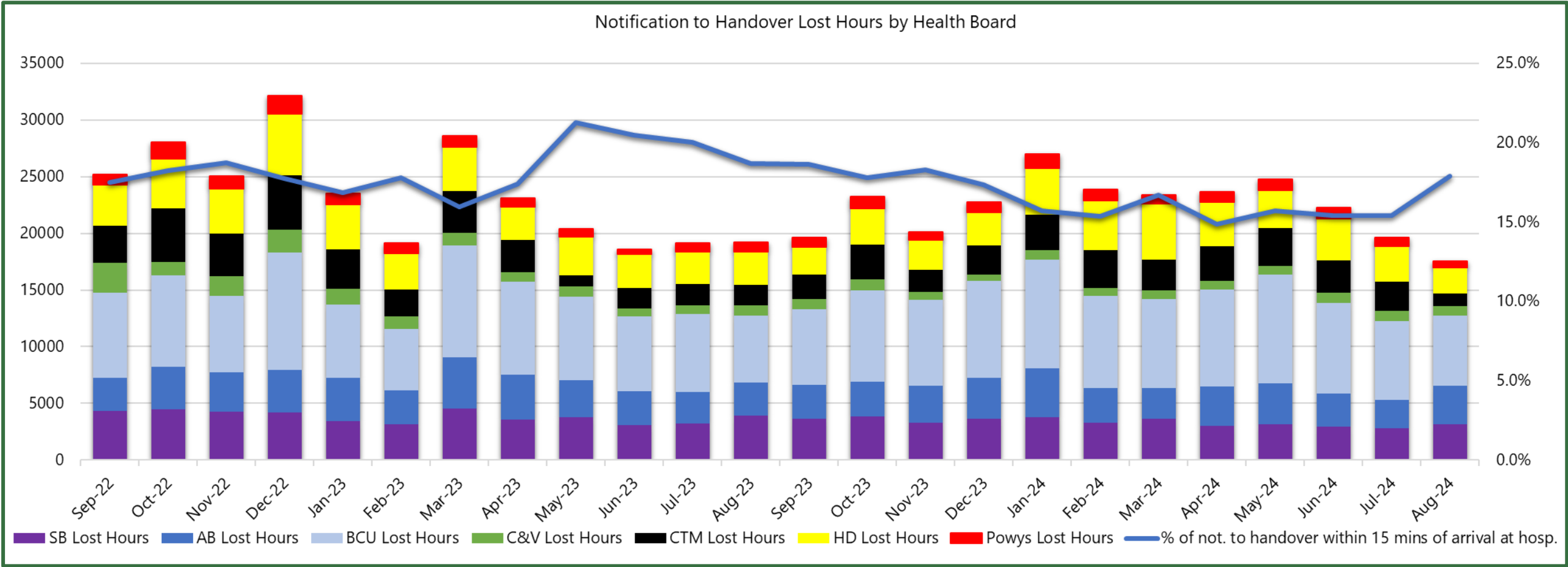
(Responsible Officer: Health Boards)

Lost Hours

R

CI

QUEST



Analysis

267,820 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Sept-23 to Aug-24), compared to 283,018 over the same timeframe the previous year. There were 17,545 hours lost in August 2024. The August 2024 figure is 8.7% lower than the figure recorded in August 2023.

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

- Grange University Hospital (ABUHB) at 3,279 lost hours
- Morriston Hospital (SBUHB) at 3,093 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 2,574 lost hours
- Maelor General Hospital (BCUHB) at 1,818 lost hours

Notification to handover lost hours averaged 566 hours per day during August 2024 compared to 632 hours a day in July 2024.

In August 2024, the Trust could have responded to approximately 5,535 more patients if handovers were reduced, which highlights the impact the numbers are still having on service.

In August 2024, 648 patients waited over 12 hours for an ambulance response. In July 2024 46 compliments were received from patients and/or their families.

Remedial Plans and Actions

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

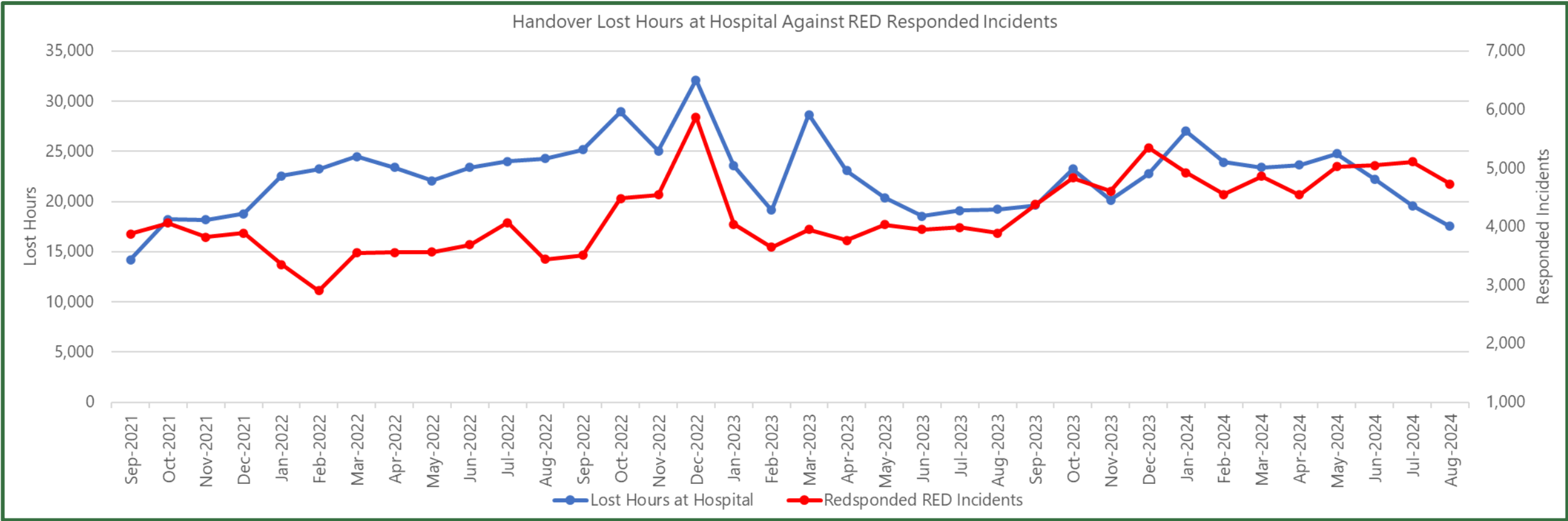
Expected Performance Trajectory

The Welsh Government handover target for 2024/25 is no waits over one hour; this equates to 7,500 hours lost to handover delays per month. There would need to be a 60% reduction in current handover levels for this to be achieved.

Partnerships / System Contribution

Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)



Analysis

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

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

The bottom graph also highlights the correlation between lost hours and Amber 1 performance. As lost hours increase, so Amber 1 performance declines.

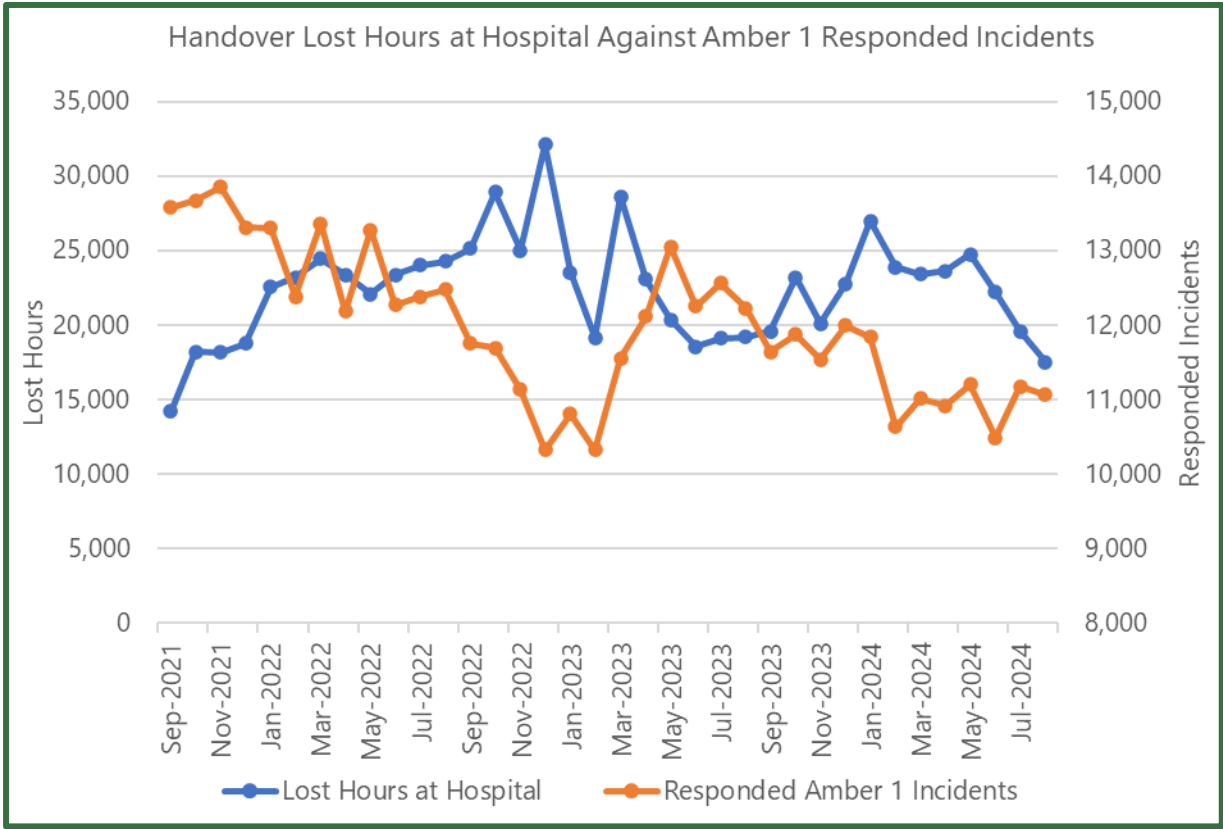
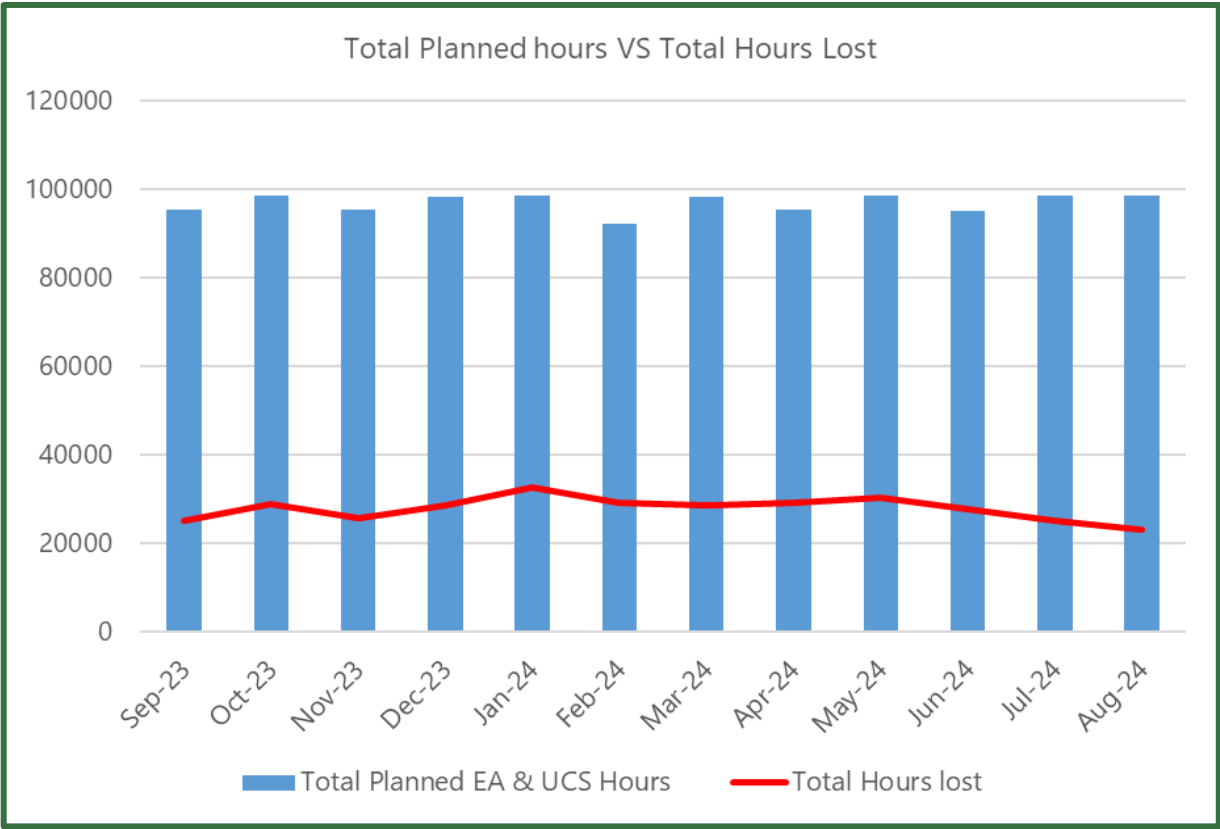
Remedial Plans and Actions

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

Expected Performance Trajectory

The Welsh Government target is that no patient handovers of more than one hour, which equates to 7,500 lost hours a month. Welsh Government want to see a 30% reduction by December 2024 as a move towards this target. The Trust is currently experiencing lost hours in excess of 17,500 hours, with handover in August 2024 8.7% lower than August 2023. Unless there is a material change in direction, the Trust is likely to see higher handover lost hours this winter than last.

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



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

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.	Duty of Candour	A notifiable adverse outcome is any incident whereby harm (moderate harm, severe harm and death) is caused, which is unintended or unexpected and that the provision of the health care was or may have been a factor in the service user suffering that outcome.
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

AGENDA ITEM No	10
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	4

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	26 September 2024
EXECUTIVE	Trish Mills, Director of Governance / Board Secretary
AUTHOR	Julie Boalch, Assistant Director of Corporate Governance & Risk
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks.
2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 4.
3. The more detailed description contained within the BAF provides the Board with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the framework in Annex 2.
4. The Board can take assurance that each of the principal risks have been reviewed in line with the agreed schedule detailed at Annex 3 and are updated as at 07 August 2024 in this reporting period. Focus continues to be given to the risk ratings, controls, assurances, gaps and mitigating actions identified and taken to support risks to achieve their target score. All updates are highlighted in blue on the BAF.
5. This executive summary continues to outline the broader discussions across the senior leadership teams and the Committees on the higher rated risks and signposts the Board accordingly. The Risk Owners have an opportunity to further add to this narrative and detail of any assurances or escalations during the meeting and Committee Chairs will also contribute to this as appropriate, drawing from the Alert, Advise, Assure reports (AAA).
6. The Executive Leadership Team approved the principal risk activity described in this paper and considered the full review of each risk undertaken throughout August and September 2024 by Risk Owners and the Assistant Director Leadership Team.
7. The Audit, Risk and Assurance Committee scrutinised each of the Trust's principal risks at its last meeting in September 2024, and discussed the potential development of

separate Capital and Fleet Risks which will be considered later in the year alongside the development of the updated Fleet Procurement Strategy 2025-2030.

8. **Risks 223** (*the Trust's inability to reach patients in the community causing patient harm and death*) and **Risk 224** (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*) remain static at the highest score of 25. The score is not based on the volume of cases of catastrophic harm, it is based on any one individual that experiences avoidable harm. The quality dimension of each of these risks will always be a challenging one to reduce whilst patients and the Trust are experiencing delays in the way in which they currently are.
9. These two risks continue to be reviewed dynamically and the scores remain unchanged despite several updates to the controls which include the Swansea Bay Winter actions and plans in addition to new actions that include the implementation of phase one of the new clinical model later in the year, the Volunteer Alternative Responder Scheme (VARS) which went live in June 2024 and an uplift in the Advanced Paramedic Practitioners establishment.
 - 9.1. Despite a slight decrease in the number of handover lost hours in June and July 2024 the sustained and extreme pressure continues across the Welsh NHS urgent and emergency care system which is negatively impacting on patient flow and leading to avoidable patient harm and death.
 - 9.2. The Trust Board continues to focus on the actions to mitigate these two risks that are within its control, and these are highlighted in the avoidable harm action plan which is presented at each Board meeting. Further mitigations and transformative actions are described in the Integrated Medium Term Plan (IMTP) to address these risks.
 - 9.3. There are a range of efficiencies described in the report that the Trust has undertaken in mitigation of these two risks. Two key ones being the number of calls being closed safely and efficiently by clinicians through the Consult and Close initiative in the contact centres as well as a significant improvement in sickness and attendance levels.
 - 9.4. Most of the Trust's actions in the action plan have been completed and a several efficiencies and improvements implemented that have stabilised performance; however, the Trust is unable to mitigate the scale of handover lost hours due to the environment which it is operating in or make improvements in performance because of the continued challenges in the urgent and emergency care system.
 - 9.5. To support the continued, detailed review and mitigation of these risks, a workshop has been established for the 6 September 2024 with the Risk Owners and teams to consider a different approach to managing and monitoring those areas that are within the Trust's control and those that are not. The outcome of this will be reported through the next round of governance.
 - 9.6. The Quality, Patient Experience and Safety Committee (QUEST) reviewed both risks at its meeting in August 2024 with the Agenda items reflecting the controls and mitigations discussed at this meeting. These risks continue to be escalated to the Board via the meeting's Alert, Assure and Advise (AAA) report.

- 9.7. The Chief Executive's report outlines the participation in, and discussion at, regular stakeholder meetings with NHS Wales CEOs, the Director General of NHS Wales and Commissioners where stakeholder actions relate to these risks.
10. **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.
- 10.1. Sickness absence remains a key challenge for the organisation and whilst there has been a significant reduction in absence levels, the score remains static as these are higher than desired.
- 10.2. The score will remain under review given the significant work undertaken to strengthen the controls, assurances, and mitigating actions and the early, positive indications discussed at the People & Culture Committee in August 2024 showing that levels are on a downward trajectory
11. **Risk 163** (*Maintaining Effective & Strong Trade Union Partnerships*) was rated 20.
- 11.1. The score remains static 16 (4x4) in this review period.
- 11.2. The programme of engagement and relationship building will continue throughout 2024/25.
- 11.3. Work is underway to deliver the action plan in partnership. At the People & Culture meeting in August 2024, Trade Union partners noted the excellent partnership working at WAST and recognised the structures are embedding well.
12. **Risk 201** (*A loss of stakeholder confidence that damages the Trust's reputation*) remains static at 20.
- 12.1. The current risk score remains at 20 given that many of the mitigations are outside the Trust's control.
- 12.2. Whilst the risk remains static, it is inextricably linked to several of the metrics measured and discussed at the People & Culture Committee.
13. **Risk 594** (*The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death*) remains at a score of 20 reflecting the continued challenges across the unscheduled care system.
- 13.1 Further work to determine resources following the Manchester Arena Inquiry remains underway.
14. The BAF reflects the significant work undertaken, to keep under review, the Trust's principal risks and as a result there have been several movements on the Corporate Risk Register (CRR) and BAF. The Committee AAAs refer to the changes in risks under their remit; however, this activity is detailed below for convenience and to illustrate the movement during this last quarter as follows:

14.1 **Risk 424** *Resource availability (revenue, capital and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP)* has reduced in score from 12 (3x4) to 8 (2x4) and this will now be de-escalated to the Directorate Risk Register for ongoing management. This risk is linked closely with financial duties outlined in **Risk 139**.

14.2 **Risk 619** relating to the replacement CAS System has been closed from all registers. This risk was reported in closed sessions of the Finance & Performance Committee and Trust Board; however, the risk has been mitigated in full and therefore closed.

15 Whilst there have been no further material changes made during this period, the BAF includes a commentary for each risk for the Risk Owner to describe the rationale for each of the risk ratings which is particularly important where ratings have remained static or increased.

16 Detailed reviews, discussion and challenge continue to take place with the Executive Leadership Team (ELT) and Assistant Director Leadership Team (ADLT) on each of the risks monthly in support of achieving this activity and movement on the CRR and BAF.

RECOMMENDATION: Members are asked to consider and discuss the contents of the report and:

- a) **Note the plans to reposition Risks 223 and 224.**
- b) **Note the reduction in score for Risk 424 from 12 (3x4) to 8 (2x4). The risk will be de-escalated to the Directorate Risk Registers for ongoing management.**
- c) **Note the closure of Risk 619 from all registers having been fully mitigated.**
- d) **Receive assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.**
- e) **Note the ratings and mitigating actions for each principal risk.**

KEY ISSUES/IMPLICATIONS

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

REPORT APPROVAL ROUTE

Each of the Principal Risks have been or will be considered by the following Committees, as relevant to their remit, during the forthcoming reporting period:

- Assistant Directors Leadership Team (22 July 2024)
- Executive Leadership Team (07 August 2024)
- Quality, Safety & Patient Experience (05 November 2024)
- People & Culture Committee (14 November 2024)
- Finance & Performance Committee (19 November 2024)

Additionally, all Principal Risks were considered by the Audit Committee at its last meeting on 12 September 2024.

REPORT ANNEXES

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

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

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.	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	Executive Director of Operations	25 (5x5) ➡
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.	IF patients are significantly delayed in ambulances outside A&E departments 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 RESULTING IN patients potentially coming to harm and a poor patient experience	Executive Director of Quality & Nursing	25 (5x5) ➡
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service.	IF there are high levels of absence THEN there is a risk that there is a reduced resource capacity RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience	Director of People & Culture	20 (5x4) ➡
201 PCC	A loss of stakeholder confidence that damages the Trust's reputation.	IF there is an inability of the Trust to deliver its core services because of system or organisational pressures THEN there will be a loss of stakeholder confidence in the Trust RESULTING IN a lack of stakeholder support for the Trust's long term strategic vision, a failure to deliver its strategic ambition, damage to	Director of Partnerships & Engagement	20 (4x5) ➡

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		reputation and increased external scrutiny		
594 FPC	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death.	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.	Executive Director of Operations	20 (4x5) ➔
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	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 THEN there is a risk that Trade Union 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.	Director of People & Culture	16 (4x4) ➔
542 FPC	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	IF there is a lack of resources and available technology and infrastructure THEN there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines	Executive Director of Finance & Corporate Resources	16 (4x4) ➔

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		RESULTING IN negative environmental and social impacts causing and reputational damage		
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.	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	Director of Digital Services	15 (3x5) 
558 PCC	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	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	Director of People & Culture	15 (3x5) 
623 FPC	Failure to comply with Data Protection Legislation	IF the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality THEN the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be	Director of Digital Services	15 (3x5) 

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		compromised, lost, or inappropriately used RESULTING IN unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage.		
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.	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 and staff and key outcomes within the IMTP not being delivered	Executive Director of Strategy Planning & Performance	12 (3x4) 
424 FPC De-escalate to the DRR	Resource availability (revenue, capital, and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP)	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.	Executive Director of Strategy Planning and Performance	8 (2x4)  12 (3x4)
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation.	IF the Trust does: - not achieve financial breakeven and/or - does not meet the planning framework requirements and/or	Executive Director of Finance & Corporate Resources	8 (2x4) 

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		• 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) 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) RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage		

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:	25/06/2024		TREND	25 (5x5)
				Date of Next Review:	25/07/2024		➡	
IF significant internal and external system pressures continue		THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	5	5	25	
				Target	2	5	10	
IMTP Deliverable Numbers: 1, 2, 3, 4, 5, 6, 7, 8, 10, 14, 15, 20, 22, 24, 25, 27								
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee		
Risk Commentary Q1 2024/2025 The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death because of the Trust not being able to reach patients in the community. The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. Handover lost hours in June were 22,230 and July 19,599. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. Of note, recent data analysis highlights the increased levels of red activity which has doubled since the pre covid period, plus an average increased on scene time of circa 10 minutes. Both measures are reflective of an increasingly challenged system with WAST crews fully exploring admission avoidance alternatives. Improvement actions led by Welsh Government and system partners include: - a) Audit Wales’s investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E) b) Consideration of additional WAST schemes to support risk mitigation through winter (I) c) NHS Wales reduces emergency department handover lost hours by 25% (E) d) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E) e) Alternative capacity equivalent to 1000 beds (E) f) Implement nationwide approach to emergency department ‘Fit 2 Sit’ (E) g) Implementation of Same Day Emergency Care services in each Health Board (E) h) National Six Goals programme for Urgent and Emergency Car (E)								
CONTROLS			ASSURANCES					
			Internal Management (1 st Line of Assurance)					
1. Regional Escalation Protocol			1. Daily conference calls to agree RE levels in conjunction with Health Boards					
2. Immediate release protocol			2. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)					
3. Resource Escalation Action Plan (REAP)			3. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.					
4. 24/7 Operational Delivery Unit (ODU)			4. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.					
5. Strategic, Tactical and Operational 24 hour/ 7 day per week system to manage escalation plans			5. Same as 4 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required. On Call cover is reviewed weekly at SLT Performance Meetings.					
6. Limited Alternative Care Pathways in place			6. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.					
7. Consult and Close (previously Hear and Treat)			7. The Trust ambition is to attain 17% Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Reported through integrated quality meeting. Whilst Consult and Close is in place, the action to increase compliance is detailed in the action plan.					
8. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation			8. WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational					

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		25/06/2024		TREND	25 (5x5)
			Date of Next Review:		25/07/2024		➡	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score		
			Inherent	4	5	20		
			Current	5	5	25		
			Target	2	5	10		
		setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth. This is part of the IMTP Deliverables 2024-2027.						
9. Clinical Safety Plan		9. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The subsequent reduction in the demand is the assurance which is dynamically monitored via ODU.						
10. Recruitment and deployment of CFRs		10. 11 new onboarding courses for June to December with projection of 110 new CFRs by 3rd December 2024. Currently 400 volunteers supporting 6500 hours every month. Response data indicates that our CFRs are reaching more patients, especially those with life threatening conditions in 8 minutes compared to this time last year. Numbers of CFR’s, percentage of contribution to performance a governance framework is in place. Monitoring through AD 1:1’s and volunteer highlight report (IMTP).						
11. ETA scripting		11. The ETA Dashboard is a tactic that was signed off by ELT. The dashboard supports scripting analysed by comparing with real time data. ETA performance is reviewed weekly at SLT weekly performance meeting. The effect of the ETA scripting results in cancellations of ambulances which is monitored through algorithmic review process.						
12. Clinical Contact Centre (CCC) emergency rule		12. Emergency Rule is incorporated into CSP 999 levels.						
13. National Risk Huddle		13. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.						
14. Summer/Winter initiatives		14. Monitoring through SLT and STB. Senior Planning Team (SPT) was stood up for the duration of Winter 2023/24. Christmas Planning Meetings established from April 2024 for winter period 2024/2025.						
15. CHARU implementation		15. Recruitment of 153 WTE has continued; To lift further, a trial of a rotational model is due to be trialled in Aneurin Bevan Health Board area.						
16. Clinical Model and clinical review of code sets		16. Reported through CPAS and DCR Review reporting through CQGG						
17. Remote clinical support enabling discharge at scene		17. Strategic Transformation Board – IMTP deliverable; Providing support to the Community Welfare Responders (CWR) initiative and supporting CFRs to discharge at scene with current non conveyance rates for CFRs in excess of 40%						
18. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)		18. Formally documented action plan – actions captured are contained within and monitored via the Mitigating avoidable harm paper from PIP.						
19. Information sharing		19. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.						
20. Completed EMS Roster Review		20. Helps to ensure that we have the maximum available capacity to respond to dispatch to 999 calls received in a timely manner. Monitor production against the rosters weekly at performance meeting and that provides a level of UHP as a percentage.						
21. Delivered a reduction in the number of multiple vehicle attendances dispatched to red calls		21. This will increase vehicle availability generally across the Trust and is monitored through SLT weekly performance meeting.						
22. Transfer of Care		22. WAST has clearly articulated to the Health Board COOs the risk associated with delayed handovers. Consequently, work has commenced to withdraw WAST staff from portering duties on hospital premises, cease the practice of ED swaps and cease the use of WAST equipment in EDs across Wales. Please refer to the following documents: i) Letter to COO Handover Delays 30.03.2023 ii) Letter to COO Handover Delays iii) WAST – Transfer of Care Brief						
23. Virtual Ward – Connect Support Cymru		23. Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. - Phase 1 delivered through St John Ambulance Cymru with a further extension in place. - Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach and has now completed. - Work ongoing to recruit CWR volunteers with engagement taking place with organisations across Wales. - St John Ambulance Cymru virtual ward now extended to the end of May2024.						
24. ARA – - YGC, Swansea Bay and GUH		24. ARA in GUH finished 31st March 2024. Holding area in Swansea and YGC remains ongoing.						

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		25/06/2024		TREND	25 (5x5)
			Date of Next Review:		25/07/2024		➡	
IF significant internal and external system pressures continue		THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	5	5	25	
				Target	2	5	10	
25. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.			25. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.					
26. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.			26. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the ‘Six Goals for Urgent and Emergency Care’ work.					
27. Swansea Bay Winter Actions			27. Some plans are in train following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter. - Palliative Care Paramedics commenced on 15/01/2024 - POS solution now in operation which is facilitating shift breaks. Palliative care paramedics have been deployed for a pilot in care homes and nursing homes. Significant reduction in overruns realised. In action, during last 2 months, 0 missed meal breaks recorded in Swansea Bay area.					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system			1. Improvement in handover delays across Cardiff and Vale and more latterly across AB have led to improved handovers at Eds. This has now been sustained for some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in AB, commencing at 4hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards. An extraordinary incident declared by WAST on 22 October 2023 as direct result of system risk associated with handover delays at Morrison hospital has increased focus on handover delays with external partners and across the media. Some plans are in train (detailed in actions) following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.					
2. Blockages in system e.g., internal capacity within Health Boards which affect patient flow								
3. Local delivery units mirroring WAST ODU								
4. Handover delays link to risk 224								
5. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 12 months there is a low confidence in attaining this.			5. The majority of Health Boards have failed to deliver on this ambition; With the exception of Cardiff and Vale University Health Board, the remaining 5 Health Boards with acute Trusts that were required to deliver on this target, have failed to do so.					
6. Handover Improvement Plans agreed between WAST and Health Boards			6. Performance targets for Handover with Health Boards have been introduced by the commissioner.					
7. Access to Same Day Emergency Care (SDEC) for paramedic referrals			7. This forms part of the handover improvement plans in place with Health Boards; however, assurance is limited given that the uptake is low (less than 1% of total demand). There is an inconsistency in approach from Health Boards on eligibility and availability; The national Once for Wales acceptance criteria has not been uniformly deployed by Health Bards across Wales.					
8. Mental Health users connecting via the 999 system to 111 press 2 services. Discrepancies in pathway between 111 and CSD – point of entry influences pathway.								
9. Volunteer Alternative Responder Scheme (VARS)			9. Live from June 2024 with further scheme due to rollout across Wales.					
Please note that the gaps listed are not WAST’s and are therefore outside of the control of WAST								

15

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						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 - Superseded				
3. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]				Director of Paramedicine / Director of People & Culture		Superseded	WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth. May24 - Initial bid unsuccessful however an action within the new IMTP to grow our APP workforce by up to 40 per year for the next 3 years. Updates will progress through the IMTP within quarters. Milestone changed from March 2024 to June 2024.			
4. APP recruitment				Assistant Director of Operations		March 2025	Aug24 – Modelling of APP growth trajectory to be modelled through the APP recruitment Steering Group for approval at ELT. Numbers to be confirmed at point of approval.			
5. IMTP Deliverables 2027-2027 – implementation of new clinical model.				Assistant Director of Operations Transformation		March 2025	Phase 1 for winter May24 – Ops engagement commenced April 2024. Temporary ADO recruited to support winter actions. Plans to deployment between October 2024 and March 2025.			
6. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]				Assistant Director of Quality & Governance / Head of Quality Improvement		Ended March 2023	The temporary extension of the SJAC contract for overnight provision was evaluated, demonstrating on available evidence a positive performance impact over the period of operation (Jan-April 2023). The evaluation report was presented to EMT on 5 April 2023. The contract extension (as a temporary arrangement) ceased on 5 April 2023. Falls service enhanced day and night provision remains in place and utilisation of resources is reviewed at weekly performance meetings by Operations SLT.			
7. New 2023 EMS Demand and Capacity (roster) review				Assistant Director of Planning & Performance		August 2024	ORH modelling underway. Initial findings January 2024, full report to Trust Board and EASC in March. May24 - The review is scheduled to be presented to Trust Board end of July 2024. Milestone changed from March 2024 to August 2024.			
8. Connected Support Cymru – is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.				Assistant Director of Quality Governance		May 2024 (Phase 1 is finished)	Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. Phase 1 delivered through St John Ambulance Cymru with a further extension in place and further extended until May2024			

16

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			Inherent	4	5	20	
			Current	5	5	25	
			Target	2	5	10	
					Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach and has now completed. Work is now ongoing to recruit CWR volunteers with engagement taking place with organisations across Wales.		
9. Maximise the opportunity from Consult and Close: - Successful resolution without ambulance (double EMS) - Successful resolution without conveying to ED			March 2025	Trust ambition is to improve Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Consult and Close compliance remains around 14%. Action plan activities therefore continue with a review of triage processes which may lead to shorter triage durations, along with increase in staffing, which together will enable more triages to take place, thus increasing the number of successful resolutions without a double EMS ambulance and numbers conveyed to an ED.			
10. Development of new model of care		Head of Strategy Development	2024/25	May24 – during May operationalisation has commenced with expected live date ahead of winter.			
11. Palliative Care Paramedic Unit		Assistant Director of Operations	Extended to May 2024 - new date TBC	Reducing demand via APPs – 15 th January Start. 15/04/2024 - 3 Month Health Board funded trial ended. Whilst utilisation was low, the results demonstrated a circa 75% ED avoidance therefore local decision made to extend for a further 2 months, however, opening the trial up to wider community and crew referrals. 21/06/2024 - Unit still ongoing.			
12. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?		CEO	Q1 2024-2025	- 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.			
13. Royal Glamorgan Early Diagnostic		Executive Director of Operations	August 2024	- Initial data from Qlik shows that there has been no reduction in N2H times however data received from Health Board show indication of patient benefit to reach earlier diagnostic. Local meetings this month to discuss findings and explore opportunities. - May24 – No improvement in N2H time. Local management having discussions with Health Board for review and next steps.			

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:		20/06/2024		TREND	25 (5x5)
				Date of Next Review:		20/07/2024		➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score		
				Inherent	5	5	25		
				Current	5	5	25		
				Target	3	2	6		
IMTP Deliverable Numbers: 1, 3, 8, 14, 15, 22, 23, 24, 25, 26, 27, 30, 31									
EXECUTIVE OWNER		Director of Quality & Nursing		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee			
Risk Commentary Q2 2024/25									
The risk score remains constant at 25 for quarter 2 2024/25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm due to handover of care delays. JCC set a target of 15,000 hours lost by the end of Q2 and 12,000 hours lost by the end of Q3. Handover lost hours in April 2024 were 23,614 compared to 23,082 in April 2023. Eradication of handover waits of > 4 hours: there were 3,404 over four-hour patient handovers in April 2024, compared to 2,730 in April 2023. The expectation is that these would have been eradicated by end of 2023/24. Cardiff & Vale UHB has demonstrated material improvement and is a positive outlier when compared to other health boards. Recently, Welsh Government have re-iterated to Health Boards that the reduction in long handovers is a priority for this year with an expectation that over 1 hour waits would be reduced by 30% by December 2024. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the focus of patient safety incidents, complaints, coronial enquiries and redress / claims. The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. The Trust received the first Prevention of Future Deaths Report in February 2024 relating to pressure damage, which is a joint Report with Swansea Bay University Health Board. On 22.02.2024 a Prevention of Future Deaths Report was sent solely to the Minister for Health and Social Services, Welsh Government in respect of delays responding to a patient in community which also references handover of care delays. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. WAST CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant forums and continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm. Given the long-standing nature of the system pressures and long handover times, we have commenced work to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and, Fundamentals of Care including pressure area care, mobilisation and nutrition. One specific area of focus is the development of a prototype mattress for our ambulance trolleys.									
Improvement actions led by Welsh Government and system partners include:									
a) Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 ‘Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – (Welsh Government) by the end of April 2025 b) National Six Goals programme for Urgent and Emergency Care: 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 the Director of Paramedicine and on the overarching programme board by the Executive Director of Strategy, Planning & Performance. c) The Trust also has a presence on all the individual goal boards. The Trust has been asked to provide a presentation on its offer to the system at the next Six Goals Programme Board (24 January 2024). d) NHS Wales eradicates all emergency department handover delays more than 4 hours (LHB CEOs) revised to March 2023/24. e) Alternative capacity equivalent to 1,000 beds project (LHB CEOs) – 678 additional beds delivered, a significant achievement, but short of the target of 1,000. f) Investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (Audit Wales) g) Implement nationwide approach to emergency department ‘Fit 2 Sit’ (Welsh Government: Chief Medical Officer and Chief Nursing Officer) – paused. Health boards have previously been required to develop handover reduction action plans, which are monitored at their Integrated Quality, Planning & Delivery (IQPD) meetings by Welsh Government. Handover is also discussed at the Integrated Commissioning Action Plan (ICAP) meetings (currently paused as commissioning arrangements transition into the new Joint Commissioning Committee) which are held monthly between the CASC, the Trust and each Health Board.									
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.				1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.					
2. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.				2. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the ‘Six Goals for Urgent and					

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			Current		5	5	25
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			Emergency Care’ work. An event reviewing the effectiveness of the Joint Investigation Framework is currently being scoped nationally.				
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016)			3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.				
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).			4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.				
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.			5. Monthly Integrated Quality and Performance Report and WAST is represented on the Clinical Reference Group by the Director of Paramedicine and on the overarching programme board by the Executive Director of Strategy, Planning & Performance. The Trust also has a presence on all the individual goal boards.				
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. REAP has undergone an annual review with v4.1 released in November 2023.				
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient’s Fundamentals of Care as best they can in the circumstances.			8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process and Putting Things Right Quarterly Reports to Clinical Quality Governance Group and QuEST				
9. 24/7 operational oversight by ODU with dynamic Clinical Safety Plan 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. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU.				
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. On Call cover is reviewed weekly at SLT Performance Meetings.				
11. Escalation forums to discuss reducing and mitigating system pressures.			11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.				
12. WAST Education and training programmes include deteriorating patient (NEWS), tissue viability and pressure damage prevention, dementia awareness, mental health.			12. Monthly Integrated Quality and Performance Report (April 2024 overall 82% - Safeguarding is 78% and dementia awareness remains over 91%).				
13. Clinical audit programme in place.			13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.				
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.			14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.				
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government. Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals.			15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board including ‘Actions to Mitigate Avoidable Patient Harm Report’ (last presented to Trust Board May 2024) and Board sub-committee oversight and escalation through ‘Alert, Advise and Assure’ reports.				

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				Target	3	2	6
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.”							
16. Implementation of Duty of Quality, Duty of Candour, and new Quality Standards requirements in April 2023.			16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of May 2024 is ‘Implementing and operationalising’. The Trust has representation on the All Wales Duty of Candour Implementation Group and is actively engaged in developing resources. From April 2024 the Trust will publish an annual quality report and compliance with Duty of Candour. Operational oversight occurs at the Quality Management Group and Executive oversight is via the Clinical & Quality Governance Group.				
17. Clinical Support Desk First in place			17.				
18. Summer/Winter initiatives			18. Monitoring through SLT and STB. Senior Planning Team (SPT) is now stood up for the duration of Winter 2024/25.				
			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), the Emergency Ambulance Services Committee (EASC) including the Integrated Commissioning Action Plans (ICAPS) and Joint Executive Team (JET) meetings with Welsh Government (I&E).				
			2. Healthcare Inspectorate Wales (HIW) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover’ Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and EASC				
			3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.				
			4. Internal Audit Report (April 2024) Serious Incidents: Joint Investigation Framework (WAST internal processes) provided ‘Reasonable Assurance’ with low to moderate impact on residual risk exposure until resolved. Improvement actions are monitored via the Audit Tracker.				
GAPS IN CONTROLS			GAPS IN ASSURANCE				
1. Lack of capacity in the Putting Things Right Team to deliver across the functions due to competing priorities resulting from sustained system pressures – recruitment in line with Organisational Change Process is progressing with full establishment expected by July 2024.							
2.			1. Implementation of the revised Joint Investigation process with good engagement seen by system partners. Several overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has 56 overdue nationally reportable incident (NRI) investigations, with 63 NRIs open in total. Shared system learning from the Joint Investigation Framework is currently limited with no new learning identified to date.				
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales.			2. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours. In October 2023, 23,232 hours were lost with 1,888 +4 hour delayed patient handovers.				
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients’ NEWS.			3. Strengthening of patient safety reports and audit processes as e PCR system embeds.				
5. Variation pan Wales / England as position not implemented across all emergency departments.			4. New Quality Management System in development which will include monitoring of the new Quality Standards & Enablers and underpinning governance structure.				

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						Target	3	2	6
6. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas.				5. HIW approve and sign off WAST elements of recommendations.					
				External Gaps in Assurance 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project			WAST QI Team (QSPE)	TBC – Paused	• Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF).				
2. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.			Assistant Director of Quality & Nursing	Q3 2024/25	• Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level. • Access to ePCR data (NEWS) now available and access for the Patient safety Team is being explored. Work on-going with Health Informatics regarding patient safety and health board dashboards capacity in Health Informatics impacting and dates revised. • Local dashboards have been developed but requiring manual data extraction				
3. Continued Health Board interactions – my next patient (boarding), patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.			Executive Director of Quality & Nursing	Monthly and as required.	• Monthly meetings continue to be held and networking through EDoNS.				
4. Recruit and train more Advanced Paramedic Practitioners.			Director of Paramedicine	Q4 2024/25	• The Trust uplifted its APP establishment by a further 15.7 FTEs in 2023/24 (funded through internal movements). For 2024/25 the Trust is funding a further uplift of 32 APPs (additional funding, not internal movements). • The above uplifts will increase the APP establishment to 120.7 FTEs.				
5. Overnight falls service extension and future modelling			Executive Director of Quality & Nursing	31.09.2024	• Overnight falls service extension and future modelling • Night Car Scheme extension agreed to 31 September 2024 • (2 regional resources) • Utilisation rates continue to be monitored: • Nighttime utilisation: - • Q2 65% • Q3 64% • Q4 to date 64% • April 2024 - 67% • Daytime utilisation: - • Q2 57% • Q3 56% • Q4 to date 58% • April 2024 – 54% • Combined day and night Q2-Q3 58% • Combined day and night Q4 to date 59% • Combined day and night April 2024- 55% • There is now also an additional Level1 nighttime resource through RPB and Gwent Resilience Plan ringfenced to ABUHB. AB dedicated level 1 62% for April 2024 • The 2023 EMS Demand & Capacity Review has completed its modelling of falls level 1 and level 2 resources. This will now need to be considered further by the Trust, commissioners and health boards. There is an immediate focus on the contract beyond September 2024. • The 2023 EMS Demand & Capacity Review will be formally reported to Trust Board in July 2024.				

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:	20/06/2024		TREND	25 (5x5)	
				Date of Next Review:	20/07/2024		➡		
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
6. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 with development of a Quality Monitoring System supporting monitoring and oversight systems in place and embedded. Quality Report development underway – mandatory requirement to publish 2024/25 (no fixed date for publication nationally).		Executive Director of Quality & Nursing	Q4 2024/25	- Monthly updates to progress against actions following the baseline assessment and readiness returns continued. - RL Datix Dashboards and KPIs under development nationally by National Quality & Safety Group. - Key policies updated and approved further updates following release of revised Putting Things Right Regulations which is delayed now expected release by Welsh Government in Autumn 2024 therefore timescale amended. - Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly.					
7. Connected Support Cymru is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.		Executive Director of Quality & Nursing	Q2 2024/25	- Currently awaiting WG feedback on the submitted business case. - Further meetings arranged with between the Executive Director of Quality & Nursing and Six Goals Programme/WG/. Trust has also approach WG with a smaller ask to facilitate 7 FTE CSD clinicians to - provide a continuation of the Luscii solution - this would enable a proof of value pilot to further inform a business case.					
8. Organisational change process (OCP) of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.		Executive Director of Quality & Nursing	Q2 2024/25	- OCP commenced 25.09.2023 and the consultation period has concluded with the final new structure confirmed. Next steps are to recruit to vacant positions which has commenced. It is anticipated that all positions will be filled by May 2024 (taking notice periods into account). Recruitment is progressing well with multiple applications for each post and some internal promotion opportunities. - Final posts due to be recruited to and in place by July 2024.					
9. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?		CEO	Q2 2024/25	- Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital: access to unscheduled care services and national arrangements (structure, governance, and support). - WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. Expected outcomes in 2023/24. - The audit is proceeding. Trust awaiting the outcome. AD Commissioning & Performance has requested an update from Audit Wales. - Audit Wales have confirmed this has been reprofiled into 2024/25.					
10. Patient handover actions.		Executive Team	Under review	Some English ambulance services operate a system whereby handovers are mandated or forced after a certain period e.g. WMAS and LAS. This will be reviewed by the Executive team.					
11. Work in progress to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and Fundamentals of Care including pressure area care, mobilisation and nutrition. One specific area of focus is the development of a prototype mattress for ambulance trolleys.		Executive Director of Quality & Nursing	Q3 2024/25	Fundamentals of Care meeting, chaired by the Executive Director of Quality & Nursing held on 08.03.2024.					
12. Trust to produce its own six goals plan (Goal 4 links to handover of care)		Executive Director of Strategy, Planning &		Trust to produce its own six goals plan (Goal 4 links to handover of care)					

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:		14/06/2024	TREND	20 (5x4)
				Date of Next Review:		14/07/2024	➡	
IF there are high levels of absence e.g., sickness and alternative duties.		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience			Likelihood	Consequence	Score
					Inherent	4	4	16
					Current	5	4	20
					Target	3	4	12
IMTP Deliverable Numbers: 13, 14, 15, 22, 24, 25, 26								
EXECUTIVE OWNER			Director of People & Culture	ASSURANCE COMMITTEE	People and Culture Committee			
Risk Commentary								
Sickness absence remains one of the key challenges for the organisation. Whilst there has been a significant reduction in absence levels over the past 18 months, rates remain higher than desired and therefore a continued focus on supporting good attendance at work is needed by both managers and the People and Culture team. Increased pressures on our people like handover delay, missed breaks and cost of living impact on health and wellbeing. The score has been reviewed mid-June and whilst results for the early part of the quarter look positive, it is important to consider the results during July and August which traditionally has seen spikes in short term absence to assess whether this improvement is maintained. The score will be considered in September 2024.								
CONTROLS				ASSURANCES				
				Internal Management (1 st Line of Assurance)				
1. Managing Attendance at Work Policy/Procedures in place and followed				1. (a) Audits undertaken by People Services Team (b) Outputs reviewed				
2. Respect and Resolution Policy- recognising issues at work may contribute to sick absence				2. R&Rs addressed in timely way to reduce risks of sickness absence. Compassionate Practices approach engaged. Referral of colleagues to appropriate levels of support				
3. Updated Freedom to Speak Up Policy replacing the Raising Concerns Policy- recognising issues at work may contribute to sick absence				3. Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames Completed - 28/11/23 Freedom to speak Up Safely process introduced from the start of October 2023 including three Trust guardians.				
4. Health and Wellbeing Strategy – key document that outlines commitment to wellbeing and supportive culture				4. Regular reference to strategy to ensure themes are addressed and linked to wider people and culture plan 28/11/2023 Health and Wellbeing Strategy coming to an end in 2024 to be replaced with a new plan with a focus on employee experience in line with the All-Wales Framework and the People and Culture Plan 2023-2026				
5. Operational Workforce Recruitment Plans - provide evidence of sufficient resources and identify any gaps or potential areas of increased workload pressure				5.				
6. Roster Review & Implementation- to support demand and capacity which can have an impact on absence levels				6. Roster Review for EMS completed. Review in 111 underway				
7. Return to Work interviews are undertaken - SharePoint Sway document ensuring accurate reporting of reason for absence and identifying any additional support required				7. Process regularly reviewed and managers provided with relevant training and coaching on process and importance of carrying out return to work interviews promptly				
8. Training on all aspects of Managing Attendance – ensures focus is high and understanding of why this is important is maintained				8. Regular bitesize training provided for managers, adapted to reflect feedback and to ensure all aspects of managing attendance is understood				
9. Directors receive monthly email with setting out ESR sickness data - ensures ownership and awareness.				9. Monthly reporting provided with opportunity for discussion with relevant people services lead and Director				
10. Operational managers receive daily sickness absence data via GRS- ensures ownership and awareness				10. Provided daily, with opportunity for discussion with relevant people services lead and operational managers				
11. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme- providing professional support				11. Monthly reporting on services provided, volume of referrals and timeframes for accessing support.				
12. WAST Keep Talking (mental health portal) additional measures to offer support				12. Quarterly reporting on numbers accessing and regular promotion of service. Reported in MIQPR				
13. Suicide first aiders- additional layer of support				13. Quarterly reporting of numbers of trained suicide first aiders and numbers who have access. Mental Health Team deliver this				
14. TRiM- additional layer of support				14. Quarterly reporting on access to TRiM and promotion of service Included in MIQPR				
15. Peer Support network- additional level of support				15. Promotion of network and support provided				
16. Coaching and mentoring framework- additional level of support				16. Promotion of network and support provided 28/11/2023 on pause to focus on Leadership Framework with a focus on culture and its impact on the experience of work and workplace wellbeing				
17. Staff surveys- assess levels of engagement and wellbeing				17. New HIVE survey tool will provide data on overall engagement and wellbeing 28/11/2023 the NHS Wales Staff Survey has also just closed and will provide information in the new year to inform us further.				
18. Stress risk assessments- identify measures that can be taken to address issues				18. Reference to the assessments during attendance management line manager training and to the TUS 28/11/2023 OH to lead on a refresh of stress risk assessments use				

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service		Date of Review:		14/06/2024	TREND	20 (5x4)	
			Date of Next Review:		14/07/2024	➡		
IF there are high levels of absence e.g., sickness and alternative duties.		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience			Likelihood	Consequence	Score
					Inherent	4	4	16
					Current	5	4	20
					Target	3	4	12
19. Sickness statistics are reported to SLT, SOT, People & Culture Committee, Trust Board and the CASC			19. Sickness forms part of Workforce Scorecard to People & Culture Committee and is also supported by PCC deep dives into sickness. Reporting is also shared with CASC and EASC. Discussions on sickness are reported in minutes and AAA to Board					
20. External agencies support e.g., St John Ambulance, Fire and Rescue- if needed at times of increased demand pressure			20.					
21. Monthly reviews of colleagues on Alternative duties			21. Action plans arising from meetings with colleagues implemented through monthly diarised meetings					
22. Manager guidance on managing Alternative duties			22. Evidence of managers guidance in place and referenced in attendance management training					
23. Monthly report on absence to ELT and report to every meeting of People & Culture Committee via the Workforce Report and provision of deep dives when requested.			23.					
24. Sickness audits for localities- provides additional level of detail			24. Audits carried out and actions taken forward					
25. Additional support for areas with higher-than-average absence – emphasis is on understanding reasons and developing action plans			25. Dedicated meetings taking place and support from people services for areas with absence with local plans in place to address specific issues					
26. Review of top 100 cases -carried out monthly			26. Provides a focus on cases with a clear focus on support and making sure there are plans attached to each case.					
27. Deep dives on specific issues and reasons for absence			27. Enables wider consideration of additional measures that may be adopted and identifies themes and keeps focus on absence management e.g. – mental health and causes 28/11/23 Recognition of the impact of employee experience and workplace conditions and link to absence. Reported to ELT for information					
28. Implementation of the Managing Attendance Project 2022-23 completed and ongoing activities maintained			28. BAU evaluating for delivery					
29. Implementation of Behaviours Refresh Plan completed			29. BAU evaluated for delivery					
30. 2023 10-point action plans shared with EMT for assurance and RAG rated to track progress quarter			30. Offers assurance to ELMT on the activities and measures in place. Figures on absence are being reported monthly to ELT which is reflected in the minutes and AAA reports					
31. Work in Confidence system implemented and Freedom to Speak Up Month in October 2023 focused attention on this			31. External Management (2nd Line of Assurance)					
32. Actions from Audit of Nov 22 completed			32. Audit actions completed					
33. Strengthen Freedom to Speak Up Arrangements policy and advice and roll out of platform for raising concerns (in relation to Freedom to Speak Up Arrangements) (Having additional mechanisms in place for individuals to speak up potentially reducing work related stress and anxiety which is a key reason for absence)			33. Monitor FTSU concerns and they are dealt with in agreed timeframes and assessed whether absence related to mental health and anxiety reduces.					
34. Health and Wellbeing Steering Group in place			34. Monitored through numbers of FTSU concerns raised and continual promotion via Comms and Roadshow Events.					
35. Actions identified from the Managing Attendance Audit implemented			35. Agendas, minutes etc.					
36. PADR review undertaken and now including wellness questions			36. Underway and now BAU – we need to say what this means by way of assurance					
37. Scrutinising on a monthly basis all long-term sickness absence case to ensure there is a tailored, individual action plan which identifies interventions that will support a return to work as soon as reasonably possible.			37. PADRs undertaken and questions asked; Discussion on levels of long-term sick absence is undertaken in a variety of forums including EASC, ELT and PCC.					
38. Accountability meetings on attendance management between People Services and senior ops managers to ensure this issue is given sufficient focus on priorities.			38. Meetings taking place and active discussions on operational areas experiencing high levels of absence					
39. Senior Ops Managers have accountabilities sessions on attendance management with their Heads of Service.			39. Meetings taking place and active discussions on operational areas experiencing high levels of absence					
40. Specific issues associated with muscular skeletal conditions is discussed regularly at the H&S Committee and relevant additional interventions are identified			40. It is on each agenda and outcomes are available for discussion at H&SC.					
41. Review of top 100 cases by the wider People & Culture Team - monthly (Wellbeing, OCC Health, People Services). This takes place to consider whether any of those cases required additional interventions.			41. Director of People & Culture receives assurance from the team following each of the monthly meetings.					
			Independent Assurance (3 rd Line of Assurance)					

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:		14/06/2024	TREND	20 (5x4)
				Date of Next Review:		14/07/2024	➡	
IF there are high levels of absence e.g., sickness and alternative duties.		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience			Likelihood	Consequence	Score
					Inherent	4	4	16
					Current	5	4	20
					Target	3	4	12
			1b. Internal Audits scheduled through Shared Services Partnership. Last audit on attendance was November 2022 and the last actions from this due at the end of December 2023. (last audit November)					
			2. Audit Wales – Taking Care of the Carers report in October 2021					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
(a) Consistency and Application in Managing Attendance at Work Policy			There are other factors that impact on sickness which can’t be controlled					
9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received			9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers					
1 – 22 Education and communication with managers about resources available and how to implement it e.g., stress risk assessments			1.					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone		Progress Notes:		
1. Develop guidance and training for line managers to equip them with the confidence and skills to have meaningful and sensitive conversations related to attendance.			Head of Culture	31/01/25		Measured through ongoing participation in development sessions and feedback from TU regarding management handling of absence cases. Piloting bite size chunks in Autumn with results in January 2025.		
2. Case studies developed on examples of areas of business where attendance management has improved significantly to share learning across WAST			Deputy Director of People & Culture	31/10/24		Case studies will be published, shared and discussed at leadership meetings and evidence of good practice adopted		
3. Connect to other Ambulance sector organisations to identify additional interventions they have implemented to address attendance management, share learning and consider whether to adopt in WAST			Deputy Director, People and Culture	31/01/25		Discuss at P&C Business Meeting and share at ELT/PCC with recommendations.		
4. Targeted culture change reviews are undertaken in areas of the business where levels of absence are high and other metrics such as turnover indicates concerns. Alongside this these areas are also experiencing significant change.			Director of People & Culture	Ongoing		Culture review action plans are produced and taken forward. Sick absence in these areas is evaluated and monitored to assess whether reductions are achieved.		
5. Implementation of new approach to regularly checking in with staff. Piloting a simple conversation framework for Managers to use with their staff on a monthly basis which provides a focus on wellbeing, goals and personal development.			AD for Culture, Inclusion & Wellbeing	Ongoing		Evaluation of pilot after 6 months to assess if there has been a reduction in sick absence in specific areas where this approach has been adopted.		
6. Development of the 2024/25 Managing Attendance Plan (see below for individual actions.			Deputy Director, People and Culture	To commence 30/05/24		Key plan actions noted below		
7. Delivery of actions to support managers handling attendance issues with skills, capability and confidence			Deputy Director, People and Culture	31.03.2025				
8. Coaching for managers on cases on one and locality basis.			Deputy Director, People and Culture	31.03.2025				
9. Increase manager support on data interpretation and analysis			Deputy Director, People and Culture	31.03.2025				
10. Increase manager understanding of options for colleagues who are not able to sustain their attendance e.g. flexible hours, reduced hours etc			Deputy Director, People and Culture	31.03.2025				
11. Culture work on creating the sense of team and peer responsibility / ownership			AD for f Culture Inclusion and Wellbeing	31.03.2025				
12. Analyse link between hot spots and the culture in these areas to address cultural issues			AD for Culture, Inclusion & Wellbeing	31.03.2025				
13. Improve preventative measures and pro-active work			Deputy Director of People and Culture	31.03.2025				
14. Identify opportunities to improve roles – flexibility, control, confidence			Deputy Director of People and Culture / ADs, Operations	31.03.2025				
15. Opportunities to adapt the work environment – overruns, shift patterns, rest and recuperation			Deputy Director of People and Culture / ADs, Operations	31.03.2025				

25

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:		14/06/2024	TREND	20 (5x4)
				Date of Next Review:		14/07/2024	➡	
IF there are high levels of absence e.g., sickness and alternative duties.		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience			Likelihood	Consequence	Score
					Inherent	4	4	16
					Current	5	4	20
					Target	3	4	12
16. Review workloads			Deputy Director of People and Culture / ADs, Operations	31.03.2025				
17. Review patterns of absence			Deputy Director of People and Culture	31.03.2025				
18. Development of a mental health referral pathway			AD for Culture, Inclusion and Wellbeing	31.03.2025				
19. Develop the team around the person model / individual support network			Deputy Director of People and Culture	31.03.2025				
20. Increase lifestyle advice and guidance			AD for Culture, Inclusion and Wellbeing	31.03.2025				
21. Undertake proactive testing to identify undiagnosed conditions			AD for Culture, Inclusion and Wellbeing	31.03.2025				
22. Review reporting on OH			AD for Culture, Inclusion and Wellbeing	31.03.2025				
23. Review opportunities on men’s mental health e.g. support groups			AD for Culture, Inclusion and Wellbeing	31.03.2025				

Risk ID 201	A loss of stakeholder confidence that damages the Trust reputation			Date of Review:	19/07/2024		TREND	20 (4x5)
				Date of Next Review:	19/08/2024		➡	
IF there is an inability of the Trust to deliver its core services because of system or organisational pressures		THEN there will be a loss of stakeholder confidence in the Trust	RESULTING IN a lack of stakeholder support for the Trust’s long term strategic vision, a failure to deliver its strategic ambition, damage to reputation and increased external scrutiny		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	4	5	20	
				Target	3	5	15	
IMTP Deliverable Numbers: 1, 2, 3, 4, 5, 6, 7, 8, 9,10, 11, 12, 13, 16, 25, 27								
EXECUTIVE OWNER		Director of Partnerships and Engagement		ASSURANCE COMMITTEE		People and Culture Committee		
Risk Commentary Q3 2024/25								
The risk score remains constant at 20 (highly likely and catastrophic). The organisation's reputational risk is one which is long-standing and entrenched. After initial improvements in risk rating some years ago, the impact of the pandemic, long standing performance and morale issues, coupled with the levels of patient harm and poor patient experience which are being documented all result in limited opportunity to de-escalate the risk. Significant efforts are being made to address all of these factors. However, to date, the issues which contribute to reputation continue to be problematic and, therefore, militate against de-escalation of the risk for the foreseeable future. As part of the mitigation, extensive stakeholder engagement briefing, including with Welsh Government and civil service colleagues, together with politicians, commissioners and partners, media relations work, patient experience and internal communication and engagement continue, in order to build trust and credibility. The day-to-day experience of staff and patients, coupled with the need to further build relationships, mean the risk remains heightened. The lead Director and wider Executive Team discuss matters of reputation on a regular basis and the Trust's approach to stakeholder engagement is regularly reviewed in this context, including as it relates to support for the Trust’s longer-term strategy and ambition.								
CONTROLS			ASSURANCES					
			Internal Management (1 st Line of Assurance)					
1. CEO and DSP meeting with HB CEOs throughout Q4 to informally discuss strategic ambition			1. Feedback reported via ELT, TSAG etc/					
2. Revision of engagement framework delivery plan (approved by Board Jan 2023) to reflect feedback from stakeholders and revised timelines for strategy engagement			2. Will report via strategy programme architecture plus discussion at Board development/PCC etc. Included in 2024/25 IMTP					
3. Challenging of media reports to ensure accuracy			3. Programme of daily media engagement documented on digital system					
4. Media liaison to ensure relationships developed with key media stakeholders			4. Programme of daily media engagement documented on digital system					
5. Routine stakeholder and staff engagement, including the recent round of Executive roadshows and WAST Live.			5. Agendas, minutes, and documents of engagement events. Informal feedback via ELT and reported via Trust Board (CEO update)					
6. Engagement governance and reporting structures are in place			6. Relevant information which impacts on reputation is reported and scrutinised via all internal committees e.g., ELT, FPC, PCC, QuEST & Audit Committee – minuted meetings and action logs.					
7. Annual deep dives on reputation in place			7. Reported to Committees, documented in minutes, action logs and papers					
8. Engagement of the Board on matters of reputation in development sessions. If required, escalation procedure for issues to the Board where circumstances dictate, following discussion at ELT			8. Minuted meetings, action logs and Board papers					
9. Regular engagement with senior stakeholders e.g., Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders			9. Informal feedback reported via ELT and occasionally in formal correspondence (nature of discussion often precludes formal recording)					
10. Monitoring external factors that may affect the Trust			10.ELT verbally updated on a regular basis with written notes if appropriate					
11. Board oversight, scrutiny and challenge of performance, concerns, quality			11.What is the assurance that this control is effective					
12. Internal Quality and Performance monitoring in the Trust and raising system issues			12.What is the assurance that this control is effective - reports at ELT, Finance and Performance Committee, Quality, Safety and Patient Experience Committee, People and Culture Committee, Audit Committee					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1. The delivery plan is currently under review and is subject to further agreement			1.					
2. Managing the narrative of the media			2.					
3. Strategic collaboration – further work needed to formalise opportunities			3.					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner		By When/Milestone		Progress Notes:	
1. Reputation audit year two planned		Director of Partnerships & Engagement		Complete – will move to controls		Audit launched on 09 April 2024 and ran until 01 May 2024. High-level results presented at People and Culture Committee on 09 May and at Board Development on 27 June.		
2. Agree Stakeholder Influencing Plan		Director of Partnerships & Engagement		Q1 24/25		Currently in development.		
3. Roll out of Stakeholder Influencing Plan		Director of Partnerships & Engagement		Q2 24/25 onwards				
4. Reputation Audit deep dive on findings to be presented at Board Development		Director of Partnerships & Engagement		Q1 2024/25		Findings were also presented at the 09 May People and Culture Committee meeting.		

RISK ID 594	The Trust’s inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death			Date of Review:		25/06/2024		TREND	20 (4x5)
				Date of Next Review:		25/07/2024		➡	
IF a major incident or mass casualty incident is declared		THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	RESULTING IN catastrophic harm (death) and a breach of the Trust’s legal obligation as a Category 1 responder under the Civil Contingency Act 2004		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	4	5	20		
				Target	2	5	10		
IMTP Deliverable Numbers: 1, 5, 6, 7,14, 15, 24									
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Finance & Performance Committee			
Risk Commentary Q1 2024/2025 The challenges across the unscheduled care system. Handover lost hours in June were 19,599 and July 23,220 . There is a direct correlation with ambulance availability and high levels of resources unavailable due to protracted waits at hospital E.Ds. Several incidents declared have failed to provide sufficient on the ground assurance that vehicles would be released. Health Boards have declined to incorporate testing of vehicle release into a recent mass casualty exercise. Further, a recent workshop undertaken by the EPRR team as part of the Manchester Arena Inquiry assurance process which has tested our ability to fulfil the PDA in North and South Wales, both in and out of hours, has confirmed that we would only meet the PDA in one of these four mass casualty scenarios.									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Immediate release protocol			1. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report provided weekly to the DG for Health & Social Services.						
2. Resource Escalation Action Plan (REAP)			2. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.						
3. Regional Escalation Protocol			3. Daily conference calls to agree RES levels in conjunction with Health Boards						
4. Incident Response Plan			4. The Incident Response Plan has been ratified via EMT						
5. Mutual Aid arrangement with NARU			5. AACE National Policy on mutual aid in place						
6. Clinical Safety Plan			6. CSP adopted by EMT and operational; reviewed annually by SLT in December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU.						
7. Operational Delivery Unit 24/7 cover			7. Shift reports from ODU & ODU Dashboard received by Exec, SOT, and On-Call Team at start/end of shift and cover review at weekly performance meeting						
8. In hours and Out of hours command cover			8. Civil Contingency requirement as set out in the Command Policy and Incident Response Plan. Cover review at weekly performance meetings						
9. Notification and Escalation Procedure			9. Published procedure in operation, reviewed 3 yearly by SLT						
10. Continued escalation of risk to partners and stakeholders			10. Referenced by the Executive Director of Operations in correspondence sent to health board Chief Operating Officers dated 30 March 2023. It was further emphasised at the face-to-face COO Peer Group meeting on 14 April 2023.						
			External Independent Assurance N/A						
11. CEO letter to Health Boards dated 3 Jan 2023, and DOO letter to Chief Operating Officers dated 30 March 2023 to seek assurance on plans.			11. Acknowledgement and acceptance of risk by HBs and balancing the risk across the whole system. Improvement in handovers in C&VHB and ABUHB. This has been sustained form some months across C&V in a phased programme of improvement with no delays more than 2 hours. Programme of improvement underway in ABUHB commencing at 4-hour tolerance with a plan to reduce over time. In other HBs there remains little or no controls with variation in both handovers and risk levels across HBs.						
12. Health boards are asked to provide assurance of existing and tested plans to immediately reduce emergency ambulances on incident declaration.			12. All Health Boards responded with assurance of plans except BCU.						
13. Multi Agency Exercise to be arranged.			13. This exercise has taken place although Health Boards declined to incorporate vehicle release plans						
14. Meeting with Welsh Government to outline this risk; WG agreed to write to HBs seeking assurance from EPRR leads in HBs on the ability to clear EDs and release vehicles. WG agreed to incorporate testing into the forthcoming mass casualty exercise, and a timeframe for vehicle release was proposed by WAST with 30% of vehicles released within 10 minutes of an incident declaration, 50% within 20 minutes and 100% within 40 minutes.			14. WG have confirmed that they have written to HB EPRR leads. Health Board COOs approved the proposals for vehicle release as outlined.						
15.									

28

RISK ID 594	The Trust’s inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death		Date of Review:		25/06/2024		TREND	20 (4x5)
			Date of Next Review:		25/07/2024		➡	
IF a major incident or mass casualty incident is declared		THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	RESULTING IN catastrophic harm (death) and a breach of the Trust’s legal obligation as a Category 1 responder under the Civil Contingency Act 2004			Likelihood	Consequence	Score
					Inherent	4	5	20
					Current	4	5	20
					Target	2	5	10
GAPS IN CONTROLS			GAPS IN ASSURANCE					
Despite the controls listed, the single most limiting factor in providing a pre-determined response in line with the Incident Response Plan is the lost capacity due to hospital handover delays. In this area, WAST has no control. – link to CRR 223 on CRR.			The Trust is not assured that Hospital sites have plans in place that are trained and tested to release ambulances effectively and immediately in the event of an incident declaration.					
			Following two incidents (Pembroke Dock Ferry fire on 11 th February 2023 and the Swansea gas explosion on 13 March 2023), The Trust is not assured by the effectiveness of assurances given by Health Boards (responses provided following correspondence from WAST CEO – formal returns received from LHBs except BCU). Despite these two incidents being lower-level incident declarations where the pre-determined attendance was met, the experience does not add confidence to the ability to release all resources from hospitals which would support assurance. Further testing of the pre-determined attendance levels has been undertaken as part of the Manchester Arena Inquiry recommendations; This tested the Trust’s ability to fulfil the PDA in North Wales and South Wales in the event of a mass casualty scenario both in hours and out of hours. This simulation concluded that in three of these four scenarios, the Trust would be unable to fulfil the PDA. A further declared major incident at Treforest Industrial Estate in December 2023 following an explosion, failed to release resources from Morriston Hospital, Wales’s dedicated burns unit (formal debrief still to be conducted).					
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:				
1. Review of Manchester Arena Inquiry		Assistant Director of Operations	July 2024	This programme of work is underway, and a workshop has confirmed that the PDA would be unable to be met in three out of four simulated mass casualty scenarios. The financial case associated with MAI is planned to be familiarised with ELT and EASC during Jan and Feb 2024, with the final outline case to ELT in March 2024. A revised timeline for the governance process for the final MAI reports has been agreed, commencing in May 2024 and finalising at Trust Board the end of July 2024.				
2. Further correspondence to Welsh Government to seek assurance of testing plans following recent mass casualty exercise where Health Boards declined to incorporate vehicle release plans		Assistant Director of Operations	July 2024	Correspondence with Welsh Government remains ongoing. 22/02/2024 - Risk 594 has also been referenced in the context of MAI presentation to Welsh Government (6 th Feb 2024). Further follow up will be provided as MAI progresses. Welsh Government has been and will continue to be kept up to date on the developing case, as have the JCC.				
3. Request from COO network to share Action cards related to risk		Executive Director of Operations	Q1	May 24 – LB will follow up with COO network on the sharing of their action cards to WAST. March 24 – This risk was discussed at both EASC management and in the COO meeting.				
5. Ref: Control 1 of 594 – Immediate Release Protocol		Executive Director of Operations	Q2	WAST is currently reviewing the immediate release protocol and it is our aim to include the release schedule as agreed by COOs. The release protocol schedule for Health Boards to initiate in the event of a major incident is set out as follows: 50% of vehicles released within 10 minutes 75% of vehicles released within 20 minutes 100% of vehicles released within 30 minutes				

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:	14/06/2024		TREND	16 (4x4)
				Date of Next Review:	14/07/2024		➡	
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	RESULTING IN a negative impact on colleague experience and/or services to patients		Likelihood	Consequence	Score	
				Inherent	5	3	15	
				Current	4	4	16	
				Target	4	3	12	
IMTP Deliverable Numbers: 1, 13, 14, 19, 22, 30, 32								
EXECUTIVE OWNER		Director of People & Culture		ASSURANCE COMMITTEE		People & Culture Committee		
Risk Commentary The score remains at a 16 which is due to a tailored bespoke development programme for managers and Trade Union Partners at all levels has been launched to address issues. The programme of engagement and relationship building will continue throughout 2024/25. Also, specific workforce issues related to potential respect and resolution processes have been addressed. Work is well underway to seek to improve partnership working through the delivery of the action plan. The engagement structures below WASPT are in place and running. The Deputy Director of P&C and Head of Culture and OD have delivered workshop sessions for TU partners and managers across the organisation in senior and local roles. Personal relationships with TUPs are generally good. However, there is a further prospective risk as discussions on pay commence for 2024/25 which are out of the gift of WAST but may result in further tension and industrial action if an offer made is not accepted by the trade unions. This is in the context of the current financial pressures for Welsh Government who are seeking to make significant savings. At a local level there are ongoing discussions on a range of organisational change issues and currently engagement and partnership working is working well.								
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 because of TU partner buy in					
5. Monthly Informal Lead TU representatives and Chief Executive meetings			5. Diarised meetings					
6. Staff representative management in Task & Finish Groups			6. Good attendance and commitment are observed at the meetings. TU partners listed as members in terms of reference					
7. WASPT re-established post stand down of cell structure post pandemic.			7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.					
8. Local Co-Op Forums, and informal monthly meetings between TUs and Senior Operations Team in place and operating			8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings					
9. Quarterly Report on TU activity to People and Culture Committee			9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes					
10. Structures below WASPT in place from June 2023			10. Triple A reports through to WASPT and to PCC. Any escalations are appropriately noted.					
11. Project plan in place to support the improvement in relationships based on the ACAS report from 2022.			11.Development of mentoring and training opportunities for TUPs to support their roles.					
12. AAA report of formal Partnership Forum (WASPT) reported to PCC or Board in future (return to BAU).			12.Training for local managers and TUPs in development and diarised delivery for February / March 2024.					
13. AAA from SLT Partnership Forum and Corporate Partnership Forum reported to WASPT			13.Change in senior TU personnel on a temporary basis meaning new senior TU representative needs to be brought up to speed with work on improving partnership working.					
14. 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.			14. Action plan developed and shared with TUs. Implementation underway. A series of partnership working sessions (5) have been delivered to around 120 colleagues – managers and TU partners. Feedback from the sessions was captured and next steps were reviewed. There is an ACAS action plan which is a live doc and is reported to WASPT to update progress.					
15. Rhythm of meetings to curate and focus on relationships			15. AAA, minutes, monthly sessions with CEO, DoPC and DoO. Informal sessions with CEO, DoPC and Branch Chair and Sec on a quarterly basis. 6 weekly meetings with DoPC on other partnership forum arrangements.					

30

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:		14/06/2024		TREND	16 (4x4)
				Date of Next Review:		14/07/2024		➡	
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	RESULTING IN a negative impact on colleague experience and/or services to patients		Likelihood	Consequence	Score		
				Inherent	5	3	15		
				Current	4	4	16		
				Target	4	3	12		
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. Refresh of engagement programme post Industrial Action and establish work		Deputy Director of People & Culture	30/08/23 Underway and work ongoing. Plan delivery to be completed in 2024. However, this will be subject to the national picture.	Plan agreed and being monitored via WASPT. Draft training development underway in partnership with TUPs – list of training needs shared from TUPs. Principles on engagement being developed (in part from the training) and as a result the partnership statement will be updated.					
2. Continue the rollout of partnership training across WAST		Deputy Director of People & Culture	Ongoing						
3. Develop the next round of initiatives based on the output from recent sessions		Deputy Director of People & Culture	30/09/24						
4. Learning and Development opportunities for TU partners e.g. shadowing, digital skills, coaching and mentoring		Deputy Director of People & Culture	31/03/25						
5. Develop consultation guidance for managers		Deputy Director of People & Culture	31/03/25						
6. Consider how we celebrate success and capture the positive learning		Deputy Director of People & Culture	31/01/25						

Risk ID 542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan			Date of Review:		19/07/2022		TREND	16 (4x4)
	Plan			Date of Next Review:		19/08/2024		➡	
IF there is a lack of resources and available technology and infrastructure		THEN there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines	RESULTING IN negative environmental and social impacts causing and reputational damage		Likelihood	Consequence	Score		
				Inherent	5	4	20		
				Current	4	4	16		
				Target	2	4	8		
IMTP Deliverable Numbers: 17, 18, 33									
EXECUTIVE OWNER		Executive Director of Finance and Corporate Resources		ASSURANCE COMMITTEE		Finance and Performance Committee			
Risk Commentary									
Challenges continue around resources and technology, and currently there is not an ability to reduce this score. Decarbonisation Programme Board will meet on 22 nd July. Noting some progress on positive movement to actions within the DAP									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Oversight of implementation and delivery of Decarbonisation project and monitoring of action plan at Decarbonisation Programme Board and Capital Management Board			1. Regular meetings of the Decarbonisation Programme Board quarterly. Requirements of the Decarbonisation project have been presented to the Trust Board & Finance and Performance Committee. Challenges of the project have also been highlighted. Report goes regularly to FPC and then onto Trust Board						
2. Capital and Estates directorate lead support – Director of Finance (DOF)			2. Regular briefings to DOF						
3. Partnership working via Communications/Stakeholder liaison group with NHS Wales, Welsh Government and other bodies to gain support and knowledge- with the anticipation of working in collaboration.			3. Sharing of knowledge via partnership working through various forums is documented in minutes of meetings held. Requirements also form part of the action plan						
4. Approach changed for heating/lighting/energy systems to become more energy efficient- replacing old inefficient plant with more sustainable technology such as natural gas boilers for air source heat pumps			4. (i) Estate Survey undertaken every 5 years. This is a 6-facet survey to understand where the back log is and the requirements for energy systems. (ii) Approved Estates SOP (iii) Estate Retrofit Guide and framework used to prepare schemes						
5. Changing procurement practices for fleet, Estates, equipment, supplies, and ICT to reduce emissions			5. Fleet SOP shows move to ULEV vehicles. BJC 2024/25 details intention for move to EV for smaller and support vehicles						
6. Board Development sessions with respect to Decarbonisation to raise awareness of decarbonisation requirements, additional sessions will be required.			6. Board Development session occurred on 8th November 2021 – presentation slides are available.						
7. Finance & Performance Committee has oversight of decarbonisation project, decarbonisation to become a standard agenda item.			7. (i) Routine updates at every other FPC meeting (3 times a year) (ii) Annual report (which includes a Sustainability section) is approved by the Finance & Performance Committee						
8. KPIs with respect to energy transmissions are communicated to Estates team annually by sustainability manager			8. KPIs to Estates team includes energy use at all WAST managed buildings						
9. ISO14001 accreditation in place			9. ISO14001 – Annual audits are undertaken against the accreditation. Environmental Coordinators act as champions in the organisation.						
10. Environment Strategy in place			10. Environment strategy has been approved by the Trust Board. This covers the next 5 years						
11. Programme Board Risk Register			11. Programme Risk Register reviewed at every Decarbonisation Programme Board meeting						
12. Reporting to WG via DCR reporting, qualitative, and quantitative reports and emissions reporting			12. Submissions to WG – quarterly DCR reporting. Annual qualitative and quantitative reporting						
13. Membership of National Programme Board (WG), Transport Task and Finish Group and BERP Project Board			13. Minutes and papers of meeting						
			External - Independent Assurance: • Sustainability section in Annual Report audited by Internal Audit. Annual audits by BSI on accreditation						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. Establishment of further workstreams to address a Programme Plan to support strategy requirements									
2. Ability to deliver on EV infrastructure plan including electrical capacity issues for the purposes of electronic charging points for vehicles									
3. Procurement of an electronic fleet of vehicles – this is not currently possible for anything other than a car/van (limited)			32						

Risk ID 542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan			Date of Review:		19/07/2022		TREND	16
				Date of Next Review:		19/08/2024		➡	(4x4)
IF there is a lack of resources and available technology and infrastructure		THEN there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines	RESULTING IN negative environmental and social impacts causing and reputational damage		Likelihood	Consequence	Score		
				Inherent	5	4	20		
				Current	4	4	16		
				Target	2	4	8		
4. NED support ended April 2022									
5. Resources to be able to deliver extent of DAP – work ongoing to establish actions required and potential cost impacts. Note detailed schemes are challenging to work up without appropriate resource which in turn allow for realistic financial estimates to be made about cost.									
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1. Establishment of further workstreams to address a Programme Plan to support strategy requirements: Consider further workstreams required in support of delivering DAP actions, including grouping of similar actions		Capital Development and Estates Team	Complete – will move to controls	Workstreams are set up to manage delivery of the EFAB projects and the transport element (Transport Project Board). Links are also made into ongoing work to develop the IMTP and develop longer term strategies e.g. Fleet Vehicle Procurement Strategy 2025 – 30.					
2. Ability to deliver on EV infrastructure plan including electrical capacity issues for the purposes of electronic charging points for vehicles: develop an investment strategy/prioritised list of sites where further EV charging is required. Will need further investment.		Decarbonisation Programme Board	March 2025 (in line with the IA recommendation action)						
3. Procurement of an electronic fleet of vehicles – this is not currently possible for anything other than a car/van (limited): development of specifications for vehicles considering achievable and safe ULEV options where possible. NOTE: will be dependent on confirmation of 2024/25 BJC funding		Fleet Team	March 2025						
4. NED support ended April 2022: A new NED will need to be nominated to champion this risk/project at Trust Board level		Director of Corporate Governance / Board Secretary	30.09.24	To be further discussed with relevant Directors.					
5. Resources to be able to deliver extent of DAP – work ongoing to establish actions required and potential cost impacts. Note detailed schemes are challenging to work up without appropriate resource which in turn allow for realistic financial estimates to be made about cost: Development of an investment requirements schedule (also aligned to IA recommendations). Contribute resources to support the Decarbonisation Strategy action plan		Director of Finance & Corporate Resources	31.03.25						

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:	23/07/2024		TREND	15
				Date of Next Review:	23/08/2024		➡	(3x5)
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place		THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	3	5	15	
				Target	2	5	10	
IMTP Deliverable Numbers: 1, 15, 19, 24								
EXECUTIVE OWNER		Director of Digital Services		ASSURANCE COMMITTEE		Finance and Performance Committee		
Risk Commentary								
The risk has been fully reviewed in the cycle and the score remains static. Latest National Cyber Security Centre (NCSC) assessment indicates that the threat of Cyber-attacks remains unchanged with activities of state actors and criminal gangs still high. Whilst the Trust and wider NHS Wales organisations have in place several layers of technology to protect the Trust and its information systems, there is still a risk that users will be fooled by phishing emails which are becoming ever more sophisticated. To raise user awareness of cyber threats the Trust ICT department run regular phishing exercises as well as short security training packages, reporting the results and uptake through IGSG and into FPC. A deep dive of the risk was undertaken during the closed session of FPC on the 16.07.2024 with no concerns raised in respect to the management of the risk.								
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. 04/08/23 – Exploring procurement of additional penetration tests with the aim of annual testing of all critical systems.					
14. Security alerts			14. Daily alerts are received. Anti-virus alerts received as and when threat discovered					
15. Cyber/Info Security KPI are reported to senior management and committees			15. Monthly KPI reports now being generated routinely and fed into the Digital Leadership Group, ELT, IGSG and FPC					
16. Regular cyber awareness campaigns are conducted			16. Cyber training is provided to staff and regular phishing campaigns are conducted. These are reported as part of the KPI reports					

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:	23/07/2024		TREND	15 (3x5)
				Date of Next Review:	23/08/2024		➡	
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place		THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	3	5	15	
				Target	2	5	10	
17 IT recovery Plan does include a cyber response			17. Cyber response incorporated into IT Disaster Recovery Plan					
18.Information Security Policy refreshed and approved								
19. Suite of business continuity exercises that departments can undertake to test their plans are available via EPRR.			19.					
20. The cyber risk is reviewed and monitored			20. The ongoing cyber threat to the organisation is continually monitored using daily comms feeds and automated alerts from various external sources via ICT security team and reported to AD of Digital and DPO. 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.					
			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. Lack of understanding and compliance with policy and procedures by all staff members			1.					
2. No organisational information security management system in place			2. SIRO in place and ISMS evolving in line with refresh of Trust information Security Policy					
3.			3.					
4. Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects, and procurement and this has a cyber security, information governance and resource impact								
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:				
1. Development of a Cyber Improvement Plan		Senior ICT Security Specialist	Next checkpoint date 26.08.2024	Implementation of Cyber Improvement Plan actions ongoing and regularly reported into ICT SMT, DLG, IGSG and FPC.				

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences			Date of Review:		23/07/2024		TREND	15 (3x5)
				Date of Next Review:		23/08/2024		➡	
IF significant internal and external system pressures continue		THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers: 13, 14, 21, 26									
EXECUTIVE OWNER		Director of People & Culture		ASSURANCE COMMITTEE		People & Culture Committee			
Risk Commentary									
This risk should be considered alongside Risk 160 as the resulting increased sickness levels mentioned above will be addressed by the same controls and assurances. However, the ongoing system pressures including long handover delays, overruns, missed breaks and the perpetuating impact of increased sickness levels continues to mean this risk remains static. WAST continues to work in partnership with the system to pilot viable options for addressing the external factors. Although there has been some success in some areas, we are yet to see these being scaled to an extent that the employee experience has been impacted. Since 2020 we have not seen the previous pattern of easing over the summer months and with the current public health risk of measles and continuing risks of covid this risk remains static. The People and Culture Plan 2023-2026 is a good summary of the controls and actions addressing this risk. The old Health and Wellbeing Strategy and its replacement build on this. Nationally the Health and Wellbeing Framework due for publication in Summer 2024 also addresses the system wide employee experience challenges. The ongoing system challenges remain with long handover delays which are likely to worsen again as we head into winter pressures. Work on reducing shift overruns continues with various pilots being run to test viable options which could be implemented. Front line operations had little respite over the summer months.									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
13. Health and wellbeing strategy 2020-2024 in place and shared across the Trust. The new Health and Wellbeing Plan 2025-2028 has now been drafted and is out for consultation. The aim of the new plan is to expand on consideration of employee experience to recognise that individual wellbeing interventions are not sufficient in mitigating system wide pressures.			14. New Health and Wellbeing Plan 2025-2028 aligned closely to People and Culture Plan and delivery monitored via the Health and Wellbeing Steering Group, reporting into the People and Culture Business Meetings. New All Wales Framework also in development with an emphasis on workplace experience due for publication in June 2024.						
14. Occupational Health & Wellbeing team with range of support options for individual mental health interventions, MSK support, reasonable accommodations and recommendations, supported by mental and physical health expert clinicians.			15. Current waiting times now within SLA of 6 days, self-referrals and self-appointment booking. External providers meet quarterly and provide monthly engagement figures. Reporting into OHW operational team meeting and MIQPR.						
15. Wellbeing support and training for line managers a peer support network and TRiM intervention for trauma information.			16. Rolling programme of workshops, attendance at team events when requested, evaluation and numbers trained reported at OHW operational meetings. Diarised meetings, webinars and workshops in place through a rolling programme. Have these happened and what was the benefit? How do we measure it.						
16.			17. Tools are available on WAST intranet.						
17. TRiM			18. TRiM Coordinator has regular dialogue with TRiM managers and practitioners. Project plan and training schedule in place.						
18. Acting on results of staff surveys relating to staff experience, data triangulated with pulse surveys and other cultural metrics as detailed in the People and Culture Plan.			19. Each Directorate has developed their own action plan to address staff surveys. NHS staff survey high level results released 19/02/204 with directorate specific data released in April 2024.						
19. HSE stress risk assessments			20. Undertaken by managers and advice is provided on how to use them by Occupational Health and Health and Safety teams.						
20. KPIs are reported fortnightly to regarding Occupational Health and Wellbeing activity			21. Received at OHW operational team meeting and reported in MIQPR.						
21. Wellbeing drop-in sessions for CCC and 111 staff			22. These sessions are now part of business as usual across services and a user experience form is being designed to collate more formal quantitative feedback for OHW operational team meetings. Data to date has been qualitative and the quantitative has been measured by engagement with the service.						
22. Fast track physiotherapy to address MSK issues.			23. Regular review meetings with physiotherapy provider and monthly monitoring information received at People and Culture Business meetings and MIQPR						
23. Occupational Health team inclusion in sickness and absence meetings			24. Have the meetings been of benefit and how do we measure it						
24. Stress risk assessments			25. These are part of the IOSH Managing Safely Training.						
			External - Independent Assurance - Audit Wales – Taking Care of the Carers report in October 2021 – all actions complete						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
			4. Reporting on wellbeing training take up this is now being reported into OHW Operational Team Meetings.						
11. Need to increase the education and communication with managers about stress risk assessments. Presentation developed and shared with people services. Delivery dates being agreed in conjunction with Health and Safety. With the arrival of the new OH Manager these discussions have restarted, and			Lack of awareness about staff wellbeing services, this continues to be a challenge due to small team, non-wired colleagues and competing communication messages.						

36

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences			Date of Review:		23/07/2024		TREND	15 (3x5)
				Date of Next Review:		23/08/2024		➡	
IF significant internal and external system pressures continue		THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST		RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	3	5	15
						Target	2	5	10
colleagues are directed to the stress risk assessment information and education sessions will be started in Q1 & Q2.									
				Effects of elevated reop status affecting the ability of staff to engage with staff health and wellbeing services. Important to recognise the consistent reports of the impact of culture on wellbeing. Attendance at all events by operational staff consistently low due to service pressures.					
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1. People and Culture Plan 2023-2026 relevant Actions		Assistant Director for Inclusion, culture and wellbeing	Annual Plan	First year due to be reviewed at next People and Culture Committee May 2024 23/7/24 Final year review included in consultation process for new plan					
2. Health and Wellbeing Plan 2025-2029		Assistant Director for Inclusion, culture and wellbeing	To be agreed at board autumn 2024.	New plan out for consultation until June 2024 16/4/2024 Ongoing 23/7/24 Extended consultation period until end of August 2024					

Risk ID 623	Failure to comply with Data Protection Legislation			Date of Review:		07/07/2024		TREND	15 (3x5)
				Date of Next Review:		07/08/2024		➡	
IF the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality		THEN the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used.	RESULTING IN unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers: 1, 13, 14, 18, 19									
EXECUTIVE OWNER		Director of Digital Services	ASSURANCE COMMITTEE		Finance & Performance Committee				
Risk Commentary									
The consequences of this risk depend on the worst-case scenario which crosses of a number Domains on the Risk Scoring Matrix e.g. Loss of, or access to mass clinical data, the reputational damage this would cause, subsequent high-level involvement of ICO, Regulatory Body and Government involvement the subsequent fall out, fines and reduction in the level of clinical care. The likelihood would be small NB Just like pandemics. However, there are lower consequences of failure of statutory compliance which would warrant a higher level of likelihood even daily but in this case like near misses they indicate the need for change/improvement to demonstrate managing the risks. Therefore, the consequences will always be 5 but improvements are needed to lower the risk, and should we demonstrate meeting Statutory Requirements even if a serious incident/event/failure arises evidence provided would reduce / mitigate against the consequences.									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Data Protection Expertise: 1 FTE Data Protection and Compliance Manager (DPCM); 1 FTE Information Governance Officer, 1 FTE Cyber Security Officer			1. Two Data Protection and Compliance Managers have been employed on a consultancy basis to provide cover and support backlog clearance (E). Funding for one of these contractors ceased in June 2024, and so only one additional contractor remains with the team (contract end date September 2024)						
2. Temporary Data Protection Officer position held by Head of ICT			2. Temporary Data Protection Officer						
3. Data Protection and Information Governance Policies and Procedures (Incl. DPIAs and Cloud Assessments) a. Procedure for auditing Welsh Clinical Portal usage (by WAST staff) has been updated (Jun24).			3. Monthly Information Governance Steering Group which includes progress DPC, DSA and DPIA reviews (I) IG Training IG Toolkit (System for providing a level of assurance of compliance (I) Incident Reporting Accountability to ELT Development of reporting (dashboard) which supports IGSG, ELT and Finance & Performance Board Committee for scrutiny.						
4. Contracts and agreements: Data processing, Data Sharing and Employment & Consultancy									
5. Register of information assets and data flows (outdated)									
6. Staff training on updated training module (Apr 2023)									
7. Incident Reporting and management (DATIX)									
8. NIIAS for auditing access to personal information									
9. Digital Notices / comms Ongoing (see Siren & recent Lock-screen notices)									
10. Proactive engagement outbound (not inbound to team)									
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. WAST has been carrying a DPCM vacancy since January 2023. There have now been two unsuccessful attempt to fill the position which has led to capacity constraints. - There are now two DPCM vacancies (following additional investment in the Digital team for 24/25) and the post has been readvertised for a third time – interviews are taking place in July 2024.			1. See 21. Further Actions (1)						

Risk ID 623	Failure to comply with Data Protection Legislation			Date of Review:		07/07/2024	TREND	15 (3x5)
				Date of Next Review:		07/08/2024	➡	
IF the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality	THEN the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used.	RESULTING IN unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage		Likelihood	Consequence	Score		
			Inherent	4	5	20		
			Current	3	5	15		
			Target	2	5	10		
2. Unfilled and unfunded permanent DPO position which is required to meet Article 39 UK GDPR 2018. The DPO must also be independent, an expert in data protection, adequately resourced, and report to the highest management level [DPA 2018].			2. This is a stop gap.					
3. Resource capacity constraints to update, implement or monitor the controls; and lack of engagement by management and staff which either bypass the requirements or stalled engagement.			3. Even with increased capacity without engagement by managers and staff to meet their compliance requirements there will continue to be information reported to IGSG which will demonstrate low levels of assurance i.e. Reports on DPIA log, DSA log, Training Levels, IG Toolkit, and Implementation Plan					
4. Personal identifiable information (PII) is being processed or shared with no data processing contracts (DPC) or data sharing agreements (DSA) when legally required; or incomplete DPC or DSA due to stalled engagement.			4. Lack of Data Protection pre procurement controls which form part of Data Protection by Design and Default means that Departments could purchase IT systems, hire document scanning companies, external data consultants and analytical firms and bypass WAST's controls for appropriate due diligence or legislative required controls in managing these risks.					
5. New data, or new data processes which have either bypassed the controls or there are no information asset owner and therefore doesn't get on to the asset register or the dataflow is not mapped and creates a weakness in assurance (See 3)			5. Data Protection and Compliance Risks not fully realised.					
6. Currently not meeting levels of IG staff training.								
7. Lack of Data Protection pre procurement controls which form part of Data Protection by Design and Default means that Departments could purchase IT systems.								
8. The Confidentiality Advisory Group (CAG) notified WAST (via DHCW) in June 24 that for organisations with a 23-24 IG Toolkit outcome of “standards not met”, any CAG approvals for research & non-research requests are likely to be rejected unless the organisations’ IG Toolkit Improvement Action Plan can be met and evidenced by Nov 24 (instead of the original target date for this plan of Mar 25).			8. The Confidentiality Advisory Group (CAG) required WAST to submit an IG Toolkit Improvement Action Plan (via DHCW) with adjusted timelines to show a path to a “minimum standards met” position by Nov 24. The Improvement Action Plan has been adjusted and shared, and internal stakeholders notified. This will be managed by ADLT and monitored via IGSG.					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:			
1. Recruitment of Data Protection and Compliance Manager(s) – funding agreed			Leanne Smith	Q2 2024/25	Interviews 01 May 2024 were unsuccessful. Next round of interviews due July 2024 – expected in post Q3			
2. Seeking funding to recruit/upskill/resource DPO who will encourage engagement. Additional funding into Digital for 24/25 will allow a permanent DPO position to be created within the structure – a JD is yet to be developed.			Jonny Sammut	Q3 2024/25	Expected Recruitment and in post Q3			
3. Ensure compliance with the appropriate IG level training across all Directorate and Departments - Demonstrate a regular series of comms on IG and DP - Regular monitoring of training compliance through IGSG - Targeted training compliance reporting to line manager on individuals to ensure that 85% target is reached. - BAU on Siren training notices and specific guidance or advice			Leanne Smith	Q2 2024/25	Lock screen issued 04/24 in relation to WhatsApp and training. This will be refreshed in 06/24. Siren notice drafted for ELT 05/24. IG training compliance still below 85% target. An Action Plan for training has been created, and a training needs analysis being progressed with L&D team. Procedures, such as audit of Welsh Clinical Portal usage, has been updated. Paper to ADLT Jun24 seeking support for increased awareness & training compliance			
4. Report on physical security to IGSG – working with fleet and estates team			Leanne Smith and Aled Williams	Q2 2024/25	Reporting to IGSG and FPC			
5. Assurance of “standards met” for all IG Toolkit requirements: gain support of all Directorates’ leadership to complete the IG Toolkit Improvement Action Plan and ensure compliance for the 24-25 IG Toolkit submission			Leanne Smith	Nov 24 for IG Toolkit Improvement Action Plan (with evidence to CAG)	Paper to ADLT Jun 24 seeking support for completion of the IG Toolkit improvement action plan. To ensure no impact to CAG approvals for WAST research, this improvement action plan must now be met and evidenced by Nov 24.			

39

Risk ID 100	Failure to persuade JCC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience			Date of Review:		26/06/2024		TREND	12 (3x4)	
				Date of Next Review:		16/09/2024				
IF WAST fails to persuade JCC/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: 7, 9, 11, 12, 14, 15, 20, 24, 25, 32										
EXECUTIVE OWNER		Executive Director of Strategy, Planning & Performance		ASSURANCE COMMITTEE			Finance and Performance Committee			
Risk Commentary										
From the 01 April 2024 111, emergency ambulance and Ambulance Care are all commissioned by the Joint Commissioning Committee (JCC). This is viewed as a positive development by the Trust, supporting the development of an organisational ambition.										
The ambition is appropriate levels of patient safety and good working conditions for our staff across the 111 pathway, emergency ambulance care pathway and Ambulance Care pathway. Clearly neither of these are currently being achieved in the emergency ambulance care pathway as evidenced by the long waits, shift overruns and volume of concerns and reportable incidents. The Trust is currently commissioned on the assumption of 6,000 hours of handover lost hours, with current levels at 26,000 (Jan-24). EASC has an ambition to achieve 12,000 handover lost hours by the beginning of quarter four 2023/24, which has not been achieved, but even if it was achieved, it would still be double what the EMS rosters are predicated on. The Trust is not fully funded on these rosters either. The Trust is not fully funded for the CHARU roster lines, with an identified shortfall of -89.5 FTEs. The Trust has made the decision to transfer staff from emergency ambulance roster lines to CHARU roster lines, which is almost complete, but this is an internal movement of staff, not an increase in establishment. Similarly, the Trust has made the decision (delivered) to recruit another intake of APPs, an additional 16 FTEs, but this is also being funded through internal movements, with a planned temporary relief gap to fund these internal movements. A further funded 32 APPs are being recruited in 2024/25 along with 23.2 FTEs to Integrated Care. The 111-call abandonment rate has not been achieved for the last four months. Ambulance Care performance is stable.										
The 2023 EMS Demand & Capacity Review is live with an estimated completion date of July 2023 Trust Board (on target) with the draft results received by end of 23/24 and in time for the 2024-27 IMTP. This strategic review will enable the Trust to articulate the type and level of resource that optimises response and conveyance to deliver appropriate levels of patient safety and good working conditions for our staff i.e., the ambition. If handover levels remain unchanged and a traditional conveyance model is used to meet demand, the review is indicating an unacceptably high-level modelled staff requirement. The Review estimates a more reasonable figure of +100 FTEs, if handover can be reduced to 7,000 hours (handovers within one hour) supported by the evolved clinical response model.										
The Trust has some limited room for manoeuvre in its 2024/25 budget (see above) to put more resource into supporting the evolution of the clinical response model, but if further funding is not forthcoming, post the 2023 EMS Demand & Capacity Review, the risk may need to be revised upwards.										
NEPTS is also commissioned via EASC (it is commissioned at NEPTS, not Ambulance Care), with agreement that in Q1 2024/25 there should be a joint collaborative workshop between the Trust, the JCC and health boards (completed).										
The previous controls are currently transitioning into the new JCC arrangements, so are currently a bit fluid. Quarter 2 should see the arrangements stabilise.										
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CONTROLS			ASSURANCES							
			Internal & External Management (1 st Line of Assurance)							
1. JCC/WAST Forward Plan for EMS and NEPTS in place and monitored at JCC 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 (sub-committees currently under review as part of move into JCC).			2. Minutes of meetings and a standard agenda item							
3. Weekly catch up between Interim Director of 111 & Ambulance Commissioning /CEO			3. Meetings are diarised every week							
4. Collaboration between JCC and WAST on specific projects e.g. Evolving clinical model.			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 (currently paused as part of move into JCC).			5. Formal meeting with agendas, minutes, and action logs available.							
6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced			6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholder’s fortnightly							

40

Risk ID 100	Failure to persuade JCC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience			Date of Review:		26/06/2024		TREND	12 (3x4)
				Date of Next Review:		16/09/2024		➡	
IF WAST fails to persuade JCC/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
7. Programme structure has been established for evolving the clinical model including commissioners			7. This is now an established programme of work with the Trust making an offer to the system via the Six Goals Programme in January 2024.						
8. Commissioning intentions.			8. In year progress reported each quarter to the relevant commissioning meeting and 24/25 commissioning intentions approved for 111Wales and expected to be approved by Mar-24 EASC (approved).						
9. Governance arrangements for 111 commissioning: 111 Board, 111 Commissioning Board + 111 DAG etc.			9. Minutes of meetings and a standard agenda item						
			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. JCC remit is wider than just ambulances and will reduce the agenda time dedicated to WAST's three patient pathways.			1. A shorter provider brief will go to the JCC with more detailed discussions taking place at its sub-committees.						
2. Governance coordination between the JCC) and WAST to be improved.			2. Identified need for a governance meeting between JCC and WAST to manage the overall commissioner/provider interface. Actioned, but has lapsed due to capacity and resourcing in NCCU team. This will be further reviewed as the JCC goes live in April-24 (period of transition likely to extend through Q1). This has lapsed at this time, but request to re-establish it sent to commissioners.						
3. WAST's ability to influence hospital handover delays (this is outside of the Trust's control and a Health Board responsibility)			3. Ministerial direction on handover reduction with significant pressure being applied to health boards through the NHS Leadership Board and NHS Executive accountability arrangements. The Welsh Government target is no waits > one hour, which equates to 7,000 lost hours.						
4. Funding does not flow in a manner to balance demand with capacity (outside of WAST's control)			4. Strategic demand and capacity review being undertaken with output due to be reported to JCC in Q2 2024/25, with initial findings already shared. On advice from the CASC, formally reporting the findings of the review has been re-programmed into Q2 2024/25, for the new JCC. JCC dates to be determined.						
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1. Agree and influence JCC/Health Boards that sufficient funding to be provided to WAST		CEO WAST	NEW Checkpoint Date	30.09.22 Additional £3m provided for +100 FTEs into Response by 23/01/23. 12/01/23 Recurrent funding for the +100 not secure. 02.05.23 Recurrent funding still not secure. 16.04.24 Recurrent funding for +100 FTEs now secured. 28.07.23 Funding secure for 23/24, but not recurring. 18.01.24 Offer being made to the system in January 2024 via the Six Goals Programme. The reception of the Trust's offer was mixed. A key area of focus in the 2024/25 IMTP will be data linking that enables the Trust to better prove the value of investing in the Trust; (16/04/24) and the development of system metrics dashboard that enables the Trust to track its impact on the wider system (currently under development). 26.06.24 Funding for a 32 FTE APPs secured for 2024/25 and 23.2 FTEs into Integrated Care. 06/08/24 WAST briefing on evolved CRM and 2023 EMS Demand & Capacity Review to JCC Board Development session in Aug-24.					
2. Agree and influence JCC/Health Board of the need for significant reduction in hospital handover hours		CEO WAST	NEW Checkpoint Date	30.09.22 4-hour handover backstop agreed and -25% reduction in handover from October 2021 baseline. 12/01/23 There has been a significant worsening picture. 02.05.23 Continued worsening picture with almost 29,000 lost in March 2023. 28.07.23 There has been some reduction, but levels remain extreme. 18.01.24 NHS Leadership Board is increasing accountability and focus of health board handover reduction actions. The emerging 2023 EMS Demand & Capacity Review models the level of resource required with no handover reduction and the level of resource required if there is a handover reduction to 12,000 hours 26/04/24 This modelling has been further supplemented by modelling the Ministerial target of no handovers of more than one hour.					

Risk ID 100	Failure to persuade JCC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience			Date of Review:	26/06/2024		TREND	12	
				Date of Next Review:	16/09/2024		➡	(3x4)	
IF WAST fails to persuade JCC/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
					26/06/24 May-24 levels at 24,000, which is higher than 2023 and concerning as an indicator of the winter the Trust may expect. Trust moving at pace to evolve clinical response model, with Welsh Government full sighted on impact of handover hours on the Trust.				
3. Increased understanding of NEPTS by JCC		Executive Director of Strategy Planning and Performance	02/08/23 30/06/24 20/08/24	30.09.22 "Focus on" session in May 2022 EASC and NCCU represented on Ambulance Care Programme Board. 12/01/23 F&P Deep Dive made available to NCCU. 02.05.23 Continued attendance by NCCU at Ambulance Care Transformation Programme. 28.07.23 EASC want WAST to develop a LTS for NEPTS, which will increase the focus on it. 18.01.24 Ambulance Care strategy sessions held as part of the inverting the triangle programme and IMTP development held, which will now be taken forward into a collaborative workshop with commissioners in Q1 2024/25. 16/04/24 Workshop arranged for April 2024 (completed). 26/06/24 Workshop results reported to newly established Interim Ambulance Commissioning Committee. 06/08/24 The WAST briefing to the JCC Board Development session in Aug-24 includes coverage of five workstreams, one of which is Health Transport, which includes NEPTS and UCS.					
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface		Assistant Director Commissioning & Performance	02/08/23 Checkpoint Date	30.09.22 Meeting in place and meeting regularly. 12/01/23 Meetings continue. 02.05.23 These have lapsed due to pressures and sickness absence in the NCCU. HB to reboot, subject to ability of NCCU to undertake. 28.07.23 Availability remains a challenge, but there is regular informal dialogue between WAST and NCCU. 18.01.24 This specific meeting remains lapsed, but the Trust is currently meeting every two weeks with the NCCU on the development of the IMTP. As the Trust moves into the new JCC from 01 April 2024 there will be a further opportunity to address this control. 16/04/24 The new commissioning arrangements are in transition and still quite fluid at the moment. 26/06/24 Request to commissioners to re-establish this meeting. 06/08/24 Meeting now re-established.					
5. Develop and roll out the Stakeholder Influencing Plan		Director of Partnerships & Engagement AD Planning & Transformation	Q2 24/25 onwards	15/03/24 This action is captured in Risk 201 on the CRR. The reputation audit being repeated in Q1 will inform the development and roll out of this plan in Q2.					

Risk ID 424	Resource availability (revenue, capital, and staff capacity) to deliver the organisation’s Integrated Medium-Term Plan (IMTP)			Date of Review:		19/07/2024		TREND	8 (2x4)
				Date of Next Review:		19/09/2024			
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)		THEN there is a risk that there is insufficient capacity to deliver the IMTP	RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust’s ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		Likelihood	Consequence	Score		
				Inherent	4	4	16		
				Current	2	4	8		
				Target	1	4	4		
IMTP Deliverable Numbers: All									
EXECUTIVE OWNER		Director of Strategy, Planning & Performance		ASSURANCE COMMITTEE		Finance and Performance Committee			
Risk Commentary It is recommended that the risk score be reduced to 8 based on a reduction of likelihood score. There is funding allocated within the IMTP financial plan for support to deliver key areas of work that has been agreed with commissioners. The vacancies in the central Transformation team have been filled so there are better levels of support for delivery of key workstreams and delivery of mitigations listed in this BAF. Alongside this each directorate involved directly in the transformation has identified resources to support the programme. Programme structures have been revised to focus on delivery of key elements of the IMTP utilising the resources that have been put in place. There remains risk due to the need for financial savings to be delivered so this risk will remain under review as we consider any further controls required but also taking account of the new commissioning landscape, financial context and our strategic developments.									
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Prioritisation of IMTP deliverables			1. Prioritisation session held with ADLT/ELT on 14 th February 2024						
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 for ISPG, TSAG and STB						
4. Assurance meetings with Welsh Government and Commissioners			4. Agendas, minutes, and slide decks available						
5. Transformation Support Office (TSO) which supports the major delivery programmes			5. Paper on TSO to Strategic Transformation Board						
6. Project Path Framework (PPF) - Project and Programme Management Framework to be replaced with Project Path Framework, with toolkits, training, and networks in place to support consistency of project delivery across the Trust			6. PowerPoint pack detailing Project Path Framework						
7. Regular engagement with key stakeholders			7. Stakeholder Engagement Framework						
8. Financial Sustainability Programme – savings and income work streams			8. FSP programme highlight reports						
9. Head of Transformation			9. Head of Transformation in Post						
10.Project and programme management (PPM) framework published			10. Project Path Framework (sharepoint.com) – on Siren						
			Independent Assurance (3 rd Line of Assurance) 2. Subject to Internal Audit						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. Lack of a commercial contractual relationship with Commissioners (link to risk 458)			1. Benefits have not been fully linked at programme level through to benefits realisation plan.						
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					
1. Develop Benefits Realisation plans in line with Quality and Performance Management framework		Assistant Director of Planning/Assistant Director, Commissioning & Performance	Extended from 30.09.22 – to 31.03.23. Further extend to 31.06.23 and then to 30.09.23 in line with milestone for delivery Extend to 31.12.23 as priorities have taken precedence but there is work ongoing in this space. Extend to 29.02.24 as other priorities have taken precedence but there is work ongoing in this space.	Reviewed action and extended checkpoint date further as approach being developed for next iteration of IMTP. Work ongoing. Workshop held in Q1 and Q2 to develop new Project Path Framework. Milestone for delivery in Q3 as part of Project Path Framework. Work continues with the Commissioning and Performance Team to align performance metrics with programme/IMTP deliverables. An evaluation methodology is being trialled with Swansea University to look at benefits realisation of small, agile projects and PDSA cycles. Work continues this but will be rolled out as part of the PPF. The PPF has a clear template for benefits realisation plans, and benefits maps will be developed in Q1 to enable programmes and directorates to develop their benefits realisation plans.					

Risk ID 424	Resource availability (revenue, capital, and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP)			Date of Review:		19/07/2024		TREND	8 (2x4)
				Date of Next Review:		19/09/2024			
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)		THEN there is a risk that there is insufficient capacity to deliver the IMTP		RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	2	4	8
						Target	1	4	4
			As above extend to end of Feb. Extend to 30.06.24 as further resources become available / return to enable this work to be done. 30.09.2024	Structured assessment recommendation to put this in place. Confirmation to the Board that we will have something aligning delivery to outcomes in the next Board reporting cycle.					
2. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458)		Director of Finance	Complete	Complete in that the recurrent funding risks in the IMTP have been covered e.g. 100 WTE frontline EMS staff. Any additionality requires separate business cases.					

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:		08/07/2024		TREND	8 (2x4)
				Date of Next Review:		08/10/2024		➡	
IF the Trust does: - 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)				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)	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	2	4	8
						Target	2	4	8
IMTP Deliverable Numbers: 9, 12, 15, 18, 24, 25, 30, 31, 32									
EXECUTIVE OWNER			Executive Director of Finance and Corporate Resources			ASSURANCE COMMITTEE		Finance and Performance Committee	
Risk Commentary: Q1 2024/25 The risk has now been further reviewed in conjunction with the level of financial risk detailed in the Trust’s financial monitoring returns submitted to WG year to date to Month 3 of the 2024/25 Financial Year . The score is consistent with that of Qtr. 4 2023/24 due to a presented opening balanced financial plan for 2024/25 and the Month 3 2024/25 financial performance and positive savings delivery . It must be noted though that clear monitoring of a potential financial risk around workforce re-banding of EMT staff and the ability to fund / receive income may impact on the delivery of the financial plan for 2024/25 . The current challenging financial climate for all public sector organisations may also impact on WAST financial performance especially as the financial year progresses.									
CONTROLS					ASSURANCES				
					Internal Management (1 st Line of Assurance)				
1.	Financial governance and reporting structures in place				1. Risk is reviewed quarterly at FPC, and a report is submitted bi-monthly to Trust Board				
2.	Financial policies and procedures in place								
3.	Budget management meetings				3. Diarised dates for budget management meetings				
4.	Regular financial reporting to ADLT, EFG, ELT, FPC and Trust Board in place				4. Diarised dates for EFG and FPC and monthly reports				
5.	Welsh government reporting								
6.	Monthly review of savings targets				6. ADLT monthly review				
7.	Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners.								
8.	Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.				8. Diarised dates for ICMB meetings with regular monthly report				
9.	PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications				9. Regular PSPP communications (Trust wide) on Siren				
10.	Forecasting of revenue and capital budgets				a) Monthly monitoring returns to ADLT, EFG, ELT and FPC (b) Reliance on available intelligence to inform future forecasting.				
11.	Business cases and benefits realisation (both revenue and capital)				11. Business cases – scrutiny and approval at senior management team which are submitted to ADLT, ELT, FPC prior to Trust Board for approval as appropriate according to value.				
					External Assurances Management (1 st Line of Assurance)				
					5. Monthly Monitoring Returns to Welsh Government				
					7. EASC management meetings. Monthly meetings with EASC and DAG for NEPTS.				
					8. Bi-monthly Capital CRL meetings with Trust and WG capital leads				
					9. Regular P2P meetings diarised (bi-monthly)				
					10. Monthly monitoring returns into Welsh Government				
					Independent Assurances (3 rd Line of Assurance)				
					1-10 Internal audit reviews covering				
					1-10 External audit reviews				
GAPS IN CONTROLS					GAPS IN ASSURANCE				
• Lack of formalised service contracts between Commissioner and WAST as a commissioned body					11. None identified.				

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation		Date of Review:		08/07/2024	TREND	8 (2x4)
			Date of Next Review:		08/10/2024	➡	
IF the Trust does: - 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)		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)	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	2	4	8
				Target	2	4	8
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone		Progress Notes:		
1. Continuing negotiations with Commissioners		Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance	31/03/24 31/03/25		In line with the recent WAST financial position and monthly monitoring letter sent to WG, WAST can resource the cost of the EMS staff itself. In addition, discussions continue with commissioners to ensure WAST continue to obtain funds in relation to 111 on a spend and recover basis.		
2. Embed a transformative savings plan and ensure organisational buy in		ADLT and Savings subgroup	31/03/24 31/03/25		The Financial Sustainability Program (FSP) continues to be a key vehicle for the Trust to fully identify its savings program. Over delivery was achieved for the 23/24 financial year and the point of strong delivery is further highlighted with the programs ability to fully identify the 24/25 £6.4m savings plan before the start of the financial year.		
3. Embed value-based healthcare working through the organisation		Executive Leadership Team and Value Based Healthcare Group	31/03/24 31/03/25		Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.		
4. Foundational economy, Decommissioning, and procurement to mitigate social and economic wellbeing of Wales		Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership	31/03/24 31/03/25		The organisation utilises the NWSSP Shared Services Procurement framework to ensure contracts tendered provide best value for money while ensuring criteria within the tender docs ask bidders to highlight their ability to serve the aims of FE, Decommissioning, Decarbonisation and social as well as the economic wellbeing of Wales. Ad hoc reports are received from Shared Services on WAST's progress in switching more expenditure to Welsh suppliers to keep the Welsh pound in Wales.		

Key - List of Strategic and IMTP objectives

Strategic Objective 1: Providing the right care or advice, in the right place, every time		BAF risks
1.	A modern, easily accessible, user-friendly and integrated digital offer	223, 224, 623, 260, 201,163, 424
2.	Rapid (111) call answering, initial triage and onward referral	223, 424
3.	Timely, high quality clinical assessment, advice and referral	223, 224, 424
4.	Seamless transfer of 111 callers to wide range of available pathways	223, 424
5.	Immediate 999 call answering, and efficient and effective dispatch of the right resource	223, 424
6.	High quality, timely, clinical triage, assessment and consultation, with personalised response	223, 424
7.	High quality, immediate or timely on scene assessment, care and conveyance where needed	223, 100, 424
8.	A range of 24/7 pathways available for further assessment or treatment, closer to home	223, 224, 424
9.	A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	100,139, 424
10.	A dedicated and timely transfer & discharge service supporting HBs with their transformation agendas	223, 424
11.	A clear vision for Ambulance care services that supports wider health and care transformation	100, 201, 424
12.	A high quality, safe (NEPTS) service with improved patient experience	100, 139, 424
Strategic Objective 2: Enabling our people to be the best they can be		
13.	Culture: - Enhance and strengthen internal capacity for delivering culture change - Develop amplify employee voice to increase employee engagement - Continue the implementation of our compassionate practices approach	160, 558, 623, 201, 163, 424
14.	Capacity: - Implement our Strategic Workforce Plan - Continue to embed a culture of positive attendance management - Continue our focus on 'getting the basics right.'	100, 160, 163, 223, 224, 424, 558, 594, 623
15.	Capability: - Grow and develop our leadership and management capability - Reinforce and promote career pathways and professional development. - Create an environment centred around effective, ongoing conversations ('Check Ins')	100, 139, 160, 223, 224, 260, 594, 424
16.	Strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish	201, 424
Strategic Objective 3: Being at the forefront of innovation and technology		
17.	The right buildings in the right place, enabling our staff to provide the best and safest care across Wales	542, 424
18.	The right fleet in the right place, enabling our staff to provide the best and safest care across Wales	139, 542, 623, 424
19.	Develop & agree Digital Plan - Everyday essentials - Security, Safety & Cyber - Digital Pioneers - Transformation - Data, Information & Insight	163, 260, 623, 424
Strategic Objective 4: Developing services in collaboration		
20.	Well-placed to influence system thinking / strategy development	100, 223, 424
21.	Meet the requirements of the Wellbeing of Future Generations Act	558, 424
22.	University Trust Status in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation	160, 163, 223, 224, 424
Strategic Objective 5: Being quality driven and clinically led		
23.	Systems that meet the requirements of the Duty of Quality and Duty of Candour	224, 424
24.	Excellent clinical leadership	100, 139,160, 223, 224, 260, 594, 424
25.	A culture of quality improvement with robust quality management systems	100, 139, 160, 201, 223, 224, 424
26.	High quality Putting Things Right, Safeguarding and Health & Safety systems	160, 224, 558, 424
27.	Meaningful engagement and co-production with communities	223, 224, 424
28.	A risk management framework as a key enabler of our long-term strategy and decision making	No corporate/principal risks
29.	An integrated governance framework	No corporate/principal risks
Strategic Objective 6: Delivering exceptional value		
30.	Sustainable savings & efficiencies	139, 163, 224, 424
31.	Generate income alongside our core commissioned functions	139, 224, 424,
32.	A Value-Based approach across the organisation which is embedded in culture	100, 139, 163, 424
33.	Developing and implementing our plans for Environmental Sustainability and Adaptation	542, 424

AGENDA ITEM No	11
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	5

Financial Performance as at Month 5 – 2024/25

MEETING	Trust Board
DATE	26 th September 2024
EXECUTIVE	Chris Turley (Executive Director of Finance & Corporate Resources)
AUTHORS	Edward Roberts (Interim Assistant Director of Finance)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY
This paper presents to the Board the financial performance of the Trust for the 2024/25 financial year, the reported position as at Month 5 (August 2024). It builds on a detailed presentation provided to the Finance & Performance Committee on 17th September 2024. The Board is asked to review, comment, note and receive assurance on the financial position and 2024/25 outlook and forecast of the Trust, noting the risks to in year delivery in doing so. RECOMMENDED that the Board: (1) Notes and gains assurance in relation to the Month 5 revenue financial position and performance of the Trust as at 31st August 2024; (2) Notes the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust; (3) Notes the capital programme for 2024/25, and (4) Notes the Month 4 & 5 Welsh Government monitoring return submission included within <i>Appendices 1 – 4</i> (as required by WG);

KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue surplus (£31k) for month 5 2024/25;
- In line with the balanced financial plan approved as part of the submitted 2024-27 IMTP, the Trust is currently forecasting to breakeven for the 2024/25 financial year;
- Capital expenditure plans are being progressed with plans to fully achieve in year;
- In line with the financial plans that support the IMTP, gross savings of £3.313m have been achieved in month 5 against a target of £2.828m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.8% for the number, and 98.4% of the value of non NHS invoices paid within 30 days.

REPORT APPROVAL ROUTE

- ELT – 11th September 2024 – verbal update on M05 position
- FP&C – 17th September 2024 – via presentation
- Trust Board – 26th September 2024 – for noting

REPORT APPENDICES

Appendices 1 – 4 – Monitoring returns submitted to Welsh Government for month 4 and 5 – as required by WG

Appendix 5 – Savings performance

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 UNIVERSITY NHS TRUST

TRUST BOARD

FINANCIAL PERFORMANCE AS AT MONTH 5 2024/25

INTRODUCTION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 31st August 2024 (Month 5 2024/25), along with an update on the 2024/25 capital programme. It builds on a detailed presentation and resulting discussion at the Finance & Performance Committee on 17th September 2024.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for month 5 2024/25** (1st April 2024 – 31st August 2024) are that:
 - The cumulative revenue financial position reported is a small **underspend against budget of £0.031m**, based on some key assumptions consistent with that within the IMTP financial plan and the Board approved budget for 2024/25. The underlying year-end forecast for 2024/25 is currently a balanced position;
 - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of **£3.313m** have been achieved against a target of **£2.828m**. The future phasing of residual savings

requirements as we progress through the financial year will be key to the continuing delivery of a balanced position and forecast. Now included within this paper is a more detailed analysis of savings including the recurring / non-recurring nature of their delivery;

- Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.8% for the number, and 98.4% of the value** of non-NHS invoices paid within 30 days.
3. Whilst continuing to be broadly balanced at this stage of the financial year, which is clearly encouraging, it is key to also note the following assumptions that were made at the outset of the financial year within the balanced financial plan and budget set, in reporting this current and forecast position:
- The in year recovery of all of the income assumptions in the financial plan including growth predictions and that the recent changes in commissioning have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS services;
 - The ability to deliver a minimum of c£6.421m in savings and efficiencies in year. This equates to c2.2% of the Trusts discretionary income;
 - No other developments, enhancements or cost increases not currently funded within budgets will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. At the time these included:
 - I. Any costs relating to the banding change for EMT / technician level posts – although see below now for the latest position and resulting risk in relation to this, which as Board members will be aware is now having to be progressed, irrespective of any additional funding;
 - II. Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, and
 - III. Any and all costs associated with the recently submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants.
 - Despite an element of additional funding provided, some cost elements are still hard to predict through the 2024/25 financial year (and beyond) and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2024/25 to manage any such variations;

- The ability to manage in year cost pressures as they arrive, within the small contingency the Trust continues to hold, as per the IMTP / 2024/25 financial plan.
4. As such, and as Board members will be aware, the Trust did escalate one financial risk in its reporting to Welsh Government in month 2 – that in relation to EMT / technician level posts re-banding. Following further detailed work in month and the net impact of the Trust holding circa 100 WTE vacancies resulting in the reduction in potential backpay for these elements, along with mitigation associated with the roll out of the training wrap around, this risk has been reduced to £1.5m - £2m in month. This is explored in more detail in the risks section below.
 5. As we know, no plan, forecast or reported delivery at this stage of the financial year is risk free. The risks included in the Welsh Government Monitoring Return at Month 5 are set in line with the submitted IMTP and summarised later in this report. As we go through the next few months these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place, if required.

REVENUE FINANCIAL PERFORMANCE – MONTH 05 2024/25

6. The table below presents an overview of the financial position for the period 1st April 2024 to 31st August 2024.

Revenue Financial Position for the period 1st April - 31st August				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-297,523	-120,085	-120,041	44
Expenditure				
Pay	213,268	85,970	85,587	-383
Non-pay	63,411	25,433	26,015	582
Total pay & non-pay expenditure	276,679	111,403	111,602	199
Depreciation & Impairments / interest payable & receivable	20,844	8,682	8,408	-274
Total	0	0	-31	-31

Income

7. Reported Income against the initial budget set to Month 5 shows an underachievement of **£0.044m**.

Pay Costs

8. Overall, the total pay variance at Month 5 is an underspend of **£0.383m**.

Non-pay Costs

9. The overall non-pay position at Month 5 is an overspend of **£0.308m**.

Savings

10. As above, the 2024/25 financial plan identifies that a minimum of **£6.421m** of planned savings (including Income generation) are required to achieve financial balance in 2024/25, this equates to c2.2% of the Trusts discretionary income. Of this, **£3.646m** is recurrent and **£2.775m** is currently deemed non recurrent.
11. Month 5 in month performance was plan of £0.557m and £0.703m achieved, therefore an over achievement of £0.146m (£0.111m recurrent and £0.035m non recurrent). Cumulative performance was plan of £2.828m and £3.313m achieved, therefore an over achievement of £0.485m (£0.345m recurrent and £0.141m non recurrent), as per the below table.

Welsh Ambulance Services University NHS Trust										
Savings Performance as at Month 5 24-25										
	Annual Plan	In Month			Cumulative			Forecast		
	£000	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Recurrent Schemes / Themes	3,646	351	462	111	1,746	2,091	345	3,646	4,000	354
Non Recurrent Schemes / Themes	2,775	206	241	35	1,082	1,223	141	2,775	2,421	-354
Overall Total	6,421	557	703	146	2,828	3,313	485	6,421	6,421	0

12. Hence, 44% of the plan has been phased in for Month 5 which is slightly higher than flatline and 51.6% of the 2024/25 overall plan value of £6.421m has been achieved.
13. Forecast year end position remains currently at breakeven at £6.421m for M05 as we are expecting a reduction in achievement from M07 including in relation to the potential un-achievement of the MS office VAT rebate.
14. **Appendix 5** provides the overall detail for Month 5 by theme. This is now further split over recurring and non-recurring schemes.
15. Main variances by scheme as at Month 5 are as follows.
- Interest receivable overachieved in M05 by £0.055m, YTD now overachieved by £0.273m. FYF is an over achievement of £0.432m based on cashflow projections.
 - Over achievement on corporate vacancies in M05 was £0.011m, YTD overachieved by £0.138m. FYF is assumed a slight overachievement of £0.029k due to the assumption that posts will be recruited into.
 - Fuel forecourt prices continue to be lower than budgeted and hence has overachieved target by £0.054m for M05, YTD overachieved by £0.171m. FYF is

assumed broadly at YTD position with the assumption of fuel price rises which currently are not materialising so will reviewed on an ongoing monthly basis.

- For the planned apprenticeship programmes, higher than anticipated income was received again in M05 (as happened in M04) which showed an overachievement of £0.024k, YTD deficit has also reduced but is only now marginally under achieving by £0.003m. FYF is assuming an under achievement of £0.083m as planned income each month is dependent on new contract arrangements and are not yet finalised to determine any income streams.
- Workforce efficiencies in M05 was an over recovery £0.008m with YTD and YEF reported as breakeven.
- Non pay local schemes in Corporate and Operations combined broke even in M05 so YTD still an underachievement of £0.067m with a FYF of £0.169m.
- Fleet repair position continues to be challenging with current limited capital investment in vehicles so for M05, YTD and YEF this is showing no achievement of its savings target for the year.

Financial Performance by Directorate

16. Whilst there is a small surplus reported at Month 5 there are some small variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. These are fairly minor in nature, and will be continued to be closely monitored throughout the remainder of the financial year.

Financial position by Directorate @ 31st August	Annual Budget £000	Year to date			
		Budget £000	Actual £000	Variance £000	Tolerance 5% %
Directorate					
Operations Directorate	199,920	82,178	81,941	-236	-0.3%
Chief Executive Directorate	1,772	765	809	44	5.7%
Board Secretary	514	220	221	2	0.7%
Partnerships & Engagement Directorate	495	207	198	-9	-4.1%
Finance and Corporate Resources Directorate	35,396	14,950	15,194	244	1.6%
Planning and Performance Directorate	2,832	1,107	1,144	37	3.3%
Quality, Safety and Patient Experience Directorate	6,055	2,427	2,446	19	0.8%
Digital Directorate	14,963	5,332	5,230	-101	-1.9%
People and Culture	5,093	2,095	2,042	-53	-2.5%
Medical & Clinical Services Directorate	3,545	1,407	1,382	-25	-1.8%
Trust Reserves	6,319	115	166	51	44.5%
Trust Income (mainly JCC)	-276,905	-110,802	-110,805	-3	0.0%
Overall Trust Position	0	0	-31	-31	

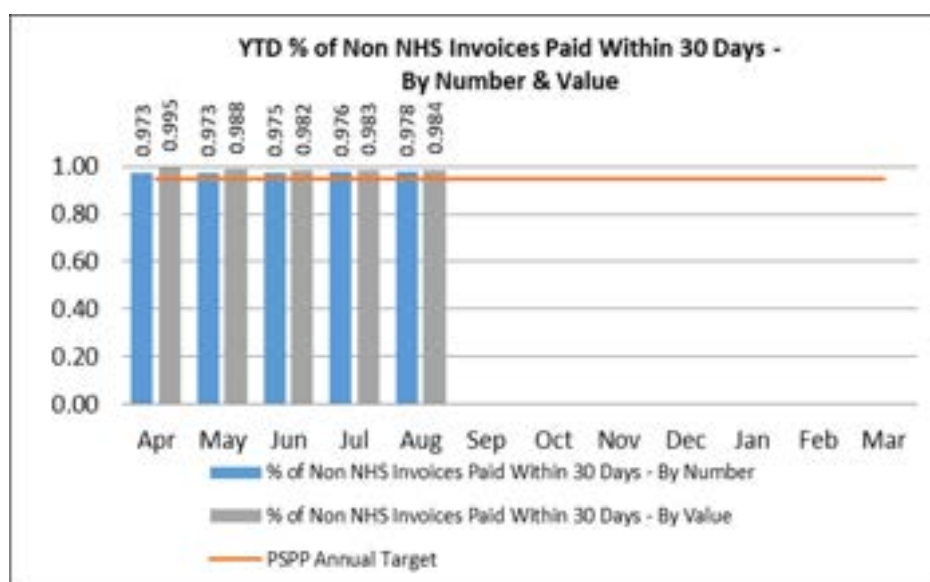
17. A brief commentary on significant key variances above is as follows:-

- Most directorates broadly in line with budget plan for Month 5;
- Operations (EMS Response) - Continue to develop modelling around the year end pay position considering workforce planning figures and overtime requirements. Elements of budgets for future cost pressures held in future months;

- Finance & Corporate Services includes pressures on fleet maintenance budget linked to lengthened age of fleet;
- Reserves – Includes budget for IMTP developments which are reviewed as part of forecast exercise to identify any potential slippages. YTD variance is due to technical VAT adjustments on agency staff.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

18. Public Sector Payment Policy (PSPP) compliance to Month 5 was **97.8%** against the **95%** WG target set for non-NHS invoices by number and **98.4%** by value.



2024/25 CAPITAL PROGRAMME

19. At Month 5, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2024/25 is **£20.977m**. This includes **£15.522m** of All Wales Approved schemes and **£5.455m** for Discretionary schemes.

20. The breakdown of the current confirmed All Wales Capital funding is shown below:

All Wales Capital Programme:	
Schemes:	
ESMCP - Control Room Solutions	157
Efab - Infrastructure	303
Efab - Fire	333
Efab - Decarbonisation	596
MDVS	(50)
2024-25 Ambulance Vehicle Replacement Programme	12,828
Maintenance Backlog 2024-25	635
Special Operational Response Teams (SORT) Enhancement Equipment	720
Sub Total	15,522

21. The approved discretionary programme for the 2024/25 financial year is as follows:

	2024-25 Planned Expenditure
	£'000
Discretionary Capital 2024-25	
Fleet Projects - 8810	
Fleet Safety Costs - repairs to vehicles	125
Asset De-recognition - engine replacement	125
Fleet Projects - 8810 TOTAL	250
ICT Projects - 8830	
2023-24 Projects	
Clinical equipment asset management system	110
iPad replacement	400
General replacement and new hardware	300
ICT Projects - 8830 TOTAL	810
Estates Projects - 8840	
2024-25 Projects	
Decarbonisation works	300
Estates Fees	150
Bangor Workshop replacement	500
Thanet House relocation to Matrix House	400
Estates topslice	300
2023-24 Projects	
North Wales CCC	500
Llangunnor CCC	500
2022-23 Projects	
Dolgellau	900
Monmouth	500
Estates Projects - 8840 TOTAL	4,050
Project Support Costs - salary paid from capital	180
Unallocated Discretionary Capital (incl NBV proceeds)	165
Discretionary Capital TOTAL	5,455

22. At the end of month 5 the Trust had £0.165, unallocated however one business case has since been approved to allocated £0.032m for Airwave upgrades at the Trust's logistics hub, reducing the unallocated budget to £0.133m.

23. Most discretionary schemes are in their design, tendering and planning stages with expenditure expected in the coming months, and all schemes progressing well, with the exception of Thanet House relocation due to issues outside the Trusts control, however plans are being worked up with the hope to accelerate the programme at Llangunnor, thus reducing the planned expenditure on this scheme in 2025/26.
24. As is the case in most of the past financial years the spend to date against both the All Wales Capital Schemes and the discretionary is low in relation to the overall budget, however the expectation remains, as per previous years, that the capital plan will be fully spent by the end of the financial year, subject to any adjustments to the Trust's CEL.
25. Total AWCP spend to month 5 is **£0.956m** this is in part in relation to 2023/24 Fleet costs which were brokered internally at the end of 2023/24, and the purchase of the equipment for the EA vehicles. the Trust is expecting the expenditure to increase in month 6 when the invoices for the EA chassis' are accrued.
26. The total expenditure against the discretionary allocation is only **£0.088m** at month 5, as mentioned above this is due to the bulk of the budget being against Estates schemes which are still in their design and planning stage, as these schemes progress through the coming months this expenditure will start to be incurred in line with the cash profiles for each of these schemes.

RISKS AND ASSUMPTIONS

27. Risks continue to be reviewed on a monthly basis and in reporting through to WG it is considered that there are currently no individual high likelihood risks but as we move through the next few months we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Alongside ensuring that Trust Board and the Finance & Performance Committee remain fully appraised of such risks and any mitigating actions.
28. However, there are a number of risks that need to be documented within this reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP, as always the Trust will actively monitor these risks and adjust throughout the financial year when they can.
29. Given the increased requirement again in our savings target that has been required this financial year, to cover increasing cost pressures the Trust has included a risk around the identified savings and as we move through the financial year the aim will be to reduce these risks down once savings are achieved, given the good progress to date this risk has been reduced again this month by £0.100m in month.

30. Included in the reported risks is a risk in relation to the current financial climate, this relates to the risk associated with energy and, in particular, vehicle fuel prices, whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk has been included for these, following an assessment this has however been able to be reduced by a further £0.050m in month.
31. Given the pressures the Trust feels every winter, the Trust had included a figure of £1.000m to cover any unfunded winter pressures, however following discussions with the commissioner this risk had been reduced to zero in month 4, however this will remain under review and subject to changes as we progress through the financial year.
32. A low-level risk is included re PIBS (Permanent Injury Benefit Scheme) £1m. Matched funding for this highly volatile area is provided by WG on an annual basis, however until fully confirmed is included as a (very) low risk.
33. As described above, a medium-level risk has now been included for **£2.000m** in relation to costs associated with revised EMT / Technician level posts.
34. The latest position in relation to this risk is now as follows:
- The business case for funding support for the previously estimated cost impacts of this unavoidable increase in EMS Technician bandings across the Trust was submitted to commissioners, via the NHS Wales JCC, on 30th August 2024 This was due to be discussed at the JCC meeting, on 17th September 2024;
 - The business case continues to include the previously estimated worst case costing scenarios for the financial impact of this issue, being c£4m in 2024/25 rising to potentially just under £9m recurring in a few years time;
 - Given the previously indicated mitigating actions we have already taken to seek to minimise the additional cost impact of this for at least the 2024/25 financial year, the costs for this year have now been further reviewed and revised, resulting in an updating of the quantified financial risk for this financial year to that as now included in the Trusts monitoring return this month, being now estimated between £1.5m - £2m in year. The reasons for this in year reduction include the following:
 - A reduction to the actual cost we will incur for the initial implementation of this banding increase, predominantly due to the action taken to date to hold vacancies, where it has been at all possible to do so, for this grade of staff. Whilst this may not have had much of an impact on an ongoing financial basis, with the gaps these vacancies have created having needed to have been filled through overtime and variable pay, either by other staff in this category or others, it does mean that the current,

residual number of staff who will initially attract the pay rise associated with the banding increase, including the back pay to 30th November 2023, are less, by up to 100 WTEs, compared to the full establishment on which the business case costings were made. This is however clearly not a sustainable position with these vacancies needing to now be filled as soon as we can, many ahead of this winter, meaning that the currently estimated eventual recurring cost impact of the business case is still likely to be as that currently estimated and included within the case;

- Some of the costs for the first few financial years of the case also include the education wrap around agreed to be provided as part of the benefits realisation within the business case. Again, in an attempt to seek to minimise the cost impacts this financial year choices can be made over the timing, level and pace at which this is introduced and delivered. However, any reduction in this in year will see this either costing more next year or the year after, or this cost being prolonged over a longer period, with the total cost of delivering this to the cohort of staff who require it remaining consistent with that within the case;
- On top of the above, as also previously indicated, we have continued to seek any and all other opportunities to mitigate or offset the additional costs of this issue in year, including seeking where we can any further advancement or delivery of savings, utilising any element of the small contingency we hold or through redirecting any budgets available through spend slippage / underspends elsewhere in the Trust in the short term. None of these actions are of course, by definition, recurring in nature, and may impact on the ability to mitigate and manage other risks we have as we go through the rest of this financial year.

This has all therefore resulted in the reduction to the risk as now estimated this month. Work will continue to explore any and all further opportunities that may arise to further reduce this in year and further updates on the likelihood of this, and any resulting impact the actioning of this has on our year to date and forecast revenue financial positions for 2024/25, as we start to implement this now over the next few months, will be provided in due course. What remains very clear is that the recurring cost increases for 2025/26 and beyond, as outlined within the submitted business case, will need to be fully considered for funding approval as part of 2025/26 financial and IMTP planning.

35. Also included are two remaining risks, aligned to some of the income and funding assumptions previously highlighted, and which relate to the following:

- I. Costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and if these recommendations are to be taken forward additional funding would

be required in order to deliver on them. An output relating to twenty recommendations has concluded our internal governance processes, and has also now been submitted into commissioners and WG (as is a requirement of the recommendations). This was also due to be discussed at the JCC meeting on 17th September;

- II. Cost associated with the previously submitted business case for the Connected Support Cymru project, which will only be progressed should the business case be supported and additional funding made available

36. As noted above, whilst there are therefore no current individually assessed high financial risks, when this is then considered alongside continuing significant service pressures and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed withing the IMTP, this will need to remain a key focus for the Trust, despite the funding uplift that has been made available for 2024/25 and the reported good financial performance in M05.

37. Alongside this, the risk of non-delivery of statutory financial duties will also continue to be reviewed as part of the overall management of risks on the Trust's Corporate Risk Register.

RECOMMENDED that the Board:

- (5) **Notes** and gains **assurance** in relation to the Month 5 revenue financial position and performance of the Trust as at 31st August 2024;
- (6) **Notes** the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust;
- (7) **Notes** the capital programme for 2024/25, and
- (8) **Notes** the Month 4 & 5 Welsh Government monitoring return submission included within **Appendices 1 – 4** (as required by WG);

Appendix 1

Attached

Appendix 2

Circulated by e mail

Appendix 3

Attached

Appendix 4

Circulated by e mail

Appendix 5

Welsh Ambulance Services NHS Trust

Savings Performance by Theme 24-25

Reporting Month

5

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprenticeships	200	17	41	24	83	87	3	200	117	-83
Fleet Repair	80	7	0	-7	33	0	-33	80	0	-80
Fuel Efficiencies	249	20	74	54	105	276	171	249	420	171
HEIW CPD Provision	140	12	12	0	58	58	0	140	140	0
Interest Receivable	300	25	80	55	125	398	273	300	732	432
MS Office VAT Rebate	300	0	0	0	0	0	0	300	0	-300
Non-pay Local Schemes - Corporate	600	38	42	3	192	142	-50	600	449	-151
Non-pay Local Schemes - Operations	515	44	41	-3	220	203	-17	515	498	-17
Vacancy Management Corporate Teams	2,275	188	200	11	998	1,136	138	2,275	2,304	29
Workforce Efficiencies & Transformation	1,062	147	139	-8	719	711	-8	1,062	1,054	-8
Workforce Efficiencies & Transformation Variable	700	59	75	16	293	301	8	700	708	8
Totals	6,421	557	703	146	2,828	3,313	485	6,421	6,421	0

Savings Performance by Theme 24-25 - Recurrent

Reporting Month

5

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprenticeships	0	0	0	0	0	0	0	0	0	0
Fleet Repair	80	7	0	-7	33	0	-33	80	0	-80
Fuel Efficiencies	249	20	74	54	105	276	171	249	420	171
HEIW CPD Provision	140	12	12	0	58	58	0	140	140	0
Interest Receivable	300	25	80	55	125	398	273	300	732	432
MS Office VAT Rebate	0	0	0	0	0	0	0	0	0	0
Non-pay Local Schemes - Corporate	600	38	42	3	192	142	-50	600	449	-151
Non-pay Local Schemes - Operations	515	44	41	-3	220	203	-17	515	498	-17
Vacancy Management Corporate Teams	0	0	0	0	0	0	0	0	0	0
Workforce Efficiencies & Transformation	1,062	147	139	-8	719	711	-8	1,062	1,054	-8
Workforce Efficiencies & Transformation Variable	700	59	75	16	293	301	8	700	708	8
Totals	3,646	351	462	111	1,746	2,091	344	3,646	4,000	354

Savings Performance by Theme 24-25 - Non Recurrent

Reporting Month

5

	Annual Plan £000	In Month			Cumulative			Forecast		
		Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprenticeships	200	17	41	24	83	87	3	200	117	-83
Fleet Repair	0	0	0	0	0	0	0	0	0	0
Fuel Efficiencies	0	0	0	0	0	0	0	0	0	0
HEIW CPD Provision	0	0	0	0	0	0	0	0	0	0
Interest Receivable	0	0	0	0	0	0	0	0	0	0
MS Office VAT Rebate	300	0	0	0	0	0	0	300	0	-300
Non-pay Local Schemes - Corporate	0	0	0	0	0	0	0	0	0	0
Non-pay Local Schemes - Operations	0	0	0	0	0	0	0	0	0	0
Vacancy Management Corporate Teams	2,275	188	200	11	998	1,136	138	2,275	2,304	29
Workforce Efficiencies & Transformation	0	0	0	0	0	0	0	0	0	0
Workforce Efficiencies & Transformation Variable	0	0	0	0	0	0	0	0	0	0
Totals	2,775	206	241	35	1,081	1,223	141	2,775	2,421	-354

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

13th August 2024

Your ref:

Dear Claire,

Re: JULY 2024 (MONTH 04 2024/25) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services University NHS Trust for July 2024.

All automatic validation rules incorporated in the reporting template have been successfully passed, and the Trust can confirm that the revised template has been used.

In line with our submitted IMTP, our opening budgets and financial plan for the year reflected the level of assumed funding, expenditure plans and savings requirement included and submitted and supported by our Commissioners and approved by the Trust Board in March 2024.

The Trust's performance against financial targets for Month 04 2024/25 is as follows: -

1. Actual Year to Date 2024/25 (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 at the outset of 2024/25 being that the 2023/24 funding is, where applicable, fully recurrent, and the 2024/25 funding will include: -

- The nationally made available 3.67% uplift for core cost growth, which excludes any funding to meet the 2024/25 pay award costs, (which will be subject to a future additional funding allocation);
- Impact of previously agreed developments/other adjustments including income support, in line with support by Commissioners in previous and current IMTPs, along with funding for other nationally delivered projects.

Included within the income assumptions is the full pass through of 2023/24 pay funding including the VSM uplift, which was provided in the latter months of 2023/24.

The resulting reported performance at Month 4 as per Table B, is a small underspend against budget / surplus of **£0.029m**

The reported total pay variance against plan as at Month 4 is an underspend of £0.293m, set against the budgets.

The non-pay position at Month 4 is a reported overspend of £0.324m.

Income at Month 3 shows an overachievement of £0.060m.

2. Movement (Table A)

The Movement table has been completed in accordance with the new guidance, incorporating the submitted Annual Plan (AOP) data.

Following the completion of the month 4 return the FYE of recurring savings are now £2.280m thusly only a £0.003m movement from month 2 (or £0.046m compared with Month 3) given the make up of the £6.421m saving schemes which span multiple directorates and departments it is likely this figure will continue to fluctuate to some degree on a monthly basis. However, given the Trust's past record of delivering both its savings targets and, more importantly, its revenue financial performance, this should provide reasonable reassurance at this stage of the financial year, subject to the assumptions made and the risks needing to be mitigated within our current and forecast financial positions. **(Action Point 3.1)**

3. Underlying Position (Table A1)

This table has been revised following the comments in the month 1 reply letter and the impact of the non-recurrent savings are now shown in column G.

4. Risk (Table A2)

The risks reported in Table A2 continue to be fully assessed, however at present it is considered that there are no individually high likelihood risks, but as we move through the next few months we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Depending on the outcome of some of the issues highlighted elsewhere in this return, we may be moving towards higher risks having to be reported in due course, alongside ensuring that the Trust Board and the Finance & Performance Committee remain fully appraised of such risks and any mitigating actions.

However, there are a number of risks that need to be documented within this reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP, as always the Trust will actively monitor these risks and adjust throughout the financial year when they can.

Given the increased requirement again in our saving target that has been required this financial year, to cover increasing cost pressures the Trust has included a risk around the identified savings and as we move through the financial year the aim will be to reduce these risks down once savings are achieved, given the good progress to date this risk has been reduced by £0.500m in month.

Included in the table is a risk in relation to the current financial climate, this relates to the risk associated with energy and, in particular, vehicle fuel prices, whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk has been included for these, following an assessment this has been reduced by £0.200m in month.

Given the pressures the Trust feels every winter, the Trust had included a figure of £1.000m to cover any unfunded winter pressures, however following discussions with the commissioner this risk has been reduced to zero in month, however this will remain under review and subject to changes as we progress through the financial year.

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

EMT (Emergency Medical Technician) Risk

In relation to this risk, which was first able to be quantified and described in detail (which I won't repeat again here therefore) in previous months, this risk clearly remains. We acknowledge your initial response to this and I understand that further brief discussions on this were also held at the recent touchpoint meeting with NHSE

colleagues. The consultative ballot being progressed by TUs on the likely resolution of this, noting that this is actually likely to be the best outcome from a financial perspective, has now just closed and results indicate overwhelming positive support.

Noting that our commissioner supported IMTP and balanced financial plan for 2024/25 was clear on its assumptions in relation to this issue, the business case needed to further and formally request funding support for both current and future years is now due to be submitted the week commencing 19th August, following further planned discussions with commissioners between now and then. Further discussions with WG colleagues have as well taken place, noting that, as was the case with the previous Band 6 paramedic business case, this is due to be submitted to WG alongside JCC colleagues, for funding consideration.

Alongside all this, the Trust continues to explore any options to mitigate the cost impact of this, in particular in relation to the 2024/25 financial year.

Also included within the risk table are 2 remaining unquantified risks at this stage, these are still being worked through internally, and relate to the following:

- Costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and if these recommendations are to be taken forward additional funding would be required in order to deliver on them. An output relating to twenty recommendations has concluded our internal governance processes, and is to be submitted into commissioners and WG (as is a requirement of the recommendations) in due course;
- Cost associated with the previously submitted business case for the Connected Support Cymru project, which will only be progressed should the business case be supported and additional funding made available.

As noted within the returns, these are also highlighted at this stage as being low risk, and from a purely financial perspective they are, as costs have not been committed for these and are arguably not unavoidable – should these not be funded, costs for each of these cannot be incurred. However, the wider impact of such decisions may be argued as being of a higher than low risk, non-financially.

As noted above, whilst there are therefore no current individually assessed high financial risks at present, however when this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed within the IMTP, this will likely be another challenging financial year, despite the initially reported good financial performance in M04, based on the assumptions made in reporting this.

Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties is included, alongside a more detailed review of this risk on the Trust's Corporate Risk.

5. Monthly Profiles (Table B)

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

The Provider services – Non Pay adjustment in month 3 related to a reprofiling of expenditure between month 3 and month 4, as can be seen from month 4 there is a small variance however this is offset in future months across both pay and non-pay lines. **(Action Point 3.2)**

6. Pay and Agency/Locum (premium) Expenditure (Table B2)

Agency costs for Month 4 totalled £0.066m. The current percentage of agency costs against the total pay figure remains very small, at 0.4%. This is to cover a small number of vacancies, in areas across the Trust which the Trust is having difficulties recruiting into, however it is hoped that some of these agency staff will be replaced by permanent staff in the near future.

7. COVID-19 (Table B3)

Table B3 has been completed (nil return) however as in the latter months of 23-24 it assumes no costs or funding requirements going forward.

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

For Month 4 the Trust is reporting planned savings (including Income generation) of £2.271m and actual savings of £2.610m.

As can be seen from Table C3, the Trust overachieved its saving target in month 4 but it still forecasting to achieve the total savings target for the year.

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

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

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

At Month 4 there were 11 invoices over 11 weeks, and 2 credit notes, however none of these invoices have queries registered against them, and work is ongoing to ensure payment is made.

Table F has been reviewed and we can confirm that the opening balances shown in column C agree to the closing balances within the Trust's final audited accounts for 2023/24. No changes have therefore been required in respect of the opening balances disclosed. **(Action Point 3.3)**

The balance sheet has been reviewed and revised, as a result of this a revised position is now shown in connection with receivables. However payables does show a reduction of some £14m. This is largely a result of the current technical necessity to reduce forecast cash balances down to the low level of £0.326m. If you are able to confirm that the historic cash target is to be relinquished for further year end accounts/reporting then we will be happy to review this position again and reflect a more realistic cash position for future months. **(Action Point 3.4)**

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	16	13	13	9	14	14	14	14	14	14	14	15	164
Other Non NHS Income	242	144	278	253	325	325	300	325	325	302	325	325	3,469
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Vat Refund	754	0	112	200	977	350	400	350	350	400	350	427	4,670
Risk Pool Refund	0	0	975	0	0	0	0	0	0	0	0	0	975
Total	1,012	157	1,378	462	1,316	689	714	689	689	716	689	767	9,278

12. Public Sector Payment Compliance (Table H)

As per the guidance this has been completed for quarter 1, and will be updated again in quarter 2.

13. Capital (Tables I, J and K)

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

Given it is only Month 4, works are ongoing with Programme managers to establish updated cash flows that reflect the profiles of approved projects now for this financial year, however at present schemes are progressing well, and more detailed updates will be provided as the financial year progresses.

14. IFRS 16 (Table Q)

As stated in Action Point 2.3 and agreed with WG colleagues, the depreciation forecast and subsequent ledger adjustments were still in the process of being adjusted at the time of the month 3 submission, however due to the timing of the submission associated with the IFRS 16 return the figures included in the return were included within Table Q, this has been adjusted for the month 4 return, this affected both the DEL and AME figures. **(Action Point 3.5 & 3.6)**

15. 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 4 Financial Monitoring Return will be presented to the Finance and Performance Committee on the 17th September 2024.

Governance arrangements for formal sign off of the monitoring return narrative in the absence of the Director of Finance or Chief Executive will be delegated to their Deputies but in exceptional circumstances could be signed by a Senior Finance Manager and an Executive Director. Signatures on this return contain Chris Turley, Executive Director of Finance & Corporate Resources and Lee Brooks, Executive Director of Operations.

16. Other Issues

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

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

Yours sincerely



Chris Turley
Executive Director of Finance & Corporate Resources



Lee Brooks
Executive Director of Operations

Enc cc:
Mr C Dennis, Chairman
Non-Executive Directors Executive Directors

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

12th September 2024

Your ref:

Dear Claire,

Re: AUGUST 2024 (MONTH 05 2024/25) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services University NHS Trust for August 2024.

All automatic validation rules incorporated in the reporting template have been successfully passed, and the Trust can confirm that the revised template has been used.

In line with our submitted IMTP, our opening budgets and financial plan for the year reflected the level of assumed funding, expenditure plans and savings requirement included and submitted and supported by our Commissioners and approved by the Trust Board in March 2024.

The Trust's performance against financial targets for Month 05 2024/25 is as follows: -

1. Actual Year to Date 2024/25 (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 at the outset of 2024/25 being that the 2023/24 funding is, where applicable, fully recurrent, and the 2024/25 funding will include: -

- The nationally made available 3.67% uplift for core cost growth, which excludes any funding to meet the 2024/25 pay award costs, (which will be subject to a future additional funding allocation);
- Impact of previously agreed developments/other adjustments including income support, in line with support by Commissioners in previous and current IMTPs, along with funding for other nationally delivered projects.

Included within the income assumptions is the full pass through of 2023/24 pay funding including the VSM uplift, which was provided in the latter months of 2023/24.

The resulting reported performance at Month 5 as per Table B, is a small underspend against budget / surplus of **£0.031m**

The reported total pay variance against plan as at Month 5 is an underspend of £0.383m, set against the budgets.

The non-pay position at Month 5 is a reported overspend of £0.308m.

Income at Month 5 shows an underachievement of £0.044m.

2. Movement (Table A)

The Movement table has been completed in accordance with the new guidance, incorporating the submitted Annual Plan (AOP) data.

In relation to the Month 4 response regarding the recategorisation from income generation to Month 1 planned savings, having reviewed month 3 and month 4 movement table and savings tables we are unable to ascertain where the reclassification you are referring to has been identified. If this could be further expressed please we will look to further respond in Month 6 (**Action Point 4.1**)

3. Underlying Position (Table A1)

This table has been revised following the comments in the month 1 reply letter and the impact of the non-recurrent savings are now shown in column G.

4. Risk (Table A2)

The risks reported in Table A2 continue to be fully assessed, however at present it is considered that there are no individually high likelihood risks, but as we move through the next few months we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Depending on the outcome of some of the issues highlighted elsewhere in this return, we may be moving towards higher risks having to be reported in due course, alongside ensuring that the Trust Board and the Finance & Performance Committee remain fully appraised of such risks and any mitigating actions.

However, there are a number of risks that need to be documented within this reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP, as always the Trust will actively monitor these risks and adjust throughout the financial year when they can.

Given the increased requirement again in our saving target that has been required this financial year, to cover increasing cost pressures the Trust has included a risk around the identified savings and as we move through the financial year the aim will be to reduce these risks down once savings are achieved, given the good progress to date this risk has been reduced again this month by £0.100m in month.

Included in the table is a risk in relation to the current financial climate, this relates to the risk associated with energy and, in particular, vehicle fuel prices, whilst we have seen a decrease in these recently, they still remain volatile therefore a low risk has been included for these, following an assessment this has been reduced by a further £0.050m in month.

Given the pressures the Trust feels every winter, the Trust had included a figure of £1.000m to cover any unfunded winter pressures, however following discussions with the commissioner this risk had been reduced to zero in month 4, however this will remain under review and subject to changes as we progress through the financial year.

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

EMT (Emergency Medical Technician) Risk

The latest position in relation to this risk is now as follows:

- The business for funding support for the previously estimated cost impacts of this unavoidable increase in EMS Technician bandings across the Trust was submitted to commissioners, via the NHS Wales JCC, on

30th August 2024. It is my understanding that this will then be further discussed at the next JCC meeting, on 17th September 2024.

- The business case continues to include the previously estimated worst case costing scenarios for the financial impact of this issue, being c£4m in 2024/25 rising to potentially just under £9m recurringly in a few years time.
- As previously noted, the indicative ballot on the preferred option within this business case, which is also the most financially beneficial option, was overwhelmingly supported by all of our Trade Unions, with the process for implementing this now progressing.
- Given some of the above, and the previously indicated mitigating actions we have already taken to seek to minimise the additional cost impact of this for at least the 2024/25 financial year, the costs for this financial year have now been further reviewed and revised, resulting in an updating of the quantified financial risk for this financial year to that as now included in table A2 this month, being now estimated between £1.5m - £2m in year. The reasons for this in year reduction include the following:
 - A reduction to the actual cost we will incur for the initial implementation of this banding increase, predominantly due to the action taken to date to hold vacancies, where it has been at all possible to do so, for this grade of staff. Whilst this may not have had much of an impact on an ongoing financial basis, with the gaps these vacancies have created having needed to have been filled through overtime and variable pay, either by other staff in this category or others, it does mean that the current, residual number of staff who will initially attract the pay rise associated with the banding increase, including the back pay to 30th November 2023, are less, by up to 100 WTEs, compared to the full establishment on which the business case costings were made. This is however clearly not a sustainable position with these vacancies needing to now be filled as soon as we can, many ahead of this winter, meaning that the currently estimated eventual recurring cost impact of the business case is still likely to be as that currently estimated and included within the case.
 - Some of the costs for the first few financial years of the case also include the education wrap around agreed to be provided as part of the benefits realisation within the business case. Again, in an attempt to seek to minimise the cost impacts this financial year choices can be made over the timing, level and pace at which this is introduced and delivered.. However any reduction in this in year will see this either costing more next year or the year after, or this cost being prolonged over a longer period, with the total cost of delivering this to the cohort of staff who require it remaining consistent with that within the case.
 - On top of the above, as also previously indicated, we have continued to seek any and all other opportunities to mitigate or offset the additional costs of this issue in year, including seeking where we can any further advancement or delivery of savings, utilising any element of the small contingency we hold or through redirecting any budgets available through spend slippage / underspends elsewhere in the Trust in the short term. None of these actions are of course, by definition, recurring in nature, and may impact on the ability to mitigate and manage other risks we have as we go through the rest of this financial year.

This has therefore resulted in the reduction to the risk as now estimated this month. Work will continue to explore any and all further opportunities that may arise to further reduce this in year and further updates on the likelihood of this, and any resulting impact the actioning of this has on our year to date and forecast revenue financial positions for 2024/25, as we start to implement this now over the next few months, will be provided in due course. What remains very clear is that the recurring cost increases for 2025/26 and beyond, as outlined within the submitted business case, will need to be fully considered for funding approval as part of 2025/26 financial and IMTP planning.

Also included within the risk table are 2 remaining unquantified risks at this stage, these are still being worked through internally, and relate to the following:

- Costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and if these recommendations are to be taken forward additional funding would be required in order to deliver on them. An output relating to twenty recommendations has concluded our internal governance processes, and has also now been submitted into commissioners and WG (as is a requirement of the recommendations). It is understood that this will also be discussed at the JCC meeting on 17th September;

- Cost associated with the previously submitted business case for the Connected Support Cymru project, which will only be progressed should the business case be supported and additional funding made available.

As noted within the returns, these are also highlighted at this stage as being low risk, and from a purely financial perspective they are, as costs have not been committed for these and are arguably not unavoidable – should these not be funded, costs for each of these cannot be incurred. However, the wider impact of such decisions may be argued as being of a higher than low risk, non-financially.

As noted above, whilst there are therefore no current individually assessed high financial risks at present, however when this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed within the IMTP, this will likely be another challenging financial year, despite the initially reported good financial performance in M05, based on the assumptions made in reporting this.

Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties is included, alongside a more detailed review of this risk on the Trust's Corporate Risk.

5. Monthly Profiles (Table B)

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

6. Pay and Agency/Locum (premium) Expenditure (Table B2)

Agency costs for Month 5 totalled £0.076m. The current percentage of agency costs against the total pay figure remains very small, at 0.4%. This is to cover a small number of vacancies, in areas across the Trust which the Trust is having difficulties recruiting into. It should also be noted that digital agency staff are also currently being scoped and hence may be used non recurrently through the rest of this financial year to assist in the delivery of agreed IMTP deliverables, again largely due to the difficulties in recruiting to such a specialist area.

In response to **(Action Point 4.2)** this has now been rectified for M5 where the increase in pay spend for future months should have predominantly been added to Additional Clinical Services and Allied Health Professions and not included in the Admin, Clerical and Board Members heading.

7. COVID-19 (Table B3)

Table B3 has been completed (nil return) however as in the latter months of 23-24 it assumes no costs or funding requirements going forward.

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

For Month 5 the Trust is reporting planned savings (including Income generation) of £2.828m and actual savings of £3.313m.

As can be seen from Table C3, the Trust overachieved its saving target in month 5 but it still forecasting to achieve the total savings target for the year.

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

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

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

At Month 5 there were 8 invoices and 2 credit notes over 11 weeks, however none of these invoices have queries registered against them, and work is ongoing to ensure payment is made.

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	16	13	13	9	14	14	14	14	14	14	14	15	164
Other Non NHS Income	242	144	278	253	449	355	355	355	355	355	355	349	3,845
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Vat Refund	754	0	112	200	522	700	400	350	350	400	350	427	4,565
Risk Pool Refund	0	0	975	0	55	0	0	0	0	0	0	0	1,030
Total	1,012	157	1,378	462	1,040	1,069	769	719	719	769	719	791	9,604

Thank you for confirming the treatment in relation to the cash target is correct **(Action Point 4.3)**

12. Public Sector Payment Compliance (Table H)

As per the guidance this has been completed for quarter 1, and will be updated again in quarter 2.

13. Capital (Tables I, J and K)

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

Detailed working is ongoing with Programme managers to establish updated cash flows that reflect the profiles of approved projects now for this financial year, however at present all schemes are progressing well, and a detailed review is currently being undertaken to ensure that schemes continue to deliver to programme, and any future potential schemes are identified.

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 5 Financial Monitoring Return will be presented to the Trust Board on the 26th September 2024.

Governance arrangements for formal sign off of the monitoring return narrative in the absence of the Director of Finance or Chief Executive will be delegated to their Deputies but in exceptional circumstances could be signed by a Senior Finance Manager and an Executive Director. Signatures on this return contain Chris Turley, Executive Director of Finance & Corporate Resources and Jason Killens, Chief Executive.

15. Other Issues

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

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

Yours sincerely



Chris Turley
Executive Director of Finance & Corporate Resources



Jason Killens
Chief Executive

Enc cc:
Mr C Dennis, Chairman

Non-Executive Directors Executive Directors

AGENDA ITEM No	12
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

Integrated Medium Term Plan (IMTP) Delivery/Assurance Progress Update

MEETING	Trust Board
DATE	26 September 2024
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 provide the Board with an update on IMTP delivery and assurance following approval of revised arrangements for 2024-27. The revised arrangements were presented to Strategic Transformation Board (STB) on 8th July, with approval to transition the existing IMTP Delivery Programmes into the revised structure, distinguishing between the Strategic Transformation portfolio, delivered through a Trust-wide Clinical Model Transformation (CMT) programme, and a wider Directorate-led IMTP portfolio.

This paper provides a progress update on the CMT programme and the Directorate-led IMTP portfolio, including the Ministerial (now Cabinet Secretary) Priorities set by Welsh Government. It also sets out the performance and outcomes metrics that should determine 'what good looks like' in delivering the IMTP over the next three years in Appendix 3.

RECOMMENDED:

That the Board:

1. **Notes** the CMT programme delivery and assurance arrangements and progress update;
2. **Notes** the Directorate-led IMTP delivery and assurance arrangements and progress update;
3. **Notes** the reporting against performance and outcomes measures linked to IMTP delivery; and
4. **Notes** the update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework (appendix 2).

5. Notes the update against the quarter 2 milestones in the action plans to meet the Cabinet Secretary's priorities set out in the 2024-27 planning framework and our approved IMTP.

KEY ISSUES/IMPLICATIONS

The WAST IMTP for 2024-27 was approved by Trust Board on 28 March 2024 and submitted to Welsh Government the same day. Welsh Government approved the IMTP subject to accountability conditions on 9 August 2024. The accountability conditions set out the following:

- Continue with the development of the clinical model, liaising with wider services including health boards, to provide the evidence base and impact expected;
- Continue to derisk the financial assumptions in the plan to secure the organisation's position; and
- Ensure delivery is maintained against the commitments within the plan, including ensuring the availability of the detail behind the plan is available if needed.

This report will set out how the Clinical Model Transformation programme has been established to deliver our commitment to refreshing the current clinical model, as well as how this is progressing, and how the wider IMTP is being delivered through a directorate led approach. Our plan sets out a break even position with a savings target in excess of £6m. The Trust continues to focus on delivery against its savings target and remains cognisant of its role in supporting efficiency across the NHS in Wales and continues to work with Health Boards at a local level on joint plans to deliver improvements in care for patients and efficiencies.

Clinical Model Transformation (CMT) Programme

The CMT programme has been formally initiated and the first CMT Board convened on 29th July to consider updates against the Phase 1 priorities, and next steps to embed a robust programme delivery and assurance structure. The Terms of Reference for the CMT Board were developed and approved by STB on 19th August, and all former IMTP Programme Board meetings have been stood down. These will be replaced by CMT Workstream Boards from w/c 9th September, with a strong focus on key intervention points in the patient journey, with objectives aligned to our overall strategic vision for integrated care.

The overall status of the programme is **YELLOW** (cautionary) indicating that the programme is on track, but that challenges are anticipated in some areas due to the scale and complexity of planned changes.

Directorate-led IMTP Portfolio

A new IMTP Delivery and Assurance framework has been developed and approved by STB. The revised approach to IMTP delivery and assurance will see a transition of existing IMTP Delivery Programmes into a single, cross-organisational Clinical Model Transformation (CMT)

Programme. The transition will be supported by a strengthened, consistent approach to the cyclical development of Directorate Local Delivery Plans (LDPs), with Directorate-led projects and initiatives being managed through existing business meetings.

The Planning Team has been working with Directorates to ensure there is clarity over where delivery is within the CMT or directorate level plans, enabling assurance through directorate plans to the CEO and STB and enabling a structured approach to planning through the Integrated Planning and Development Group (ISPD).

With the focus on transition to the new delivery structures and priority placed on the actions within the CMT that will support operational delivery this winter, but also some due to external factors, there are a number of deliverables at directorate level which are **AMBER** (in progress, off track). However, there are a number of key pieces of work progressing well, including (but not limited to) the approval of the Trust's new Digital Plan (i.e. **COMPLETE**) and progress, on track (**GREEN**), of our Health and Wellbeing Plan, Quality Plan, maturity of our requirements under the Duties of Quality & Candour, integrated governance structures and risk management transformation.

There are currently no areas of the plan that are red rated at workstream or directorate level.

REPORT APPROVAL ROUTE

Strategic Transformation Board 19 August 2024
Finance & Performance Committee 17 September 2024

REPORT APPENDICES

Appendix 1 - IMTP Delivery Assurance Report
Appendix 2 - Assurance against the Cabinet Secretary's priorities 2024/25

REPORT CHECKLIST

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

Appendix 1 - IMTP Delivery Assurance Report

Situation

The purpose of this paper is to provide the Board with an update on IMTP delivery and assurance following approval of revised arrangements for 2024-27. This SBAR sets out the Clinical Model Transformation Programme progress, directorate led IMTP delivery and our assessment against ministerial priorities. The SBAR also includes a performance overview setting out the key indicators of 'what good looks like' as described in the IMTP this year.

Finance & Performance Committee has already scrutinised a full report and appendices, so this is an abridged version, as the Committee can also provide assurance through its AAA to the Board.

Background

Clinical Model Transformation (CMT) Programme Management Progress Update

1. The CMT programme has been formally initiated and the first CMT Board convened on 29th July to consider updates against the Phase 1 priorities, and next steps to embed a robust programme delivery and assurance structure. Detailed delivery structures have been established through 5 CMT workstreams and a number of enabling working groups.
2. A CMT Programme Vision session will be facilitated at the next CMT Board to consider the development of our CMT 'brand' and the vision statement for our future model including a meaningful name for the programme and model.

CMT Workstream and Enabling Working Group Updates

CORE CLINICAL MODEL TRANSFORMATION (CMT) WORKSTREAMS	
DIGITAL FRONT-END	↓ Yellow
Yellow (cautionary status): Rapid decision is required on short-term funding to enable plan to progress, and funding discussions are progressing internally. A formal project group has been established and a plan developed for Phase 1, proposing several rapid enhancements to the front-end digital offer including simple Chatbot integration for common health advice topics, improvements to the websites interface, system checker and general content. A short-term funding paper was presented to STB on 16/09, including recurrently funded posts to support short and long-term website development. The paper is currently under review with the Executive Director of Finance and Corporate Resources due to a shortfall in funding.	
RAPID CLINICAL SCREENING	↑ Green
On Track: Planning assumptions around recruitment, training, and onboarding of the Clinical Navigators are now back on track for go-live w/c 13/11, following delays in the Job Evaluation Panel process.	

Clinical Navigator recruitment is now progressing and has generated a good volume of applicants and interest to date. Shortlisting for the Clinical Navigator role is planned for 02/09 with clinical assessment scheduled for 09/09 – 10/09, and interviews scheduled for 11/09 – 12/09, and 17/09 – 18/09.

URGENT COMMUNITY RESPONSE SERVICE

↔ **Yellow**

Yellow (cautionary status) overall:

Advanced Clinical Practice Delivery Group (ACPDG) is currently reporting as **AMBER** due to long-standing challenges to the implementation of Independent Prescribing and clinical supervision arrangements for APPs, however an appraisal relating to APP Clinical Supervision has been considered by Senior Operations Team (SOT) and Senior Leadership Team (SLT), with agreement to create a Senior APP position from existing Band 8a paramedic prescribers. The paper was not formally approved by SLT due to several issues requiring further consideration, however there was support for the creation of the Senior APP role, proposed changes to the job description for independent prescribers, and the proposed professional accountability and line management arrangements, marking a positive step forward in resolving the complexities around APP Clinical Supervision.

Development of a Mental Health Response Vehicle (MHRV) model is currently reporting as **YELLOW**. A three-phase approach to roll-out of the MHRV model has been agreed in principle and Phase 1 (pre-Winter) recruitment is underway, however the key delivery risk relates to recruitment timelines and potential slippage of EMT recruitment and 2FTE Mental Health Practitioners recruitment. A formal project group has been established to take this work forward, including planning and identification of funding for Phases 2 and 3.

The APP scheduling project is progressing well and has now completed three PDSA Test of Change cycles; learning continues to inform iterative development of APP scheduling to support optimisation of APP tasking.

Outcomes: Turning the dial

In the IMTP we set out what good would look like for 999 callers over the next 3 years. These workstreams within the Clinical Model Transformation more or less cover what is currently the traditional 999 response, and the IMTP set out that the following metrics would determine the positive impacts of our plan:

- 65% red target
- Reducing unmet demand by half
- Doubling the number of patients safely managed at home or in the community
- An increase in ROSC rates

At this stage, the timing of implementation of the actions within this plan together with external factors mean that these areas haven't yet seen the anticipated improvements across these four metrics.

Further actions are being delivered at directorate level on IMTP deliverables to:

- **Fully roll out CHARU** across Wales – this is now at 75% recruited as at the end of July
- Implement the **new structures in EMSC** – an OCP document was issued in July, and a project team stood up to implement

Finance & Performance Committee were able to scrutinise this performance in a more detailed appendix and these outcome measures are consistent with the MIQPR.

Yellow (cautionary status) overall: Internal funding has now been identified to enable testing of the technology enabled care solution, Luscii, however the Connecting Support Cymru project is off-track overall due to external delays in the Business Case decision. A 1-month phased testing plan has been agreed for Luscii utilising internal Clinical Support Desk (CSD) resource as a short-term measure, and a 'Remote Monitoring Clinician' role has been appointed through the EOI process (commencing in post from 21/08).

The Integrated Clinical Model Development group has made significant progress, surpassing early expectations on the pace of operational alignment between 111 and the CSD. This is an ambitious and complex project with c. 10x Task & Finish Groups focusing on operational readiness including process and policy alignment, digital infrastructure, audit, performance monitoring at a team and individual level, and clinical supervision and mentorship.

An Integrated Care Navigator (ICN) post has been agreed by the Operations Senior Leadership Team (SLT), for a 1-month trail commencing in October. The ICN is designed to improve patient care coordination, streamline operations, and enhance health outcomes by acting as a liaison between various departments including the CSD Duty Operations Managers (DOMs), and 111 services.

An Integrated Care Planning Desk trial is planned for Winter and will explore remote clinical monitoring of complex patients that would benefit from observations through technology enabled care to appropriately manage their care needs. The trial is currently being planned for go-live in November and will provide an opportunity for evaluation to inform the potential longer-term establishment of an Integrated Care Planning Desk function.

The Call Handler Development Group has completed a trial of Clinical Prioritisation Streaming System (CPSS – 111 call handling system)) use for the management of Green calls originating in 999. The trial was completed in July, with positive outcomes as to the appropriateness of CPSS for low-acuity calls, and a further trial is planned for early-September to strengthen evidence to inform longer-term evaluation.

Outcomes: Turning the dial

In the IMTP we set out what good would look like for 111 callers over the next 3 years. The RICS workstream within the Clinical Model Transformation more or less cover what is currently the traditional 111 response (noting that the CSD element of Integrated Care is covered above), and the IMTP set out that the following metrics would determine the positive impacts of our plan:

- 111 Call Abandonment Rate
- Improved patient satisfaction
- Increase in calls closed with no follow up required
- Increased proportion of next steps booked for the patient

At this stage, the timing of implementation of the actions within the transformation programme has focussed on the Clinical Support Desk element of Integrated Care. However, there are actions within the IMTP focussed on 111 website improvement, pathways and skill mix which should start to turn some of the dials. Call abandonment rate remains challenging as delivery of the IMTP action to implement a new CAD system settled in Q1. However, patient satisfaction with the service has improved and more calls are being 'stopped at source' than the same period last year. We are continuing to develop metrics on direct booking and we are working on data linkage to follow patient journeys to monitor the outcome of 111 or 999 calls closed not resulting in attendance in other parts of the system.

Further actions are being delivered at directorate level on IMTP deliverables to:

- Implement a **new clinical leadership team** for remote clinical assessment - in process of recruiting clinical navigators and locality manager

Finance & Performance Committee were able to scrutinise this performance in a more detailed appendix and these outcome measures are consistent with the MIQPR.

HEALTH TRANSPORT

↔ Green

On Track: New 'MTPS' Transfer Protocols went live in the EMS CAD on 31/07 with positive feedback from Emergency Medical Dispatchers.

Following the NEPTS Collaborative Planning Event in April, a Vision Setting event was held by Joint Commissioning Committee (JCC) on 10/07 to support the strategic development of Ambulance Care.

A specification was approved for a further short piece of ORH modelling to support Transfer and Discharge service development. A new phone number to support single point of access for interfacility hospital transfers is now live. The change has been communicated to Health Boards and usage will be monitored.

Outcomes: Turning the dial

In the IMTP we set out what good would look like for users of Ambulance Care services. Whilst the programme for Health Transport continues to develop and whilst commissioners and WAST work to develop a new vision for non-emergency transport and Ambulance Care services, operational improvements and some of the IMTP delivery actions are contributing to the following metrics:

- Timeliness
- Fewer on the day cancellations
- Inter-site transfers provided within the time required
- Increased patient satisfaction

Ambulance Care continues to perform well on timeliness, including in Oncology journeys where improvement has been seen. However actions to improve on the day cancellations are not yet driving the improvement required. Having implemented MTPS through the Transfer and Discharge project we should now be able to improve understanding on the nature and urgency of transfer demand and the resources required to complete them in a timely manner and enable reporting of metrics to support 'what good looks like'.

Patient satisfaction is mixed, and IMTP actions around process efficiency and roster alignment are anticipated to improve satisfaction around waiting times for transport. However, it should be noted the survey response was small.

Finance & Performance Committee were able to scrutinise this performance in a more detailed appendix and these outcome measures are consistent with the MIQPR.

CHANGE ENABLING WORKING GROUPS

CALL CATEGORISATION

↔ Green

On Track: Significant progress collaboratively developing revised call flows, and enhanced categorisation based on clinical need. Workshops convened on 02/08 and 22/08 and arranged for 23/09.

A four-phase approach has been proposed for safe introduction of revised call categorisation, prioritising those changes necessary to enable the introduction of a Rapid Clinical Screening function in mid-November. Phase 1 will be reviewed by the DCR group on 04/09.

Engagement with commissioners and external partners is ongoing with indicative support for the proposal, but formal approval and governance routes will need to be confirmed. An SBAR has been developed for consideration by the fortnightly CMT Executive Programme catch-up (02/09) and will inform a subsequent paper to the Joint Commissioning Committee (17/09) and Trust Board (26/09).

QUALITY & PERFORMANCE METRICS

↓ **Yellow**

Yellow (cautionary) status: Significant HI work related to revised call categorisations will need to be carefully managed.

Structured interviews are in progress with CMT Workstream SROs to scope HI requirements and a project plan will subsequently be developed informed by Workstream plans.

Initial metrics mapping is underway aligned with revised call flows from the Call Categorisation Task & Finish group and is being reviewed with Ops Transformation leads.

A Programme Benefits Workshop has been arranged (17/08) to review Logic Models for Rapid Clinical Screening, RICS, and UCRS and to agree outcome/benefit measures.

CHANGE MANAGEMENT

↔ **Green**

On Track: The Change Management approach was presented to CMT Board with support to initiate the working group. Terms of Reference have been finalised and the first meeting is scheduled for 09/09.

A dedicated Siren page has been established for our Clinical Model Transformation and a series of videos developed showcasing the work being undertaken during Phase 1, and the longer-term vision for our clinical model.

Additionally, recognising the scale of change to implement a Remote Integrated Care Service (RICS), bespoke internal RICS communications have been agreed, including a fortnightly 'Roundup' and special edition video featuring the Clinical Navigator role to encourage internal applications, and to increase awareness and engagement with remote clinicians across Integrated Care.

PARTNERSHIPS & ENGAGEMENT

↔ **Green**

On Track: Two half-day development sessions have been convened (12/08 and 20/08) to focus on the development of the external engagement plan (stakeholders and patients). The updated Engagement plan will be presented to CMT Board on 16/09.

The groups Terms of Reference are in development and arrangements are being embedded including development of the RAID log.

A paper is in development for submission to the JCC (17/09) outlining plans for the Clinical Model Transformation, particularly priority call categorisation work.

Directorate-led IMTP Delivery & Assurance Approach

3. IMTP deliverables outside the scope of the Clinical Model Transformation programme will be managed through Directorate Plans (Local Delivery Plans, (LDPs)), noting that some actions may still require cross-directorate working.
4. Existing Directorate Business Meetings will be utilised, and assurance will be provided to the Strategic Transformation Board and onward to Finance & Performance Committee and Board.
5. The current update in this paper is an interim quarter 2 position, with the end of quarter position being available to the Committee and Board in November.

Our People

IMTP Objective	IMTP Actions / Deliverables Q2	Progress / RAG
Capability	• No specific milestones in Q2 • Ongoing work: People Development plan, People Management Essentials and PADR check ins	• Ongoing
Capacity	• Delivery of Strategic Workforce Plan (Q1 milestone) • Ongoing work: Health & Wellbeing Plan, Retention work plan, eTimesheets	• Plan was presented at People & Culture Committee where it was endorsed on 30.08.2024 and will be presented to the Board on 26.09.2024 • Ongoing work progressing towards Q4 deadlines, albeit there may be some delay on eTimesheets due to the complex nature of the work and the need for project team capacity to undertake the work. • Paper going to ELT in Q3 to progress project team/working group approach to eTimesheets
Culture	• No specific milestones in Q2 • Ongoing work: Allyship and Bystander training, Employee offer, Culture Champions & Change Network, impact of culture toolkit	• Ongoing work progressing towards Q3 & Q4 deadlines
Strengthen Welsh Language compliance	• Welsh language standards baseline established • Recruitment strategy developed to attract and evaluate candidates based on their Welsh language proficiency	• Developed and approved by PCC on 30/08/24. • Ongoing – will form part of the Workforce Strategy

Outcomes: Turning the dial

In the IMTP we set out what good would look like for Our People, by monitoring the following metrics:

- Sickness absence below 6%
- Turnover rates falling
- Engagement rates (measured for example by NHS Staff Survey completion)

- Regular check ins with managers
- More colleagues join WAST internal staff networks

Sickness absence is coming down, but remains above 6% and fluctuates with seasonality. Staff turnover rates are falling and at the lowest rate since 2021. Disappointingly the staff survey completion rate was only 23.2% but this was indicative of a low rate across NHS Wales and measures are in place through our People & Culture plan to address engagement further.

Metrics for regular check ins with staff have not yet been established, however PADR rates have been used as a proxy in this report. These rates are improving but still remain below the target set for the organisation.

Finance & Performance Committee were able to scrutinise this performance in a more detailed appendix and these outcome measures are consistent with the MIQPR.

Our Digital Roadmap

Objective	IMTP Action/Deliverable	Progress / RAG
Develop & agree digital plan	Q2 Refresh plan against five cornerstones below: • Everyday essentials • Security, Safety & Cyber • Digital Pioneers • Transformation • Data, Information & Insight	Complete. Plan signed off at July Trust Board.

Outcomes: Turning the dial

The digital plan is key to turning the dial on the following metrics:

- No successful cyber breaches
- Reduced numbers of helpdesk calls and better rate of first call resolution
- Increase in the number of scaled up technology projects
- Increased confidence in using data
- Increased levels of patient and staff satisfaction with digital solutions

Whilst some of this data is available there is further work now that the digital plan has been approved to ensuring the data is available across all metrics to show the impact of the plan. We intend to bring these metrics through in future reports.

Our Infrastructure

IMTP Objective	IMTP Actions / Deliverables Q2	Progress / RAG
Developing and implementing our plans for Environmental Sustainability and Adaptation*	• No Q2 milestones • Delivery of EFAB funded schemes through year	Reported through Decarbonisation Programme Board, CMG and F&P (as summaries)
The right buildings in the right place, enabling our staff to provide the best and safest care across Wales	• Prioritised estates capital schemes delivered through year and across IMTP years	Reported through Capital Management Board to ELT, timelines impacted by AWC prioritisation process.

The right fleet in the right place, enabling our staff to provide the best and safest care across Wales	Prioritised fleet capital schemes delivered through year and across IMTP years	Reported through Capital Management Board to ELT. Fleet SOP development underway

* Adaptation sits with SP&P on behalf of ADLT

Partnerships & Engagement

IMTP Objective	IMTP Actions / Deliverables Q2	Progress / RAG
Meet the requirements of the Wellbeing of Future Generations Act	No specific Q2 milestone – delivery of wellbeing objectives published by end Q4	Group to be convened to develop wellbeing objectives by end of Q2
University Trust Status in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation	Academic Partnership priorities updated and published	Paper going to next APC at start of October
Well-placed to influence system thinking/strategy development	Structured engagement commenced with stakeholders & public	- Partnerships & Engagement workstream established for Clinical Model Transformation Programme, and a framework for relationship management with Health Boards and key stakeholders being developed by Assistant Director of Planning & Transformation - RPB engagement continues with WAST on 6 out of 7 RPBs with a seat around table at GASP in Gwent

The Engagement Framework and CMT Engagement plan are key to turning the dial on the following metrics:

- Improved reputation scores
- Stakeholder support for our strategic plans
- Increasing number of research projects
- Increased levels of alternative (to core commissioning) funding streams

Whilst some of this data is available there is further work to ensuring the data is available across all metrics to show the impact of the plan. We intend to bring these metrics through in future reports.

Quality Driven and Clinically Led

IMTP Objective	IMTP Actions / Deliverables Q2	Progress / RAG
High quality, immediate or timely on scene assessment, care and conveyance where needed.	Employ 16 APPs completing masters	- Of 18 MSc students applied 11 have passed interviews to be recruited. - An additional 11 external/self-funded APPs so 22 in total have been recruited for the year. - The Consultant Paramedic Advanced Practice and her team are reaching out those who

		didn't apply to see if they still want to continue with this career path. The Trust have agreed to only fund them for one further year and after that funding will stop if they do not apply in the next year.
Systems that meet the requirements of the Duty of Quality and Duty of Candour	Establish a Quality Improvement Hub	- Life QI purchased and implemented within small number of teams including (EMSC, Quality Directorate and Remote Care). - Projects are being tracked and supported. - Meetings held with Transformation team to identify opportunities to utilise software for transformation tracking of PDSA test of change data.
A culture of quality improvement with robust quality management systems		
High quality Putting Things Right, Safeguarding and Health & Safety systems	Implement bespoke training materials	- Framework in development. - Working across the Trust to understand current processes. To undertake training - date to be arranged.
Meaningful engagement and co-production with communities	CIVICA enhancement	- Report completed Surveys in CIVICA to Welsh Government - Launched the SMS Text Service - Some ongoing IG issues and awaiting agreed DPIA

We are currently refreshing both the Clinical Plan and the Quality Plan for the Trust. We will seek to turn the dial on the following metrics:

- Duty of Candour compliance
- Increased number of patient outcomes reported
- Increased evidence of meaningful public and patient engagement
- Increased opportunities for our people to progress their clinical practice and career

Whilst some of this data is available there is further work to ensuring the data is available across all metrics to show the impact of the plan. We intend to bring these metrics through in future reports.

Well Governed

IMTP Objective	IMTP Actions / Deliverables Q2	Progress / RAG
A risk management framework as a key enabler of our long-term strategy and decision making	No milestones for Q2 – implementation of Strategic BAF by end of Q3	Ongoing – Strategic BAF template in hand – meeting with peers, developing paper on handling plan for Sept ARAC.
An integrated governance Framework	Governance structures mapped out	Ongoing – presentation of the map at ADLT on 30/09 planned

Value & Sustainability

IMTP Objective	IMTP Actions / Deliverables Q2	Progress / RAG
Developing and implementing our plans for Environmental	Establish a cross-organisational Adaptation Planning group (Q1 Milestone)	Delayed. Awaiting national toolkit from WG to progress, but discussed at ADLT on

Sustainability and Adaptation		02.09.2024. Agreed attendance at national Adaptation Planning event in October before convening Adaptation Planning Group internally within WAST. Reset Milestone to Q3.
Sustainable savings & efficiencies	Service Review across the Trust completed with recommendations by Q2	Business area summaries have been produced for each service line, with a report due at ELT on 02.10.2024
Generate income alongside our core commissioned functions	Develop commercial strategy based on outcome of market analysis exercise in Q2	- Timescale affected by recruitment of a commercial lead for the Trust – to be re-profiled - However, a small group is being stood up to provide executive oversight of commercial strategy

Recommendation

6. That the Board:

- **Notes** the CMT programme delivery and assurance arrangements and progress update;
- **Notes** the Directorate-led IMTP delivery and assurance arrangements and progress update;
- **Notes** the reporting against performance and outcomes measures linked to IMTP delivery; and
- **Notes** the update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework (appendix 2).

Appendix 2

Assurance against the Cabinet Secretary's priorities 2024/25

7. WAST submitted eight templates covering plans against four of the Cabinet Secretary's priorities for NHS Wales. These cover how we engage across community services, provide support to planned care and cancer, but also how we align to the Six Goals programme for Urgent and Emergency Care and how we will approach our response to patients with mental health needs. In 2024/25 we will also be required to develop a 'Six Goals' delivery plan. Whilst we have set out in the templates submitted to WG many areas across the six goals where we can implement change, these are already factored into the scope of the work to develop a future clinical services model, and will undoubtedly also feature in the six goals plan where they align to the national 6 goals priorities. Therefore we will aim to reduce the burden and duplication of reporting through our assurance mechanisms into STB and Finance & Performance Committee.

8. The following table sets out the key areas for WAST against the priorities, and the milestones to be achieved in quarter 2 (interim position).

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Progress
Primary and Community Care, with a focus on improving access and shifting resources into primary and community care	111 Skill Mix	6. Group established to consider and develop scope for 111 MDT skill mix	7. Scoping paper to commissioners	8. As an interim position, the paper is not yet with commissioners.
	111 Pathways	9. Dental access improved in 4x health boards by end of Q4 10. Strengthened links into primary care / Out of Hours in. Urgent Primary Care Centre access by end of Q4 11. Medicines management pathways in place by end of Q4		12. Modelling being undertaken for 3 remaining Health Boards to take on dental access pathways 13. Currently piloting in BCU and C&V direct booking into Urgent Primary Care Centres
	999 Pathways: Falls & Frailty	14. Level 1 falls - Assessment of the demand & capacity modelling undertaken 15. Level 2 falls - Undertake evaluation of our existing services	16. Presentation of L1 options and benefits 17. Present evaluation and options for sustainability of L2 services going forward	18. Contract for level 1 extended, pending a re-tender 19. Discussion taken place with 6 Goals Clinical Professional Advisory Group and the deliverables will be reframed as part of wider CMT work
	999 Pathways: Digitised pathways	20. Evaluate the effectiveness of the new digital solutions to make	21. Develop further opportunity for digital notifications with Welsh portal	22. A new digital transformation and innovation programme has been set up to manage and prioritise

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Progress
		referrals to existing pathways and usage		digital workstreams that fall outside the clinical transformation programme – this is progressing
	999 Pathways: Connected Support Cymru (CSC)	23. Recruitment of key roles to support CSC delivery (dependent on outcome of business case) 24. Commenced recruitment of internal volunteers 25. Testing ‘ambulance in a box’ in Care Homes in AB & BCU, evaluate and conclude forward plan	26. Engaging with key stakeholders and evaluating overall project data to determine resource requirements moving forward 27. Commencement of recruitment and on-boarding on external partner organisations and ongoing recruitment and onboarding of internal volunteers 28. Developing technology enabled care community pathways up until end of Nov; testing in Care Homes in AB & BCU and in patients homes 29. Evaluate and conclude forward plan	30. Six Goals clinical review of CSC business case was not as positive as hoped and view from Six Goals Board that technology enables care needs a consistent national focus 31. Aneurin Bevan Health Board has decided not to progress with the testing in Care Homes due to competing priorities with Six Goals programme delivery 32. 10x Care homes live in BCU with technology in situ to support testing. Engagement to date with care homes has been positive 33. Recruitment and On-boarding: • 55 Active CWRs within the community (30 active teams). • 30 CWRs trained pending activation (e.g. awaiting mentorship/equipment). • 30 CWRs onboarded and awaiting training course 34. A mixed method approach to evaluation is ongoing with quality improvement PDSA cycles for tests of change; observational studies to determine patient, system and population/health economy impact; and Modelling to determine scalability and sustainability of the solution

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Progress
				35. Difficulty progressing recruitment of partnership organisations due to management capacity (which is unfunded) so currently on hold
Urgent and Emergency Care, with a focus on delivery of the 6 goals programme	Goal 2: New 111 System	36. Full implementation of new CAS system 30th April 37. Decommission old system	38. Realise benefits in line with business case	39. CAS system implemented on time - complete
	Goal 2: 111 website & symptom checkers	40. Scoping exercise to review requirements of a 111 website – and develop options appraisal accordingly	41. Development of business case 42. Review and develop requirements to improve symptom checkers, with potential requirement for procurement.	43. External review of the NHS 111 Wales website is complete, and the full report submitted to WAST Executives with SBAR to discuss the options presented. 44. Update of short term proposal agreed internally, with some additional work needing to be completed around financial and other resources.
	Goal 2: 111 re-roster	45. No Q1 milestone	46. Agreement with commissioners to proceed	47. Review of rostering practices. Agreement from commissioners to commence Review of rostering practices. Procurement process ongoing
	Goal 3: 48. Develop the remote clinical assessment speciality 49. Develop a fully remote working clinician offer (operations/training/digital) 50. Develop Pre-Dispatch Outcome Risk Stratification Tools linking CAD & ePCR data	55. Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report	56. Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report	57. These are key deliverables in the Clinical Model Transformation Programme. See assurance report in appendix 1

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Progress
	51. Roll out of new integrated (111/clinical support desk) care model 52. Connected support Cymru 53. Extend use of video/ phone consultation 54. Urgent On-Scene Community Response			
	SDEC Pathways	58. Re-establish ICAPs with Health Boards (subject to JCC commissioning arrangements) 59. Complete data quality assurance of end destination in CAD to ensure SDEC direct referrals fully captured	60. Implementation of SDEC criteria across WAST	61. This is now under goal 4. WAST is now part of the Goal 4 delivery group and will develop its own 6 goals delivery plan reflecting actions to improve referrals into SDEC from clinicians on scene. Actions around SDEC activity largely sit with Health Boards within their 6 goals delivery and a framework has been developed by the 6 goals team setting out referral from remote and on scene clinicians into SDEC. WAST will continue to engage and respond to requests to work collaboratively to improve uptake of direct referrals to SDEC.
	Goal 4: CHARU	62. Complete CHARU recruitment by end Q2 63. Improve utilisation rate to modelled benchmark by end Q2 64. (work ongoing during Q1)		65. 75% actual to establishment as at the end of July. Steering Group established to oversee recruitment and utilisation
	Goal 4: Rural variation	66. Complete CHARU recruitment by end Q2 67. Continue process of targeted recruitment and process of smoothing i.e. aligning SIP to establishment by end Q2 68. Build rurality results from 2023 EMS Demand & Capacity Review by end Q2 69. Agree Implementation Plan with commissioners by end Q2		70. Recruitment in rural areas remains challenging. 71. We are focussing EMT recruitment in rural areas where there are gaps.

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Progress
				72. Completed D&C review and shared with commissioners. 73. Formal implementation plan for D&C not yet in place but we have incorporated findings into our current ongoing IMTP delivery plans.
	Goal 4: Sickness reduction in EMS and EMSC	74. Ongoing continuation of managing attendance and implementation of the health and wellbeing plan throughout year		75. Work on managing attendance continues and engagement is ongoing to develop the next iteration of the Trust's Health & Wellbeing Plan
	Goals 5 & 6: Transfer and Discharge model	76. Engagement on modelled options for transfer services with health boards commenced 77. Implementation of new MTPS protocols within the Computer Aided Dispatch (CAD) system designed to allocate transfer resources more effectively	78. Development of reporting against new protocols within the CAD post MTPS implementation 79. Agree outline service model for further engagement with Health Boards. 80. Develop business case/principles for All Wales service. 81. Develop business case for 24/7 Major Trauma Desk following outcome of Gateway 5 review.	82. Further modelling being finalised to strip out specific services which may skew the data and focus on clinical demand anticipated to be completed Mid September 83. A review of the model needs to now be considered in the context of the Clinical Model transformation as part of the Health Transport and Emergency Response workstreams 84. MTPS implemented, single telephone point of access implemented. 85. MTPS dashboards developed for key data, further development of dashboard to further enhance ongoing.
Planned Care and Cancer, with a focus on reducing the longest waits	Roster review of NEPTS Ambulance Care Assistants	86. Continue with NEPTS Demand & Capacity work, in particular, undertake NEPTS transport roster review by end Q3		87. Contract let with third party providers, may need to review timescales in Q3 but we are committed to delivering this efficiency

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Progress
	Enhanced hub for oncology patients	88. Establish expected outcomes & principles to develop enhanced oncology service	89. Develop action plan to deliver the required change	90. Continued working group to establish role of the hub to support the three oncology centres. Creation of draft SOP/Core working practice between liaisons and Hub. Consultation with Oncology Centres to identify of improvements.
	Quality assurance of external providers	91. No specific milestone in Q1	92. Welsh Ambulance Quality Standard award implemented	93. Ongoing
Mental Health, including CAMHS, with a focus on delivery of the national programme	Develop and implement a referral pathway for 111 Press 2 teams	94. Completion of 111 CAS system implementation to aid improvement in 111 press 2	95. New CAS system will provide resolution to Press 2 pathway	96. CAS implementation complete 97. Review with health boards effectiveness of press two and where there is opportunity to improve
	Mental Health Response Vehicles	98. Collating and presenting evidence from pilot within AB, discussing outcomes and options for further pilots	99. Undertake further pilot (pending agreement) 100. Continuing to engage with national evidence across UK	101. See assurance report in appendix 1 – this forms part of the Clinical Transformation Programme
	Right Care Right Person	102. Engaging with Police Services in Wales, NHS partners, Local Authorities and third sector providers on changes affecting response to people in crisis	103. Assess impact to WAST 104. Possible update to 2023 EMS Demand & Capacity Review results.	105. Modelling can be undertaken but requires further clarity on the likely level of activity
	Mental Health Practitioners in CSD	106. Assess demand and capacity plan outlining future needs for the team and training requirements (as part of overall demand and capacity work for the future clinical service model)	107. Share plan with commissioners for further discussion	108. See assurance report in appendix 1 – this forms part of the Clinical Transformation Programme

RECOMMENDED: That the Board:

1. Notes the CMT programme delivery and assurance arrangements and progress update;
2. Notes the Directorate-led IMTP delivery and assurance arrangements and progress update;
3. Notes the reporting against performance and outcomes measures linked to IMTP delivery; and

4. Notes the update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework (appendix 2).
5. Notes the update against the quarter 2 milestones in the action plans to meet the Cabinet Secretary's priorities set out in the 2024-27 planning framework and our approved IMTP.

AGENDA ITEM No	13
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

Strategic Workforce Plan

MEETING	Trust Board
DATE	26.09.2024
EXECUTIVE	Angela Lewis, Director of People & Culture
AUTHOR	Jo Kelso, Head of Workforce Education & Development Linda Phillips, Workforce Planning Business Partner
CONTACT	Jo.kelso@wales.nhs.uk; linda.phillips4@wales.nhs.uk

EXECUTIVE SUMMARY
Our People & Culture Plan and Integrated Medium Term Plan (IMTP) – 2024-2027 reference production of a Strategic Workforce Plan (SWFP) for WAST. This Plan will align to several existing plans and provide an overarching summary of our workforce as it is today, how it could look in coming years and the external environmental forces impacting upon it. RECOMMENDATION: The Trust Board is asked to: (1) APPROVE the Strategic Workforce Plan (2) NOTE the workforce risks highlighted in the Plan

KEY ISSUES/IMPLICATIONS
Failure to produce a SFWP in line with 2024/25 IMTP deliverables

REPORT APPROVAL ROUTE
People & Culture Business Meeting 23.07.2024 Executive Leadership Team Meeting 24.07.2024 People & Culture Committee 30.08.2024 Trust Board 26.09.2024

REPORT APPENDICES
Appendix 1: SBAR Appendix 2: Strategic Workforce 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)	Y	Financial Implications	Y
Environmental/Sustainability	Y	Legal Implications	Y
Estate	Y	Patient Safety/Safeguarding	Y
Ethical Matters	Y	Risks (Inc. Reputational)	Y
Health Improvement	Y	Socio Economic Duty	Y
Health and Safety	Y	TU Partner Consultation	Y

Appendix 1: SBAR

SITUATION

1. The Strategic Workforce Plan (SWFP) has been developed over the past 6 months in conjunction with managers across the organisation and TU Partners. The aim is to map the workforce changes over the next 5-6 years that will be required to meet *Delivering Excellence: Our Vision for 2030* and the IMTP 2024-2027. This Plan aligns with the objectives outlined in these strategies and also considers how it interlinks specifically with the People and Culture Plan 2023-2026.

BACKGROUND

2. The Workforce Transformation and Planning team has responsibility for developing a Strategic Workforce Plan that meets the needs of the organisation for the next planning period. The Plan has been developed with support from managers across WAST through formal and informal meetings, workshops and 1-2-1 consultations.
3. The Plan has had 3 iterations in the design stage and this final version has been carefully designed with publication to the public audience in mind. Therefore, specific data has been minimised as much of it is already available in other sources, specifically the current IMTP.
4. The Plan has aimed to focus on the key workforce related objectives that will assist us to ensure we have 'the right people in the right place at the right time', enabling IMTP and Delivering Excellence objectives to be met by our current and future workforce.
5. A Strategic Workforce Plan is a 'live' document that requires monitoring and review. This Plan will be kept under scrutiny and amended as required through our unique Integrated Technical Planning Group (ITPG). The Group regularly reports to the Strategic Planning Programme Board and this Plan will be included in that review process.

ASSESSMENT

6. With the host of strategies and inter-related strategic objectives central to realising the Trust's ambitions, it is important to consider how the workforce fits into delivery plans. The SWFP aims to provide enough information to demonstrate how the workforce is currently configured, how future composition will change to meet future delivery requirements and how we need to enable local workforce planning using intelligence and live data to make better decisions.
7. The future workforce will need to be resilient, sustainable and provide value for money. Welsh Government financial planning with WAST provides constraints to how we plan for our future. Our changing workforce requirements must be considered over the longer term due to the shift to a more significant requirement for new skills across all roles, and the specialisation of roles as we navigate an evolving operational model.
8. We are also experiencing change in how and where we work. For some, remote working has redefined the experience of work but for others, technological changes to how we work and how we deliver services will have significant impact on existing and new roles.
9. The SWFP has identified the following objectives:
 - a. Developing the employees, managers and leaders of the future (Workforce Plan Objective);
 - b. Re-shaping the workforce for the future (developing new roles, new ways of working etc.);
 - c. Recruitment and retention processes for the future (Workforce Plan Objective);
 - d. Improving our people's workplace experience (People and Culture Plan Objective).
10. The SWFP has identified the following workforce related risks:
 - a. Reduction in school leavers;
 - b. Increasing age of current workforce;
 - c. Reduced stay (length of service) in role in WAST;
 - d. Unclear career pathways (non-Paramedic roles).
11. The Wales Audit Office (WAO) review of our workforce planning activities undertaken during Summer 2023 provided us with 6 recommendations for improvement. We have taken the appropriate steps to ensure that these improvements have been implemented.
12. The team has undertaken an Integrated Equality Impact Assessment (IEIA) as part of the process for developing this Plan.
13. The plan was presented to our People & Culture Committee on 30.08.2024 where it was endorsed.

RECOMMENDATION: The Trust Board is asked to:

- (3) APPROVE the Strategic Workforce Plan**
- (4) NOTE the workforce risks highlighted in the Plan**



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NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust



OUR STRATEGIC WORKFORCE PLAN

2024 - 2030

TABLE OF CONTENTS

I.	A word from the Chief Executive and Chair of WAST	03
II.	Introduction	05
III.	Defining the Plan - purpose & scope	07
IV.	Mapping our Change	16
V.	Define the Future Workforce	17
VI.	Our workforce today	22
VII.	The workforce action plan	28
VIII.	Risk Assessment	37
IX.	Implementation, monitoring, review	34
X.	Appendices	36

A word from the Chair and Chief Executive



JASON KILLENS
CHIEF EXECUTIVE

COLIN DENNIS
CHAIR

Welsh Government (WG), through legislation and policy, have demonstrated a strong commitment to creating a high-quality health and social care system for its citizens.

The Wellbeing of Future Generations Act promotes sustainable development and sets seven wellbeing objectives for Wales. It urges public bodies to adopt an integrated and long-term approach to prevent problems and enhance the overall wellbeing of our communities. A Healthier Wales published in 2018, is a long-term strategy and plan to enhance the health and welfare of the people of Wales, whilst the Six Goals for Urgent and Emergency Care provides the framework to ensure that patients get the right care, in the right place, first time. These strategies have been pivotal to the development of our WAST Strategic Workforce Plan.

WAST, like other healthcare organisations, faces a myriad of workforce challenges that demand strategic attention and innovative solutions. From recruitment and retention difficulties to the strain of high-pressure work environments, the Trust contends with workforce complexities such as competitive job markets, shortages in key clinical roles, particularly nurses, and retention issues, such as in our requirement for specialist call handlers. These factors, and others, contribute to our workforce challenges.

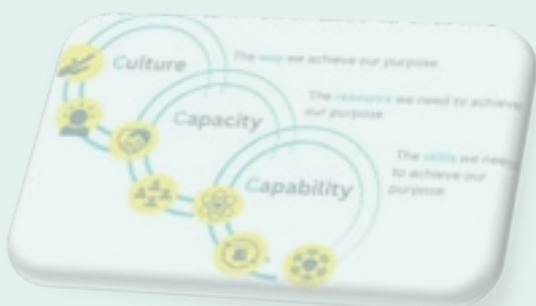
We know that if we continue to deliver services based on our traditional model and current demand persists, the workforce required to service it is unsustainable. To ensure we maximise our effectiveness, both in value and safety for the patients of Wales, we must change the way we work, and how we deliver services.



The People and Culture Plan for 2023-26 supports our organisational strategic ambitions which will have a focus on our workforce 3Cs: Culture, Capacity and Capability, which provide the basis for the objectives and plans for our people. It is a dynamic, iterative document, closely monitored alongside 'live' workforce data so that we can anticipate potential future workforce imbalances between supply and demand, ensuring the Trust is able to respond effectively to a changing landscape. This plan provides the cultural framework for the Strategic Workforce Plan with capability and capacity cited as critical factors to consider as key to developing the desired culture in WAST.

The Strategic Workforce Plan is designed to integrate seamlessly with the People and Culture Plan. The transformation from the traditional conveyancing model to the 'Remote Integrated Care Service' will be complex and therefore a clear plan of how we are going to get there is essential. The link between our strategies and plans is the composition of the current and future workforce, as well as the capacity and capability that is needed to deliver the services now and in future.

Our workforce composition changes do not happen in isolation. In addition to our own plans and strategies there are several external plans and strategies that have an impact on what we plan to do. We must consider what other organisations are doing to plan for the future and we must be aware of Wales' demographic makeup now, and where it is likely to be in future.



A word from the Vice-Chair and Director of People & Culture



CERI JACKSON
VICE CHAIR

ANGELA LEWIS
DIRECTOR OF PEOPLE &
CULTURE

Introduction

The **Six Steps Methodology** to integrated workforce planning



The purpose of this Strategic Workforce Plan is to outline the pathway to delivering the workforce required to realise the Trust's strategic ambitions and deliver effective, efficient, quality patient care.

Workforce Planning in WAST is supported by use of the NHS recognised methodology; setting out an approach that delivers achievable, realistic mapping to securing a workforce that is available in the right place, at the right time with the right skills. Our approach and this document follow the methodology as captured in the diagram opposite.

1. Purpose and scope

- how our plan aligns with internal and external drivers and enables delivery of our People & Culture ambitions

2. Mapping our change

- setting out the workforce needs for our evolving delivery model

3. Defining the required workforce

- what influences future workforce needs

4. Our workforce today - composition

- key metrics - rich seams and blind spots

5. Call to action - the Plan

- what we need to do over the next 2, 4 & 6 years

6. Monitoring and review - continuous improvement

- planned. sustainable. responsive.

The Plan has been assessed under the IEIA policy.

The next page summarises our key highlights - following sections contain the detail

Population and Demand Projections

What do we know about future demand for our services?



Population increase by 9.9% by 2036



Increase in long term conditions



People aged 85+ increasing by 127%



More diversity and complexity



People aged <16 decreasing by 8.1%



Obesity more prevalent



Frailty more prevalent



Mental health demand increasing



45% of adults 75+ will be living with 2 or more long term illnesses

Strategic Drivers

What national policy and strategy drivers are relevant?

A Healthier Wales: Our Workforce Strategy for Health and Social Care (2020)

The National Workforce Implementation Plan (2023)

More than just words (2023)

Health and Social Care (Quality & Engagement) Act (2020)

Wellbeing of Future Generations Act (2015)

Six Goals for Urgent and Emergency Care

Clinical Supervision: A Framework for UK Ambulance Services 2021

Welsh Health Circular: Nursing Preceptorship & Restorative Clinical Supervision

Health Education & Improvement Wales (HEIW): Continuous Professional Development (CPD) strategy for the NHS Wales healthcare workforce

Social Partnership and Public Procurement Act (2023)

Organisational Goals

What is our organisational vision for future services?



Remote Integrated Care Service



Connected Support Cymru



Transport and Discharge Service



Urgent On-Scene Community Response



Holistic and integrated approach



Remote Clinical Assessment Service



Flexible working opportunities



Advanced Practice



Falls Service ambitions



Robust leadership framework

Current Workforce Supply

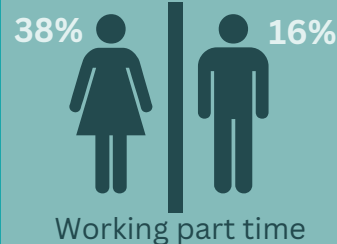
What is our current workforce composition?

Length of Service

<=5 yrs || >5 yrs

47%

53%



Projected retirements by 2030

Additional Clinical Services 35%

Admin & Clerical 26%

Allied Health Professional 19%

Estates & Ancillary 56%

Nursing & Midwifery 53%



Future Supply Requirements

What workforce and skills do we need to meet these demands?

- Volunteer to Career pathways - building on prior experience; enriching our communities
- Multi-disciplinary workforce of professions; clinical and non-clinical, providing the system with 'Trusted Assessors'
- Stable workforce in career-long, flexible and satisfying role rewarding working at the top of their scope of practice
- Digitally literate, confident, patient centred and able to support patients increasingly using wearable technology to manage long term conditions
- Maturing understanding of our contribution to reducing Health Inequalities

Bridging the Gap

How will we bridge the gap between current and future workforce supply?

- Working with Further Education sector to develop routes into WAST
- Re-designing current roles and provide education opportunities to re-skill, up-skill, co-skill
- Providing more opportunities to develop future skills in current roles
- Ensuring how we want to be perceived reflects how we are perceived
- Forging new partnerships across the Health, Social Care and Third Sectors
- Taking control of our own destiny by investing our financial settlements in new ways

Evolving Clinical Model - Rapid Clinical Screening, RICS, Pathways, Navigator, Mental Health, retention, apprenticeships, job design & re-design - rotational models inside and outside WAST

Evolved Clinical Model, system acceptance, 'Trusted Assessor' Implement re-designed roles, broaden multi-professional teams, Advanced Clinical Practice across Nursing and AHPs

Population need, evidence based, quality driven services Careers spanning various WAST services, capitalising on our increasingly integrated systems Borderless contracts across Health, Social Care, 3rd Sector

2024 - 2026

2026 - 2028

2028 - 2030

1. Defining the Plan - Purpose & Scope

This plan covers a period of 6 years, complementing Delivering Excellence, Our Vision for 2030. These 6 years will be referred to in this document as covering the first years (2024-2026) the middle years (2026-2028) and future years (2028/3030).



With confirmation of a change of government in Westminster we have entered a period where our political environment mirrors Welsh Government and our devolved NHS in Wales. A political environment with a mandate founded on commitment to lifelong learning and provision of a skilled workforce and grounded in meaningful social partnership supporting co-production. Whilst we cannot predict the specific fiscal environment we will experience over this plan, we can make some assumptions.

We believe the next 2 years will attract flat growth for Ambulance Care, limited growth for our Emergency Medical Services (EMS), aimed toward our Cymru High Acuity Response Unit (CHARU) service and Advanced Practice. Our most recent Demand & Capacity (D&C) Review indicates modest growth for our EMS Coordination Allocators, which supports our emerging clinical delivery model with an increase in remote clinical care, reduction of conveyance and increased activity relating to falls.

We also must assume that handover will remain higher than we would like given the challenges experienced across the system. This compels us to fund the changes we require in our service by *reconfiguring existing resources*; enabling us to ensure our workforce modelling maximises the levers in our control to maintain and improve levels of handover.

Our People & Culture plan identifies all of our people as our workforce, whether they be working in our Ambulance Care, Volunteer Car Service, Emergency Medical Services, Integrated Care, Community First Response, Community Welfare Response or one of our many professional Corporate functions; this Strategic Workforce Plan includes all in its scope. The forthcoming People Development Plan and Health and Wellbeing Plan will provide more detail on how we will be improving the working environment and support for our workforce.

Aspirations for the future



As a key part of the foundational economy, we play a role across our communities that goes wider than providing quality patient care; we are the lifeblood of our communities and commit to providing rich and meaningful work for the people of Wales. We hold University Status and have an obligation to fulfil the promise and expectation that brings. We believe in democratised opportunity across all of our workforce and so our People Development Plan will be crafted to support this Strategic Workforce Plan - enabling individuals to visualise how their career maps out inside the Trust and empowers them with the skills, competencies and confidence to contribute professionally to the whole of the NHS and wider, to our Public Service.

We will take a grassroots approach to fulfilling regional skills and workforce gaps, most acutely felt in our rural areas. In turn, this sees us invest in the people who will serve their own communities, providing meaningful opportunities and realistic prospects to rural populations. Providing the Trust with a ready workforce for the future means investing in initiatives to engage our youngest volunteers now.

 In the Early Years, we will be observing our Clinical Delivery model evolve to see how roles are changing. We will start to re-design roles that match our how we provide care and develop our people's skills to confidently and competently perform. We will work with the wider system to gain acceptance of our Trusted Assessors and co-produce further system wide improvements that benefit patients across Health, Care and Third Sectors

The Middle Years see us implementing these new and re-designed roles. We know a spirit of innovation is required as we try various concepts out; implement what works and learn from our failures. We will build on the trust that we have built through our confident delivery of improved and more efficient patient experience as we reduce our reliance on conveyance and mature our approach to remote and community based delivery.

 Future Years hold the potential of having a much altered experience of work in WAST. We envisage frictionless rotational borders across Health, Care and Third Sector partners; shared contracts that help address shortfalls in Primary, Secondary and Urgent Care; careers that span different organisations with road-based clinicians working with Health Boards, Nurses in the Trust, Corporate role mobility to develop and share best practice for the benefit of all, digital solutions that change the way patients engage and receive care and multi-professional teams working at the top of their Scopes of Practice - realising the compound effect of our combined efforts.



Strategic Drivers

STRATEGIC WORKFORCE PLAN

As a named NHS Wales organisation under the Wellbeing of Future Generations Act (2015), we ensure our policies, strategies and plans are consistent with the Wellbeing Goals and the Five Ways of Working.

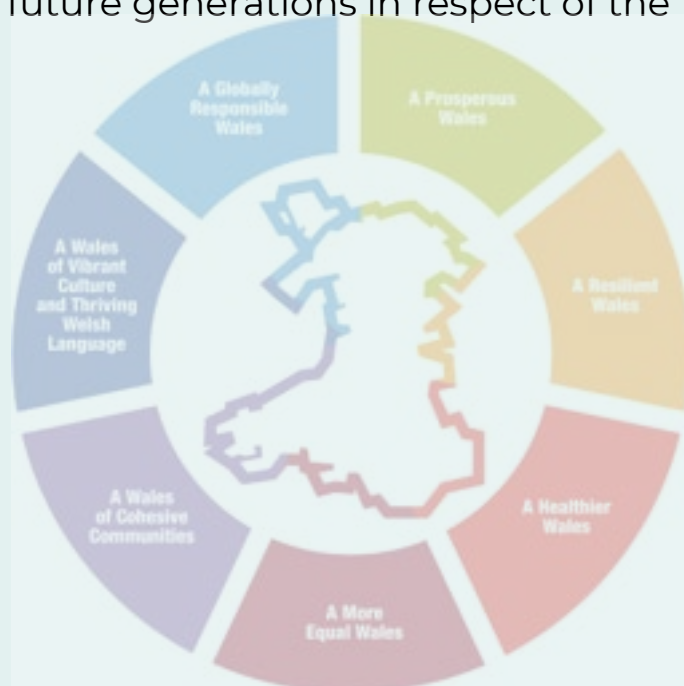
A key driver for us at the time of publication is the Social Partnership and Public Procurement (Wales) Act (2023). The Act *'provides a framework to promote the well-being of the people of Wales by enhancing sustainable development (including by improving public services) through social partnership working, promoting fair work and socially responsible procurement'* (Source: [Law.gov.wales](https://www.law.gov.wales))

We also continue to focus on our commitment to the Welsh Language (Wales) Measure (2011) and compliance with the Welsh Language Standards, taking a step forward in employing internal Welsh translation to support our operational and corporate teams.

We are committed to our responsibilities to future generations in respect of the Environment Wales Act (2016).

Our plan takes account of many other legislative, policy, strategic and financial drivers, including:

- Duty of Quality
- Duty of Candour
- Socio-Economic Duty
- Strategic Equality Plan
- The Race Equality Plan for Wales
- More than Just Words Action Plan
- The National Integrated Workforce Plan
- A Healthier Wales
- The NHS Long Term Workforce Plan England



These policies have been pivotal to the development of our Strategic Workforce Plan. The Wellbeing of Future Generations Act (2015) promotes sustainable development and sets seven wellbeing objectives for Wales. It urges public bodies to adopt an integrated and long-term approach to prevent problems and enhance the community's overall wellbeing and provides a foundation for our plan.

See Appendix 2 for more detail.

Stakeholder Engagement

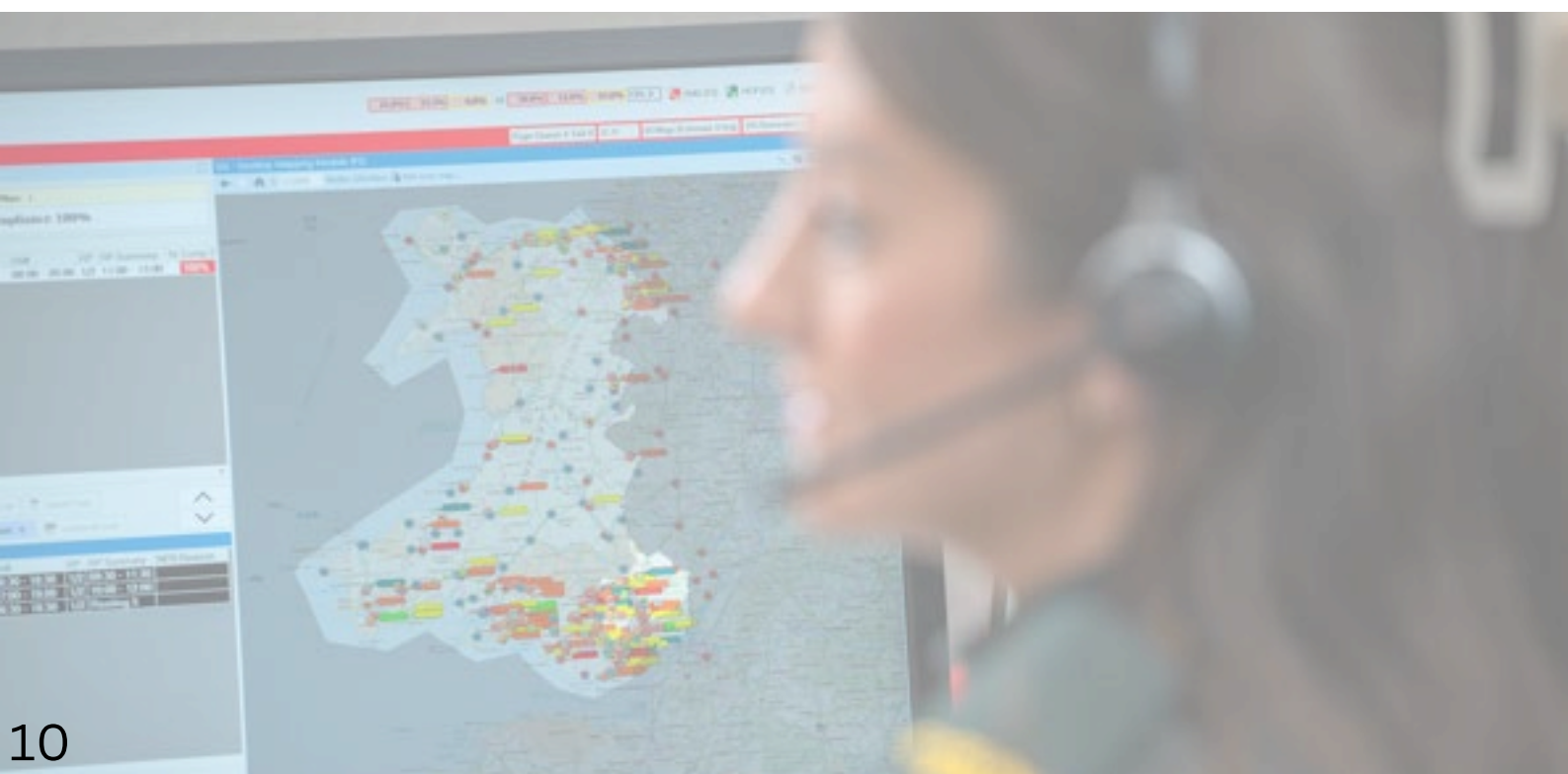
STRATEGIC WORKFORCE PLAN

In WAST we have strong partnership working arrangements with our Trades Union representatives, internal and external partners including Health Boards and Welsh Government. This commitment to systems and partnership working aids effective positive change around our workforce and has been crucial in the development of this plan.

We have collected and included a diverse range of views from our stakeholders by holding several events which included:

- A range of 1:1s and focus group meetings
- Discussions from team and board meetings
- Input from surveys
- Workshops
- Outputs from key strategic meetings
- Input from our patients and volunteer teams
- Discussions with our Commissioners and other key external stakeholders

To accurately understand the current position, we invited a cross-section of colleagues to several workshops. We plotted our critical posts and developed a skills inventory. To define the external environment we operate in, we carried out PESTLE analyses and developed these findings further by working on focused SWOT analysis for key areas of the organisation. From these activities we developed a picture of where we are and where there is potential for change, innovation and future growth. A summary of this work is available in Appendix 3.



Strategic Workforce Plan Objectives

One of the key elements of this plan is the work we have undertaken to align to the overarching Wales, Six Goals for Urgent and Emergency Care, WAST Delivering Excellence: Our Vision for 2030, Integrated Medium Term Plan, People & Culture Plan and our forthcoming People Development Plan. Our People & Culture Rich Picture illustrates our desired future state as found in Appendix 4.



The IMTP 2024-2027 has a detailed account of our strategic objectives and how our current services are configured, with outlined plans for workforce changes being planned to meet future demand. The Strategic Workforce Plan seeks to take the wider view and set the context for where we are and where we need to be by 2030.

As the review of the current workforce data undertaken to develop this plan demonstrates, there are several priorities for leaders and managers to consider. We have aligned this plan to the IMTP and other WAST strategies. The following themes / strategic objectives have been highlighted as a result of the stakeholder engagement work undertaken to develop this Plan.



Strategic Workforce Plan Equality Objectives

Workforce Equality Objective	Strategic Workforce Plan Objective
We will continue to celebrate and promote the diversity of all our people, to ensure they feel safe, valued and respected at work.	1. Developing the employees, managers and leaders of the future 2. Re-shaping and enhancing the workforce for the future 3. Recruitment and retention processes fit for the future 4. Improving our people's workplace experience
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.	
We will take action to increase awareness and tackle key equalities issues that may arise from a person's 'protected characteristics' to ensure our services, our culture and our people understand and are responsive to the needs of all.	
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.	

Equality, Diversity and Inclusion

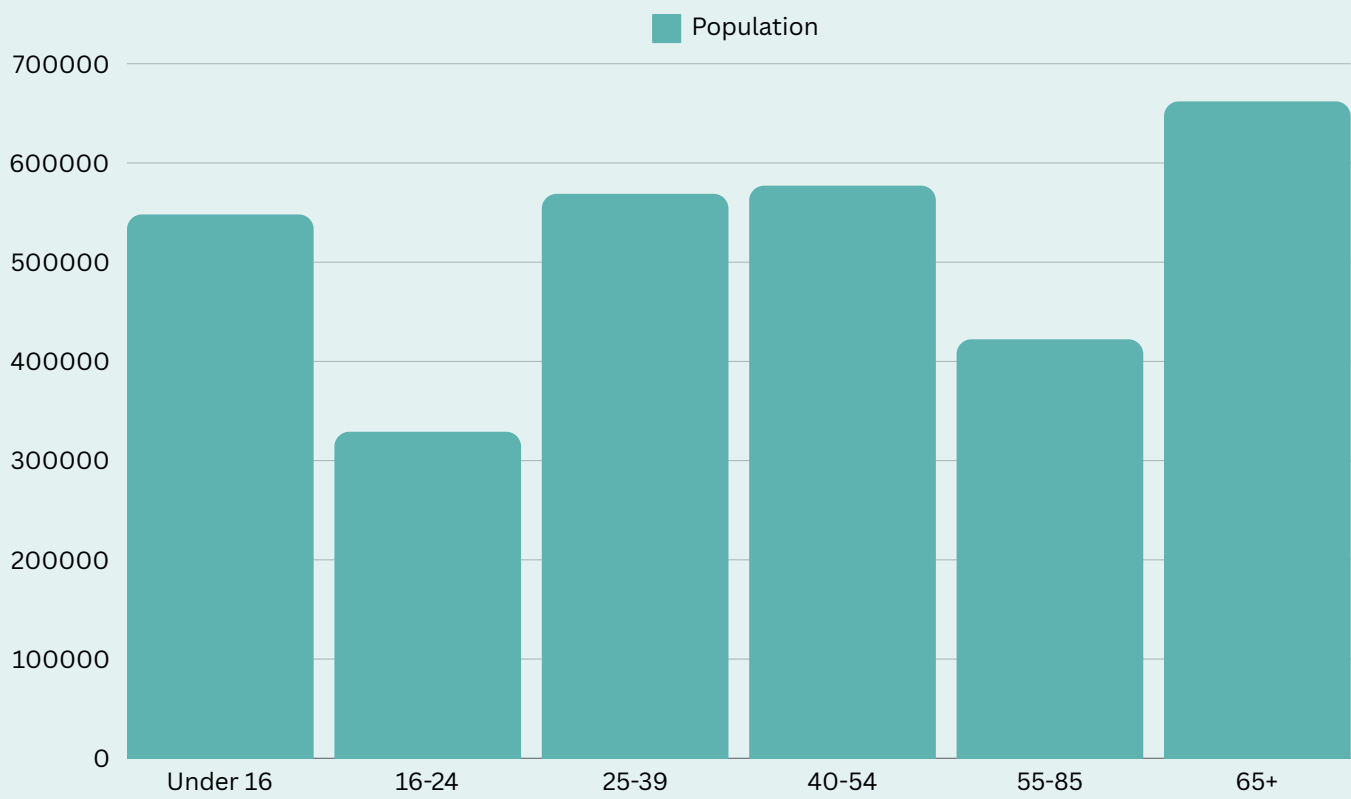
By aligning the Strategic Workforce Plan with the People and Culture Plan, the Equality Plan and the forthcoming People Development Plan and Health and Well-Being Plans, we will continue to see diversity and inclusivity as cornerstones of our workforce agenda. These plans directly affect our workforce and aim to reflect our commitment to creating an inclusive environment where all voices are valued, where individuals from diverse backgrounds are empowered to bring their best selves to work and propel our organisation forward into the future. As part of developing this plan, we have aligned equality and the workforce plan objectives demonstrating an integrated approach.

Defining the Plan - Wales 2021 Census Update

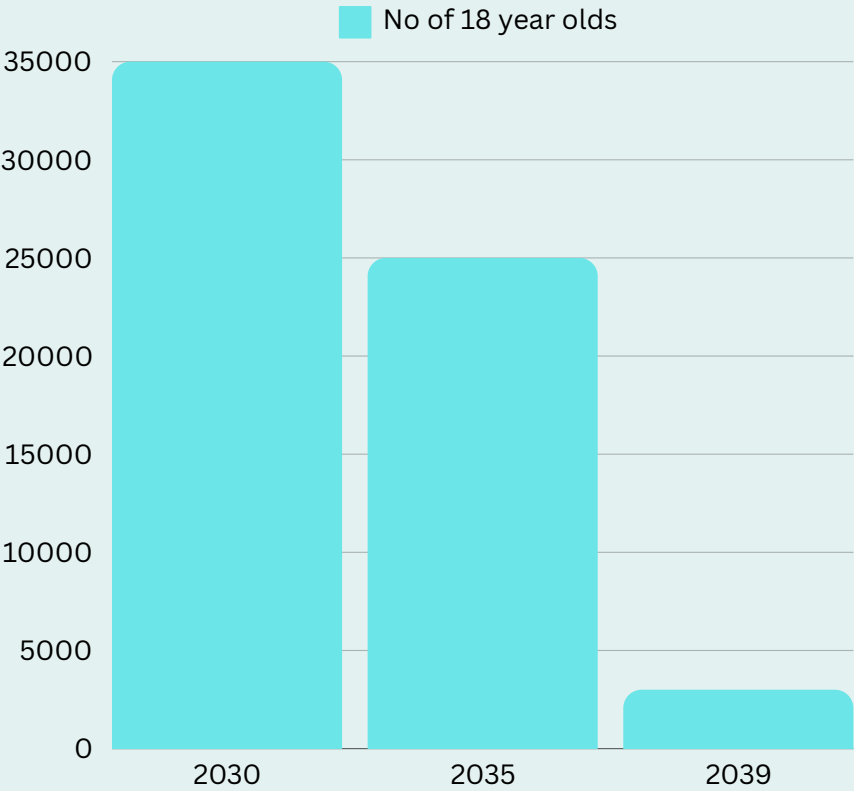
The Census 2021 data tells us that we have a population that is aging, and this is reflected in the aging working population across Wales. The reducing numbers of younger people in Wales is a potential future problem for all employers, WAST included. The economically inactive population in Wales which indicates high levels of long-term health conditions, the increasing economic deprivation and the associated higher levels of poor general health increase the need to access health and social care services. The following tables highlight these issues.

The under 16 population is currently showing as fairly healthy but this group will be in their late 20s by the time we reach 2039. As shown in the population change projection chart, the picture for the next 15 years shows that there will be a significant increase in numbers for our older population, and a freefall for lower age groups.

Population of Wales by Age group Census 2021

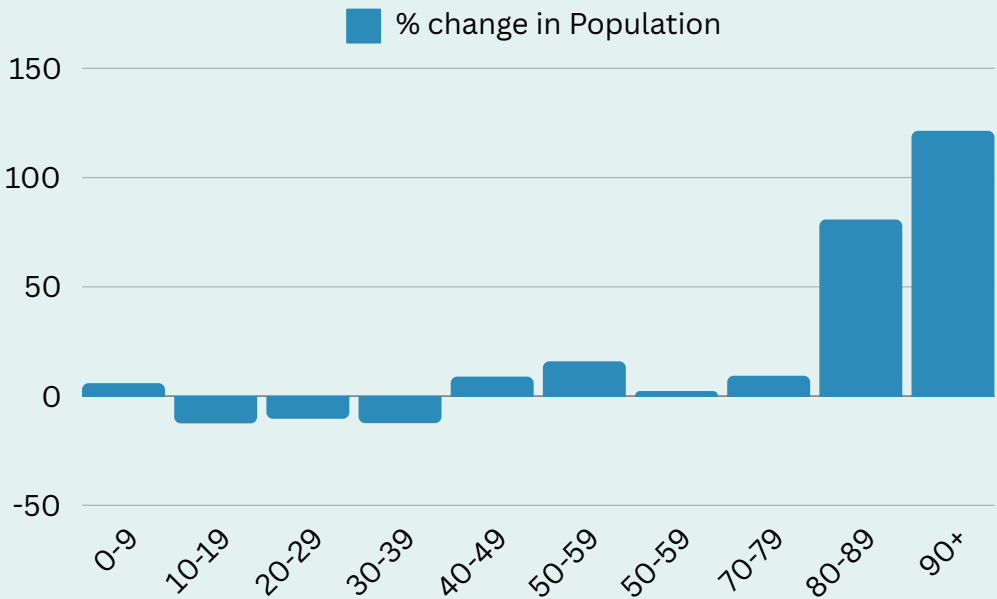


Projections for 18 year old population in Wales



Of greatest concern is the projections for the numbers of 18 year olds who will be available to work over the next 15 years. The 2021 Census shows that there has been a decrease in 16-17 year olds of 9.8% since 2011, and a decrease of 12.5% in the numbers of 18-24 year olds. Over time it is projected that there will be a significant reduction in available 'school leavers' by 2040.

Projected % in population Age Groups (Wales) by 2050



Our employed workforce age profile is segmented as follows:

- 22% are over 55
- 36% are over 50
- 40% are aged between 41 and 55
- 21% are under 30
- 7% are under 25

We will need to focus on who and how we recruit our future workforce with age profile and our working age population in mind.

Our socio-economic challenges

The socio-economic challenges that we face here in Wales are significant. A snapshot of the economically active and inactive workforce across some of our health boards demonstrates the size of the potential problem:

The issues WAST has regarding rurality correlate with the Census data shown in the table below. *Our most rural region covers most of mid Wales.* However, Wales overall has a high level of economic inactivity of the working age population, and this is the driver for future health strategies of Welsh Government. WAST will be playing a key role in how we adapt our services and workforce.

This is a key influencing factor and it will have implications for how we deliver our services going forward.

Wales' working age population - Census 2021

Characteristic	Measure	Area Low	Low	WALES	High	Area High
Economic activity	in employment	Swansea Bay HB	42%	44%	46.4%	Powys THB
Economic Inactivity	Inactive	Cardiff and Vale HB	34%	35.8%	38.2%	Hywel Dda HB
Economic Inactivity	Long term sick	Powys THB	3.6%	4.9%	6.1%	Cwm Taf BM HB



2. Mapping our change



STRATEGIC WORKFORCE PLAN

A significant proportion of our demand is for patients who have an urgent or lower acuity health need, presenting either through a 999 call or via the 111 system. For these patients, irrespective of how they have accessed our services we need to work with our partners to create an integrated 24/7 urgent response service which is bespoke, i.e. meeting patient's individual needs closer to home. This service includes:

- a **Remote Integrated Care Service** where our existing NHS 111 and 999 clinical teams will come together, working closely with health board remote clinical hubs and developing mechanisms to support their clinical decision making, including access to real time observations through Connected Support Cymru;
- an **Urgent Community Response** service providing face-to-face assessment and treatment.

We already provide a range of responses, such as advanced practitioners, falls services, mental health response and palliative care paramedics, and we want to work with health boards to grow and integrate these with their own community response services. Key to the success of these teams will be developing access to community pathways.

Our Ambulance Care patient transport service will also have a greater role in the future in supporting flow across the system, whether that is through flexible discharge services, dedicated and responsive inter-hospital transfer schemes or an 'on the day' planned health transport service accessible to HCPs or our own clinicians.

This Strategic Workforce Plan focuses on the challenges we will face that are relevant to ensuring we have the right people, in the right place, at the right time, at the right cost, *when they are needed*. Looking into the future requires us to think differently. It also requires us to focus on the evidence that is available to us to make good decisions regarding changes we need to make over this next planning period on behalf of our patients and communities.

3. Defining the Future Workforce

What influences future workforce needs and composition?

STRATEGIC
WORKFORCE
PLAN

Our Current workforce

We are currently undergoing significant change across the organisation in order to modernise our services and improve outcomes for patients and staff. We have a workforce that is highly skilled and committed to service Wales to the best of our ability. A review of our workforce profile indicates that we have rich seams but also some blind spots that need to be addressed.

Collaborative efforts between the Trust and commissioners are vital for optimising service delivery across IHI, EMS, EMSC and NEPTS. By utilising data evidence and fostering strategic partnerships with Unions, Health Boards and others, we will continue to strive to deliver a resilient and responsive healthcare system that meets the diverse needs of the community.

Investment in clinical skills, particularly in advanced practice, remains a priority for the Trust, ensuring the delivery of high-quality care. Our operations services comprise 89% of our workforce and we have therefore identified a gap in support staff necessitating a focus on bolstering support services across our corporate functions to complement our frontline operations effectively.

Recent workforce assessments highlighted team working as a prominent soft skill within our workforce, closely followed by flexibility and adaptability. However, there is room for improvement in Welsh language proficiency and stakeholder relations skills across various staff groups. We are dedicated to enhancing diversity, equality, and inclusion across the organisation, increasingly reflecting the communities we serve.

As we prepare for the future of work, prioritising the upskilling, cross-skilling and reskilling needs of our existing and future workforce will assist with ensuring our team is ready to tackle challenges and maintain high health care and patient experience standards.



Future workforce composition

Developing our employees, managers and leaders

In the next 5 years, our vision is to establish a culture of leadership that is rooted in 'OUR Best' behaviours and values ('OUR WAST Way'). We envisage a future where employee, management and leadership development at WAST is both personalised and inclusive, recognising the unique strengths and growth areas of each leader and potential leaders of the future. As a University Trust it is incumbent upon us to maximise local learning and development opportunities for our employees.

Reshaping the workforce for the future

We are transforming our services by reducing our traditional role of taking patients to hospital. We are increasing the role of remote assessment and providing expert advice to patients, developing fast track pathways to care, and delivering more 'see and treat' at home. This requires a detailed plan of how we intend to reshape the future workforce to meet demand and emerging needs that require new ways of working.

Recruitment and Retention fit for the future

WAST offers uniquely specialised roles across the organisation, including clinical and professional roles that provide critical behind-the-scenes work that includes clinical and research opportunities. We will develop new roles and career pathways to ensure we have the right skills in the right place at the right time to meet demand and deliver our services.

Improving Our People's Workplace Experience

The key to delivering the best patient care is focusing on the needs of our people. We are actively listening, learning and ensuring we take action to address some of the biggest issues that are impacting on the daily lived experience of our colleagues. Acknowledging the cultural issues that have come to light in the wider emergency service sector, we are continuing work to build a safe, positive culture with an emphasis on wellbeing, support and development, where we can bring 'our best' selves to work.

Future Supply Requirements

STRATEGIC WORKFORCE PLAN

Education

Investing in a range of pathways and experiences:

- Work Based Learning - Apprenticeships, regulated qualifications, routes to registration
- undergraduate to registration
- post graduate programmes
- inter-professional and cross profession programmes for a multi-discipline rich talent pool and pipeline

Role Redesign

Ensuring our roles meet patient, service and system needs:

- rotational models within WAST
- shared contracts across NHS & Social Care Wales
- Advanced and Consultant Practice - single and multi-profession
- portfolio careers

Attraction

Our workforce supply comes from 5 main sources:

- WAST career pathways
- graduates from education and training programmes
- volunteers moving to careers
- evolved roles based on experience
- those seeking relocation opportunities across Wales

Retention

Ensuring our offer and opportunities meet colleagues' career spanning needs:

- enhancing job satisfaction: flexible working arrangements - annualised hours, shared contracts, rotation - across the NHS - on and off the road for all registrants
- professional development and equitable recognition
- career progression opportunities within the communities we serve



Future Roles and ways of working



STRATEGIC WORKFORCE PLAN

Remote Clinical Assessment

Calls will be transferred to our remote clinical assessment team from clinicians in EMSC. They will contact the patient via telephone or video call, undertake an assessment and determine the most appropriate response, which may include advice on self-care, signposting to alternative pathways, advising alternative transport, or dispatching a range of our clinicians for an on-scene assessment. Additional capacity has already been planned for 2024/25 and is being integrated into the workforce over the summer 2024.

Advanced Paramedic Practitioners (APPs)

We are planning to increase our APP workforce year on year for the next 3 years. This segment of the workforce will be deployed within the Trust, directly providing clinical care for patients with urgent care needs *and* may also be embedded in health board services. We therefore need to be aware that we will continue to be a future recruitment source for other areas of NHS Wales, and potentially beyond our borders.

Paramedic and EMT:

We continually review the requirements for these roles and undertake annual recruitment campaigns. As a Trust we are looking to diversify the routes to these roles.

Cymru High Acuity Response Unit - CHARU:

We will continue to recruit to the CHARU service, with focused recruitment into rural areas and action taken to adapt the model to maximise the best outcomes for patients.

Future Roles and ways of working

**STRATEGIC
WORKFORCE
PLAN**

Organisational Support:

We are planning to consolidate support for the Recruitment and Education Centre of Excellence functions to maintain capacity at commissioned levels, whilst smoothing the balance of the available workforce between urban and rural areas. We acknowledge the invaluable role played by our Corporate functions and all those who work within them to ensure our frontline services are able to operate effectively and efficiently.

Our People & Culture Rich Picture, this plan and our enabling People Development Plan centre on identifying how to grow and develop our job families and ensure they flourish in a professional environment with clear career pathways and active support to engage in personal and professional development across the whole Trust.

Volunteers - Community Welfare Responders:

The development of this role is part of the broader Connected Support Cymru programme, which is at the heart of our enhanced volunteering programme. We will also develop a function-based model across the volunteer management team to support the increasing numbers of our Community First Responders and Volunteer Car Drivers.

New Ways of Working

It may seem too difficult a task to implement new terms and conditions to an Ambulance Service. However, consideration of 'term time working', annualised hours, new shift patterns that support part time and flexible working patterns should not be placed in the 'too difficult' box. WAST will be considering how we can improve the way we work to help our employees get the most out of work, and this should include options to change how we set up the environment for *how we work*. As delivery during COVID demonstrated, we can respond to changing circumstances swiftly and innovatively, when necessary - working from home was embraced more readily than anyone expected.

4. Our workforce today



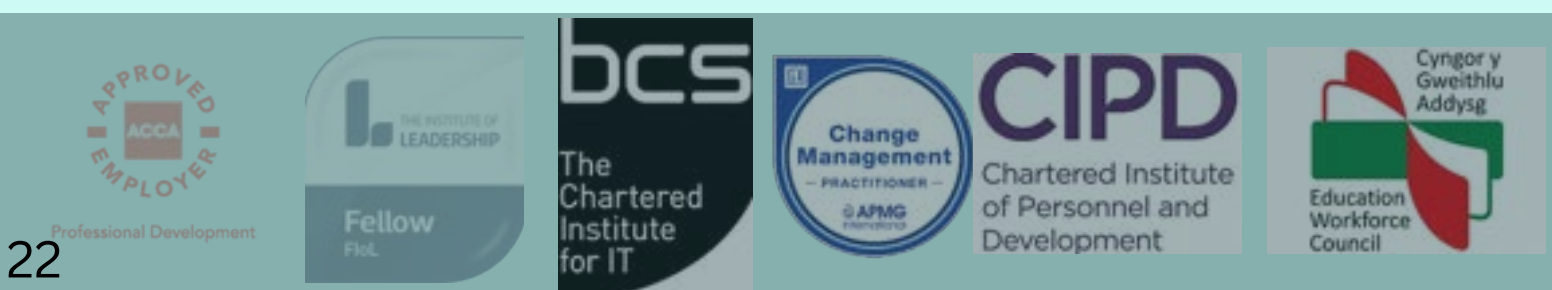
Our operations services comprise 89% of our workforce and we have therefore found that there is a potential gap in support staff. We have recently undertaken staffing level reviews of support services to identify whether there are any areas where additional resources are needed to meet the changing needs of the organisation.

Our Administration and Support Services Review in 2023 has shown us that this key segment of our workforce are eager to contribute and hungry to develop. Between 2023 and 2025, we have an ambitious Admin Review Delivery Programme where we will implement the recommendations.

We are making steady progress as we deliver various workstreams; powered on by co-production of many of the improvements alongside staff within this critical cadre. Career pathways and progression opportunities are the top priority along with skill development that keeps them at the forefront of best practice.

Apprenticeship routes will be designed to meet the needs of this function within the Trust and help to realise the ambitions of this professional job family.

Many of our Corporate roles have well established relationships with their various institutes, some examples include our FinCoR Directorate affiliation as an ACCA Approved Employer scheme, our dual registrant Education workforce, our many CIPD qualified People & Culture colleagues - we want this professional standing for everyone in the Trust and see this Strategic Workforce Plan and our enabling People Development Plan as catalysts to deliver this change.



WAST Volunteer Strategy

WAST recognises the vital contribution the volunteers make to the delivery of our services to our communities across Wales. In 2024/2025 we will be recruiting to a new role, the Community Welfare Responder. This is a key part of our priority to build awareness and embed a culture of volunteering across WAST. Here is our current strategy summary:

Build awareness and embed a culture of volunteering

To achieve this priority we will:	Key objective we aim to achieve:
Encourage a culture of open, effective and honest dialogue between employees and volunteers that embraces the voice of our volunteers	• More opportunities for employees and volunteers to openly discuss volunteering across WAST • Create a governance structure that recognises the role of Volunteers
Ensure that volunteering is embedded within our organisational Strategies	• Highlight volunteering within our People and Culture Plan and our local development plans
Celebrate the success and contribution of our volunteers	• Ensure stories of our successes are shared; raise the profile of volunteering within WAST and at national events
Seek to increase partnership opportunities with the Volunteer Sector and Blue Light partners across Wales to maximise their contribution	• Strengthen our partnership model and model of care and explore opportunities for innovation and collaboration
Encourage, support and equip our workforce to pursue volunteering opportunities and work alongside our volunteers	• Explore and support more opportunities for our workforce to volunteer both at home and abroad; create the right infrastructure to support volunteering
Create opportunities to volunteer and ensure we work to the highest standards in volunteering	• Achieve externally recognised accreditation

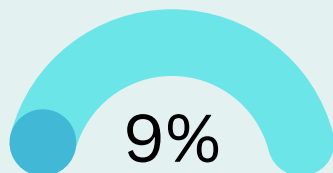
Establishment

Leavers Starters

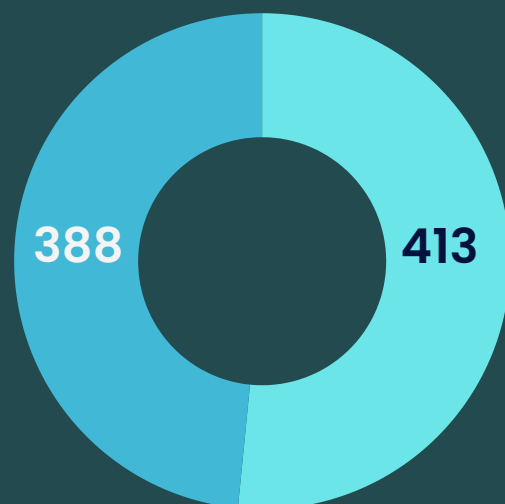
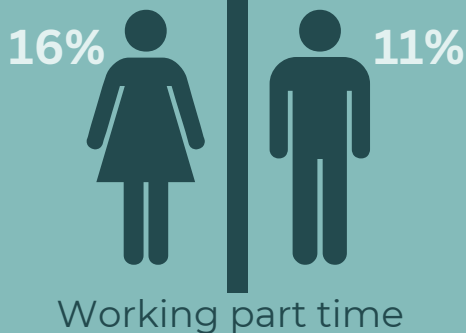
FT v PT



Turnover rate



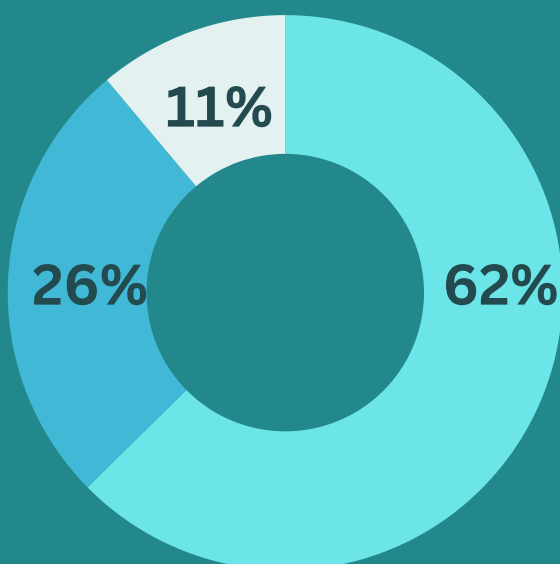
Normal range 6-8%



Workforce Segmentation

Ops on the Road

Ops off the Road Other than Ops



Projected retirements by 2030

Additional Clinical Services **35%**

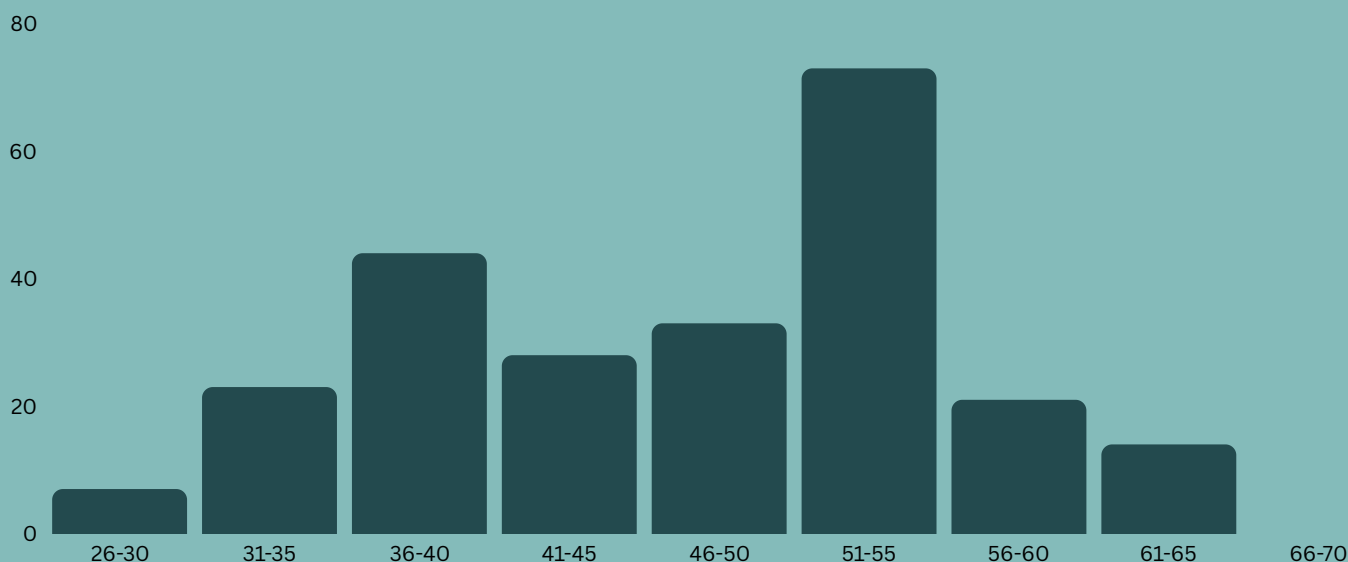
Admin & Clerical **26%**

Allied Health Professional **19%**

Estates & Ancillary **56%**

Nursing & Midwifery **53%**

Band 8 employees by Age Band



Current Workforce - Protected Characteristics

Gender split



49%F/51%M

1992

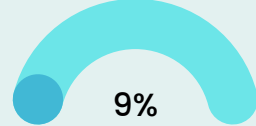


2137



FTE

Disability
Declared - Yes



9%

Ethnicity



<5% Other than White

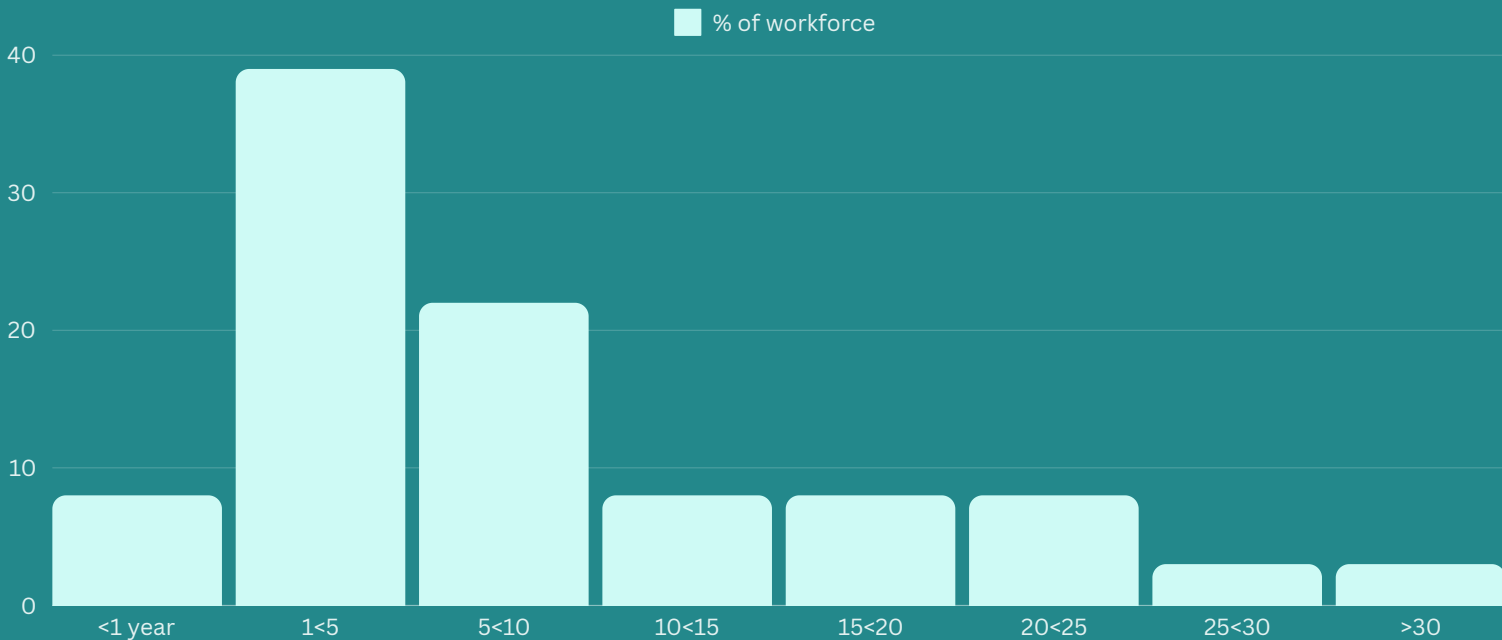
Sexual orientation



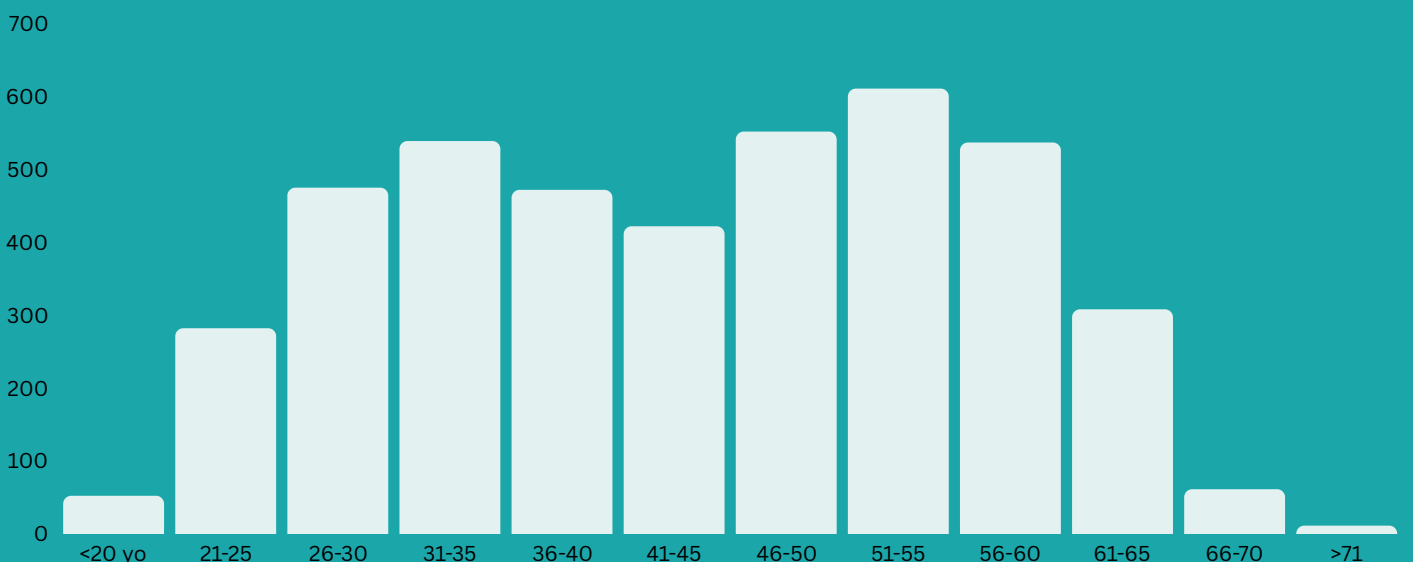
<10% LGBTQ+

Data is limited - numbers too small to publish

Length of Service profile



Current Workforce Age Profile



Retention

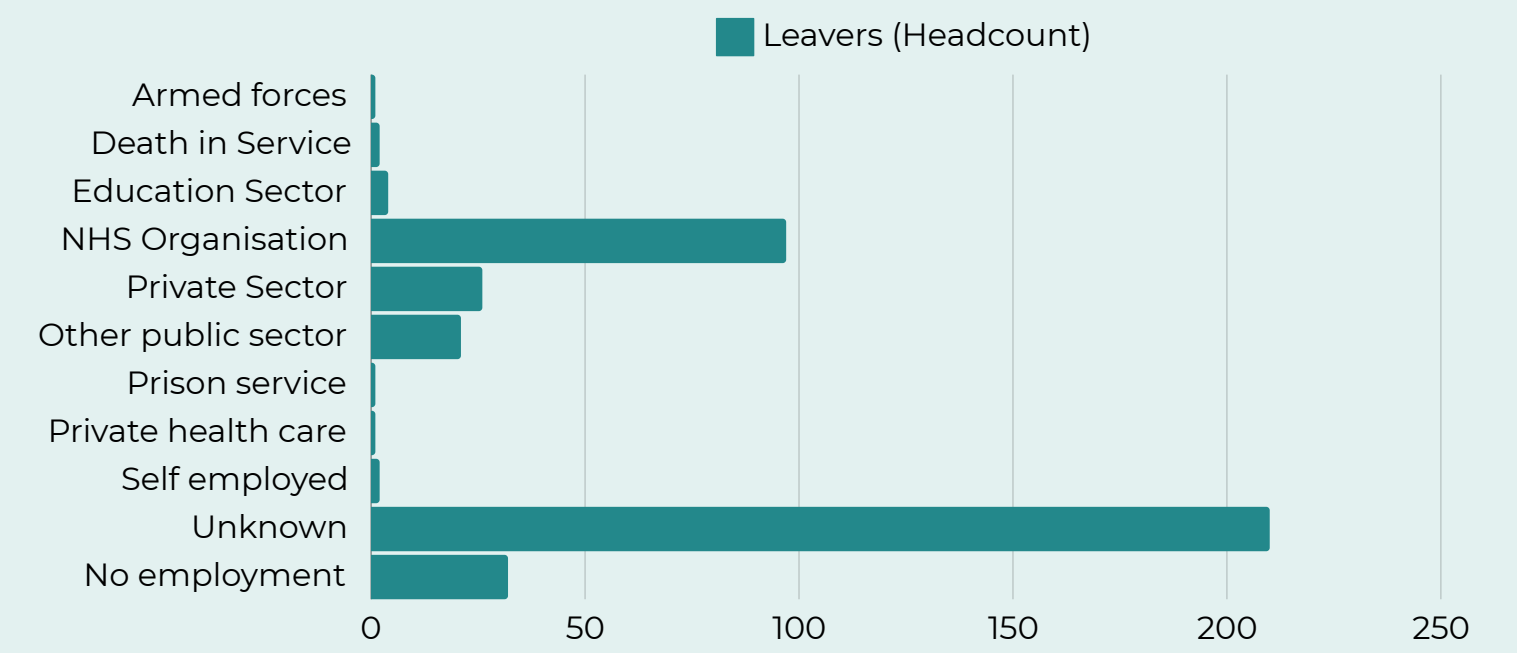
With the aging workforce profile and the projections for potential retirements forthcoming up to 2029/30, it is essential that managers and employees are open about their intentions regarding the uptake of flexible retirement and or retire and return options to assist with future planning.

The data demonstrates that to date there has been a relatively low reduction in numbers due to retirements. The Retirement Rate for 23/24 was 2.05% of the total workforce; we can extrapolate the likely retirements going forward year on year to 2030. This will support workforce design and re-design activities and help managers to manage succession appropriately.

We have a robust *internal labour market*. However, our greatest competitors are other NHS Organisations across Wales, and as we develop new roles which take time and investment, these employees will also become more attractive to those competitors.

Our Retention Lead is working on a Retention Plan for our nursing workforce. In due time, the lessons learned from the recommendations of this plan will be implemented as appropriate in other areas.

Where are our leavers going?



Welsh Language

Currently **24.6%** of our workforce can communicate in Welsh at Level 2 or above in Speaking and Listening categories, compared to 2020, where it was 23.19%. This is proportionally almost equivalent to the current percentage of Welsh speakers in Wales.

Over the next planning period we intend to offer additional support to the workforce to develop more confidence in using the Welsh Language at work, providing the environment to re-establish and enhance their proficiency. Being able to say a few words in Welsh can go a long way and even if staff don't speak Welsh, an understanding of the needs of Welsh speakers can make a big difference.

We will continue to promote our Welsh Language training offer to our employees and facilitate the 'Active Offer' to patients and strive to increase the use of Welsh across the organisation as part of business as usual. Our aim is to reach the same level of Welsh speakers as we have nationally, currently 27%, by 2030 (Census 2021).

We have added a Welsh Language e-Learning module to our mandatory training requirements and will continue to assist our employees with improving these skills.

Performance Appraisal

The WAST Target for PADR completion is 85% annually across the whole workforce.

Managers and employees participate in regular personal development reviews and annual appraisals and managers are therefore able to take steps to recruit to vacancies or reshape roles to meet changing organisational needs.

The PADR process is an essential tool in developing our people 'Our WAST Way'. New roles and career paths are under consideration and will form a key part in future succession planning activities across all roles.



5. The Workforce Action Plan

During our engagement process our stakeholders raised a number of key priorities for action which we have themed under the workforce plan objectives. We would like to be able to undertake all these actions as quickly as possible, but with limited resources, we have had to prioritise.

The Action Plan is phased into 3 blocks - 2 yearly increments - which will be implemented over the next 6 years. As the plan is 'live', these priorities may move from one phase to another or indeed be revised or changed.

At this point in time, however, we have made decisions based on immediate requirements and then longer term needs of the organisation based on our stakeholders views. During engagement with colleagues over the past year, we have gleaned that while we do a lot of things right, we can do more to improve our working environment, making our organisation a place where our people can develop their careers and thrive. We are working to develop our services to meet the future head on, embracing new technologies and new ways of working at pace.

Our forthcoming Health and Wellbeing Plan 2025-2029 will focus on supporting the workforce to bring their best selves to work and shaping the workplace environment to improve the health and well-being of the workforce.

We have also taken into account what our patients have told us recently. Patient stories help us to understand their experience. We listen to our patients, both callers and in face to face situations, so we can focus our discussions around where we can improve our services.

Developing our workforce action plan has required some tough decisions, We cannot do everything we would like to do, but we can prioritise the 'big things' that will have the most impact for our employees and our communities.

All of our planned tasks are aligned to the People and Culture Plan and the current IMTP (2024-2027).



Strategic Workforce Action Plan 2024-26

Each action aligns with objectives outlined in other Strategic Plans:

Code- Q for the Equality Plan, IMTP, LDP for Local Development Plans, P&C for People and Culture, PDP for People and Development Plan, V for Volunteer Strategy, R for Retention Plan, S for SWFP, HWB for Health and Wellbeing Strategy, WLS Welsh Language Recruitment Strategy

Objective	Action	Owned by	When	Link to other plans
Developing employees, managers and leaders for the future	- Review and implement Digital Skills strategy for 2025-2030 - Develop and implement People Development Plan 2025 - 2030 - Review and update existing e-Learning provision - Expand Apprenticeship Programme and CPD opportunities across the Trust 2025-2030	Digital & Education Education Education Education	2024 - 2025	IMTP R P&C; PDP HWB
Reshaping the workforce of the future	- Refresh the current Volunteers strategy - include plan for new roles / opportunities for volunteer cadre - Develop and implement revised clinical leadership structure to support new delivery models - Develop service specific workforce plans for each Directorate (and each Operational Service area) - Continue to develop workforce planning data in ESR / reporting and management WFP skills	Operations - Volunteers Clinical All Directorates Workforce Planning	2024 - 2026	IMTP / V / P&C LDP R HWB

Strategic Workforce Action Plan 2024-26

Each action aligns with objectives outlined in other Strategic Plans:

Code- the Q Equality Plan, I for IMTP, P&C for People and Culture, PDP for People and Development Plan, HWB for Health and Wellbeing Strategy, V for Volunteer Strategy, R for Retention Plan, S for SWFP, WLS Welsh Language Recruitment Strategy

Objective	Action	Owned by	When	Link to other plans
Recruitment processes fit for the future	- Develop and implement a Welsh Language Recruitment Strategy to 2030 (link to More than Just Words) - Develop and implement centralised recruitment function for WAST	Corporate Governance Workforce Planning	2024-2026	WLS/ P&C Q R
Improving our people's workplace experience	- Review employee benefits and Employee Value Propositions and update flexible working arrangements - Review job descriptions and identify roles that require job redesign - Support employees learning Welsh (Undertake skills survey - 27% by 2030)	People Services People Services Corporate Governance	2024-2026	WLS/ P&C Q R HWB

Strategic Workforce Action Plan 2026-28

Each action aligns with objectives outlined in other Strategic Plans:

Code- Q Equality Plan, I for IMTP, P&C for People and Culture, PDP for People and Development Plan, HWB for Health and Wellbeing Strategy, V for Volunteer Strategy, R for Retention Plan, S for SWFP

Objective	Action	Owned by	When	Link to other plans
Developing employees, managers and leaders for the future	- Develop and implement Coaching and Mentoring framework across the Trust - Develop and implement multi-level Leadership programme	Education & OD OD	2026-2027 2027-2028	P&C; PDP Q R HWB
Reshaping the workforce	Review workforce planning skills across WAST management cadre - update training as required	Workforce Planning	2027-2028	S
Recruitment processes fit for the future	Review Recruitment Strategy, Plan, processes and continue to utilise social media to maximum effect	Workforce Planning	2027-2028	P&C S Q R
Improving our people's workplace experience	- Develop new career pathways across the Trust - Develop a Welsh Language Network for employees	People Services & Education Corporate Services	2026-2027	S Q P&C R HWB

Strategic Workforce Action Plan 2028-30

Each action aligns with objectives outlined in other Strategic Plans:

Code- Q Equality Plan, I for IMTP, P&C for People and Culture,P& D for People and Development Plan, HWB for Health and Wellbeing Strategy, V for Volunteer Strategy, R for Retention Plan, S for SWFP

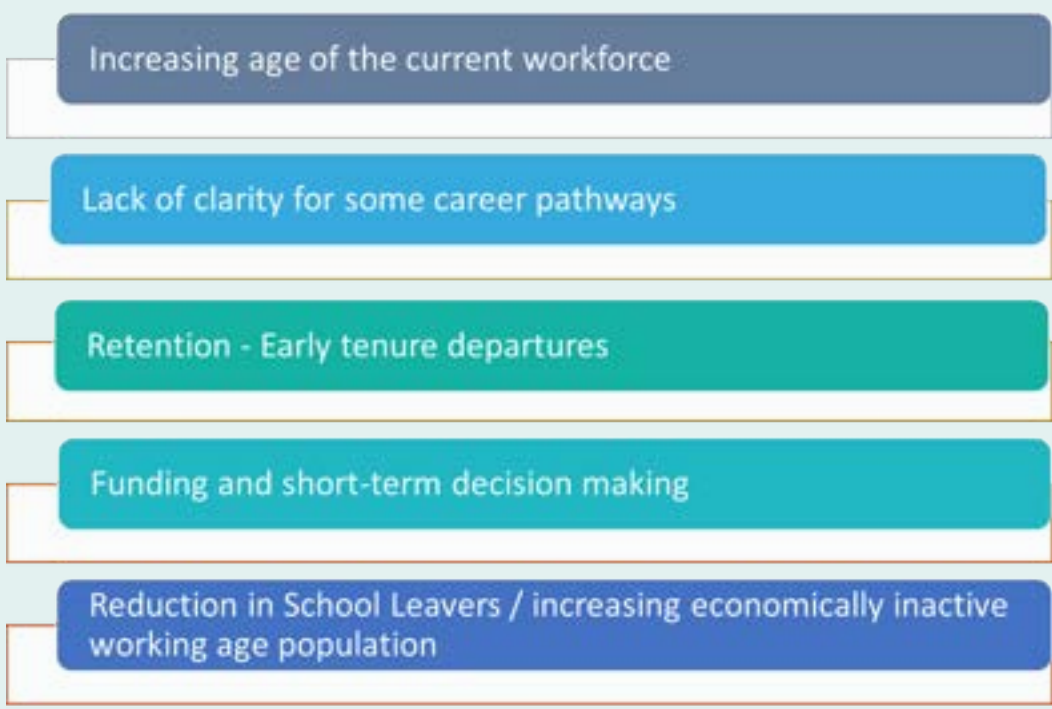
Objective	Action	Owned by	When	Link to other plans
Developing employees, managers and leaders for the future	Succession Planning in place for all lead and critical roles	People	2028-2030	S Q R HWB
Reshaping the workforce of the future	Implementation of new workforce solution (National Project)	Workforce Planning	2028-2030	S Q
Recruitment processes fit for the future	Review recruitment processes to ensure fit for new workforce solution	Workforce Planning & Education	2028-2029	S Q R
Improving our people's workplace experience	Identify new channels to support Health & Wellbeing for future workforce	People - OH & Wellbeing	2029-2030	S Q R HWB

Risk Assessment

WAST has identified several risks related to our workforce planning activities for the next planning period. There is a significant inter-relationship between the Operational service areas that impacts the recruitment and retention of our workforce. Overall, the majority of our workforce is recruited from within, and therefore we have to take into account that when we recruit we are promoting internal talent in most cases.

Growing our Own is an important part of the future workforce strategy for WAST, and therefore the plan will ensure that analysis of future skills requirements and the identification of critical posts are regularly reviewed and plans are adjusted accordingly.

Our top 5 Workforce Planning risks:



- Increasing age profiles across our workforce will require significant investment in retention activities to extend the working life of existing staff
- Increasing turnover of staff with relatively low years' service may be impacting the knowledge capital of the workforce overall
- Lack of clarity in some career pathways may be contributing to the short stay figures we are seeing
- Lack of funding and reactive changes to short term funding can disrupt workforce planning activities.
- Reduced school leavers and the high level of economically inactive working age population over the next 5-10 years will impact our ability to recruit the right people with the right skills.

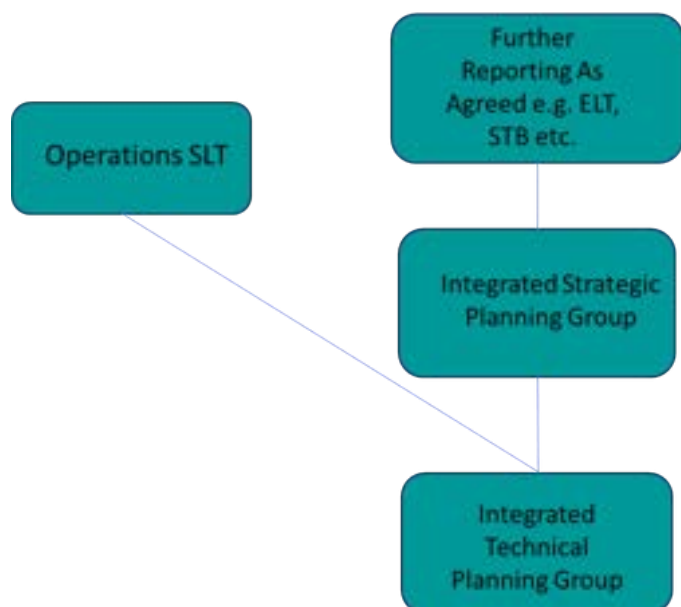
6. Implementation, monitoring, review

WAST requires constant vigilance regarding its frontline resource requirements and therefore ensures that there is continued surveillance on the frontline workforce capacity and productivity. The Strategic Workforce Plan is a live document that will be kept under regular review. There is a clear governance structure in place to ensure we have the workforce we need when we need it.

The Integrated Technical Planning Group (ITPG) connects, integrates and manages the detailed technical planning for workforce, recruitment, estate, fleet, rosters and finance in the Trust. This group provides WAST with an integrated approach to the Trust's workforce planning activities, ensuring that potential future workforce imbalances between the supply and demand for different skills are anticipated in time for appropriate action to be taken. Therefore, operational changes to the workforce can be addressed quickly, and longer-term planning can be aligned to current and new strategies.

Crucially, the ITPG supports the delivery of the strategic ambitions of the Trust. The Group meets informally (weekly) and formally (monthly). The Group reports into the Strategic Planning Programme Board and workforce planning activities are disseminated across WAST ensuring that we have the workforce required to deliver services. Regular meetings ensure we are aware of the workforce position and can adapt plans quickly when necessary. *The ITPG aim is to maintain clear focus on the Strategic Workforce Plan objectives and amend priorities and actions as required.*

Integrated Technical Planning Governance:



ITPG reporting process:

- *ITPG weekly meeting - open agenda (30 minutes).*
- *Formal ITPG monthly meeting (1.5 hours).*
- *Workforce Monitoring Report to monthly meeting.*
- *AAA to ITSG and Ops SLT.*
- *SROs are Executive Director of Strategy, Planning & Performance and Director of People & Culture.*
- *ToR agreed with both SROs and ISPG.*

Conclusion - What will our Workforce be like in 2030?

It is clear to us that there remains a pressing need to change the way in which we and our partners respond to and meet our patients' needs. Previously, our service transformation ambitions were visualised through the concept of 'Inverting the Triangle'. This is focused primarily on transforming our response to patients who call 999 - moving away from the traditional ambulance model of care of clinical logistics and conveyance to a future where the majority of care needs are met and resolved in or close to the patient's home.

In order to maximise the impact and benefits for our patients, we want to broaden our thinking and adopt a more holistic and integrated approach, considering how all of our services (999, NHS 111 and NEPTs) contribute to the transformation of care. It is important to us that our transformation agenda aligns to and delivers the priorities of health boards and the Six Goals Programme. We are starting to describe a new integrated clinical response model, which has a number of key components which are described in more detail in the IMTP.

Our primary and most important priority has always been and will continue to be the provision of a world class emergency response service. Our strategies must ensure that we have sufficient, available emergency ambulances, CHARU and other resources to provide this rapid emergency response to secure the best possible outcome for each and every patient. But those needing an emergency response are a small proportion of the overall numbers of patients who contact or call us.

By implementing this Strategic Workforce Plan we will transform the composition of our workforce and this will enable us to deliver the following by 2030:

- A Rapid Integrated Care Service: we already have a national clinical footprint and infrastructure supporting NHS 111 and 999 services - we will implement new technology to ensure service improvement for patients
- An Urgent Community Response: Many patients will still need face-to-face assessment and treatment.
- A patient transport service that supports 'planned' care that is modernised and provides a better patient experience
- Effective utilisation of data to transform performance, following patients through the system and developing methods to share our data with Health Boards, ensuring improved efficiency and productivity.



Population Projections	Long-Term Conditions (LTCs)	Risk Factors
Ageing population: 1 in 5 age 70+ by 2038	Ageing population means a higher proportion living with LTCs	21% of people in Wales living in relative income poverty
UK life expectancy growing slower than similar countries	People living with 4+ LTCs to almost double by 2035	Cost of living crisis likely to deepen existing health inequalities
Stark differences in life expectancy between least and most deprived groups	The majority of people with 4+ LTCs will have mental ill-health by 2035	Rates of obesity are expected to rise until 2031-37
Potential causes: widening health inequalities, slow economic growth	More cancer cases in people aged 70+ by 2040	Adult smoking trends have been decreasing over time
	Diabetes prevalence to rise, a 22% increase by 2035-36	Modifiable behaviours are risk factors for many LTCs
	Deprivation is a risk factor for many preventable LTCs	

* By 2030-31 to deliver 2018-19 rates of care **EU-14 are countries who were members of the EU
Science Evidence Advice (SEA) Providing evidence and advice for Health and Social Services

5 in 10+ Years

Supply: NHS staff, beds, social care	Economic Considerations	New Technology, Genomics and Artificial Intelligence (AI)
Reductions in time spent in hospital expected	NHS Wales under significant pressure from growing patient needs and restricted capacity	Advanced tech will likely increase self-management of some LTCs
Significant increase in NHS staffing needs*	Funding gap in Wales – spending per person is like England, but less than EU-14 **	Increased use of digital and tech will likely improve health surveillance
Impacts may be mitigated by changes in technology and workforce composition	UK spends 55% less on Capital Health spending than EU-14** (eg, buildings and equipment)	Improvements to medicine and public health through new genetic and genomic technologies
Burden on GPs and community/ social care is likely to increase	Population health impacts individual and national prosperity	Adoption of AI and supporting Research and Development will drive innovation in healthcare
Number of 65+ requiring unpaid care is growing	Poor physical and mental health is associated with drop in earnings	AI needs to be regulated, ethical and transparent
Addressing waiting lists would have economic benefits	Onset of ill health increases likelihood of employment exit	

Appendices

Appendix 2 - Additional Documents

2021 Census ONS

<https://www.gov.wales/census-population>

Welsh Government: National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges

<https://www.gov.wales/sites/default/files/publications/2023-01/national-workforce-implementation-plan.pdf>

A Healthier Wales: Long Term Plan for Health and Social Care

Welsh Government

<https://www.gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf>

Future Generations Commissioner for Wales: Well-being of future

generations act <https://www.futuregenerations.wales/about-us/future-generations-act/>

Six Goals for urgent and emergency care <https://www.nhs.wales/sa/six-goals-for-urgent-emergency-care/>

Welsh Government: LGBTQ+ Action Plan For Wales

<https://www.gov.wales/lgbtq-action-plan-wales>

Welsh Government: The Duty of Quality Statutory Guidance 2023 and Quality Standards 2023

<https://www.gov.wales/sites/default/files/consultations/2022-10/the-duty-of-quality-statutory-guidance-2023-and-quality-standards-2023.pdf>

NHS England: NHS Long Term Workforce Plan

<https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>

Appendices

Appendix 2 - Additional Documents

Welsh Government: Race Equality Action Plan: An anti-racist Wales
<https://www.gov.wales/race-equality-action-plan-anti-racist-wales>

NHS Health Education England: The Topol Review – Preparing the healthcare workforce to deliver the digital future
<https://topol.hee.nhs.uk/>

Welsh Government: Stronger, fairer, greener Wales: a plan for employability and skills
<https://www.gov.wales/stronger-fairer-greener-wales-plan-employability-and-skills>

Welsh Ambulance Service Strategies and Plans:
<https://ambulance.nhs.wales/about-us/publications/>

Appendix 3: Stakeholder Workshops Summary

Representation has played a pivotal role in shaping the process of developing WAST's strategic workforce plan as it allows for diversity and richness of ideas. As part of our commitment to empowering every individual to contribute their best, the environmental scanning workshops were held across different service areas to give room for all views to be collated. A cross section of the workforce and TU representatives were invited to attend.

PESTLE

PESTLE analysis formed the first part of our environmental scanning workshops. These workshops were designed to systematically gather, analyse, and interpret information and data relating to WAST's external environment. The PESTLE tool audited six external influences on the Trust and covered aspects of political, economic, sociological, technological, legal and environmental factors that impact what we do.

SWOT

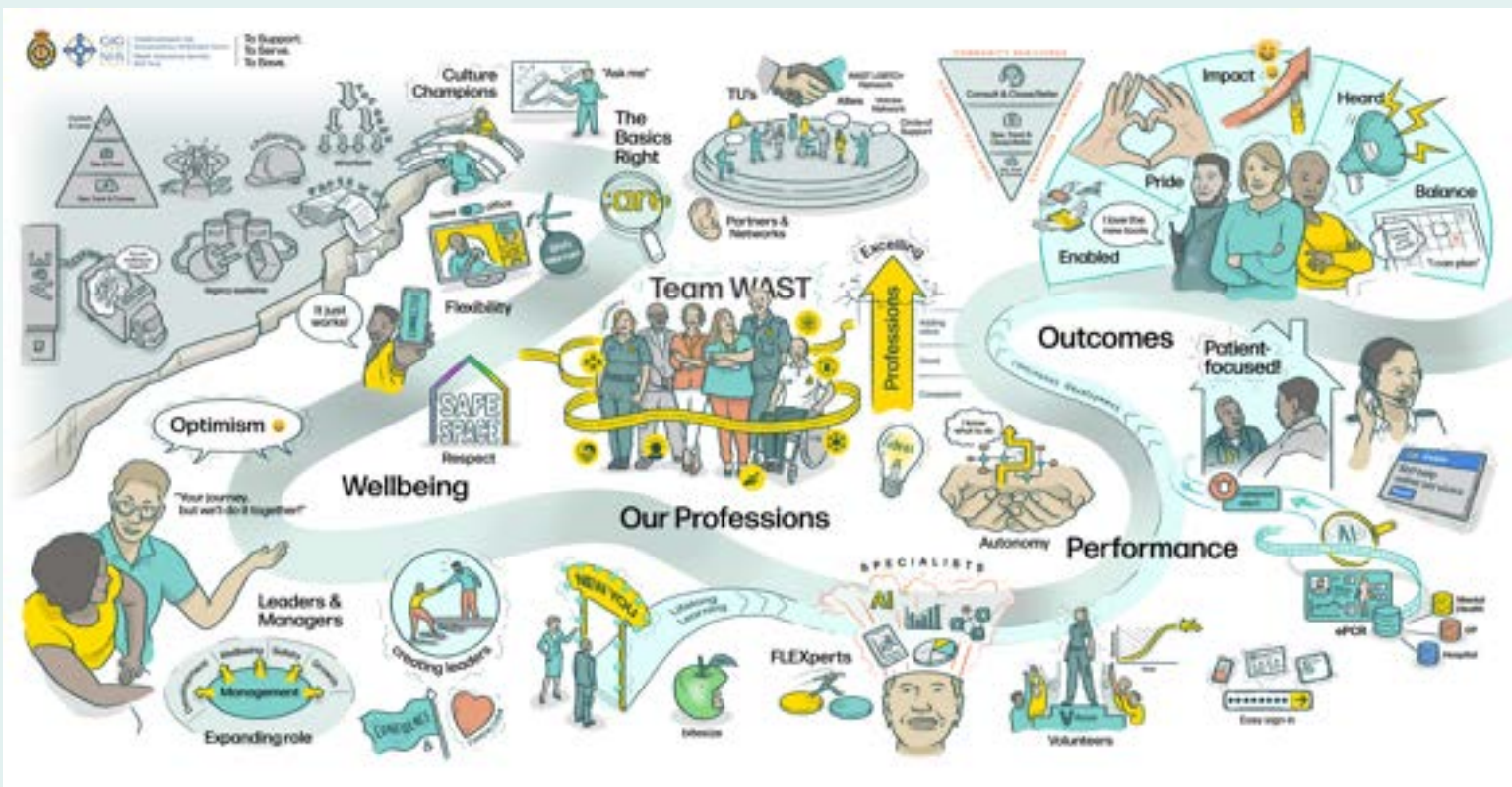
The SWOT analysis tool was utilised to gauge both internal and external factors that may impact WAST's strategic objectives. By highlighting strengths, weaknesses, opportunities and threats, this technique provided a comprehensive understanding of the Trust's position and assisted with the prioritisation of tasks for the Action Plan.

Future Scenarios

These workshops collated information from senior managers, Assistant Directors and Directors from across WAST. The groups considered developing their scenarios based on extreme views for 2 scenarios and then aiming to build a most likely future scenario. These scenarios will help to shape the future workforce and prepare for future planned and unexpected change.

As a result of these activities, we developed our 6 year workforce plan that aims to deliver innovative change to roles, the way we learn and develop and also, how we deliver our services. The Plan itemises the prioritised activities required by 2030.

Appendix 4: People and Culture Plan 'Rich Picture'





GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust



AGENDA ITEM No	14
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

Speaking Up Safely (SUS) Update September 2024

MEETING	Trust Board
DATE	26 September 2024
EXECUTIVE	Angela Lewis, Director of People and Culture
AUTHOR	Lizzie O'Shea
CONTACT	Lizzie.o'shea@wales.nhs.uk

EXECUTIVE SUMMARY

This paper gives a brief overview of the Speaking Up Safely progress since the Lead Guardian has been in post and the activities taking place over the course of Speak Up month in October. It's notable that most concerns that came in via SUS in the last three months were raised confidentially (63%), with others being anonymous (25%) or open (12%). The primary issues include staff safety and well-being, inappropriate behaviours, sexual safety concerns (three reported cases), and workplace incivility, with 38% involving bullying and harassment allegations.

The theme for Speak Up month this year is, "The Power of Listening". Initiatives proposed for the month include encouraging leaders to host listening events and developing a promotional video for Speaking Up Safely. Additionally, CEO roadshows will include a SUS stand, and this will emphasise a commitment to a supportive work environment where our people believe their voices will be heard and outcomes will be achieved. The plan also involves drop-in session with the Guardian, distributing promotional materials, conducting surveys, and sharing personal testimonials through Siren articles.

Trust Board are asked to:

- Receive assurance on SUS activity from this update.
- Support the continued implementation of Speaking Up Safely by liaising with the Guardian, talking about Speaking Up Safely regularly especially when interacting with staff.
- For those with teams, encourage leaders to facilitate a listening event in October.
- Send a Pledge that can be shared with the organisation in October, to lizzie.o'shea@wales.nhs.uk with how you will help embed a Speak Up and Listen Up culture in your teams.

KEY ISSUES/IMPLICATIONS
The need for continued promotion and support of Speaking Up Safely in WAST.

REPORT APPROVAL ROUTE
N/A

REPORT APPENDICES
Appendix 1: Speaking Up Safely Summary

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

SITUATION

1. The Speaking Up Safely (SUS) initiative has been a cornerstone of our commitment to a transparent and supportive organisational culture within WAST. Over the past twelve months, this initiative has successfully encouraged our people to voice their concerns in a manner that ensures their safety and confidentiality. We aspire to be an organisation where everyone feels safe to Speak Up, our leaders are equipped to Listen Up and as a Trust we Follow Up on concerns, thus leading to an inclusive and psychologically safe culture.

BACKGROUND

2. Speaking Up Safely was instituted to create an alternative and confidential mechanism that allows staff to raise concerns without fear of retaliation. This endeavor has led to significant advancements, including the appointment of a full-time Lead Speaking Up Safely Guardian, Lizzie O'Shea. She brings a wealth of experience and is keen to build on this to create a safer working environment at WAST.

3. A confidential database to systematically track and analyse the concerns raised has been developed, allowing us to further understand some of the cultural themes and trends occurring in WAST.
4. Since October 2023 over 140 cases have been raised via Speaking Up Safely. Clear SUS branding is now implemented at WAST. The Speaking Up Safely Guardian Lead is working closely with the Culture Champion network to ensure our people have peers that embrace and promote speaking up at a local level.
5. A network of Guardians in Wales has launched and although at its early stages, talks of introducing a bespoke training package for Wales have begun as well as sharing and learning good practice. WAST will be introducing a Speak Up policy, potentially leading the way for Wales.

ASSESSMENT

6. In the last three months (June - August 2024), a total of 24 concerns were raised through Speaking Up Safely. A significant majority (79%) of these concerns originated from the Operations Directorate, which is expected as the largest directorate in the Trust.
7. The nature of the concerns raised encompasses a variety of issues, including:
 - a. Incivility in the workplace, with 38% involving allegations of bullying and harassment and 34% involving inappropriate attitudes or behaviours from other colleagues.
 - b. Concerns regarding sexual safety, specifically three reported cases.
 - c. Issues pertaining to the safety and well-being of our staff.
8. It is noteworthy that a majority of these concerns were raised confidentially (63%), while others were either anonymous (25%) or open (12%).

RECOMMENDATIONS

9. As we progress, the theme for October 2024 is "The Power of Listening."
10. To further embed the Speak Up culture within WAST, the following actions are planned:
 - d. Encourage our leaders to facilitate listening events within their teams to inspire continued and regular open and transparent communications, where talking about mistakes or concerns is normalised at a local level.
 - e. Share personal testimonials through Siren articles to highlight the impact Speaking Up Safely is beginning to have at WAST.

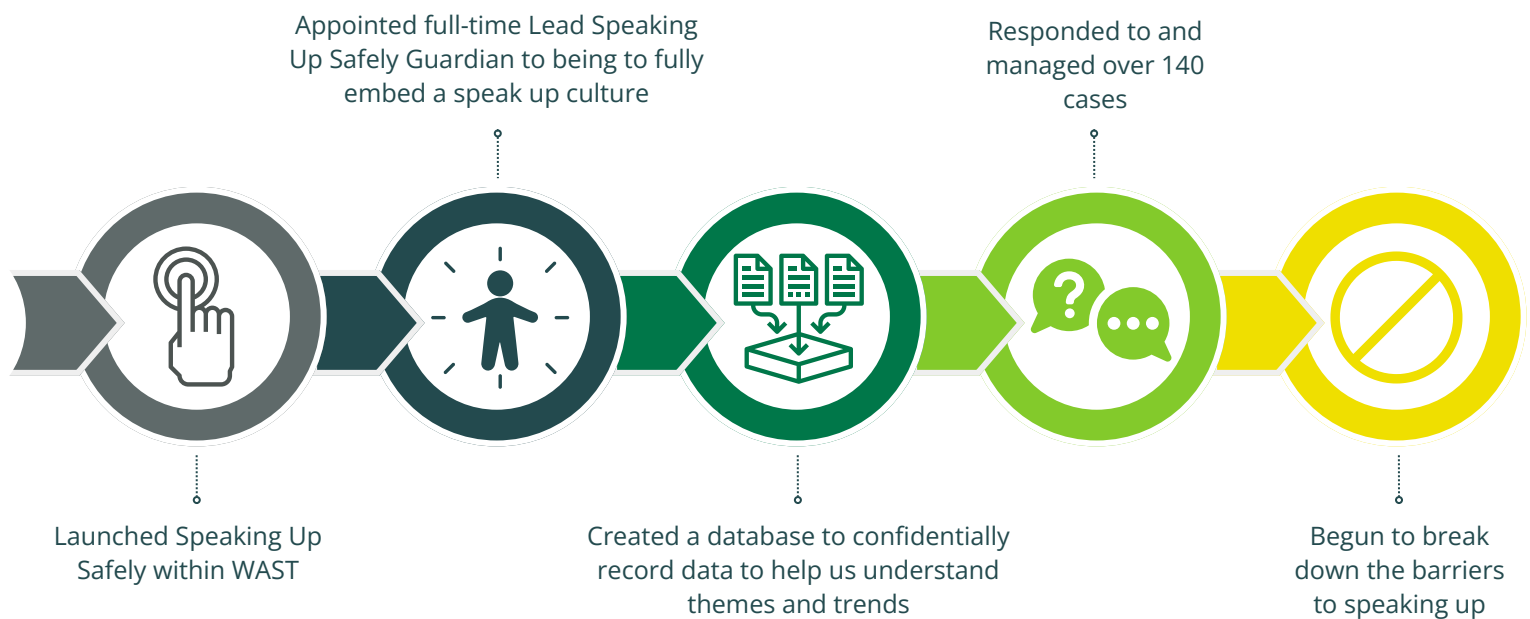
- f. Conduct surveys to gain deeper insights into our peoples concerns and perceptions as well as their understanding of SUS.
- g. Distribute promotional materials aimed at raising awareness about the SUS initiative.
- h. Host drop-in sessions with the Guardian and a representative from the Work in Confidence platform to provide colleagues with additional time to understand Speaking Up Safely.
- i. The Guardian will attend the CEO roadshows in October and provide a spotlight session to the Culture Champions to reinforce our commitment to a supportive work environment.
- j. Develop and distribute a promotional video centered on Speaking Up Safely.
- k. Encourage staff members to make Listen Up pledges, reinforcing the importance of active listening within the organisation.
- l. These initiatives are designed to reinforce the significance of listening and ensure that all voices within WAST are heard and valued, thereby fostering a more inclusive and supportive culture.

11. Trust Board is asked to:

- a. Encourage leaders in your teams to facilitate a listening event in October.
- b. Support the continued implementation of Speaking Up Safely by liaising with the Guardian, talking about Speaking Up Safely regularly especially when interacting with staff.
- a. For those with teams, encourage leaders to facilitate a listening event in October.
- c. Send a Pledge that can be shared with the organisation in October, to lizzie.o'shea@wales.nhs.uk with how you will help embed a Speak Up and Listen Up culture in your teams.

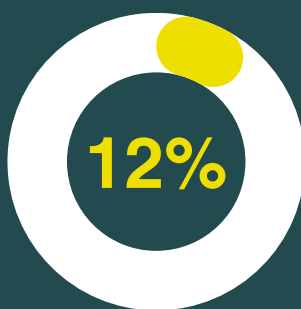
Spotlight On: Speaking Up Safely

Looking Back: *What we've done over the last 12 months*

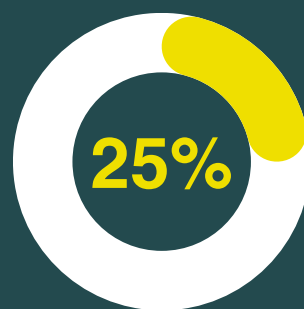


In the last 3 months (Jun- Aug) 24 concerns were raised via Speaking Up Safely.

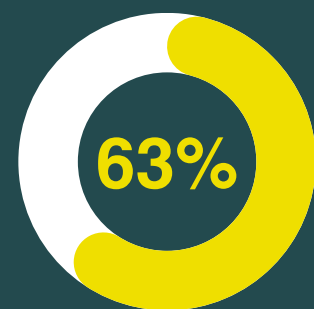
Themes



Open



Anonymous



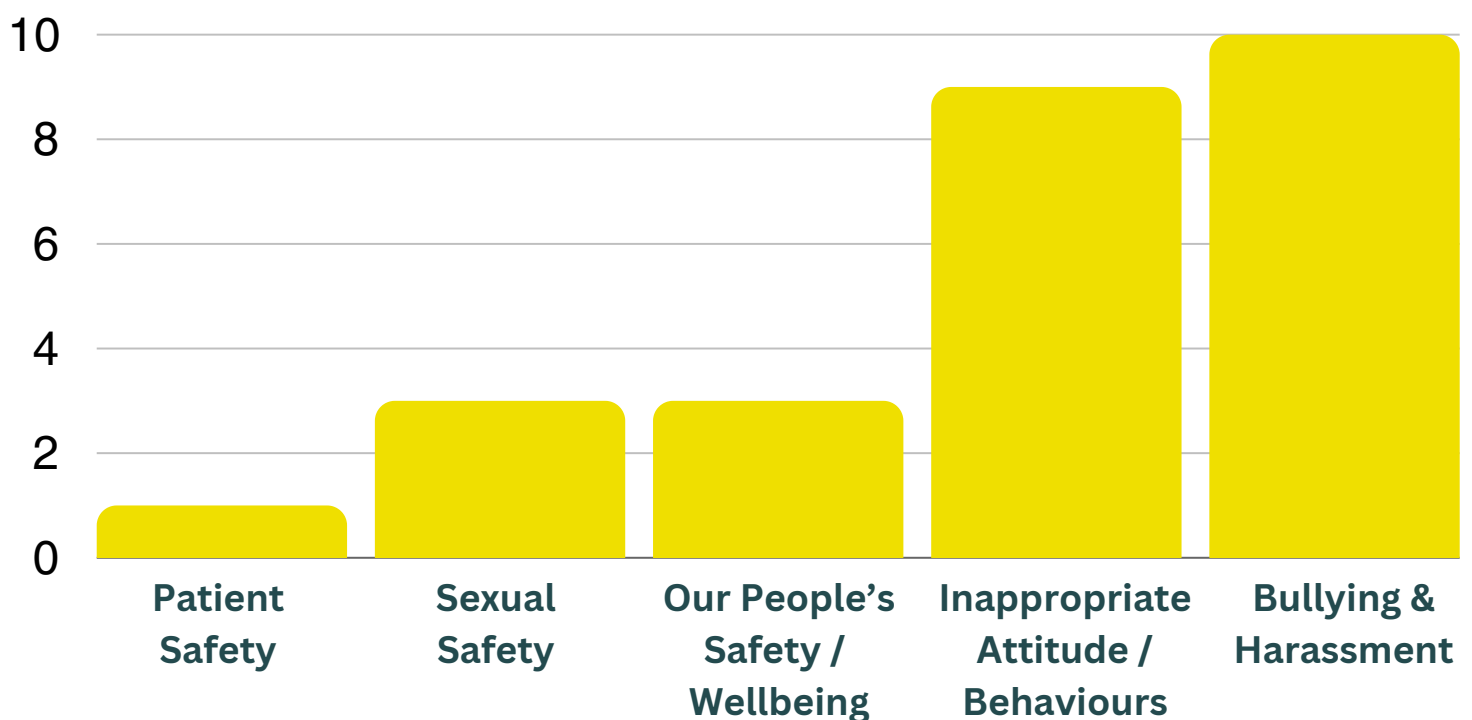
Confidential

The majority of our people are raising concerns in a confidential manner, meaning the Guardian is aware of their identity at the point of contact. The identity of the concernee is only shared more widely with the person's permission. Six concerns were anonymous at the point of contact with the Guardian, however, at least one of those has moved to a confidential nature where, after building a rapport, the person felt able to share their identity.

Out of 24 people, 3 felt able to be open with their concern from the outset, meaning they were happy for their identity to be known to the Guardian and to anyone else who needed to be involved to help find an outcome.



The main reason people seek support from Speaking up Safely is due to incivility in the workplace, with 38% of concerns involving an element of bullying & harassment. Three cases involved sexual safety as part of the concern (our safeguarding team have been made aware of all these cases).



Looking Ahead: SUS Month - Theme: "The Power of Listening"

Listening events
with senior
leaders



Siren articles and
bulletins

Testimonials



Surveys



Merchandise



Drop in Sessions
(FtF and Teams)



Awareness
Sessions



CEO Roadshows



Culture
Champions
Spotlight



SUS Promotional
Video



Policy
development



Pledges



Every year the National Guardians Office set a theme for Speak Up Month.

This year it is 'The power of listening'. As the Speaking Up Safely Guardian, Lizzie O'Shea will be embracing the following to help promote Speaking Up in WAST.

How do **YOU** model listening?

How are **YOU** going to encourage listening up in your teams?

If you'd like to make a pledge,
please send it to:

lizzie.o'shea@wales.nhs.uk

AGENDA ITEM No	15
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

Welsh Ambulance Services University NHS Trust – General Scrutiny

MEETING	Trust Board
DATE	26 th September 2024
EXECUTIVE	Jason Killens
AUTHOR	Jason Killens
CONTACT	Jason.killens@wales.nhs.uk

EXECUTIVE SUMMARY

On 15 May 2024, I, as the Chief Executive, along with Colin Dennis, the Chair, and Andy Swinburn, the Executive Director of Paramedicine, participated in a general scrutiny session held by the Health and Social Care Committee (HSCC). The purpose of this session was to examine the role of the ambulance service within the healthcare system in Wales. This session was part of the Committee's ongoing consideration of factors influencing patient flow through hospitals.

RECOMMENDATION: The Trust Board are asked to note the contents of the HSCC report, its seven recommendations and the action planned in response by ELT.

KEY ISSUES/IMPLICATIONS

Not applicable.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

HSCC report



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

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

SITUATION

1. The Health and Social Care Committee (HSCC) published a comprehensive paper detailing several recommendations for the Welsh Ambulance Services University NHS Trust (WAST) in response to the general scrutiny session held in May. These recommendations are intended to be implemented to improve the efficiency and effectiveness of the ambulance service within the healthcare system in Wales. The paper outlines strategic measures and actionable steps that WAST should consider undertaking to address key areas such as emergency department performance, response targets, service repositioning, participation in regional partnership boards, oncology performance, non-emergency patient transport strategy, and workplace culture.

BACKGROUND

2. The HSCC identified patient handover delays at emergency departments as the single biggest challenge faced by the WAST, resulting in the loss of nearly a quarter of its fleet capacity per month. These delays, along with systemic issues such as bed availability and discharge delays, contribute to inefficiencies across the healthcare system and impact response times. The Committee emphasized the importance of the WAST effectively managing its resources, including staffing and vehicle availability, to improve response times. They noted that only 45.8% of life-threatening calls received an emergency response within 8 minutes in April, well below the target of 65%. Long response times and handover delays compromise patient safety, with estimates indicating that 1 in 10 patients experience harm as a direct consequence of these delays.
3. The HSCC also noted that the WAST has taken several steps to mitigate the impact of delays, such as reducing sickness absences and recruiting additional staff with increased funding from the Welsh Government. The service is transforming from a transportation service to a more sophisticated provider of healthcare closer to home, which is part of its long-term strategy to release capacity for life-threatening emergencies. Although optimistic about future improvements in community care, the service does not expect dramatic short-term improvements in red response rates. The Committee raised questions about the value for money of these funding decisions and how the impact of this repositioning will be monitored and evaluated.
4. The HSCC also recognised that the challenges faced by the WAST are not unique to Wales but are prevalent across the UK. Governments and health leaders are grappling with rising demand and the need for system-wide solutions to address persistent issues in hospital flow and social care. The Committee emphasized the importance of the WAST having a strong voice in this process, using its insights and data to drive improvements in service delivery. They were pleased to note that the service is now represented on most Regional Partnership Boards, working with

health boards and others to address national and local needs. However, they stressed the importance of the service being represented on all partnership boards to ensure its voice is fully heard and welcomed an update on its experiences with this new arrangement in due course.

ASSESSMENT

5. The HSCC provided these seven recommendations to WAST to address the challenges and improve the efficiency and effectiveness of the ambulance service within the healthcare system in Wales.

EMS

6. **Recommendation 1.** There is a pressing need to improve performance at emergency departments to enable more timely and efficient patient handover to the hospital. Linked to this, investment in the appropriate provision of adult social care is a vital component in improving patient flow and reducing handover delays and delayed discharge by enabling people to return home or to their local community at the earliest and safest opportunity. The Welsh Government should provide an update on the progress being made to implement the "Six Goals for Urgent and Emergency Care", specifically to address ambulance handover delays and delayed discharge due to capacity challenges in the provision of adult social care. This should be done as part of the response to this report.
7. **Recommendation 2.** The Welsh Government and the NHS Wales Joint Commissioning Committee should assess the red response target (that 65 per cent of life-threatening calls receive an emergency response within 8 minutes) to provide assurance that it continues to be appropriate, given that this target has not been met since July 2020. They should report back to this Committee in 6 months with their findings.
8. **Recommendation 3.** The Welsh Ambulance Service, the Welsh Government and the NHS Wales Joint Commissioning Committee should set out how the impact of the re-positioning of Welsh Ambulance Service, which will see changes to the way it manages activity and introduces a clinical intervention and assessment much earlier in the patient's journey, will be monitored and evaluated. It should also set out the criteria it will use to determine whether this aspect of the service is delivering value for money. This should be done in twelve months' time.
9. **Recommendation 4.** The Welsh Ambulance Service should be represented on all Regional Partnership Boards and should be a full and active participant. To this end, the Ambulance Service should:
 - Work with the Welsh Government and NHS Wales Executive to ensure it is able to become a member of the one outstanding Board, and should report back to this Committee in 6 months with an update on progress, and
 - Write to this Committee, in twelve months' time, with its reflections on its participation in the regional partnership boards over the last year. We would

appreciate, in particular, a focus on how the service feels its voice has been heard, and how its knowledge and experience are being used to drive improvements in service deliver

NEPTS

10. **Recommendation 5.** The Welsh Ambulance Service should, in twelve months' time, provide an update on progress with its plans to improve its oncology performance. This should include an assessment of progress in each of the three areas identified by the Ambulance Service in its written update, namely
 - The investment in additional dedicated oncology transport provision;
 - The development of a national oncology hub to oversee and manage oncology journeys; and
 - The appointment of a dedicated person to focus on recruitment of additional volunteer driver
11. **Recommendation 6.** The Welsh Ambulance Service should, in twelve months' time, provide an update on progress with:
 - The strategy review for non-emergency patient transport, including any response by the service to the outcomes and commissioning intentions of that review, and
 - The demand and capacity review, including the efficiencies identified for the non-emergency patient transport service and the work that is underway to implement them.

CORPORATE

12. **Recommendation 7.** The Welsh Ambulance Service should provide an update, in twelve months' time, on progress with its programme of improvements for the culture of its workplace.
13. The Executive Leadership Team (ELT) has reviewed the HSCC report covering the General Scrutiny of WAST and noted the following actions:
 - For Recommendation 4, the Chief Executive will write to the Gwent Regional Partnership Board drawing their attention to the HSCC recommendation
 - Recommendations 5 and 6 are currently being addressed by the SLT
 - Monitoring for Recommendation 7 will be overseen by Ange Lewis, the Director of People and Culture
 - Recommendations 1-3 are directed towards the Welsh Government and the Joint Commissioning Committee, indicating that these recommendations fall under their jurisdiction and require their attention and action

14. The ELT will actively monitor the progress of the recommendations and ensure that they are being effectively implemented. They will provide regular updates and a comprehensive report to the Board in twelve months' time to review the outcomes and any further action needed.

RECOMMENDATION: The Trust Board are asked to note the contents of the HSCC report, its seven recommendations and the action planned in response by ELT.

Welsh Ambulance Services University NHS Trust – General Scrutiny

August 2024

Introduction

1. The Welsh Ambulance Services University NHS Trust¹ (WASUT) delivers urgent and emergency care services in Wales, encompassing emergency response for 999 calls, non-emergency patient transport, and support via the 111 Wales service. Their service ranges from integrated care to emergency preparedness, playing a crucial role in maintaining efficient patient flow throughout the healthcare system.
2. On 15 May 2024, the Health and Social Care Committee held a general scrutiny session with the Chief Executive, Chair and Executive Director of Paramedicine to examine the role of the ambulance service within the healthcare system in Wales. This session was part of the Committee's on-going consideration of factors influencing patient flow through hospitals.
3. The Committee is grateful to the representatives from the Welsh Ambulance Service for their cooperation.

¹ From 1 April 2024, the Welsh Ambulance Service NHS Trust (Establishment) (Amendment) Order 2024 changed the name of the service to the Welsh Ambulance Services University NHS Trust.



1. Background

The WASUT Integrated Medium Term Plan 2024-27

4. The Integrated Medium Term Plan (IMTP) is a plan that details what the Welsh Ambulance Services University NHS Trust (WASUT) intends to deliver through its services for the next three years. It is a document mandated by the Welsh Government for all NHS Wales Health Boards and Trusts.
5. The most recent Board-approved Integrated Medium Term Plan (IMTP) is for 2024-27.
6. The IMTP 2024-27 highlights a “pressing need for change” to meet patients’ needs more effectively. It acknowledges inefficiencies in current processes, leading to harm for patients and frustration for staff. It focuses on improving patient experience and ensuring “the right care is provided at the right time and place”.
7. It sets out three key priorities:
- **Transforming care delivery with partners** to provide appropriate care every time, reducing harm;
 - **Improving workplace experience for staff** to enable them to perform at their best.
 - **Delivering exceptional value and sustainability** in finance, environment, and healthcare.
8. It notes unprecedented pressures across the healthcare system in the aftermath of the Covid-19 pandemic, as well as the impact of industrial action across the NHS. It says the pressure and demand for emergency medical services (EMS) has been particularly challenging, with a significant increase in the most serious calls. It notes that hospital delays have been higher than ever, resulting in slower response times to patients.

Long term strategy

9. The IMTP 2024-2027 refers to WASUT’s long-term strategy, ‘Delivering Excellence, Our Vision for 2030’, which was agreed in 2019. The long-term strategy sets out how WASUT intends to transform from a “traditional ambulance

service” to a “provider of high-quality care”, with greater emphasis on care closer to home.

10. The document refers to the ‘Inverting the Triangle’ ambition of the Welsh Ambulance Service, which involves a series of specific changes aimed at transforming the service and improving patient care. It includes recruiting additional staff, initiatives to improve treatment such as the appointment of mental health practitioners and doubling the capacity within the clinical support desk, and implementing the SALUS system (a digital system that will be implemented within the 111 service to improve response rates).

Immediate priorities

11. The IMTP 2024-2027 reflects on the main achievements of the Welsh Ambulance Service in 2023/24. It highlights that NHS 111 Wales became a national service; remote clinical assessment capacity and capability increased; the Cymru High Acuity Response Unit (CHARU) service was implemented; the first mental health practitioners were appointed; and front line 999 capacity increased.

12. It also notes that key challenges relate to the workforce, finance and digital technology.

13. In terms of immediate priorities for this year, it states that the Welsh Ambulance Service’s focus will be on improving the quality and safety of the services it provides, whilst maintaining a focus on the wellbeing of their staff. WASUT aims to grow to meet demand (with a further increase in the number of frontline EMS staff), and to transform their services to add value to the health and care system (such as developing specialist roles).

2. Performance

State of the Service

The Welsh Ambulance Service is a comprehensive organisation, providing urgent and emergency care services, as well as planned, non-urgent patient transport.

14. We discussed the current state of the Welsh Ambulance Service, including its main challenges, with its chief officers. We asked whether it would be fair to describe the service as being ‘in crisis’, given that such a description is often used in media reports.

15. The Chief Executive, Jason Killens, said that the single biggest challenge for the service is handover delays at emergency departments, stemming from broader pressures in the urgent and emergency care system.

16. He told us that, despite being under considerable pressure, particularly in the emergency medical service, the ambulance service was not in crisis. He said the organisation was larger, more efficient and more resilient than ever, responding faster to life-threatening cases. He rejected the term "crisis" because he said that it suggested a lack of control by the service. The ambulance service, he told us, knew the challenges and pressure points, had a "strong grip and control of what's going on" and planned to improve the efficiency and effectiveness of its own part of the overall system.

17. He highlighted that, since the service undertook a demand and capacity review in 2018-19, it had recruited around 250 additional staff. Following a national roster review, it had made changes to all of its rosters which had increased efficiency, equivalent to a further 72 staff, and that remote advice services had grown, with daily service rates increasing from less than 10% to over 15%. Further, the advanced paramedic practitioner cohort had expanded, and the number of multiple vehicles sent to each case had also reduced.

18. He went on to say that, beyond that initial review, the service had grown by an additional 100 frontline posts, doubled the clinical support desk size, and continued to enhance efficiency and resilience.

19. The Chair, Colin Dennis, told us that the service was financially stable with a balanced budget and strong governance, as evidenced by its annual structured assessment undertaken by Audit Wales.

Response times

The Welsh Government has set the following ambulance response target:

- 65% of all 'red' calls, categorised as 'immediately life threatening', to receive an emergency response within 8 minutes on an all-Wales basis.

20. WASUT says it is working towards this target, for example, by working to reduce sickness absence and recruiting more frontline staff. However, in April 2024, it faced significant challenges in its emergency response times, with an actual performance of 45.8 per cent of 'life threatening' calls receiving an emergency response within 8 minutes against a target of 65 per cent.

21. We challenged WASUT on its 8-minute response performance and the strategies it had in place to improve this performance. Jason Killens accepted that public perception of the ambulance service was primarily based on response times, saying that service users across Wales “will measure us and measure our success on how quickly we turn up”. He argued that, although WASUT was missing its 8-minute response target, in just over half of the cases of 999 calls categorised as immediately life-threatening, the service arrived somewhere between eight and 10 minutes. This, he said, “feels okay” when considered in the context of Wales’ geography and road network, fleet size and wider systemic pressures.

22. Further to this, Colin Dennis told us that the public can increasingly rely on the ambulance service to provide timely care as it transforms to provide higher levels of clinical care rather than just being a transportation service. Here, he highlighted that the service is expanding its support for specific needs, including falls, dementia, and mental health.

23. He acknowledged that the service often falls short of the eight-minute target for red response rates, but stressed that it meets the nine and ten-minute targets for life-threatening emergencies. Their performance was, he said, on par with, or better than, other UK ambulance services.

24. Looking ahead, he said he was optimistic that the service could provide an improved level of care to the community, but he was less optimistic that there would be “dramatic changes in the red response rates, or the rates in which ambulances are turned around when they get to hospitals”.

Transition to being an out-of-hospital provider

25. The IMTP 2024-2027 refers to WASUT’s long-term strategy, ‘Delivering Excellence, Our Vision for 2030’, which was agreed in 2019. The long-term strategy sets out how WASUT intends to transform from a “traditional ambulance service” to a “provider of high-quality care”, with greater emphasis on care closer to home.

26. We discussed with WASUT the progress being made in this area. We heard from Colin Dennis that the ambulance workforce was being upskilled significantly so that paramedics now have three-year degree qualifications or equivalent in-post training, with advanced paramedics holding Master's degrees and prescribing rights. This upskilling, he said, was moving ambulance crews away from being simply patient transporters to being providers of clinical support.

- 27.** He told us there was also a focus on developing more clinical support within call centres, allowing for better triage. This, in turn, meant that not all patients needed to be transported to hospitals; instead, appropriate advice could be provided by paramedics, nurses, or other clinicians.
- 28.** Andy Swinburn, the Executive Director of Paramedicine, highlighted that the nature of patient presentations had changed. He said that the majority of 999 calls now involved urgent care problems rather than life-threatening emergencies and that, for those patients, emergency transport to a hospital was not necessarily the right way to manage their needs. Instead, he told us that by upskilling their staff, the ambulance service could manage as many people as possible in the community which, in turn, released capacity to respond to those patients with a life-threatening emergency that needed conveyance to an emergency department.
- 29.** We discussed briefly the pressures facing primary care and whether the approach by the ambulance service to offer more care in community settings meant there was a problem in primary care. Responding to this, Andy Swinburn and Colin Dennis acknowledged the increasing demands facing primary care due to an ageing population and health inequalities. In their view, however, this was not a failure of the system but a natural evolution that the ambulance service helped to manage through remote triaging and use of technology.
- 30.** Finally, we asked WASUT about their engagement with the public. Jason Killens told us that educating the public on when to call 999 was challenging because perceptions of emergencies vary greatly among individuals. He said that, rather than discouraging inappropriate calls, WASUT now focused on managing and triaging all incoming requests efficiently. The message now, he said, is “contact us and let us sort it out”.

Major Incident Response

- 31.** We discussed the preparedness of the Welsh Ambulance Service to provide a civil contingency response in the event of a major incident like the Manchester Arena attack whilst, at the same time, maintaining its business continuity. Jason Killens told us that the Service had major incident response plans in place that were regularly tested both internally and with partners.
- 32.** He was clear that, in the event of an incident similar to the Manchester Arena attack, there would be an impact on core services. However, he confirmed that plans were in place to manage that in a safe and effective way.

33. He went on to say that the Service was just concluding its assessment of the recommendations arising from the Manchester Arena inquiry, and that it would be bringing forward a business case in due course “which will see a need for some investment to be able to fully satisfy the recommendations from the Manchester Arena inquiry”. That position, he said, was consistent with the ambulance services across the rest of the UK.

3. Systemic pressure

In its IMTP 2024-27, WASUT states that the fundamental issue for EMS is lost capacity; in particular, hospital handover lost hours which, although reducing, remain extreme.

34. Jason Killens told us that the impact of the pandemic was profound at the time, and that the service hadn’t “returned to the pre-pandemic state yet”. He said that the single biggest change since the pandemic was the impact of the pressure across urgent and emergency care:

“(...) pre pandemic, we were seeing something in the order of 6,000 or 8,000 hours' worth of emergency ambulance production lost per month. That's now at 25,000 to 30,000, and has been sustained for many, many months and indeed across a couple of years.”

35. He said that the root cause of delays in ambulance response times was not a lack of ambulances, but the unavailability of ambulances due to long waits at emergency departments:

“(...) we're losing something in the order of 20 per cent to 25 per cent of our entire fleet capacity every month as a result of the pressure right across the urgent and emergency care system.”

36. This problem, he said, was not unique to Wales.

37. He told us that delays are caused by issues with patient flow through hospitals, especially problems in adult social care which prevent patients from being discharged back into the community. At any one time, between 1200 and 1500 patients in Wales are currently occupying hospital beds despite being

clinically fit for discharge, leading to decreased functional abilities and extended hospital stays².

38. In his view, more ambulances were not the solution. Rather, the current fleet was not optimally utilised due to extended handover times at hospitals. He said that, if ambulances could hand over patients more quickly, they would meet the demand more effectively. The aim of the service to manage more patients in the community was intended to reduce the need for hospital conveyance, thus freeing up resources to respond to life threatening emergencies.

39. Related to this, Colin Dennis told us that, whereas five years ago, ambulance crews would regularly have seen between five to eight patients per shift, today they saw one or occasionally two. He said that this highlighted one of the biggest difficulties the service was facing in terms of patient flow within the wider health and care system.

40. WASUT told us there was cautious optimism for improving ambulance services through better training, technology, and community care, although hospital flow problems and social care issues present ongoing challenges. On this point, Jason Killens said that system-wide solutions were needed. Simply increasing the number of ambulances could exacerbate the problem by creating larger queues at emergency departments. Instead, the solution lay in operating differently and improving overall hospital flow and care systems.

41. We asked WASUT how it was involved in influencing those overall care systems, and whether its voice was heard. Jason Killens told us that the ambulance service was now represented on most Regional Partnership Boards (but not Public Service Boards) and that it collaborated with health boards and other services to address local needs. He said that they seek to influence and improve patient flow and discharge processes through these partnerships.

Patient safety

42. We questioned WASUT on the extent to which long ambulance delays were compromising patient safety. Jason Killens pointed to evidence from the Association of Ambulance Chief Executives as well as reports from across Wales which showed avoidable harm, including moderate or severe harm or death, due to response and handover delays. He told us:

² [Pathway of Care Delays](#). Welsh Government

“something like one in 10 patients is subject to some level of moderate or severe harm or death associated with a response delay or a handover delay. So, it is clear that harm is occurring.”

43. Colin Dennis said that the Board was acutely aware of the level of avoidable harm and reviewed detailed reports at each meeting. He said that the non-executives were “constantly questioning” whether every reasonable step was being taken to minimise this harm.

44. We also discussed the impact of response times on ambulance cancellation figures. Nearly 10, 000 ambulances were cancelled by patients in December 2023; we asked the service to set out its understanding of the reasons behind these cancellations.

45. Jason Killens told us that, at peak, there were around 140 emergency ambulances operating in Wales. This, he said, was quite a scarce resource, particularly given the pressures in effect across the rest of the health and social care system. He said there were a number of reasons for the approximate 10,000 cancellations per month, including patients deciding to self-convey or finding alternative means to access care because of extended waits. In addition, some cancellations could be the result of duplicate calls or management plans put in place by the Welsh Ambulance Service. In other cases, the patient may have recovered and no longer be in need of an ambulance.

46. We also heard that ambulance crews were seeing fewer patients per shift than in previous years because of delays in emergency departments, and that this had an impact on the cancellation rate as patients elected not to wait for their ambulance.

4. Non-Emergency Patient Transport

The Non-Emergency Patient Transport Service (NEPTS) is available to patients with a specific medical need who need to get to non-emergency medical appointments at clinics, hospitals and day centres.

47. In its IMTP 2024-27, WASUT states that NEPTS is broadly stable and has made good progress via the Ambulance Care Transformation Programme, which is a strategic initiative aimed at improving the delivery of ambulance services across Wales. However, the IMTP noted areas of underperformance for oncology patients and stated that revised performance parameters were introduced in April 2024.

48. We questioned WASUT about the progress being made to address underperformance in both oncology and renal. They acknowledged that these patients were time-dependent and time-critical, emphasising the importance of timely service for these groups.

49. They told us that recent improvements were noted in services for oncology and renal patients and, in a written update, they provided further information on performance trends and action plans, including the development of a national oncology transport hub to oversee and manage oncology journeys. They stated that the hub is expected to go live in the second half of 2024.

50. Jason Killens also referenced the NEPTS Demand and Capacity Review,³ designed to identify anticipated activity in the coming years and how best to service that. The Review had identified two major efficiencies for NEPTS: aligning clinic patient ready times with ambulance availability and re-rostering the NET Centre, and work was now underway to align resources and shift patterns.

51. Linked to this, we asked WASUT how it was preparing to address the effects of an ageing population on demand for NEPTS. Jason Killens told us that a strategy review by health boards, co-ordinated through the new Joint Commissioning Committee for Wales, was underway to address future needs.

52. He also described the partnership arrangements in place in relation to NEPTS, saying that WASUT used a mix of direct provision and subcontracting to providers like St John Ambulance Cymru. He told us that rural areas presented unique challenges for non-emergency patient transport, particularly regarding access to services being further removed from patients. WASUT told us that local providers were used more extensively in rural and remote areas to handle non-emergency transport activities, especially on an ad hoc basis, and that this approach helped to manage the demand more effectively compared to urban centres, where provision was largely managed directly by WASUT.

5. Corporate matters

Cultural issues and workforce challenges

One of the three key priorities in WASUT's IMTP 2024-27 is to improve the workplace experience for staff to enable them to perform at their best.

³ This review was a WASUT IMTP priority for 2020/21

A performance and quality update, provided in the most recent WASUT Board papers for 28 March 2024, includes a key performance metric for the workforce for January/February 2024. It states that efforts are underway to improve workplace experience and reduce sickness absence, but that achieving the target sickness absence rate remains challenging.

53. Jason Killens told us that the pandemic continues to affect staff attendance and morale, with ongoing high absence rates and difficulties in returning to pre-pandemic staffing levels.

54. In terms of sickness absences, we heard that WASUT was mid-range within the UK ambulance sector, and efforts were ongoing to reduce absence rates in Wales and address the long-term conditions affecting staff, including psychological and musculoskeletal issues.

55. More broadly, they told us that there was a shift towards shorter career tenures within WASUT, influenced by broader societal changes and more opportunities for degree-educated paramedics within the healthcare system that have not existed previously.

56. We discussed with WASUT the state of their industrial relations. They told us that they maintain “good and strong”, albeit challenged, relationships with multiple trade unions, and that regular engagements and collaborative efforts have helped manage recent industrial actions effectively.

57. We also questioned them on the cultural issues that have faced WASUT. They acknowledged the “pockets of poor behaviour in some of our workplaces across Wales”, including misogyny. They told us that an external culture review had confirmed those challenges, and had been the start of a journey “focusing on improving our culture in many aspects” through methods such as development programmes, support networks, reverse mentoring for leaders, and increased capacity for addressing complaints. These efforts, they claim, have positioned WASUT as a leader in cultural reforms within the UK ambulance sector. Further detail was provided in a written update.

Finance and resources

WASUT’s IMTP 2024-27 (Appendix 4) outlines its financial plan for the 2024-25 financial year.

The IMTP states:

“We will meet our statutory financial duties in 2023/24 but have had to deliver £6m in savings. The continued impact of inflation, costs of living and volatility in energy prices as they relate to the Trust mean that the financial outlook for 2024/25 and beyond continues to be challenging”.

58. We questioned WASUT on its plan for financial balance, including a savings target of £6.4 million. Jason Killens told us that this target was consistent with the previous year and they were confident it would be delivered via a number of means, including vacancy management in non-clinical roles and efficiencies in procurement (e.g. fleet, fuel, equipment).

59. WASUT confirmed that delivery of the savings programme “has no impact on the capital plan” and that its impact on their ability to deliver patient-facing services has been “very little” because the savings have been achieved through efficiencies in non-patient facing areas. Jason Killens acknowledged that these sorts of savings are harder to achieve year-on-year because “nearly 80 per cent of our spend is on people and most of these are patient-facing clinicians”.

6. Our view

60. According to the Welsh Ambulance Service, the single biggest challenge it faces is lost capacity as a result of patient handover delays at emergency departments. In its view, these delays, which account for the loss of nearly a quarter of its fleet capacity per month, stem from wider, significant pressures across the healthcare system and impact on response times.

61. Whilst we recognise that systemic issues, such as handover delays, bed availability and discharge delays, contribute to inefficiencies and delays across the overall healthcare system, the Welsh Ambulance Service has to play its part in ensuring it is effectively managing its own resources, including staffing, vehicle availability and response prioritisation. As such, it is crucial that it continues to examine its own practices and management.

62. Response times matter. As the Chief Executive has acknowledged, the public will measure the success of the Welsh Ambulance Service on how quickly it turns up. Whilst it says it is working towards its response targets, performance in this area is a matter of ongoing concern. In April, only 45.8 per cent of ‘life threatening’ calls received an emergency response within 8 minutes against a target of 65 per cent. This is the second lowest response on record.

63. Long response times and hand-over delays compromise patient safety and lead to avoidable harm. The Welsh Ambulance Service's own estimates say that 1 in 10 patients experience some level of harm as a direct consequence of these delays ranging from moderate to severe harm or death.

64. We heard that the service has taken a number of steps to mitigate the impact of these delays, including working to reduce sickness absence, as well as recruiting additional staff as a result of increased funding by the Welsh Government. It is also in the process of transforming itself from being primarily a transportation service to a more sophisticated provider of healthcare closer to home. This re-positioning, which is part of its long term strategy, is intended to release capacity to respond to those life-threatening emergencies that require conveyance to an emergency department.

65. Although the service is "optimistic" that the steps it is taking will, in the future, yield improvements in the level of care it delivers in the community, it is notable that it does not expect to see dramatic improvements in red response rates in the short term. There are questions here for the Welsh Ambulance Service, its Commissioners and the Welsh Government in terms of the value for money of these funding decisions, as well as how the impact of this repositioning will be monitored and evaluated.

66. These challenges are not new; neither are they unique to Wales. Across the UK, governments and leaders in health and social care are grappling with ways to cope with rising demand amongst the population. As the Welsh Ambulance Service has identified, there is a need for system-wide solutions to address the persistent challenges in hospital flow and social care. Work in this area is already underway and, given its role within the healthcare system, it is important that the service has a strong voice in that process, and that its insights and data are used to drive improvements in service delivery.

67. To that end, we were pleased to hear that it is now represented on most Regional Partnership Boards, with the exception of one, and that it works with health boards and others to address national and local needs. As its membership of the regional partnership boards is fairly new, we would welcome an update from them in due course on its experiences of this new arrangement. Further, we believe it is important that the service is represented on all partnership boards in order to ensure its voice is fully heard.

Recommendation 1. There is a pressing need to improve performance at emergency departments to enable more timely and efficient patient handover

from the Ambulance Service to the hospital. Linked to this, investment in appropriate provision of adult social care is a vital component in improving patient flow and reducing hand over delays and delayed discharge by enabling people to return home or to their local community at the earliest and safest opportunity. The Welsh Government should provide an update on the progress being made to implement the “Six Goals for Urgent and Emergency Care”, specifically to address ambulance hand over delays and delayed discharge due to capacity challenges in the provision of adult social care. This should be done as part of the response to this report.

Recommendation 2. The Welsh Government and the NHS Wales Joint Commissioning Committee should assess the red response target (that 65 per cent of life threatening calls receive an emergency response within 8 minutes) to provide assurance that it continues to be appropriate, given that this target has not been met since July 2020. They should report back to this Committee in 6 months with their findings.

Recommendation 3. The Welsh Ambulance Service, the Welsh Government and the NHS Wales Joint Commissioning Committee should set out how the impact of the re-positioning of Welsh Ambulance Service, which will see changes to the way it manages activity and introduces a clinical intervention and assessment much earlier in the patient’s journey, will be monitored and evaluated. It should also set out the criteria it will use to determine whether this aspect of the service is delivering value for money. This should be done in twelve months’ time.

Recommendation 4. The Welsh Ambulance Service should be represented on all Regional Partnership Boards and should be a full and active participant. To this end, the Ambulance Service should:

- work with the Welsh Government and NHS Wales Executive to ensure it is able to become a member of the one outstanding Board, and should report back to this Committee in 6 months with an update on progress, and
- write to this Committee, in twelve months’ time, with its reflections on its participation in the regional partnership boards over the last year. We would appreciate, in particular, a focus on how the service feels its voice has been heard, and how its knowledge and experience are being used to drive improvements in service delivery.

Non-emergency patient transport

68. Sitting alongside the emergency medical service, non-emergency patient transport (NEPTS) is a vital resource for those patients who are unable to make their own way to and from their medical appointments. As such, we were pleased to hear that the service is broadly stable, and making good progress though the Ambulance Care Transformation Programme.

69. More specifically, NEPTS plays a crucial role in the transport of both oncology and renal patients. Here, we note there have previously been some areas of underperformance, and we were encouraged to hear evidence of recent improvements in services for oncology patients and renal patients. We note the plans that have been put in place to further improve oncology performance in particular, and we would welcome an update in due course on progress in this area, including the development of the national oncology transport hub.

Recommendation 5. The Welsh Ambulance Service should, in twelve months' time, provide an update on progress with its plans to improve its oncology performance. This should include an assessment of progress in each of the three areas identified by the Ambulance Service in its written update, namely

- The investment in additional dedicated oncology transport provision;
- The development of a national oncology hub to oversee and manage oncology journeys; and
- The appointment of a dedicated person to focus on recruitment of additional volunteer drivers.

70. Looking ahead, the number of people aged 75 and over in Wales is projected to increase by 29.3 percent in the next decade. Given the likely increase in demand for non-emergency transport as a result of the ageing population, we were reassured to hear that steps were being taken to prepare for this. We would welcome an update on progress in this area in due course, as well as an update on the efficiency work identified as part of the demand and capacity review.

Recommendation 6. The Welsh Ambulance Service should, in twelve months' time, provide an update on progress with:

- the strategy review for non-emergency patient transport, including any response by the service to the outcomes and commissioning intentions of that review, and

- the demand and capacity review, including the efficiencies identified for the non-emergency patient transport service and the work that is underway to implement them.

Corporate matters

71. Staff absence rates, post-Covid, continue to be a challenge for the Welsh Ambulance Service, which has the highest staff absence rates in the NHS in Wales. We note that efforts are ongoing to reduce short-term sickness absence rates, and to tackle other, longer-term conditions affecting staff including psychological issues, as well as the musculoskeletal problems associated with undertaking a very physical role.

72. In relation to the behavioural issues that have been identified within parts of the Welsh Ambulance Service, these are matters of concern to us. Everyone has the right to feel safe at work and, to that end, we welcome the steps that have been taken both to identify the problems and to improve the culture. We would like to keep this matter under review, and return to it at an appropriate future point for an update on progress with the programme of cultural improvements.

Recommendation 7. The Welsh Ambulance Service should provide an update, in twelve months' time, on progress with its programme of improvements for the culture of its workplace.

AGENDA ITEM No	16
OPEN	Open
No of ANNEXES ATTACHED	1

EMS Operational Transformation Programme

MEETING	Trust Board
DATE	26/09/24
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Hugh Bennett - Assistant Director, Commissioning & Performance
CONTACT	Hugh.Bennett2@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this report is to assure Trust Board that the EMS Operational Transformation Programme has been delivered, closed and evaluated.
2. The EMS Operational Transformation Programme emerged out of the 2019 EMS Demand & Capacity Review. The EMS Operational Transformation Programme was, at the time, the largest transformation programme the Trust has undertaken. Both have now been superseded by the 2023 EMS Demand & Capacity Review and the Clinical Model Transformation Programme.
3. Essentially, the EMS Operational Transformation Programme has achieved its planned deliverables, however, the programme has not delivered the planned benefits to the 999 emergency ambulance care pathway.
4. The key reason for not delivering the expected benefits (Red 65% 8 minute performance and Amber 1 median 30 minutes) is the extreme level of handover lost hours. The programme was predicated on Dec-18 handover lost hour levels of 6,000 hours, as collaboratively agreed with commissioners, compared to the 32,000 hours in Dec-22 when the bulk of the new rosters had been put in place along with the agreed front line staff uplift.
5. The programme involved a series of interlinked projects, in particular, front-line recruitment to EMS, replacing Rapid Response Vehicles with Cymru High Acuity Response Units (CHARUs), re-rostering every CHARU, EA and UCS roster across Wales, related estate and fleet adjustments to support the

recruitment and re-rostering; and a series of efficiencies, in particular the consult & close rate.

6. With funding support from the then Emergency Ambulance Services Committee (EASC), the programme delivered:-
 - i. A front-line EMS full time equivalent (FTE) staff uplift of 343 FTEs;
 - ii. An efficiency gain of 72 FTEs from re-rostering;
 - iii. The new CHARU;
 - iv. Exceeding the modelled consult & close benchmark of 10.2% (in Apr-24 the Trust achieved 15.1%).
7. The programme was complex anyway, but its delivery was further complicated by it taking place during a pandemic. The programme required a high degree of collaboration with TU partners, between different directorates and with commissioners, during a period of very high system pressure and is further evidence of the Trust's ability to deliver on its plans.
8. The total elapsed time, from initiation to closure, for the programme was 1,615 days. The full closure and evaluation report is contained in Appendix 1. A particular focus of the closure and evaluation process was capturing lessons learnt.
9. The main programme cost was £16.5m revenue with estates capital works on top.
10. The one area that was not delivered as intended by the programme was the reconfiguration of EMSC. This was delayed due to a prolonged period at maximum escalation during the pandemic. The main programme has now been closed, with the EMSC reconfiguration being a standalone project reporting into Strategic Transformation Board (STB). The EMSC reconfiguration is currently in the delivery phase e.g. dispatch boundary changes and single allocator model.
11. Finance & Performance Committee considered the closure report at its September meeting. The committee reflected positively on a programme management approach being used. The Committee noted that lessons learnt reports had been completed and that the programme management approach had been maintained through to completion of a formal closure report. The Committee recognised that the successor programme is the Clinical Model Transformation Programme.

RECOMMENDATION

Trust Board is asked to: -

- Note the successful delivery of the EMS Operational Transformation Programme.
- Note that whilst the programme achieved its deliverables it has not delivered the intended benefits to patient safety. The primary cause is the extreme levels of handover lost hours.

REPORT APPROVAL ROUTE

09/09/24 – WAST Executive Director of Strategy, Planning & Performance
17/09/24 – Finance & Performance Committee

REPORT APPENDICES

Appendix 1 – EMS Operational Transformation Programme Closure & Evaluation Report

REPORT CHECKLIST

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

SITUATION

1. The purpose of this report is to assure committee that the EMS Operational Transformation Programme has been delivered, closed and evaluated.

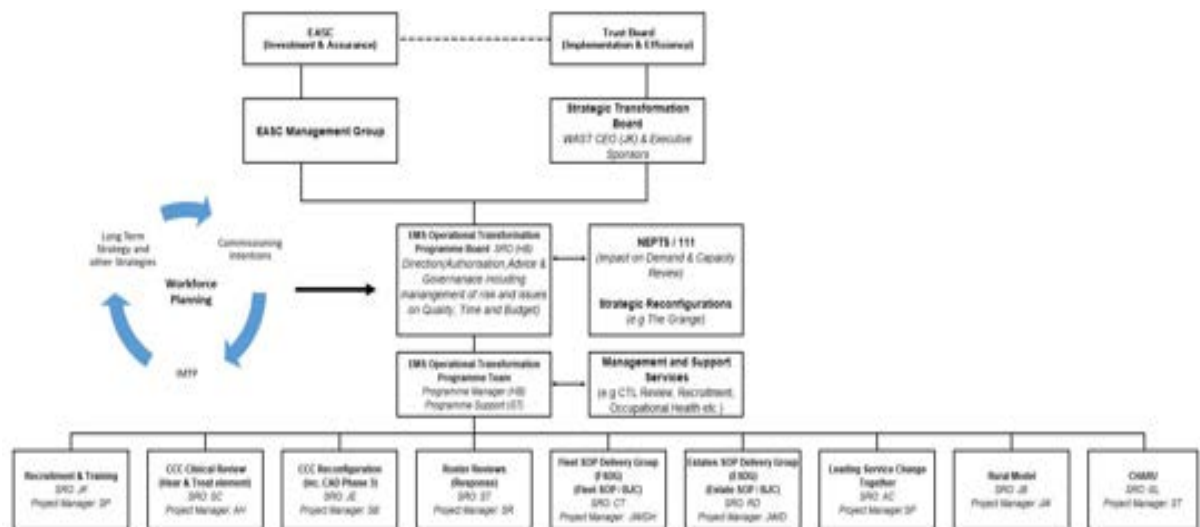
BACKGROUND

2. The EMS Operational Transformation Programme emerged out of the 2019 EMS Demand & Capacity Review. The EMS Operational Transformation Programme was, at the time, the largest transformation programme the Trust has undertaken. Both have now been superseded by the 2023 EMS Demand & Capacity Review and the Clinical Model Transformation Programme

ASSESSMENT

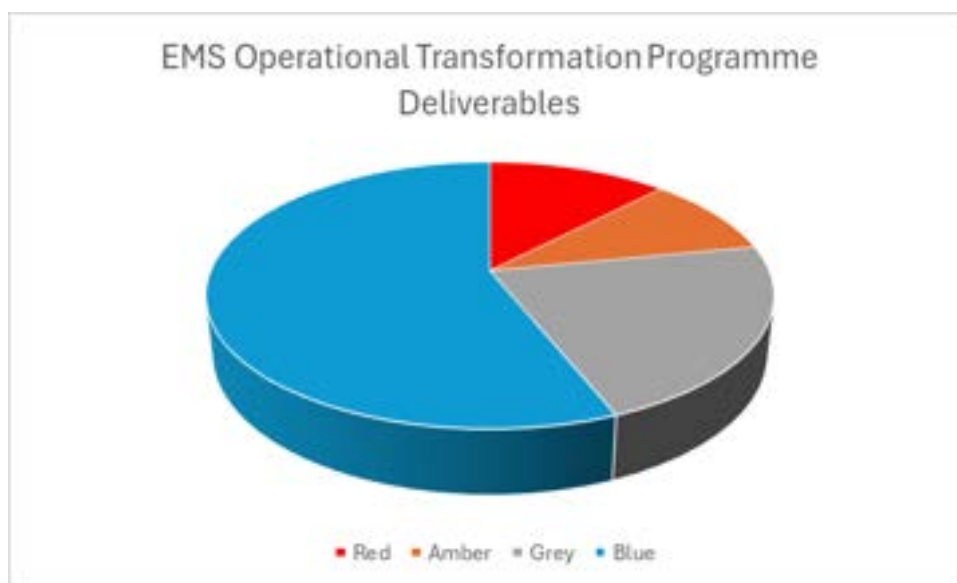
3. The EMS Operational Transformation Programme was the Trust's main delivery mechanism for recommendations arising from the 2019 EMS Demand & Capacity Review, which in turn was an action arising from the 2018 Amber Review.

EMS Transformation Programme Governance Map



4. The EMS Operational Transformation Programme was the Trust's largest transformation programme at the time. The following facts and figures give some idea of its scale and its political sensitivity
 - Recruitment of +343 FTEs.
 - 1,615 elapsed days start to finish.

- 1,800 directly affected staff.
 - 5 months of negotiation with TU partners on the Core Principles as part of the roster review project
 - 25 Core Principles (and 15 iterations of them).
 - 29 stakeholder briefings by the CEO & Director of Engagement & Partnerships.
 - 146 rosters and 86 affected stations.
 - 12 R&Rs (one partially upheld, on upheld).
 - 11 estate changes to accommodate the related uplift in FTEs to close the relief gap.
 - Creation of a large spreadsheet, designed to work out the estate and fleet requirements; and
 - 60 working groups.
5. The Programme commenced on 01 Dec-19 and was closed on 03 May-24, totalling 1,615 days. The overall programme set out to achieve 13 objectives, including closing the relief gap, implementing CHARU and undertaking a pan Wales EMS roster review. There were 13 main programme objectives which sub-divided into 41 sub-objectives. Of these, the programme delivered 23 (blue), partially delivered 4 (amber), removed from the programme 9 (grey) e.g. EMSC reconfiguration and failed to deliver 5 (red):-

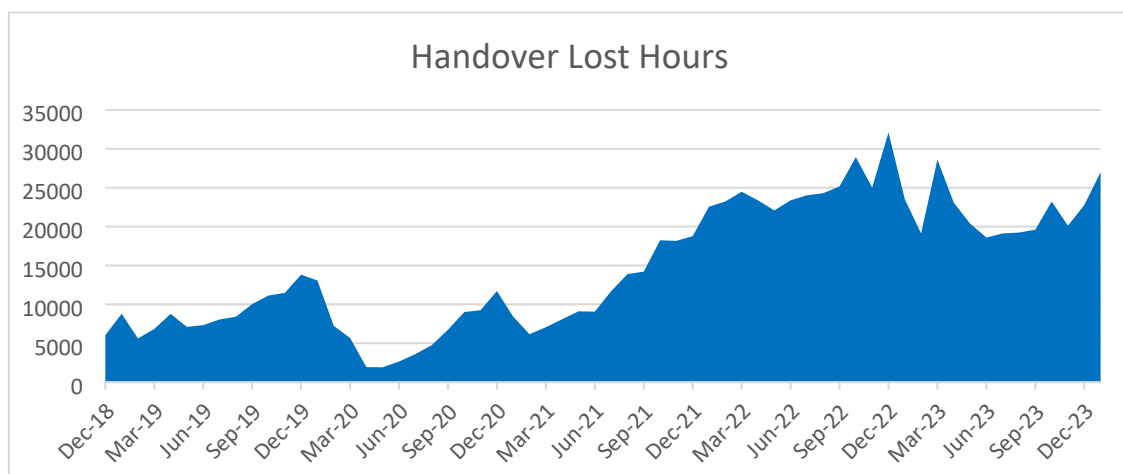


6. The five red non-deliverables were:-

No.	Objective	Delivery Work-stream	Desired Outcome	Achieved?
1.	Recruit and train FTE requirement and ambition of Demand and Capacity programme 2019 by March 2025	Recruitment and Training	Sufficient FTEs to keep pace with demand as modelled by ORH (subject to further modelling).	The FTEs were sufficient to close the relief gap, but not cope with the level of handover lost hours which increased from 6,000 hours to 34,000 hours at peak.
6b.	Achieve 17% hear and treat rate by DEC -22 – by increasing the establishment with plus 36 Paramedics and plus 5 MHP's	CCC Clinical Programme Board (linked to +36 FTEs uplift)	Improved patient safety through a timely telephone “response” Increase in ambulances not dispatched as a result of achieving revised benchmark of 17%, freeing up ambulances to respond to higher acuity calls thereby improving patient safety.	Remains an IMTP ambition. Now forms part of Clinical Model Transformation Programme (Trust did achieve 15.1% in April 2024).
6e.	Physician Triage Assessment and Streaming (PTAS)	CCC Clinical Programme Board	Improved patient safety through a timely telephone “response” provided by health boards. Would be a separate measure in the AQIs and not part of hear & treat measure.	Health board dependent with support from JCC
9b	Deliver a 6% sickness abstraction from EMS Response rosters by Mar-24.	Managing Attendance Programme	A contribution to delivering the UHP benchmarks of 95% for RRV, EA and UCS.	Clear downward trend, but 6% not yet achieved. Separate programme of work
12	Cymru High Acuity Response Unit (CHARU)	CHARU Task & Finish Group	Improved clinical outcomes (ROSC)	ROSC rate has seen improvement. Further improvement via

			CHARU parameters delivered in each health board (20 urban and 30 minute rural) 65% of Red incidents responded to in 8 minutes in each health board. These three outcomes will not be delivered unless the CHARU roster keys are fully funded. Decision (Jan-23) to move Paramedics across from EA lines to CHARU lines to fully deliver CHARU roster keys, with reduced EA UHP.	Clinical Indicator Plan submitted to commissioners. See separate report to F&P Committee (17 Sep-24) on impact of CHARUs. Trust is reaching more red incidents, but denominator (red demand) is much higher. Now being taken forward by CMT Programme.

7. The full closure and evaluation report (Appendix 1) was reviewed at May-24's Strategic Transformation Board (STB). Whilst the programme has not delivered the intended benefit of improved patient safety, as defined by Red 8 minutes 65% and Amber 1 median 30 minutes, the view of STB was that the levels of performance and patient safety would have been further from the required levels, if it had not been for the delivery of the programme.
8. As per the summary, the primary cause of non-delivery of the intended benefits is the extreme levels of handover lost hours. The programme was predicated on 6,000 hours of handover lost hours, compared to the 32,000 hours witnessed in Dec-22, 34,000 hours if handover hours to English hospitals are added in:-



9. Lessons Learnt reports were completed for each project in the programme. These can then be used in future projects, for example, the EMS roster review lessons learnt report is currently being used in the NEPTS re-roster project.

Summary

10. The programme was complex anyway, but its delivery was further complicated by it taking place during a pandemic. The programme required a high degree of collaboration with TU partners, between different directorates and with commissioners, during a period of very high system pressure and is further evidence of the Trust's ability to deliver on its plans.
11. Whilst the programme was essentially delivered the non-delivery of the required patient safety benefits, caused by the extreme levels of hospital handover lost hours, points to a more radical approach being required by the Trust to mitigate the impact of the levels of lost hours. This is now being taken forward by the Clinical Model Transformation Programme.

RECOMMENDATIONS

Trust Board is asked to: -

- Note the successful delivery of the EMS Operational Transformation Programme.
- Note that whilst the programme achieved its deliverables it has not delivered the intended benefits to patient safety. The primary cause is the extreme levels of handover lost hours.

2024

EMS Operational Transformation Programme Board Closure Report (May 2024 STB)



Hugh Bennett- Assistant Director,
Commissioning & Performance & Senior
Responsible Owner for the Programme

EMS Operational Transformation Programme: Project Closure & Evaluation Report

Contents

1	Document Purpose	2
2	Some Facts & Figures	2
3	Executive Summary	4
4	Programme Management & Cost	7
5	Quality	7
6	Follow On Actions & Recommendations	7
7	Review of Benefits	9
8	Residual Benefits Expected	13
9	Review of Objectives	18
10	Deviations from Approved PID	27
11	Review of Programme Products	28
12	Programme Phase Review (including lessons learnt)	29
13	Programme Management Review	50
14	Strategic Management	51
15	TU Partner Engagement	51
16	Stakeholder Management	52

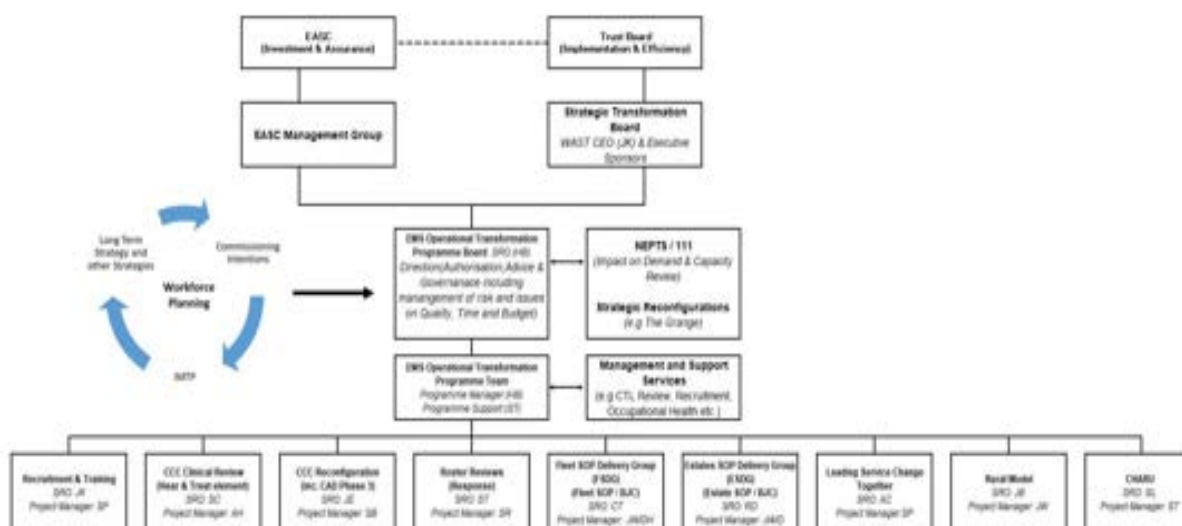
Document Purpose

- 1.1 The purpose of this closure report is to review how the programme performed against the Programme Initiation Document used to authorise it. It also allows the passing on of any lessons learnt that can be usefully applied to other programmes; and the handover of details of unfinished work, ongoing risks, or potential product modifications.

Some Facts & Figures

- 2.1 The EMS Operational Transformation Programme was the Trust's main delivery mechanism for recommendations arising from the 2019 EMS Demand & Capacity Review, which in turn was an action arising from the 2018 Amber Review.

EMS Transformation Programme Governance Map



- 2.2 The EMS Operational Transformation Programme was the Trust's largest transformation programme at the time. The following facts and figures give some idea of its scale and its political sensitivity: -

- Recruitment of +343 FTEs.
- 1,615 elapsed days start to finish.
- 1,800 directly affected staff.
- 5 months of negotiation with TU partners on the Core Principles as part of the roster review project

- 25 Core Principles (and 15 iterations of them).
- 29 stakeholder briefings by the CEO & Director of Engagement & Partnerships.
- 146 rosters and 86 affected stations.
- 12 R&Rs (one partially upheld, one upheld).
- 11 estate changes to accommodate the related uplift in FTEs to close the relief gap.
- Detailed station level fleet calculations; and
- 60 working groups for staff to design their rosters.

2.3 The roster review project was the critical path through which the other parts of the programme (recruitment, fleet, estate) connected. The following image illustrates the roster review project timeline.

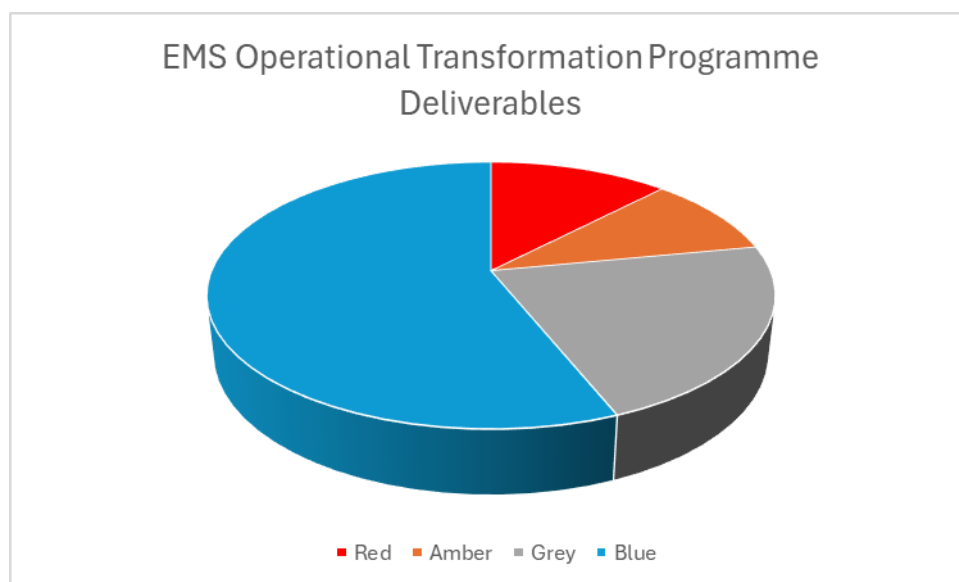
EMS Roster Review Timeline



Note: the bulk of the rosters were implemented between 24.09.22 and 28.11.22, but the final ones post Christmas 2022.

Executive Summary

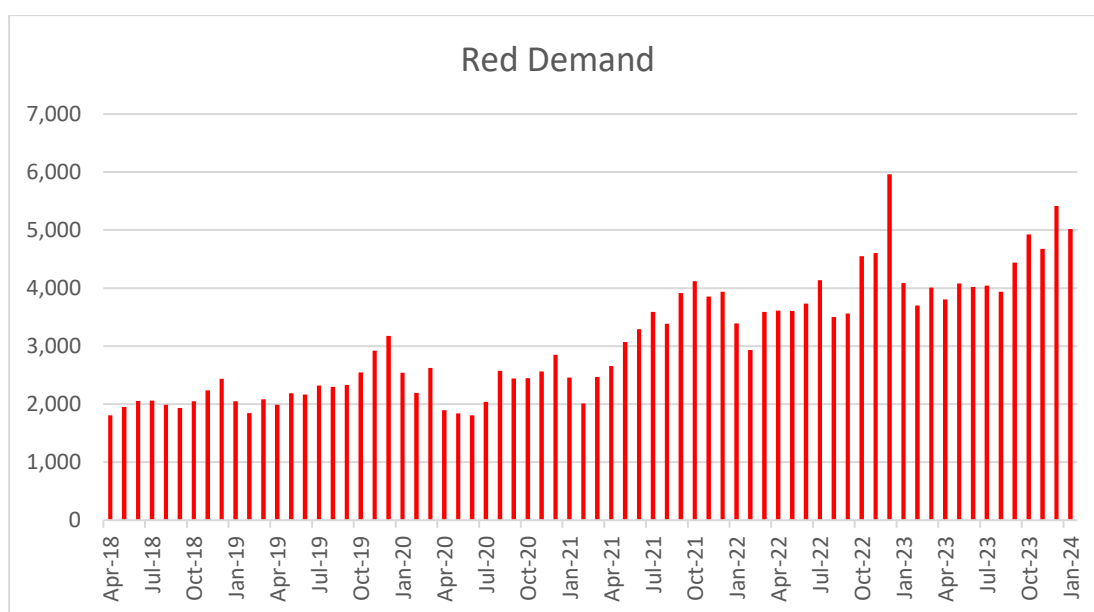
- 3.1 The purpose of the programme was to “deliver improved 999 patient safety and experience, as defined by a range of performance parameters, through a combination of investment, efficiencies and effectiveness (shift left), during the timeframe Apr-20 to Mar-25.”
- 3.2 There is a tension at the heart of this closure report. The programme has delivered the majority of the outputs in terms of investment, efficiency and effectiveness, but these have not resulted in the desired improvements in outcomes for patients. This has created frustrations, with one member of staff commenting that “*we have run flat out only to go backwards at a slower rate*” (*like swimming against a tide*). The primary reason for this was the changing context in which the Trust was operating, with handover levels very significantly increasing over the course of the programme. The programme was predicated on 6,000 hours of handover lost hours, when the rosters went live in Dec-22 the Trust lost 34,000 hours to hospital handover.
- 3.3 The programme commenced in 2019 with a view to be completed by March 2025; however, the programme is being closed now due to a number of the objectives being achieved prior to this date and the programme being superseded by the clinical model transformation programme and the 2023 EMS Demand & Capacity Review. One project within the programme is still in delivery phase, the EMSC reconfiguration project. This has now become a stand-alone project, reporting directly to Strategic Transformation Board (STB).
- 3.4 The programme commenced on 01 Dec-19 and was closed on 03 May-24, totalling 1,615 days. The overall programme set out to achieve 13 objectives, including closing the relief gap, CHARU and roster review. For full list of objectives see (appendix 1). Of the 13 objectives which sub-divides into 41 sub-objectives the programme achieved: -



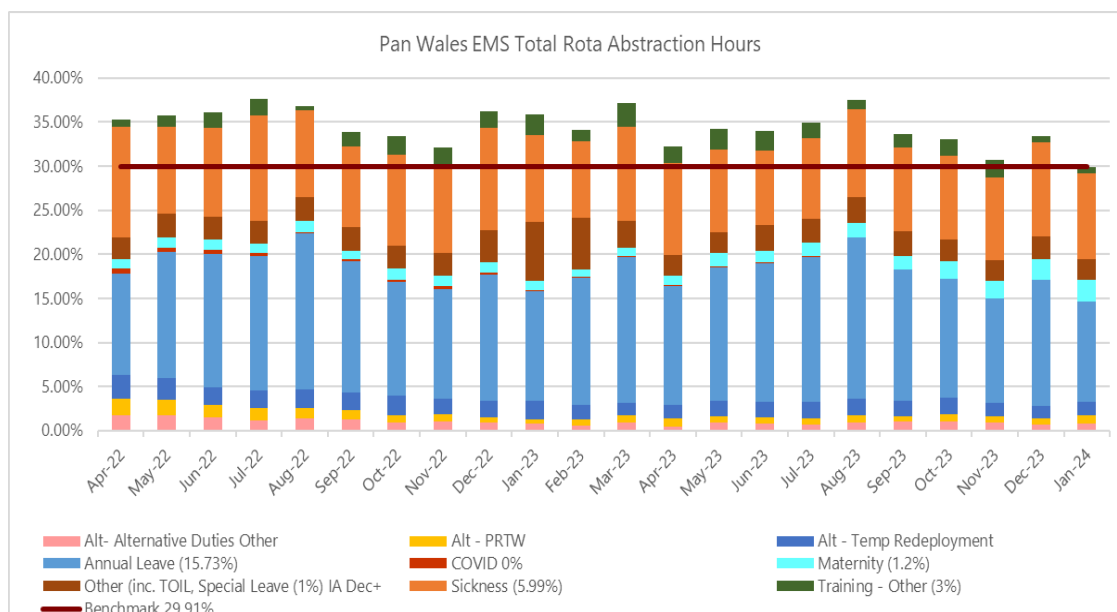
- 3.5 There were three main benefits that the programme set out to achieve by December 2024 which were tracked using a benefits map and score card. The three main benefits were:

Pan-Wales Benefit	Dec-21 Position	Dec-24 Position
Red Performance A8	67.3%	74.2%
Amber 1 Median	34.55 (mm:ss)	17.42 (mm:ss)
ROSC	13.18 (2019/20)	average or >* actual ROSC rate in England of 24.8%. It must be noted that this has not been modelled in Wales.

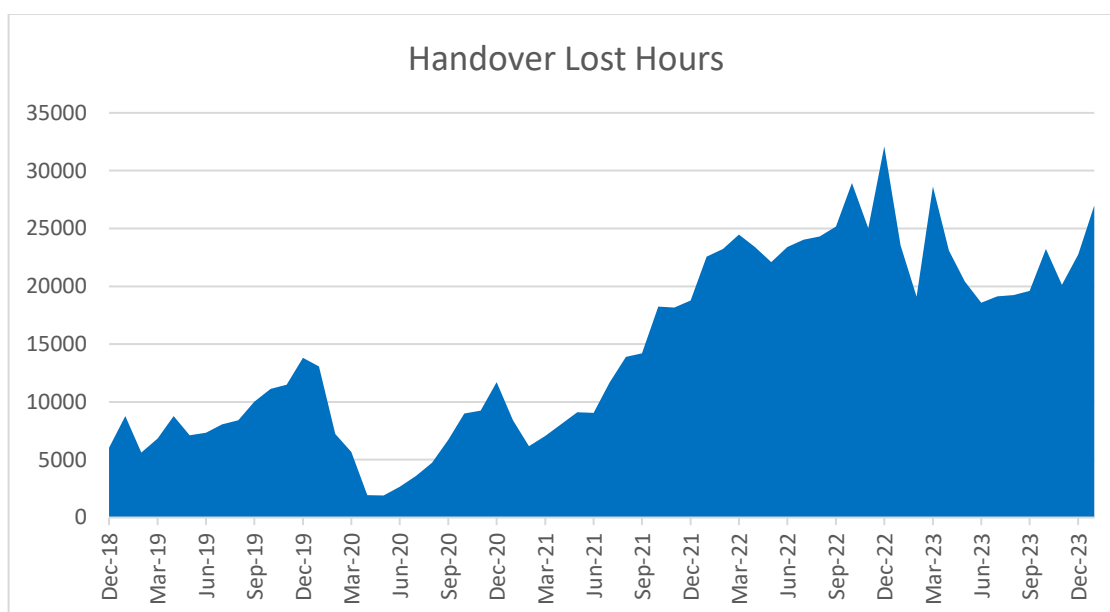
- 3.6 Whilst the programme has largely delivered its agreed outputs e.g. close relief gap, re-roster, CHARU etc., it has not delivered the modelled levels of performance improvement and associated patient safety. The three primary reasons for this are red demand, abstractions and, in particular, the extreme levels of handover: -



- 3.7 The programme was predicated on a demand forecast of 2.3% per annum. Red demand doubled during the programme. The 2023 EMS Demand & Capacity Review has forecast a need for a further 52 FTEs, an uplift of 34% on the current modelled FTE requirement.



- 3.8 The programme was predicated on an abstraction rate of 30%, which became undeliverable as a result of CoVID-19, but had recovered by Jan-24.



- 3.9 The programme was predicated on 6,000 of handover, not the 32,000 hours seen in Dec-22 (another 2,000 if losses to English hospitals are added in).
- 3.10 The programme completed the roster review during a pandemic, within the context of extreme levels of handover, within a backdrop of looming industrial action, whilst leveraging in +343 FTEs additional FTEs and withdrew and introduced a new ambulance resource i.e. CHARU. This is another example of the Trust delivering a difficult programme in complex circumstances and gives further weight to the Trust's reputation with its stakeholders for delivery.

Programme Management & Cost

- 4.1 The overall programme was led by the Assistant Director of Commissioning & Performance with key representation from Strategy, Planning & Performance, People & Culture, Operations, Finance & Resources and the Medical Directorate, along with other key stakeholders including commissioners, trade unions and Quality, Safety and Patient Experience. The Executive Sponsors were the Executive Director Strategy, Planning & Performance and Executive Director of Operations.
- 4.2 The programme was subject to an internal audit during its delivery phase. It received a “reasonable assurance”, missing a substantial assurance rating because the PID was not fully up to date and the PID had not defined quoracy. These felt like minor technicalities within the scale and complexity of the programme.

Cost

- 4.3 The main programme’s cost were: -
- £16.104m revenue costs of recruiting the +343 FTEs (direct costs of the establishment uplift only).
 - £408,000 for the roster review.
 - Estates capital works.

Quality

- 5.1 The programme was expected to deliver five main quality benefits, Amber 1 90th percentile, Amber 2 90th, a reduction in patient waits (12 hours and over), a reduction in national reported incidents and a reduction in in concerns volumes. These quality metrics have not been achieved, with handover lost hours being the main cause.

Follow on Actions & Recommendations

- 6.1 The main follow-on actions from the programme are: -
- i. Undertake a new five-year 2023 strategic EMS demand & capacity review (completed).
 - ii. ORH have identified a modelled a large uplift of FTEs (traditional conveyance model) to offset handover lost hours of 25,000, which is considered prohibitively expensive, therefore it is a strategic necessity to change the model of delivery.
 - iii. ORH are not recommending any tweaks to the Dec-21++ keys delivered, but more resource, much less if the clinical model is transformed and handovers reduce to more reasonable levels of 12,000 and 7,000 hours respectively.
 - iv. Close the programme and connect the 2023 review to the Clinical Model Transformation programme.
 - v. Continue to focus on reducing abstractions to benchmark 30% as part of BAU performance management.

- vi. Continue to recruit to the full 153 FTE CHARU requirement through the now stand-alone CHARU Benefits Realisation Group (currently 75%).
- vii. Continue to focus on the effectiveness of CHARUs, again through the CHARU Benefits Realisation Group (see presentation to Sep-24 F&P Committee).
- viii. Complete the EMSC Re-configuration project (in deliver phase).
- ix. Onward reporting of the programme's closure as directed by STB.

Review of Benefits

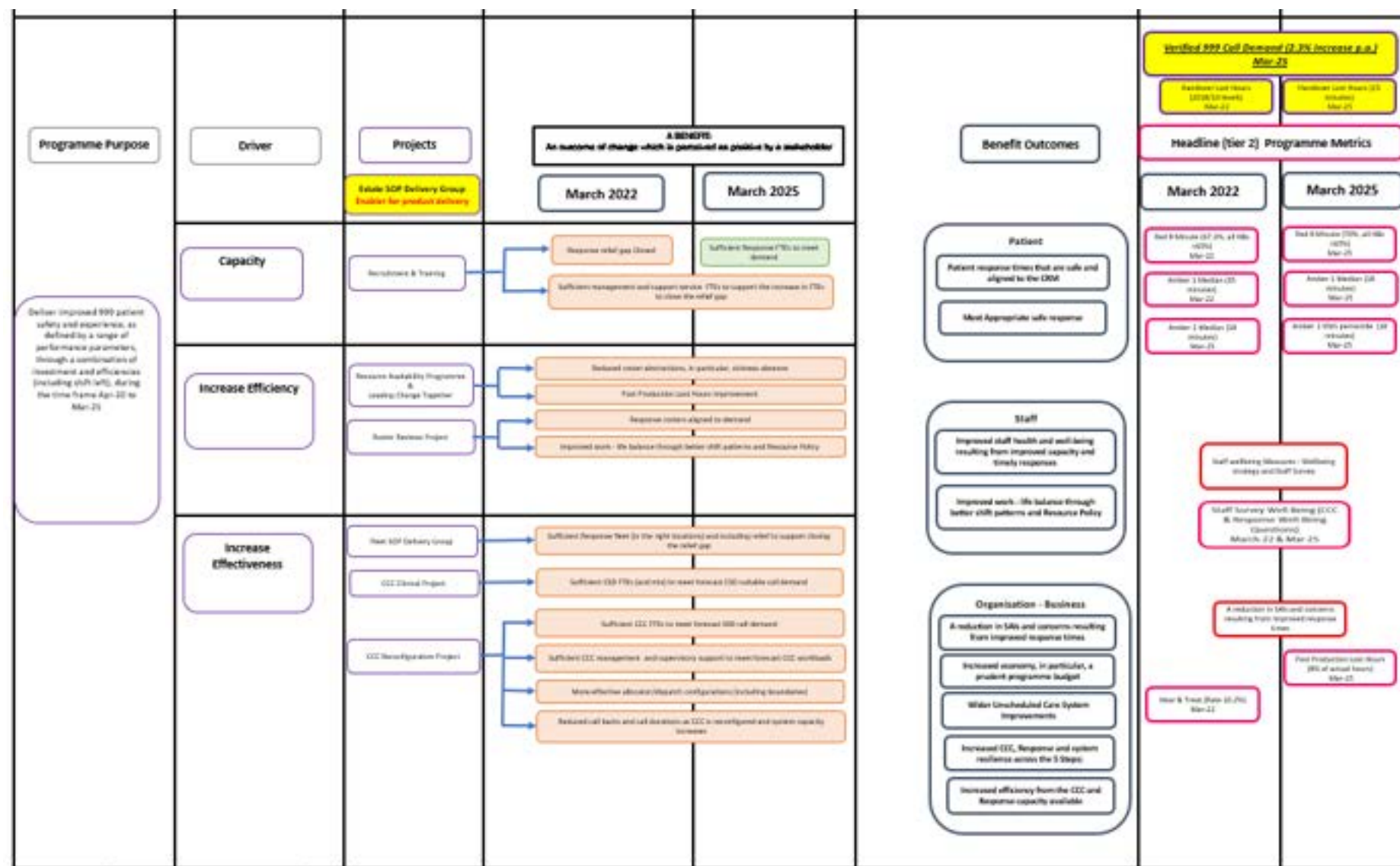
- 7.1 The programme's purpose was to:

"Deliver improved 999 patient safety and experience as defined by a range of performance parameters, through a combination of investment, efficiencies and effectiveness (shift left), during the timeframe Apr-20 to Mar-25."

- 7.2 The main overall programmes benefits realisation was to achieve:

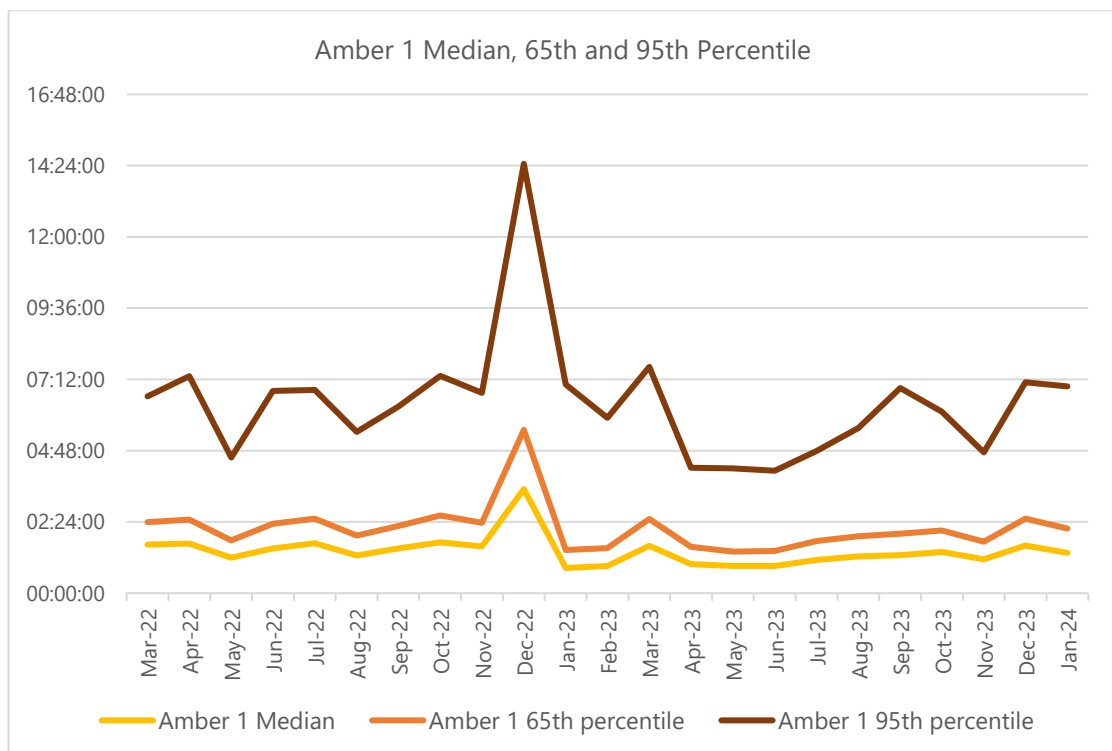
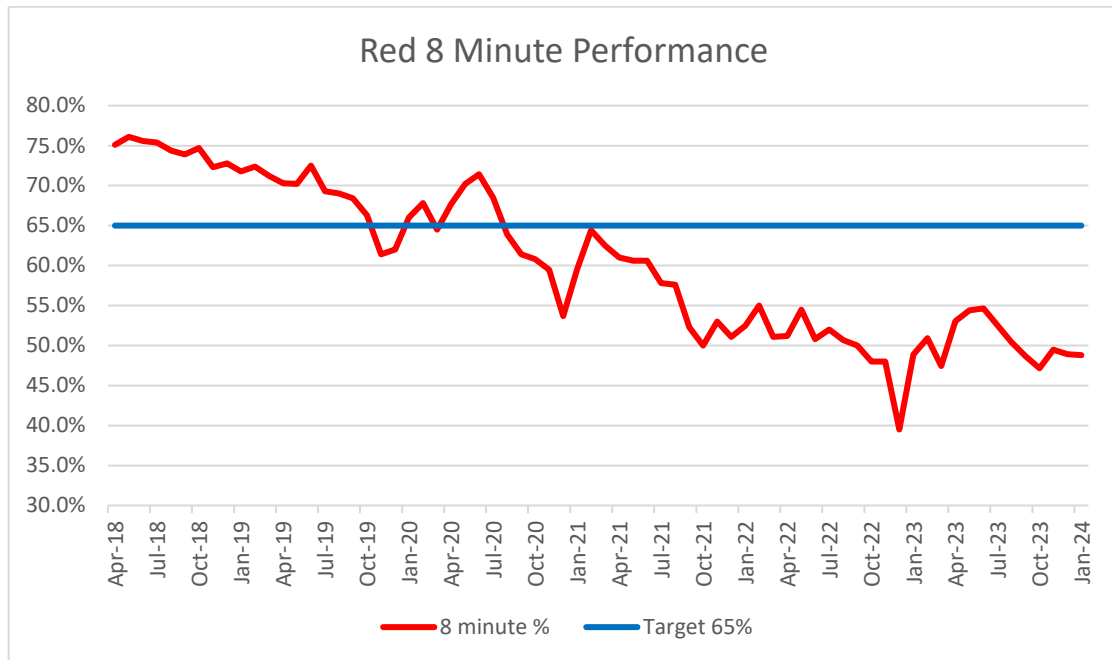
Pan-Wales Benefit	Dec-21 Position	Dec-24 Position
Red A&E Performance	67.3%	74.2%
Amber 1 Median	34.55 (mm:ss)	17.42 (mm:ss)
ROSC	13.18 (2019/20)	average or >* Actual ROSC rate in England of 24.8%. It must be noted that this has not been modelled in Wales.

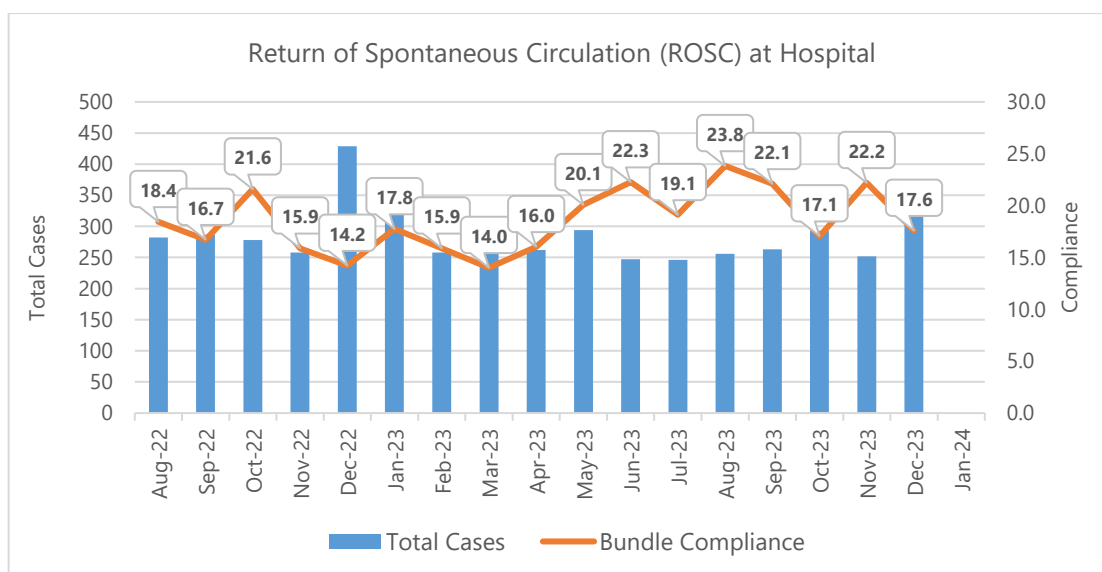
- 7.3 The programmes benefits were measured by benefits score card (produced throughout the programme) and against the benefits map produced: -



7.4 Due to the high levels of abstraction, Red demand and handover delays these benefits were not delivered.

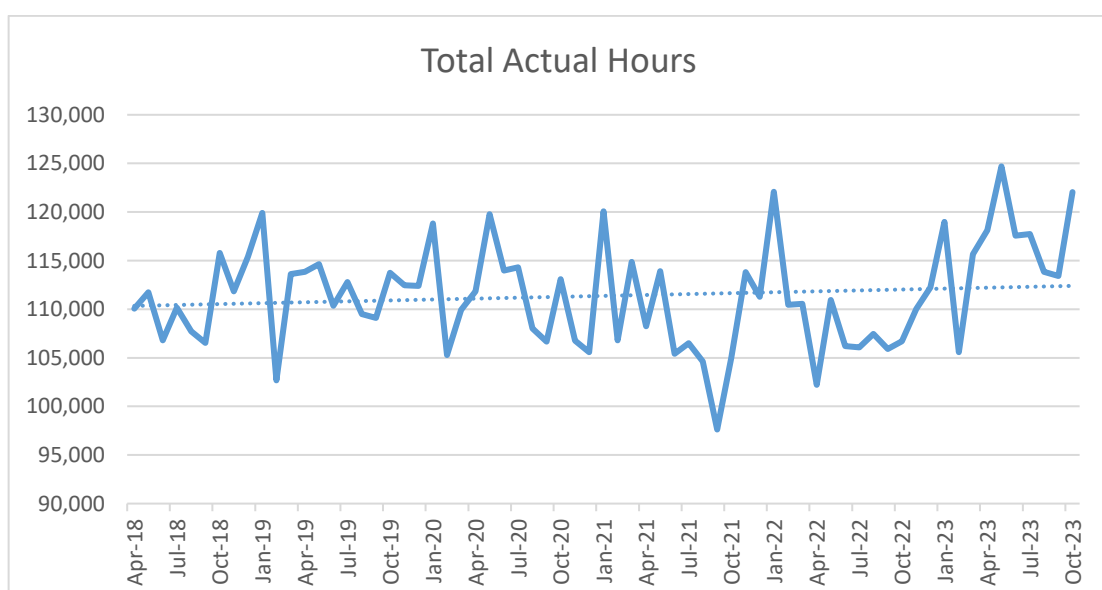
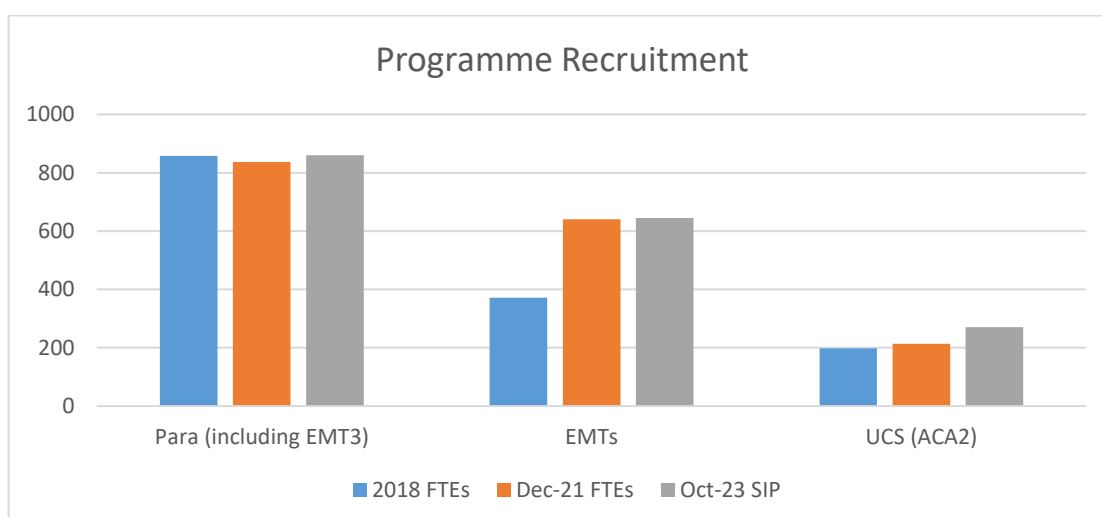
7.5 As of the end of March 2024 the position of the benefits were:





7.6 There has been some improvement in the ROSC rate, but it is not yet sustained.

7.7 Whilst the outcomes have not been delivered capacity has been improved: -



Residual Benefits Expected (post programme)

What benefits have yet to be realised and when will they be?

- 8.1 Delivery of the benefits i.e. patient safety in the 999-emergency ambulance pathway, will transfer into the new clinical model programme, with the exception of: the delivery of the EMSC reconfiguration project that is now be a stand-alone project reporting directly to STB; and CHARU benefits realisation, which will stay with the CHARU Task & Finish project, which will now focus on CHARU benefits realisation.

How will they continue to be tracked?

- 8.2 The primary method of onward benefits tracking will be the MIQPR, but this will be supported by more specific dashboards linked to the clinical model transformation programme, e.g. measuring our strategy dashboard.
- Patient Safety
- 8.3 The origin of the programme was the Amber Review, commissioned by Welsh Government in 2018. The Amber Review was concerned with the long waits in the Amber category and the resultant patient harm.
- 8.4 During the EMS roster review there was some staff concerns that the review was a cost cutting exercise. There is no information trail to support this view. The PID very clearly sets out a focus on patient safety (and staff well-being) and no "benefit" was ever set around any efficiency saving (there was an efficiency gain of 72FTEs).
- 8.5 Clearly the programme has not delivered the outcomes intended, as detailed on the above pages, but it should be noted that as part of the decision-making process on the go live of the rosters, OMDA Optima undertook the following modelling for the Chair and CEO: -

Scenarios (1 Jan 2022 - 24 Apr 2022)	RED Performance (% < 8 min)	AMBER1 Median (min)	AMBER1 95 th (min)	AMBER2 Median (min)	AMBER2 95 th (min)	Abandoned Demand * (%)
Historical	50%	1h 36m	8h 50m	2h 22m	15h 40m	-
"Partial funding" scenario:						
1A) Current rota	40%	2h 05m	13h 12m	3h 36m	15h 02m	2.0%
1B) Dec21++ rota	41%**	71m	9h 52m	2h 37m	11h 47m	0.5%
Difference between rotas	+1%	-54m	-3h 20m	-59m	-3h 15m	-1.5%
"Full funding" scenario (95% UHP):						
2A) Current rota	50%	54m	8h 51m	2h 40m	11h 22m	0.3%
2B) Dec21++ rota	53%**	34m	7h 46m	1h 43m	9h 47m	0.1%
Difference between rotas	+3%	-20m	-1h 05m	-57m	-1h 35m	-0.2%
* = the abandoned demand only applies to simulations. This is on top of any suppressed demand that is already excluded from historical responded data due to high Clinical Safety Plan (CSP) levels. In simulations, once an incident has been queued for 12 hours, there is 0.1% chance per minute that the incident gets abandoned (never responded to). Higher abandonment values indicate overwhelming resource utilisation. ** = the RED performance may be understated or overstated. This is highly dependent on the future CHARU dispatch rules, which are not fully understood yet. In these scenarios, CHARUs have been modelled as standard RRVs but with the restriction that they can only respond to RED and AMBER1 incidents.						
Colour coding:	Acceptable	Poor	Very Poor	Disastrous		

- 8.6 The results clearly indicate improved performance in both the partially funded and fully funded scenarios.
- 8.7 OMDA Optima also modelled the above with hospital handover levels reduced to the 6,000 hours that the roster keys were predicated on: -

Scenarios (1 Jan 2022 - 24 Apr 2022)	RED Performance (% < 8 min)	AMBER1 Median (min)	AMBER1 95 th (min)	AMBER2 Median (min)	AMBER2 95 th (min)	Abandoned Demand * (%)
Historical	50%	1h 36m	8h 50m	2h 22m	15h 40m	-
"Partial funding" scenario with Dec 2018 hospital & scene durations.						
1A) Current rota	59%	25m	6h 36m	65m	7h 23m	0.0%
1B) Dec21++ rota	60%**	21m	6h 11m	49m	7h 02m	0.0%
Difference between rotas	+1%	-4m	-25m	-16m	-21m	-
"Full funding" scenario (95% UHP) with Dec 2018 hospital & scene durations.						
2A) Current rota	63%	20m	5h 39m	56m	6h 30m	0.0%
2B) Dec21++ rota	64%**	18m	5h 10m	45m	6h 12m	0.0%
Difference between rotas	+1%	-2m	-29m	-11m	-18m	-
* = the abandoned demand only applies to simulations. This is <u>on top of</u> any suppressed demand that is already excluded from historical responded data due to high Clinical Safety Plan (CSP) levels. In simulations, once an incident has been queued for 12 hours, there is 0.1% chance per minute that the incident gets abandoned (never responded to). Higher abandonment values indicate overwhelming resource utilisation. ** = the RED performance may be understated or overstated. This is highly dependent on the future CHARU dispatch rules, which are not fully understood yet. In these scenarios, CHARUs have been modelled as standard RRVs but with the restriction that they can only respond to RED and AMBER1 incidents.						
Colour coding:	Acceptable	Poor	Very Poor	Disastrous		

- 8.8 The roster keys deliver improved performance in both scenarios above and very good Amber 1 performance.
- 8.9 TU Partners feedback is more ambivalent on the patient safety impact of the roster keys. The staff survey on the EMS roster review also supports the TU Partner's position: -

8. The new rosters have improved patient safety

[More Details](#)

Strongly agree	2
Agree	3
Disagree	12
Strongly disagree	17



9. If strongly disagree/disagree, please identify why

[More Details](#)

[Insights](#)

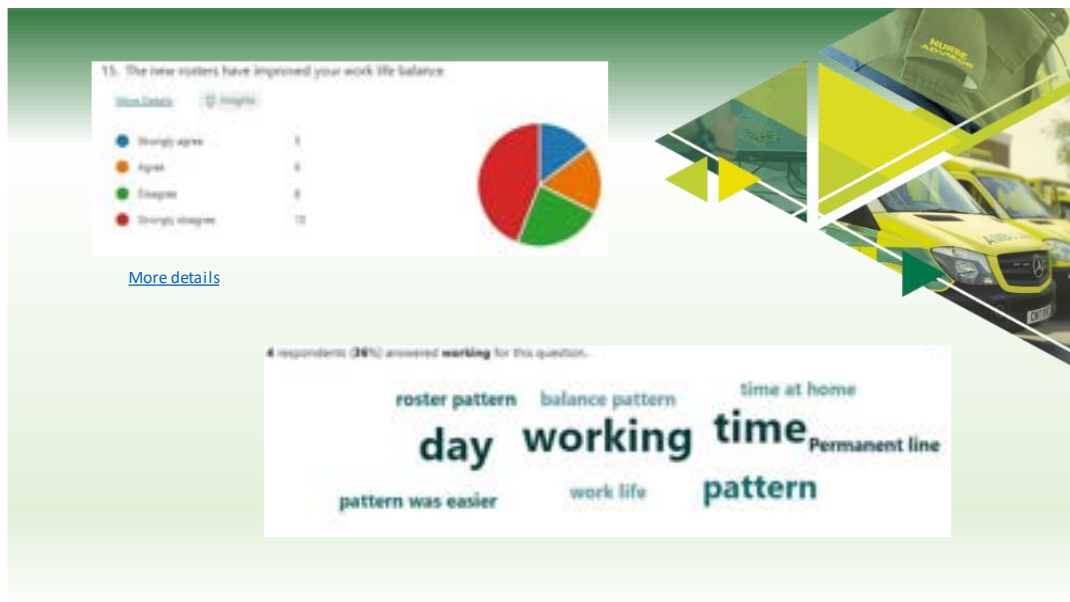
Handover Delays	9
More Ambulance resource requi...	1
Roster pattern not aligned to pa...	10
Other	9

8.10 TU Partners have expressed a particular concern about the elapsed time between the roster keys used in the EMS roster review (provided by ORH in January 2020) and their implementation in Q3 2022/23; however, it should be noted that this was recorded as a risk and further modelling was undertake and revised keys produced by ORH. It should also be noted that ORH have not recommended, in the 2023 EMS Demand & Capacity Review, making any tweaks to the keys implemented, but a range of options for uplifting resource, reduced if the triangle is fully inverted and handover reduces.

8.11 It must also be noted that there were only 36 respondents to the survey.

- Staff Well-Being

8.12 The slide overleaf is an extract from the slide deck (write up) of the staff survey on the EMS roster review: -



- 8.13 These results suggest that affected staff's work life balance has not improved, however, as above there were only 36 respondents to the survey and it may be reasonable to assume that more disaffected colleagues may have completed the survey e.g. "silent majority".
- 8.14 The programme team also asked for an independently facilitated focus group to be conducted with a random pick of affected colleagues. The focus group was asked "what three things would you change?". The feedback was: -

What three things would you change?

- Delivery of information back to stations.
- More staff involvement other than just TU Reps and a nominated station rep.
- Implement Rota's at the start of year (April) to cause less problems around annual leave etc.
- Reinstate afternoon shifts. Reposition location of CHARU, in hindsight roster pattern to give greater work life balance.
- Staff able to build rotas

- 8.15 For the last one “staff able to build rotas” the Trust adopted a high staff engagement model via four working parties, using the ORH roster keys as a backdrop, and software that generates shift options based on these keys. In this sense staff were able to build their own rosters, short list the ones they were most in favour of and then formally vote on them. The above remark may hint at staff wanting to “build” the roster keys. The Trust’s position is that the building of the keys needs to be done through independent mathematical method and that this was done in collaboration with TU Partners through the 2019 EMS Demand & Capacity Review. It would be unworkable to have every locality working the roster keys.
- 8.16 The other major concern flagged by TU Partners was the impact of loss of USHs. The following table provides an analysis of the impact of the re-roster on USHs: -

	EA	UCS	Combined
Anuerin Bevan	-1.09%	-6.99%	-2.20%
Betsi Cadwalader	-0.26%	-2.09%	-0.49%
Cwm Taf	-0.89%	-4.67%	-1.58%
Cardiff and Vale	-0.31%	-2.70%	-0.61%
Hywel Dda	-0.21%	-3.50%	-0.73%
Powys	-0.06%	-22.20%	-1.53%
Swansea Bay	-0.13%	8.80%	0.61%
Wales	-0.42%	-4.76%	-0.93%

- 8.17 Clearly a reduction in USH payments would have a significant impact on a colleague’s well-being. The Trust acted within the agreed Core Principles and the rules and procedures of the Trust (which includes periods of protection, but acknowledges the timings of these losses, within the context of the cost-of-living crisis were unfortunate.

Review of Objectives

9.1 The programme PID contained 13 objectives and 41 sub-objectives. These are reviewed in the following table:-

No.	Objective	Delivery Work-stream	Desired Outcome	Achieved?
1.	Recruit and train FTE requirement and ambition of Demand and Capacity programme 2019 by March 2025	Recruitment and Training	Sufficient FTEs to keep pace with demand as modelled by ORH (subject to further modelling).	The FTEs were sufficient to close the relief gap, but not cope with the level of handover lost hours which increased from 6,000 hours to 34,000 hours at peak.
1a.	Recruit and train 2020-21 FTE requirement by March 2021	Recruitment and Training	52% FTE contribution to closing the relief gap.	Achieved
1b.	Recruit and train 2021-22 FTE requirement by March 2022	Recruitment and Training	Closure of relief gap adjusted for 46 ACA2s held open so adjusted total 217. 217 will be delivered, but option to smooth FTEs in 2022/23	Achieved & Exceeded
1c.	Smoothing option (rurality)	Further discussion required. (Report to EMT in November 22)	More equitable performance	Establishment aligned to modelled requirement to encourage smoothing, but rural recruitment remains challenging
1d	Recruit and Train plus 100 FTE's and SIP to match establishment	Recruitment and Training	A relief gap -64	Achieved
1e.	Recruit and train sufficient number of FTEs to close the relief gap	Recruitment and Training	No relief gap	Achieved against original roster keys, but CHARU keys required 153 FTEs v

				the 52 RRV FTEs in the original keys.
1f.	Improve the recruitment and training experience	Recruitment and Training	Positive staff experience feedback on “landing” in WAST.	Process clarified with recruits receiving much more timely information on base location, however, speed of recruitment led to base followed by transfer requests
2.	Adjust and deliver the EMS Response workforce plan (and recruitment and training plan) for the required number of FTEs based on strategic reconfigurations of NHS Wales’s services.	Programme and other programmes.	Out of scope, but related, as workforce plan needs to adjust to take into account and programme needs to understand impact and that there are not negative consequences to the programme. SBAR on Ambulance Response FTE workforce plan currently being produced by WOD.	Out of scope
3a.	Adjust and deliver the EMS Response workforce plan (and recruitment and training plan) for the required number of FTEs based on the Grange University Hospital requirements.	Programme and other programmes.	Out of scope, but related, as workforce plan needs to adjust to take into account and programme needs to understand impact and that there are not negative consequences to the programme. Delivered close.	Out of scope
4.	Deliver Fleet requirement for response and training capacity in line with ambition of Demand and Capacity programme 2019 and implications of strategic reconfigurations of NHS	Fleet SOP Delivery Group	The correct and sufficient fleet for the additional FTEs being recruited and trained.	Achieved. Recent modelling confirms there is sufficient fleet for the Dec-21++

	Wales's services by March 2023, in particular, the CHARU requirement and the HD EA adjustment.		Avoidance of dropped shifts due to lack of ambulance availability.	keys and 2024/25 APP establishment.
4a.	Review and deliver agreed Fleet requirement in line with 2020-21 FTE requirement by March 2021	Fleet SOP Delivery Group	The correct and sufficient fleet for the additional FTEs being recruited and trained. Avoidance of dropped shifts due to lack of ambulance availability. Delivered close.	See above. Achieved.
4b.	Review and deliver agreed Fleet requirement in line with 2021-22 FTE requirement by March 2022	Fleet SOP Delivery Group	The correct and sufficient fleet for the additional FTEs being recruited and trained. Avoidance of dropped shifts due to lack of ambulance availability. Delivered close.	See above. Achieved.
4c.	Review and deliver agreed Fleet requirement in line with 2022-23 FTE requirement by March 2023, to include CHARU requirement and HD EA adjustment.	Fleet SOP Delivery Group	The correct and sufficient fleet for the additional FTEs being recruited and trained. Avoidance of dropped shifts due to lack of ambulance availability.	See above. Achieved.
5.	Deliver Estate requirement for response and training capacity in line with ambition of Demand and Capacity programme 2019 and implications of strategic reconfigurations of NHS Wales's services by March 2022	Estates SOP Delivery Group	Sufficient estate in the required locations to accommodate the uplift in FTEs being delivered by the programme.	Achieved.

5a.	Review and deliver agreed Estate requirement in line with 2020-21 FTE requirement by March 2021	Estates SOP Delivery Group	Sufficient estate in the required locations to accommodate the uplift in FTEs being delivered by the programme.	Achieved.
5b.	Review and deliver agreed Estate requirement in line with 2021-22 FTE requirement by March 2022	Estates SOP Delivery Group	Sufficient estate in the required locations to accommodate the uplift in FTEs being delivered by the programme.	Achieved
5c.	To review to there is efficient estate for the plus 100 FTE's	Heads of Service and SRO	Sufficient estate	Achieved
6	Transform Clinical leadership, education, and services within CCC	CCC Clinical Programme Board	See 6a and 6b.	Project delayed due to pandemic (escalation levels). Transferred out of project as stand alone project reporting to STB
6a.	Achieve 10.2 % hear and treat rate by Dec-21	CCC Clinical Programme Board	Improved patient safety through a timely telephone "response". Increase in ambulances not dispatched as a result of achieving (exceeding) the 10.2% benchmark, freeing up ambulances to respond to higher acuity calls thereby improving patient safety. 10.4% achieved for 2021/22. Close	Achieved.
6b.	Achieve 17% hear and treat rate by DEC -22 – by increasing the establishment with plus 36	CCC Clinical Programme Board (linked to +36 FTEs uplift)	Improved patient safety through a timely telephone "response"	Remains an IMTP ambition. Now forms part of Clinical Model Transformation

	Paramedics and plus 5 MHP's		Increase in ambulances not dispatched as a result of achieving revised benchmark of 17%, freeing up ambulances to respond to higher acuity calls thereby improving patient safety.	Programme (Trust did achieve 15.1% in April 2024).
6c.	Code Set Change	CCC Clinical Programme Board	Improved patient safety through a timely telephone "response". Increase in MPDS codes directed straight to telephone triage through a change in the DCR process. Increased hear & treat rate.	Achieved
6d.	CSD Roster Review	CCC Clinical Programme Board	Improved patient safety through a timely telephone "response". CSD rosters aligned to demand (ORH roster keys). The new roster was implemented on the 31st January 2022.	Achieved
6e.	Physician Triage Assessment and Streaming (PTAS)	CCC Clinical Programme Board	Improved patient safety through a timely telephone "response" provided by health boards. Would be a separate measure in the AQIs and not part of hear & treat measure.	Health board dependent with support from JCC

7.	EMSC Reconfiguration	EMSC Reconfiguration Project Board		Project delayed due to pandemic (escalation levels). Transferred out of project as stand alone project reporting to STB
7a.	EMSC Restructure A career structure that demonstrates an ability to remain within EMS Coordination from a Band 3 Call Taker, through to the Head of Service provides a real opportunity to develop a career within the emergency call handling function.	EMSC Reconfiguration Project Board	Improve the ability to recruit, retain and develop those staff who want an emergency call handling career to remain within the department. This is also a supportive measure to ensure that EMSC are able to deal with issues raised by staff in a quicker timescale and with support offered at every level.	Project delayed due to pandemic (escalation levels). Transferred out of project as stand alone project reporting to STB
7b.	Roster Review Building a new model that rosters will support the demands on the service, but also align to the Single Allocator model	EMSC Reconfiguration Project Board	Reflective of the workloads across desks and during times when demand has dropped off significantly. The rosters will be developed in partnership with Trade Union Partners and staff to ensure that there is a proper balance between demand from the public and the need to consider the wellbeing of staff.	Project delayed due to pandemic (escalation levels) Transferred out of project as stand alone project reporting to STB
7c.	Boundary Changes ORH presented evidence 2017 and 2023 that there	EMSC Reconfiguration Project Board	Improved alignment between patient	Project delayed due to pandemic (escalation levels). Transferred out of project as stand

	remains an inequity in the management of work across desks within EMSC. Aside from the equitable spread of work this also provides some changes to the alignment of work across boundaries and recognises the flow of patients from one part of Wakes and into another.		demand / flow and the configuration of EMSC.	alone project reporting to STB
7d.	Single Allocator Model and Different Ways of Working Development of a Single Allocator Model – An original recommendation from the D&C review in 2017, and in line with practice across other Ambulances services in the UK.	EMSC Reconfiguration Project Board	The move to a single allocator model provides clarity in terms of ownership of the area and overall oversight of the work in a given area.	Project delayed due to pandemic (escalation levels). Transferred out of project as stand alone project reporting to STB
8	Review the EMS Response rosters	Roster Review (Response) Project	See 8a and 8b.	Achieved
8a.	Align the EMS response rosters to the demand pattern (ORH roster keys by Nov-22).	Roster Review (Response) Project	Response rosters aligned to demand which improved patient safety, delivers an efficiency of 72 FTEs not required and improves staff well-being through improved rota design.	Achieved
8b.	Improve staff welfare (work life balance) as part of the review of the roster keys (by Nov-22).	Roster Review (Response) Project	Response rosters aligned to demand which improved patient safety, delivers an efficiency of 72 FTEs not required and improves staff well-being through improved rota design.	The rosters themselves should have led to improved work life balance, but the level of shift overruns (handover lost hours) will have

				worked against a positive perception
8c.	Implementation of CHARU roster keys (linked to 12)	Roster Review (Response) Project	CHARU rosters aligned to patient demand. (Partially Funded at this time).	Achieved (against original programme objective).
8d.	Full implementation of CHARU roster keys by Jun-23	CHARU Task & Finish Group	CHARU rosters aligned to patient demand (by moving FTEs from EAs to CHARU lines).	74% July 2024. Rural recruitment a challenge
9.	Workforce Modernisation Project		Improve EMS resource availability through improved workforce working practices.	Direct negotiations between Execs and TUs
9a	Deliver an 8% sickness abstraction from EMS Response rosters by Mar-23.	Managing Attendance Programme	A contribution to delivering the UHP benchmarks of 95% for RRV, EA and UCS.	Achieved
9b	Deliver a 6% sickness abstraction from EMS Response rosters by Mar-24.	Managing Attendance Programme	A contribution to delivering the UHP benchmarks of 95% for RRV, EA and UCS.	Clear downtrend, but 6% not yet achieved. Separate programme of work
9c	Deliver an agreed revised approach to CPD (linked to audit on need to account of these hours) in time for re-roster go live.	Roster Review Project Team	Roster Review Core Principles include 52 hours CPD at source (36.5-hour week on rosters) with 52 hours recorded (probably on GRS)	Achieved
9d	Deliver an agreed revised approach to meal breaks by end December 22. - RTB Automation (paused linked to IA negotiations)	Rapid Task and Finish Group	Optima has identified a 1.1% Red gain and Amber 1 95 th -5-minute gain (nearest suitable station)	Achieved

10.	Management and support services reflect and increasing workforce.	Programme Board	1 – 15 DOM ratio 1 – 30 SP ratio Occupational Health ratio Other management and support services.	Achieved
12	Cymru High Acuity Response Unit (CHARU)	CHARU Task & Finish Group	Improved clinical outcomes (ROSC) CHARU parameters delivered in each health board (20 urban and 30 minute rural) 65% of Red incidents responded to in 8 minutes in each health board. These three outcomes will not be delivered unless the CHARU roster keys are fully funded. Decision (Jan-23) to move Paramedics across from EA lines to CHARU lines to fully deliver CHARU roster keys, with reduced EA UHP.	ROSC rate has seen improvement. Further improvement via Clinical Indicator Plan submitted to commissioners. See separate report to F&P Committee (17 Sep-24) on impact of CHARUs. Trust is reaching more red incidents, but denominator (red demand) is much higher. Now being taken forward by CMT Programme.
13	Rightsizing	To be Determined	A reduction in minus 3.5 EA's to support the uplift in APP's and CHARU.	Decision to run temporary relief gap instead. 23/24 uplift outside of programme, but achieved

Deviations from Approved PID

Has anything that was not documented in the business case been produced?

- 10.1 The detailed work on the large Excel document for calculating the fleet and estate requirements.

Has anything different been produced from how originally described? If so, why? And was this expected?

- 10.2 There were numerous versions of the PID, taking account of a range of in programme changes, in particular: -
- i. The “HD Adjustment” i.e. no reduction in EAs, denoted as the first + on Dec-21++ roster keys, with Dec-21 being the original keys supplied by ORH.
 - ii. The removal of RRVs and introduction of CHARUs, the second + on Dec-21++.
 - iii. The move of 36 FTE Paramedic posts from EMS Response into CSD and reduction of 46 ACA2s to pay for this move.
 - iv. The change in consult & close benchmark from 10.2%, to 15% and then 17%.
 - v. The +100 additional FTEs uplift in EMS Response establishment.
 - vi. Updated modelling for the EMSC reconfiguration, updated from 2019 to 2023, to support the move to the single allocator model, dispatch desk workloads and dispatch desk boundaries; and
 - vii. Additional modelling undertaken by both OMDA (Optima) and ORH, in particular, the consideration of the level of Red demand on the programme; and the consideration of whether to go live with the roster keys within the context of extreme handover delays.

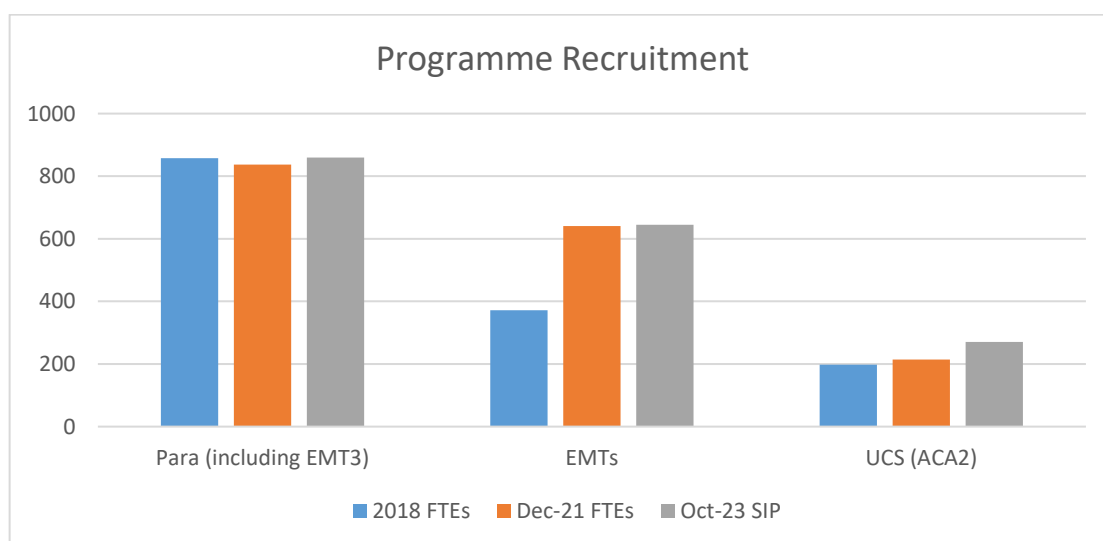
11. Review of Programme Products

- 11.1 The programme worked within the project & programme management framework of the Trust. The programme was supported by the usual set of documentation e.g. PID, programme risk register, issues log, highlight reports, programme governance map etc. This approach worked well, with substantial assurance almost being achieved in an internal audit of the programme and the Executives moving from SRO to Sponsors and dropping off the three weekly programme board.
- 11.2 The internal audit identified the formal connection between the programme and STB as an area of attention, in particular, agreements to PID amendments.
- 11.3 The joined-up data handling approach for recruitment, using MS365 worked well. This single data set reduced transactional communications, enabled timely occupational health, and assisted Clinical Audit with the issue of PINs.
- 11.4 The Excel database to give station level information on FTEs and fleet requirements provided a level of granularity the Trust had not previously had; however, it is recognised that a new live version is required: currently being built on a Power BI platform: NEXUS.
- 11.5 The Core Principles approach from the roster review has been reused for other roster reviews.
- 11.6 The voting arrangements for the EMS roster review were very problematic and required the use of ACAS to validate.

12. Programme Phase Review (including lessons learnt)

Recruitment & Training

- 12.1 The objective set by the EMS Demand & Capacity Programme for recruitment and training was to increase the EMS workforce by 363 additional FTEs between 2019 to 2022. By Oct-23 the Trust had achieved an uplift of 343 FTEs. This was a substantial uplift achieved on a short period in the middle of pandemic.

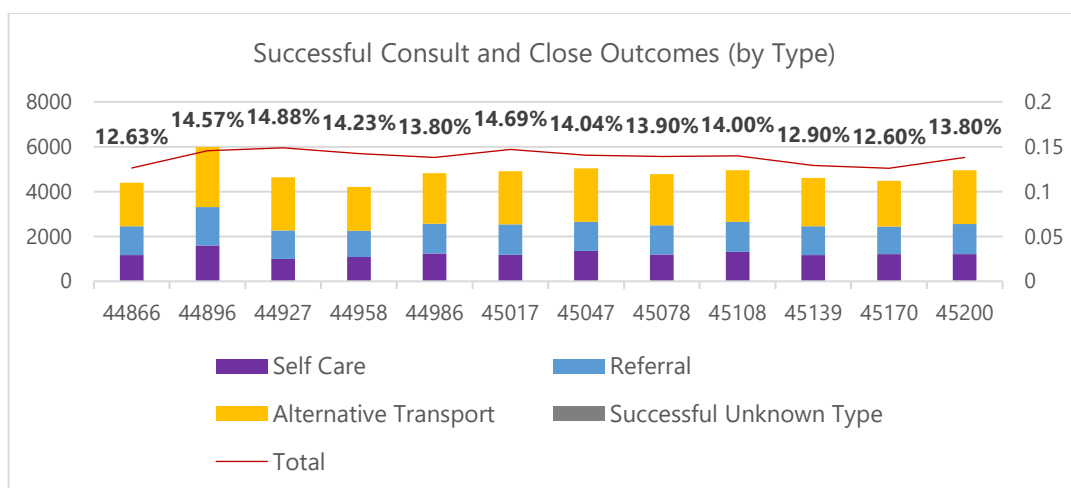


- 12.2 Whilst the programme delivered on the objective of increasing the establishment, the Trust often received funding within the financial year and on a payment on results basis. This caused a high degree of pressure i.e. short termism, on junior staff, involving working through weekends in order to deliver. Equally, it also meant that instead of trying to place the incoming FTEs in the right locations (and recruit the right level of staff) there was a mad rush to just hit the targets.

What worked? • The establishment of a dedicated project team within a wider programme. • The joined-up data handling approach for recruitment, using MS365 worked well. • Provision of FTE numbers from the 2019 Demand & Capacity Review at a station level.
What did not work? • The recruitment team at the time was very small and the workload, probably unnoticed, was excessive, involving junior staff working through weekends (no overtime or time off in lieu). • In year funding and payment by results created a high level of difficulty for the programme (are health board made to recruit like this?). • At the time of the programme there was no dedicated workforce planner in the Trust, for an organisation of +4,000 staff. The Trust was very reliant on one officer undertaking this work on top of her day job. • The ability to connect the recruitment requirements with station level capacity was problematic (see section on estate below).
What would you do differently? • Ensure that the recruitment team is sufficiently resourced (addressed?). • Ensure there is a dedicated organisational lead for workforce planning and avoidance of a SPOF (addressed). • Improve the Trust's integrated information on station capacity e.g. staff, lockers, car parking spaces.

Clinical Review (Consult & Close element)

- 12.3 The consult & close rate was an area of interest to the programme, but delivery was undertaken by a separate programme, however a connection was maintained due to the link to the 2019 EMS Demand & Capacity Review and the recruitment connection to EMS Response.
- 12.4 The original ambition was 10.2%, revised up to 15% and further revised up to 17%. The 10.2% was comfortably achieved, for a period of time the 15% was achieved, but the Trust has not yet achieved the 17% consult & close rate.



- 12.5 The 2023 Demand & Capacity Review identified a very rate of abstractions in the CSD. A review by the NCCU identified 15 recommendations, which the Trust has accepted. The recommendations broadly fall into four categories: metrics, benefits realisation, future transformation, and health board related.
- 12.6 CSD received an uplift of 36 FTEs to its establishment and was also re-rostered.
- 12.7 PTAS was originally included in the PID objectives, but the programme did not undertake a transformation work in this area.
- 12.8 As above this project, whilst of interest to the programme, sat in another programme. A closure and evaluation report has not been completed to date. The lessons learnt will be updated on completion of the separate closure and evaluation report.

What worked? A modelled benchmark for the consult & close rate.
What did not work? - The high pace of the recruitment coupled with the pandemic made focusing on the effectiveness of the recruitment more problematic. - The loss of a good project manager from SP&P, who was supporting the CSD team and the inability to resource further support in the short term: now addressed.
What would you do differently? Project support to the CSD team.

EMSC Reconfiguration

- 12.9 The project was repeatedly delayed as a result of the pandemic and system pressures, in particular, the sustained period at REAP4. The re-roster of EMSC call takers was completed, but the rest of the project was paused. It has recently been restarted, based on updated modelling (August 2023) from ORH. The project's deliverables are: -
- New management structures:** implementation of a new career structure that offers more opportunities for the development and retention of staff who want an emergency call handling career. This will also support the cultural transformation of the department.

- **Development of a single allocator model:** This will ensure greater efficiency in the allocation and dispatch function, in line with practice across other UK ambulances services.
- **Realignment of boundaries and dispatch desks:** Aside from an equitable spread of work this also provides some changes to the alignment of patient flows across health board boundaries and from one part of Wales and into another.
- **Building new rosters that align to these changes:** rosters should be reflective of the workloads across desks and during times when demand has dropped off significantly.
- **Target culture work:** working with our TU partners on culture change with clear action plans put in place to address key themes and issues across the area.

12.10 This is now the only remaining area of the programme that has not been delivered. It does not make sense to continue the programme for just one project, so it is recommended that this project now reports directly to STB, with the programme closing down. The lessons learnt will be completed on completion of the project.

12.11 EMSC Reconfiguration (The EMSC Reconfiguration Projects Lessons Learnt only captures the lessons from the Rosta Review for Call Takers due to the other Projects continuing post the closures of the Programme Board).

What worked?

- Asking call takers to be involved in the process was hugely positive.
- Positive on the whole. Really positive engagement from all involved.
- The project team had strengths and weaknesses which were identified were utilised where required.
- Core principles provided great framework to work to, regular diarised meetings and updates provided. Teams developing their own rosters based on the cover required – empowering teams.

What did not work?

- Struggled to get engagement from the staff affected by the review.
- Time in a room with resources could have helped issues/misunderstandings more quickly and sped up the process.
- Project felt rushed due to time constraints.
- Some CTs are still unhappy with the shift pattern.

What would you do differently?

- Involve staff from the outset to ensure a collaborative message and information is shared with the wider team.
- Project plan to include more time to allow the development of the rosters.
- Resource team to be involved from the outset with regards to the roster designs.

Roster Review (Response)

12.12 The roster review (EMS Response) was the most contentious aspect of the programme, for example, the CEO delivered 29 stakeholder briefings and the review involved the use of ACAS.

12.13 In dialogue with TU Partners the project team agreed to work through each phase of the project providing a short narrative followed by key lessons learnt what worked, what did not

work, what do differently. If the SRO and TU positions are different, it was agreed to record any difference of view.

- 12.14 Both parties agreed that given the size and complexity of the EMS roster review it was an important part of the legacy of the review to leave a written record for roster reviews.
- 12.15 The roster review was delivered, and that was reputationally important for the Trust with its key stakeholders, with the lack of a completed roster review (non-delivery of efficiencies) being cited as reason for not giving further investment.
- 12.16 The number of variables that affect performance (OMDA have identified over 20) make is almost impossible to assess the impact of the roster review, but both OMDA and ORH modelling supported their implementation, with ORH not recommending any tweaks in the 2023 Demand & Capacity Review.

Roster Review - Forecasting & Modelling

- 12.17 The EMS roster review was underpinned by forecasting and modelling by ORH undertaken through the 2019 EMS Demand & Capacity Review. During the EMS roster review the project team were also able to use OMDA Optima to provide a second opinion on the keys. This proved particularly valuable when the project team was reviewing its risk register, with a key risk being that the keys were inaccurate. TU partners had raised a concern about Red demand. The project team were able to test ORH's keys with OMDA Optima.
- 12.18 This second opinion identified the need to boost the modelled 11 RRVs pan-Wales to 33 pan-Wales, with the information feeding up to Executives and the CASC and leading to the 2019 EMS Demand & Capacity Review being re-opened. This process led to the introduction of the CHARU resource.
- 12.19 Near the end of review, several iterations of modelling were undertaken, within the context of extreme hospital handover lost hours.

What worked?

- Having access to two different emergency ambulance simulation software packages enabled a second opinion to be provided and increased assurance on patient safety.

What did not work?

- Ideally, the time between the initial keys from ORH and implementation should be as short as possible. It was longer here due to the pandemic.

What would you do differently?

- Keep the time between provision of the roster keys and implementation as short as possible.

Roster Review - Initiation & Procurement

- 12.20 Initiation really started with a nudge from the CEO to look into an external company that London Ambulance Service (LAS) had used to undertake a large-scale roster review. Initiation included contacting LAS and other UK ambulance services to find out more about undertaking a roster review via a third party.
- 12.21 The ELT decision to proceed with the EMS roster review and procure a third party, in principle, subject to a full PID, was taken in August 2020. An initial cost estimate of £250,000 for the use of a third party was decided upon, based on information from another UK ambulance trust. This estimate proved inaccurate, due to the time period elapsing between the UK ambulance trust's use of a third party.
- 12.22 A shadow project team was created, chaired by the SRO, the AD Operations EMS and with support from the AD Commissioning & Performance almost acting as a dual SRO, given the AD Operations EMS operational time commitments. This worked well. The project capacity was further supplemented by a project manager with specific expertise in roster design and further supported by xxx days of a third-party specialist roster design company.
- 12.23 TU Partners were at the table from the inception of the project team and were part of the selection panel for the procurement exercise, which is procured Working Time Solutions (WTS), now part of TotalMobile. TotalMobile were the only company to tender for the work. This enabled the project team to engage with TotalMobile during the procurement process e.g. almost like a negotiated route. This proved particularly valuable in gaining knowledge on the practicalities of undertaking a large-scale roster review.
- 12.24 Another key aspect of initiation was a meeting between the AD Commissioning & Performance (SRO of the EMS Operational Transformation Programme), programme colleagues and the CEO and sponsoring Executives. This meeting focused on the scale of change involved, in particular, the reduction in the RRVs from 60 to 11. On reflection there should have been more engagement with ELT on the scale of change including related analysis.
- 12.25 The initial PID was signed off by ELT at the end of the procurement process, with the recommendation to proceed with TotalMobile. The Executive Director of Operations also recommended the inclusion of a B7 Systems Officer to support the project.
- 12.26 The need to go to Finance & Performance Committee for PID approval and procurement approval did slow the project down (two months were lost).

What worked?

- Initial strategic leadership from ELT i.e. the nudge.
- The amount of organisational capacity that was put behind the project i.e. it was set up to succeed, including a dual SRO, the connection of the project into a wider programme, and a specialist third party.
- A dual SRO approach is considered a critical success factor.
- The use of specialist third party is considered a critical success factor.

Engaging with TU partners at inception and involving them in the PID and procurement process.
What did not work? - The initial engagement on the understanding on the scale of the impending change i.e. it is not just an operational roster review. - The requirement to go to formal committee slowed the project down. - Initial third-party cost estimate was inaccurate.
What would you do differently? - Engage more with strategic leaders at the initiation stage (and pre-work stage). - Determine earlier whether committee approval is required. - Ensure the third-party cost estimate is current or reflects inflation. - The contract was unusual in terms of including the procurement of software licenses for the rostering software (for a three-year period) and the automatic renewal of these licenses was not recorded in the risk register, which caused problems at the end of the three years (now resolved, but this was not an ideal situation).

Roster Review - Pre-Work

- 12.27 The key aspect of the pre-work was the appointment of the internal project manager. The project team considered whether to seek a colleague who was a trained generalist project manager or an expert on rosters who can be trained in project management. The latter was agreed, and a project manager was appointed from the Resource function and seconded out for the duration of the project.
- 12.28 The project manager was appointed in April 2021. The project manager received support from the AD Commissioning & Performance on project management, but never received any formal training, which was an omission.
- 12.29 Similarly, a project support officer was sought. There was no budget for this with the resource needing to be found. The officer came from within Strategy, Planning & Performance (Operations could not field a resource). The officer had previous Operations experience including ambulance response.
- 12.30 At this stage the project team was firmly established, meeting every three weeks formally and a quick fire 30-minute no agenda meeting every week.
- 12.31 The PID helped clarify thinking about who was required on the project team, which now included dedicated People & Culture Support (business partner) and a communications lead. A communications plan was produced including sign off on external communications and also the establishment of dedicated SIREN page. Feedback from affected colleagues on the SIREN dedicated project page was very favourable.

The dedicated Siren page, local reps, Siren notices and WAST lives were a good way to communicate with staff

[More Details](#)

[Insights](#)

Strongly agree	3
Agree	22
Disagree	4
Strongly disagree	5



- 12.32 At this stage a sense check was undertaken on the ORH roster keys and there was engagement between the project manager and local EMS management on the project.
- 12.33 Pre-work also involved looking at the estate and fleet implications of the EMS roster review. Whilst these were picked up on separate projects within the EMS Operational Transformation Programme, any large-scale roster review must consider the estate and fleet consequences. Another UK ambulance trust had to stop a roster review because the lack of estate became a barrier.
- 12.34 On reflection there was scope for further engagement with Operations EMS heads of service and with Ops SLT and ELT. Had the project team done so the reduction in EAs in Pembroke may have been picked up, instead this was picked up after colleagues went to the press.

What worked?

- The appointment of a dedicated specialist project management with specific experience in rostering is considered a critical success factor.
- Finding a project support officer, one of your best administrators who has experience and knowledge of rosters is considered a critical success factor.
- A clearly thought through project team connected to the PID.
- A dedicated project SIREN page, supported by a project communications lead.
- A People & Culture business partner assigned to the project.
- Pre-work by the project manager and third party with local managers.
- Prep-work as part of a wider programme on the estate and fleet consequences of a roster review i.e. have you got sufficient estate and fleet to handle the change.

What did not work?

- The appointed project manager should have received some formal training on project management, although it should be noted he acquitted himself very well.

What would you do differently?

- More engagement, as part of the pre-work, with EMS Operations Heads of Service, Ops SLT and ELT.

Roster Review - Core Principles

- 12.35 The project team were advised by other UK ambulance trusts and the Totalmobile that negotiating the Core Principles would take four months. There was some surprise by Executives on the length of time, but the project team was able to build in four months with

a fifth month as float, into its project plan. Negotiation took five months and used up the one-month project float. There were 25 negotiated Core Principles, an example is provided below: -

05	Working Time Compliance	All Rotas will be compliant with known legal requirements, such as European Working Time Regulations: • A minimum of 11 hours off between shifts, daily rest. • The WTR states "minimum of 20 minutes break for shifts of greater than 6 hours duration". Trust policy has a 30-minute unpaid meal break on shifts greater than 6 hours. • An average weekly rest of 1 day off in 7 (averaged over 2 weeks). The Trust has taken the decision, through the Resourcing Policy to combine this with the minimum 11hrs daily rest, therefore 35hrs minimum per week, however, the combined 2-week average has been set as 70hrs (11+11+24+24), over-and-above the WTRs themselves, or the combination of daily/weekly rest 59hrs (11+24+24). • Less than 48 hours per week average, over a 17-week reference period. *CP05 SIGNED OFF/AGREED ON 20.05.21*

- 12.36 Future roster reviews should be quicker because the Core Principles can be recycled/amended.
- 12.37 The sustained involvement of the SRO AD Operations (EMS) through the negotiations was key. The approach of Core Principles was part of the methodology brought by TotalMobile with their external (independent) facilitation considered critical. The negotiations became protracted due to different positions between ELT and TU Partners on CPD, but intervention from the AD Commissioning & Performance (as the SRO for the wider programme) enabled both parties to reach agreement.
- 12.38 The Core Principles were, in effect, the rules for TotalMobile to go into the four-stage working party process with. Both management and TU Partners abided by the Core Principles through the project.
- 12.39 It took 15 two-hour meetings between April and August 2021 to agree the Core Principles. These were difficult and challenging meetings at times, but appropriately conducted by both parties.

What worked?

- Negotiating Core Principles (the rules) for use during the roster design (working parties) stage of the project.
- Recognition that these negotiations will take four months (unless a previous set of Core Principles and can be recycled and updated).
- Senior leadership from the AD Operations (EMS) in attending these negotiations.
- External facilitation of the negotiations.

• A clearly written up set of Core Principles with emails from the SRO and each TU partner confirming agreement.
What did not work? • It took five months to negotiate the Core Principles.
What would you do differently? • Speed up the process of negotiation. This would be possible in future as the Trust can recycle the Core Principles into different roster reviews. This has already happened.

Roster Review - Working Parties

12.40 The working party process was a high engagement model recommended by TotalMobile:-



12.41 The project team ran this four-stage process across 15 areas aligned to the EMS localities. Each working party was facilitated by TotalMobile and was supported by their software which produces shift pattern options based on the roster keys, Core Principles, and number of staff. The project team adjudge this stage of the project to be when TotalMobile were at their most valuable.

12.42 The project team adjudged the working party process a success. TU Partners were supportive of the high engagement model as demonstrated by TotalMobile during the procurement process.

12.43 Feedback via the affected staff survey was more mixed: -

4. The four stage working party process was a good way to design and implement new rosters

[More Details](#)

[Insights](#)

Strongly agree	3
Agree	13
Disagree	10
Strongly disagree	8



[More details](#)

- 12.44 Feedback from the focus group identified the working parties as one of the areas that had worked, for example:
 “station representatives, TUP, resource and management discussion, prior to station feedback”

 “face to face sessions”

 “numerous meetings, full staff involvement, ample time to feedback to road staff, numerous choices of rota”.
- 12.45 A reflection is that more time could have been spend with the local station representatives and local TU reps briefing them on their roles and wider context of the EMS roster review.
- 12.46 Whatever your position on the EMS roster review, it is evidentially clear that shift patterns were not imposed nor the rules around the shift pattern design i.e. the Core Principles.
- 12.47 And whatever level of engagement is built into a process like this, inevitably there will be some colleagues who feel it is not enough.
- 12.48 Fundamentally affected colleagues were able to build their own rotas, within the construct of the roster keys supplied by ORH and the Core Principles negotiated with TU Partners. Some feedback from staff indicates building their own rotas should include the roster keys. This is just not considered workable by the project team. This would potential mean 15 different working parties gathering demand data and somehow undertaking simulation modelling of the ambulance resources required to service that demand.

What worked?

- The four-stage working party process provided a high engagement change model.
- External facilitation (honest brokers) of the working parties by the third party.
- The use of shift design software to develop shift pattern options.
- Working parties at a locality level.
- Working parties with station reps and local TU reps on the working party.

What did not work?

- A four-stage working party process takes time. For other roster reviews it may, with agreement, be possible to shorten the process, but the project team do not believe that to be the case in this instance.

What would you do differently?

- More engagement and training with station reps and local TU reps before the working party process commences.

- 12.49 It should be remembered that some of the working parties had to be conducted remotely because of the pandemic, which was far from ideal.

Roster Review - Voting & Validation

- 12.50 Having arrived at what options colleagues wanted to vote on, an A or B option, a voting process was commenced using MS Forms. The voting process was set for three weeks but extended to five weeks due to some concerns around colleagues' ability to vote (transfers and eligibility). The staff survey indicated strongly that colleagues were given the opportunity to vote: -

11. I am full time and was eligible to vote

[More Details](#)



12. I was given the opportunity to vote

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- 12.51 There was no negative feedback from TU Partners on the ability to vote, however, the EMS roster review project hit a major problem with regard to the voting validation process. The results produced a few surprises from a TU perspective and TU Partners fed back concerns regarding the validation process and wanted full access to voting results. Only two members of the project team had access to the votes.

- 12.52 Whilst the project team felt that the voting process was appropriate, ELT had to become involved in this stage of the project, with a pragmatic way forward being agreed, which was to ask ACAS to verify the votes.
- 12.53 ACAS identified 16 stations where the results provided to staff did not tally to the vote information checked by ACAS. These were reviewed and split into two types: -
- 13 low concerns (no impact on outcome of vote); and
 - 3 more concern (potential change in the outcome of the vote).
- 12.54 It should be made clear that there was no suggestion of tampering with the votes. The project team was neutral on whether A or B for each roster was successful. Two examples of the voting issues encountered are detailed here: -

“Rhyl EA

- ACAS highlighted an issue with Rhyl in that there were more votes displayed to staff than there are in the data.
 - There was 1 duplicate, hence it being discounted.
- However, upon further review, we saw that there was an issue in the votes cast.
- Rhyl is split into 2 1x24/7 rotas (Team A and Team B)
- There were some leakages of votes from Team A into Team B
 - For example, staff in team A voting on team B and vice versa
- Once we had corrected the wrong here, and allocated all Team A’s staff against the Team A vote etc, there was a different outcome in the winning rota for Team A.
 - For reference, both rota options for both teams are exactly the same, hence there is no issue lifting the Team A staff’s votes from Team B
- **Recommendation is to correct the error and implement vote B for Team A, discussion to take place with LM and staff affected.**

Barmouth EA

- ACAS highlighted the winning roster was different in their information from the one sent to staff.
- Original votes showed that vote A has 6 votes and vote B has 5 votes.
- However, 2x staff in Barmouth who had originally voted for A had emailed the project group to say that they wished to change their vote to B. They had felt pressurised to make a decision early and upon reflection had decided to change their mind.
 - Original votes cast on 5th May; email received to project manager on 13th May.
- The alteration in 2 votes from A to B means overall votes where 4 for vote A and 7 for vote B.
- Question is whether to allow the requested change in vote or proceed with initial votes as the one counted. A different rota will be implemented dependant on the outcome.
- **Recommendation is to add to project board agenda for a decision.”**

What worked?

- The process of voting on A and B options as agreed via the working parties.

What did not work?

- Voting without independent validation (not a reflection on the internal colleagues).

What would you do differently?

- Use someone independent, in agreement with TU Partners, to run the voting stage of a large-scale roster review.
- Enable two TU Partners to have access to the votes. They must wholly outside of the process themselves (along with two members of the project team).

Roster Review - Implementation

12.55 It was at this stage that the project team started to receive Respect & Resolutions relating to the now very clearly emerging new rosters. The Trust received 12 R&Rs, 11 directly connected to the EMS roster review process and one within the project team. Of the 11 one was partially upheld and the one within the project team was upheld.

12.56 It would be ideal to have no R&Rs, but 11 within the context of 146 rosters,

Fleet

12.57 Detailed station level calculations were undertaken during the programme to determine whether there was sufficient fleet for the new rosters and where the fleet needed to be. Each Head of Service was given a breakdown on a station level basis of what fleet was required where.

What worked?

- A task & finish group was formed to work on the fleet requirements (and estate). There was good collaboration and engagement by everyone involved.
- The approach offers a guide to the future development of a live integrated database that can give granular station level information.
- The formation of the Integrated Technical Planning Group to work on the technical workforce, estate, fleet and other, aspects of ELT ambition.

What did not work?

- The programme SRO led on this aspect of the programme and this work continues now through ITPG.
- There is no clearly identified analytical resource (post) in the Trust for fleet calculations.

What would you do differently?

- The new Data Science & Simulation Modelling post in SP&P can undertake these calculations going forward.
- Develop a live database that interacts between workforce, fleet, and estate. NEXUS currently in development.

Estates

12.58 The total required uplift in establishment was 353 FTEs (263 – 46 – 36 + 100).

- 12.59 A roster review in another ambulance trust had to be stopped mid-project because the trust did not have sufficient estate to cope with the implications of the re-roster. The potential lack of estate was identified as the biggest strategic risk to the programme.
- 12.60 Analysis work was undertaken by the Planning, Estates, and Operational Teams to identify and validate expected need over a six-to-nine-month period, and to review every impacted station. This detail was then condensed to identify areas most need of improvement, given restricted revenue, capital availability and staff resource to manage the project(s)
- 12.61 It was agreed by Trust Board on 9th August 2021, that five small projects would be initiated in response to this requirement. The five projects were:
- **Newport** – A facility for c46 staff which would cover the whole AB area to account for the total number recruited in 2020/22.
 - **Whitchurch** – A facility for c42 staff to account for recruitment across the Cardiff and Vale area.
 - **Swansea** – c33 staff to be accommodated in the Swansea area, which would provide capacity for anticipated AB recruitment.
 - **Llanelli** – A facility for c14 staff, which would provide some capacity for anticipated recruitment in the Hywel Dda area (may be supported by smaller schemes given the geography of the region).
 - **North Wales** – Capacity for an additional c50 staff which would be determined through further discussions with AOMs and potentially some smaller schemes given the geography of the region (Wrexham, Rhyl, and Denbigh currently under consideration).

Scheme	D&C Commitment	Staffing Increase (at the time of project initiation).	Type of Solution	Locker Capacity Increase	Additional Parking Capacity	Notes	Status
North Wales	Denbigh	2	Additional lockers	2	N/A	Site identified through local discussions but limitations to what could be delivered in space	Completed
	Rhyl	30	Site Improvements	50 (plus racking for kit bags)	8	Improvements to current site – locker rooms, storage, sluice area	Completed
	Wrexham	TBC	Site Improvements	3	N/A	Efficiency gains within existing space	Completed
	Amlwch	TBC	Additional Site	N/A	7		Completed
Swansea	~~Cwmbwria~~	30	Site Improvements	TBC	TBC	Significant site improvements including additional space gained from relocation of other teams	Completed
	~~Gorseinon~~		Site Improvements	0	2		Completed
	~~Glynneath~~		Site Improvements	N/A	N/A	Originally identified as area of concern but subsequently confirmed that additional intervention was not required (to note, at time of writing this site has now undergone significant further investment and efficiency improvement works under the EFAB scheme for 23/24)	No longer necessary
Llanelli	Llanelli	14	Alternative Site	N/A	N/A	Following extensive discussions no site options could be identified either through the commercial market or partnership arrangements. This is now an AWC bid for 2024/25	To be re-visited
Whitchurch	Whitchurch	30	Additional Site	N/A	N/A	Local teams confirmed, following extensive discussions with partners including development of plans, that this facility was not required.	No longer necessary
Newport	Newport - Phoenix Park	50-60	Additional Site	42	20	New sites identified to accommodate Ambulance Care colleagues to create space for additional EMS colleagues within existing Newport Station	Completed
	~~Newport - Abercarn~~						Completed
	~~Bassaleg~~		Site Improvements	8	8		Completed
	Blackwood		Site Improvements	N/A	5		Completed

What worked? • Teams worked quickly to respond to the initial call for action. • Teams worked well together. • Good co-ordination by Project Manager. • Good record keeping • Good communication with local teams • Regular meetings established to keep track of moving requirements and emerging challenges. • Operational teams were looking for solutions and being proactive in responding to the challenges.
What did not work? • Information on numbers was projected. • Information on anticipated sites was limited and based on recruitment numbers which would not be available until much later, and not in time for any construction/renovation works to be completed. • An alternative view is that the FTE requirements were known (and provided), but the precise timing of the landing of the FTEs was not (due to recruitment). A more fundamental issue is that the information about our estate e.g. staff on site, car parking spaces, ambulance parking bays, is not readily available. This made identifying which sites were more at risk very difficult. • A number of scenarios were explored for a large number of sites which led to confusion and delays in decision making. • Lack of available funding, and anticipated schemes came back much higher following tender process. • Number of schemes at any one time was difficult to manage – a series of projects together which would normally be managed on a scheme-by-scheme basis – very complex.
What would you do differently? • Improve granular information on our estate to support on-going discussions around workforce and fleet (being taken forward by ITPG).

Leading Service Change Together (Modernisation Negotiations)

12.62 This project was initially focused on issues like return to base meal breaks/PPLHs. This was paused and taken out of the programme, initially to ADLT and then to ELT/ADLT during the industrial action negotiations.

Rural Performance

12.63 On-going concerns about rural performance meant that it moved into the programme. OMDA Optima undertook analysis, in particular, of Powys. The main finding from this analysis was that the roster keys being implemented were appropriate; however, the Trust struggled to recruit to these roster keys, for example, at the time of the analysis there was a gap between the modelled requirement and staff in post of 30 FTEs, with no CHARUs operating in Powys.

- 12.64 A rurality impact assessment was undertaken during the course of the programme and reported to ELT. This assessment did not find any issues i.e. the roster keys being implemented were equitable, but as above the ability to recruit into them was an issue.
- 12.65 The creation of a workforce planning team has definitely enhanced the Trust's ability to understand its workforce issues better and focus recruitment into the harder to reach areas. The ITPG has focused on ensuring the funded establishment matches the modelling, so that over-establishment and under-establishment can be better understood with an on-going process of "smoothing" i.e. aligning recruitment to the under-established areas.
- 12.66 The 2023 EMS Demand & Capacity Review specifically included rurality as an objective.

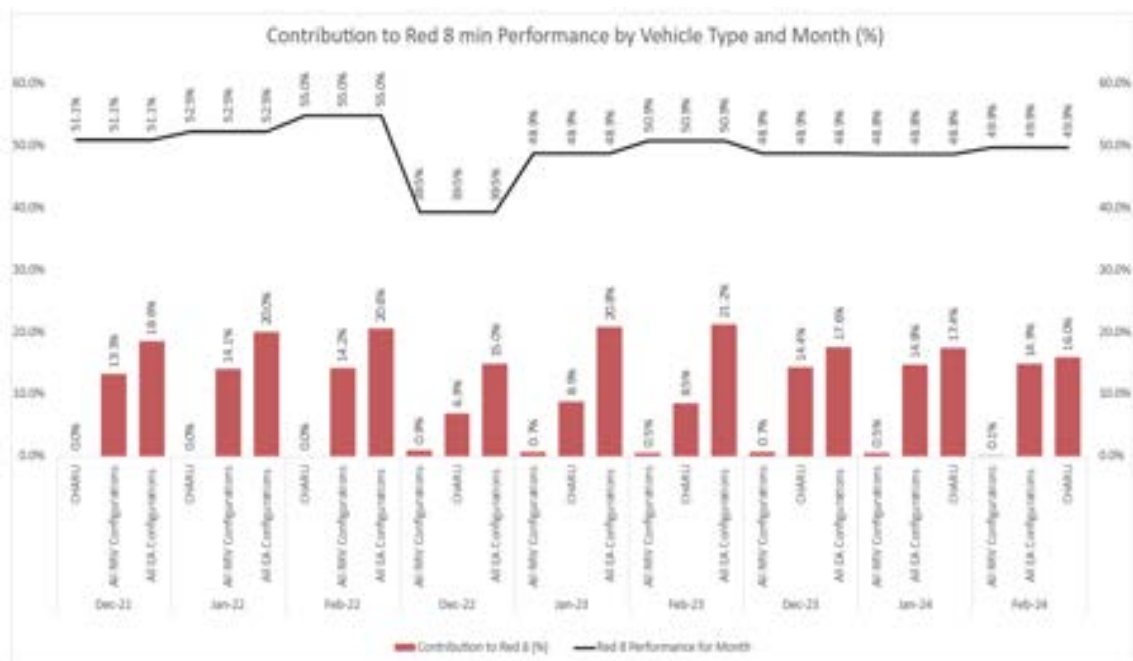
What worked? • Undertaking a rural impact assessment. • Undertaking an extra modelling on the rurality and the roster keys being implemented.
What did not work? • As detailed in the recruitment section the in-year funding of recruitment and payment by results worked against recruiting into more hard-to-reach areas.
What would you do differently? • If possible provide longer lead in times, which aids recruitment into more rural areas.

CHARU

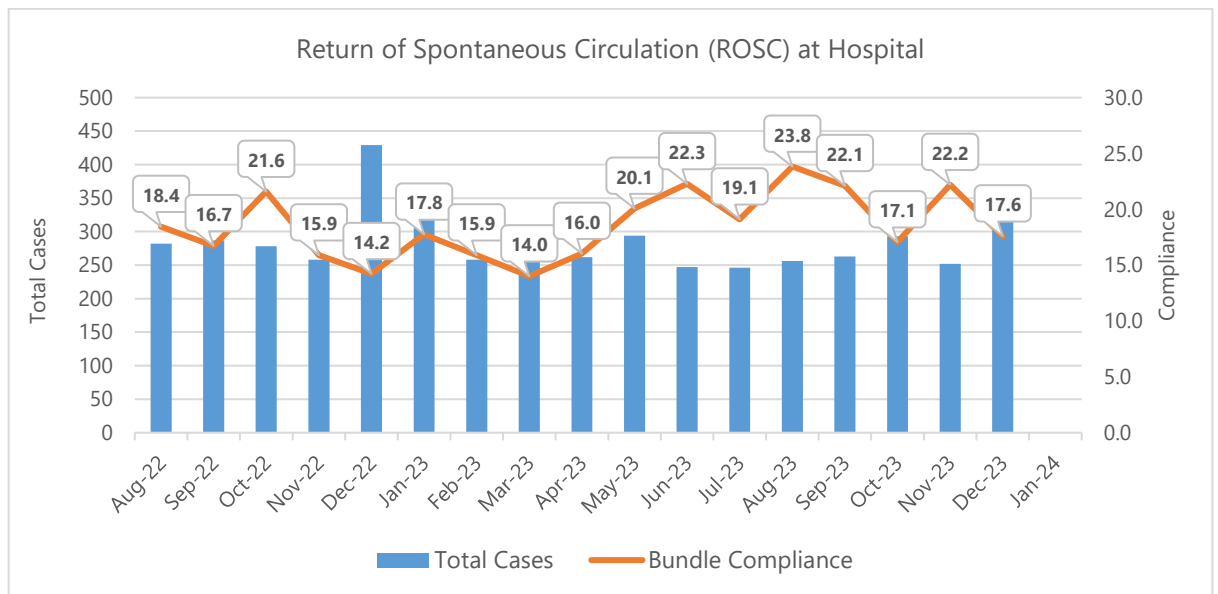
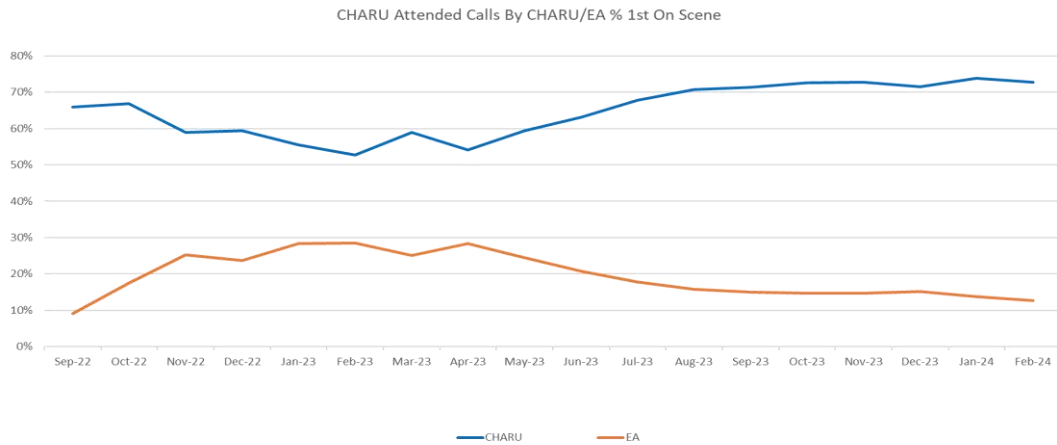
- 12.67 The roster review project team held a risk workshop in the spring of 2021. A key risk identified was whether the roster keys about to be implemented were wrong. Trade union partners had also flagged this concern at the programme board. The agreed mitigation was to ask OMDA Optima to give a second opinion on the roster keys supplied by ORH. This identified that there were an insufficient number of RRVs in the proposed roster keys, approximately 20 short. There was nothing wrong with the ORH roster keys supplied per se, but post the ORH modelling Red demand materially increased, in particular, due to a change in the MPDS process for breathing difficulties.
- 12.68 Having identified this issue, the SRO flagged this with the Executive Sponsors, who in turn flagged it with the CEO and CASC. This led to the 2019 EMS Demand & Capacity Review being re-opened and a revised set of roster keys being issued by ORH. At the same time the Trust, in collaboration with the CASC and his team, agreed to switch off RRVs and move to a new resource: CHARUs.
- 12.69 The premise behind CHARUs was that critical incidents involving cardiac arrest and major trauma account for a small proportion of 999 calls received by the Trust. The infrequency of these calls and an expanding workforce means that often the individual exposure and experience is limited i.e. staff do not routinely attend to major trauma or obstetric emergencies. This means that the potential to deliver optimum practice can be reduced as the frequency of attendance and clinical management is comparatively rare.
- 12.70 CHARU is a dedicated resource staffed by a paramedic or Senior Paramedic who has successfully completed a three-day course developed by WAST clinical and education leads. The purpose of CHARU is to co-ordinate and provide optimal patient care, supporting decision making and delivering additional clinical care at incidents of a critical nature. They

carry some additional medicines to manage pain and a mechanical CPR device for deployment in some circumstances.

- 12.71 The programme moved at pace, establishing a CHARU project team, with project support: changing a key responding resource is a major change.
- 12.72 The modelled requirement for CHARU FTEs 153. Currently the Trust is at 74% against full roll out (100%).
- 12.73 Whilst work continues on concluding the recruitment, the CHARU project team has been re-branded as one that focuses on benefits realisation. The primary focus of CHARU is the ROSC rate and on scene clinical leadership, not Red 8 minutes 65%, but the modelled number of 153 FTEs was considered sufficient (at the time) to deliver the Red 8-minute target, supported by the contribution from EAs (based on handover at 6,000 hours).
- 12.74 There are half the number of CHARUs, compared to RRVs: RRVs were stopping the clock, but there were insufficient EAs to convey patients (an indication of how a target can sub-optimize performance). Despite this planned reduction, the below graph shows how the CHARU contribution to Red 8 minutes is 16% in Feb-24, compared to 13.3% in Dec-21.



- 12.75 The graph overleaf shows that where a CHARU is dispatched it is first on scene over 70% of the time.



12.76 The ROSC rate has shown some improvement, with the Trust achieving its highest ever rate in Aug-23; however, performance remains mixed. It should be noted that the numbers involved are small, so this can drive performance variation, but benchmarking with English trusts indicates the Trust should be seeking a rate above 25%.

12.77 Whilst the above graphs give some reassurance about the effectiveness of CHARUs, further work is being undertaken on: -

- Checking the utilisation calculation and ensuring the actual rate in the Trust is consistently calculated between directorates.
- Further work on the month-by-month contribution of CHARUs to Red performance.
- Whether all CHARU suitable codes get a CHARU; and
- Checking the in-house utilisation calculation is comparable with ORH's definition.

What worked?

- Well, chaired with open and honest discussion requested with full participation of all parties. Good open and respectful discussions, clear agendas undertaken.
- Collaborative learning across different directorates
- Good opportunities to talk through the challenges, the time out to focus felt beneficial, particularly during the early stages of implementation.
- The breadth of 'applicable' knowledge the T&F group participants were able to contribute.
- Action Log 'actions' being dealt with promptly.
- Regular meetings that were well attended, resulting in agenda items able to be progressed.
- It was a positive experience to get a wide range of colleagues involved in the group who all contributed well to developing the resource. It was felt everyone contributed positively and all tasks were progressed promptly.
- Able to put across concerns. Frustrating that some concerns needed even more data before change.
- Recruitment training tracked well. Good engagement regarding ideas for recruitment and different approaches to rostering.
- Good to have the dedicated focus that a T&F provides - it did, however, exist for too long albeit understandable that the slow progress in recruiting the cohort required was a key reason for this.
- Group dealt well with understanding of the other departments pressures, and transparent, open, honest conversations were able to be had. Sharing information and identified some areas for improvements which were quickly actioned. Great collaboration once engaged.
- My initial interaction with the T&F group was due to me being a Senior Paramedic, at that point I felt I was made to feel welcome, and my opinions were valued. I transitioned into the Clinical Lead ePCR this changed the role I carried out on the group so I was unable to attend as frequently as I would have liked.
- Positive experience of the T&F group, it was laid out from the start what the group were aiming to achieve and what they thought this change would offer the organisation. The CHARU training courses that are now able to be offered to staff members are a well-rounded and vital part of the transition for colleagues and have received some great feedback from attendees. The group have successfully managed to implement a CHARU resource and provide a type of development opportunity for staff.
- T&F was well structured, robust TOR and clear governance for the group. The T&F group provide very good updates on recruitment, training, and options for vacancies that could not be filled through normal local processes. The T&F group also discussed challenges faced through operations both from EMS Ops and also EMS Co-ordination, with actions and tasks delegated throughout the membership to resolve and improve the clinician/allocator/dispatcher experience.
- SRO was always confident of delivery.

What did not work?

- Potentially communications could have been better especially with EMSC colleagues who following some engagement sessions were unaware of the rationale behind the resource and what it could offer.
- There was a tendency to drift into operational issues which took up time during meetings.

- A clearer understanding of the CHARU role as a whole would have been beneficial for all the participants.
- Some group participants provided little to no input into the group.
- The blanket 25% does not work effectively in all HBs and can create over production which has financial implications. 75% ops and bespoke split for each area could be a consideration or retaining a line/lines and SPs sharing that line as part of a rotation.
- There should be a shorter timescale with requirements for the exit plan of how to move from T&F/Pilot to Business as Usual incorporated into the work of the T&F group.
- In the beginning there was a lot of uncertainty as to the true numbers of CHARU staff needed. And especially the funding issue. The TUs were led to believe this was fully funded, apparently this was never the case. Note: the SRO was expecting the uplift to be funded, but we did not receive funding. No one was consciously misled. The numbers were modelled by Optima initially and then by ORH: some uncertainty is normal during a period of change.
- Improved leadership at a local level, we set up CHARU without robust monitoring of 1. activity, 2. incidents attended, 3. outcomes, 4. most importantly linking in with EMSC ensuring clarity on the role.

What would you do differently?

- Involve EMSC colleagues and any other relevant teams earlier on in the process.
- Keep topics at meetings relevant and aligned to the brief.
- Ensure communication and roles are clear to all involved.
- Ensure membership is relevant and necessary.
- Closure collaboration with other steering groups (Senior Paramedics Steering Groups).
- Have set timescales and plans for moving forward which need to be agreed and communicated to the group.
- Funding of the project and executive decisions were initially limited to existing RRV positions and until dynamic decisions were made on funding. Agree a fully funded project would be a benefit from the start.
- Improved communication and monitoring would be beneficial. Along with analyst time and the production of datasheets.

Programme Management Review

Internal Audit

- 13.1 The normal routine here would be to go through each phase of the programme e.g. PID, programme planning, risk management etc.; however, during the programme it was audited, so rather than repeat the process, the following bullets summarise the audit: -
- It received a “reasonable assurance”, missing a substantial assurance rating because the PID was not up to date and the PID had not defined quoracy. These were minor technicalities within the context of the scale of the programme.
 - The audit also identified that the connection between the programme and STB was not sufficiently robust, in particular, sign off of PID updates. The SRO did send PID updates to Executive Sponsors, but at the time STB was being re-booted, so this audit finding probably reflected the pace and flexibility the Trust was working to as it responded to the pandemic.
- 13.2 Whilst separate to the audit, the review originally had an 8A programme manager supporting it. When this officer left, the SRO was left with no support for a period of time and then a B6. This is a lot for a B6 officer to cope with.
- 13.3 The elapsed time of the programme was 1,615 days start to finish. This length of time was caused by pauses connected to the pandemic, but it also reflects the scale and difficulty of this programme.

Management of Risks & Issues

- 13.4 There were 36 risks recorded on the programme risk register at the time of closing the project. 33 of these risks are marked as closed with three risks remaining. The three risks are: -
- Risk 30: There is a risk that staff and colleagues will lose confidence in the Modelling and Overall Plan
- Risk 31: Insufficient FTES/funding to deliver CHARU keys.
- Risk 32: Insufficient FTEs/funding to deliver revised HD keys.
- 13.5 These risks will transfer to the Integrated Technical Planning Group (ITPG). The ITPG is a standing group responsible for detailed technical planning across forecasting, modelling, workforce planning, recruitment, and rostering.
- 13.6 The first risk will be mitigated by the 2023 strategic Demand & Capacity Review. For the second risk the Trust has made the decision to recruit to the full CHARU roster keys, but this does leave a relief gap in EAs, which is also connected to the third risk. For the third risk it was agreed to reinstate a number of EAs in Pembroke, but the Trust is not in receipt of funding for these.

Programme Issues

- 13.7 Overall, there were 5 issues identified within the programme, all of which have been closed following the closure of the programme.

Programme Actions

- 13.8 Actions to be carried forward from overall programme; there are no actions from programme board action log to be carried forward.

Strategic Management

- 14.1 Previous roster reviews (this was the central project inside the programme connected to the recruitment uplift) have not always received strategic leadership, for example, the 2014/15 review did not actually review the rosters in AB and CT. In the 2017, these were picked up and completed, but the process was very slow.
- 14.2 For this EMS roster project review significantly, more capacity was placed behind the review i.e. it was set up to succeed. It was very clearly connected back to the strategic 2019 EMS Demand & Capacity Review.
- 14.3 There was Executive input during difficult stages of the EMS roster review, for example, the voting validation.
- 14.4 It should also be noted that there was also upward strategic management, with the programme team independently of Executives, undertaking additional modelling, which identified there was insufficient resource to service Red demand.
- 14.5 Also, the programme team received good informal support from the then Deputy Ambulance Services Commissioner, assisting the project team with wider system information, in particular, Welsh Government's position and intelligence on locality specific political issues.

TU Partner Engagement

- 15.1 TU Partners were engaged (on steering group) in the 2019 EMS Demand & Capacity Review, the pre-cursor to the programme. TU partners were also on the EMS Operational Transformation Programme from inception and were also on the EMS roster review from inception. For both the procurement of ORH and the procurement of WTS (now TotalMobile) TU partners were part of the decision-making process.
- 15.2 TUs worked in partnership with the programme team at every stage of the project.
- 15.3 There was a temporary pause in the partnership working due to an R&R within the project team. TU partners also withdrew from the 2023 EMS Demand & Capacity Review. TU partners are now back at the table. The pause in partnership working does not reflect that there was good partnership working for the bulk of this programme, with some difficult conversations, but both parties working through the issues e.g. CPD and voting validation.

15.4 TUs partners have participated in a lesson's learnt facilitated session on the roster review.

Stakeholder Management

- 16.1 The Trust identified stakeholders via a communications plan developed with the Communications Team. The Trust decided to pick off stakeholder concerns as and when they arose.
- 16.2 The programme team received good support from the CEO and Director of Engagement & Partnerships who fronted up 29 stakeholder briefings e.g. local authorities, Senedd political groups, Minister, health boards etc.
- 16.3 Rurality was a recurring theme through this stage of the project. The project team completed a rural impact assessment based on WG's geographic definition of rurality. The identified the impact as positive in each geographic location. The assessment was reported to ELT. Whilst positive, the Trust formally built rurality into the terms of reference for the strategic 2023 Demand & Capacity Review.



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AGENDA ITEM No	17
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	0

GOVERNANCE REPORT

MEETING	Trust Board
DATE	26 September 2024
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report sets out where applicable the **Chair's Action's** taken since the last Board meeting and corresponding ratifications required, **use of the Trust Seal, decisions made in private session and any other governance matters**. The Trust Seal has not been applied in this reporting period.

Chair's Actions

2. There have been two decisions made by Chair's Action made since the meeting of the Board on the 25 July 2024, the second of which is a confidential matter. The Board is asked to ratify these decisions:
 - 2.1 On the 07 August 2024 the Board approved the business case and associated Contract Award Recommendation (CARR) for the discretionary capital expenditure to facilitate the completion of the new facility at Llangunnor and to award the contract to the preferred contractor following a competitive tender exercise. The decision sought from the Board was approval of discretionary capital investment for 2024/25 and 2025/26 of £953K to facilitate completion of the project.
 - 2.2 On the 27 August 2024 the Board approved a request to increase the quantum of costs for a previously agreed authority to settle case (decision made on the 08 December 2023). It is not appropriate to provide further details of this decision in an open forum due to the confidential nature of the case.

Decisions in Private Session

3. At the closed Trust Board meeting on the 25 July 2024 the Board received a request to review and approve the Manchester Arena Inquiry Recommendations Report and agree the onward submission of the Report to the Joint Commissioning Committee and Welsh Government.



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4. At the closed Trust Board meeting on the 25 July 2024 the Board approved the business case for submission to Welsh Government regarding the request for additional funds to support the changes required to EMT 2 and 3 roles.
5. The Trust Board held an extraordinary, closed meeting on the 09 September 2024 at which it received an update on the development of the evolving clinical model for the Trust, prior to the submission of this update to the Joint Commissioning Committee.

Other Governance Matters

Committee Terms of Reference

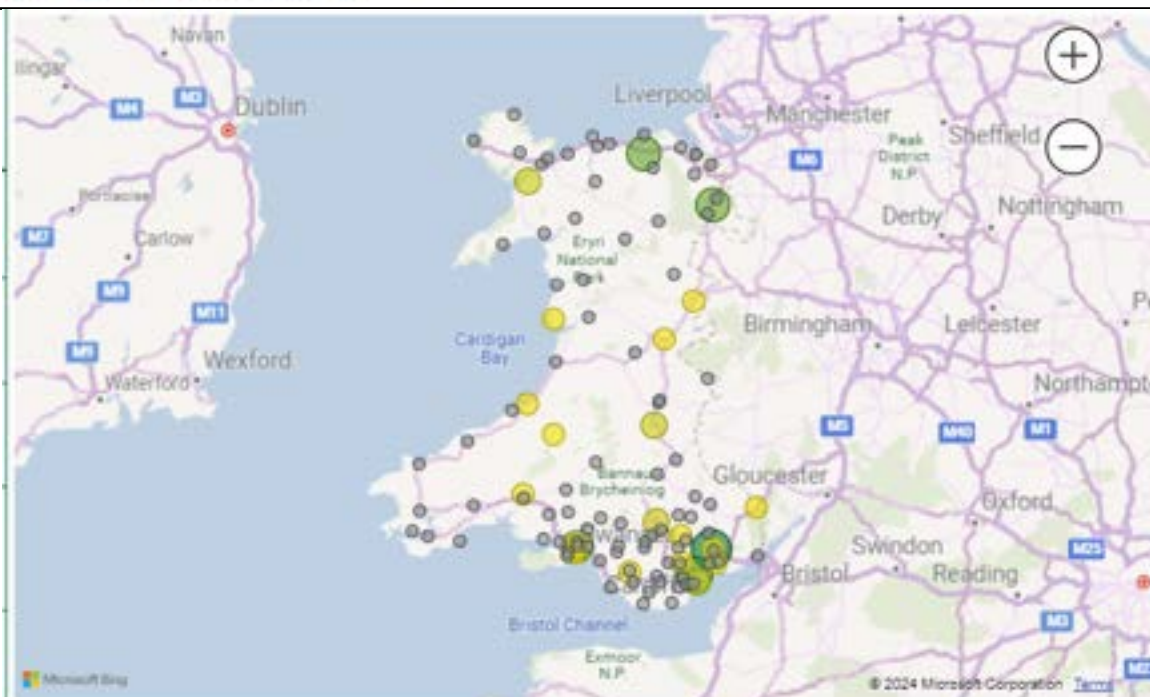
6. There has been a minor amendment made to the Terms of Reference for the People and Culture Committee, with the inclusion of the inclusion of the Freedom to Speak Up Guardian Lead now attending the meetings as a prescribed attendee.
7. The Terms of Reference for the Quality, Experience and Patient Safety Committee (QuEST) required a minor update to ensure that the reference to provision 1.2 accurately cites the current Health and Care Quality Standards published in 2023 following the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The Board is asked to note this amendment.

Non-Compliance with Standing Orders

8. It has come to our attention that there has been a non-compliance with the Standing Orders regarding the approval of the Annual General Meeting (AGM) minutes from the 2023 meeting; in reference to provision 7.2.7.
9. Standing Order 7.2.7 provides that the minutes of the AGM should be presented to the next ordinary meeting of the Trust Board for approval, which was not undertaken. This will be corrected for the 2024 AGM meeting onwards.

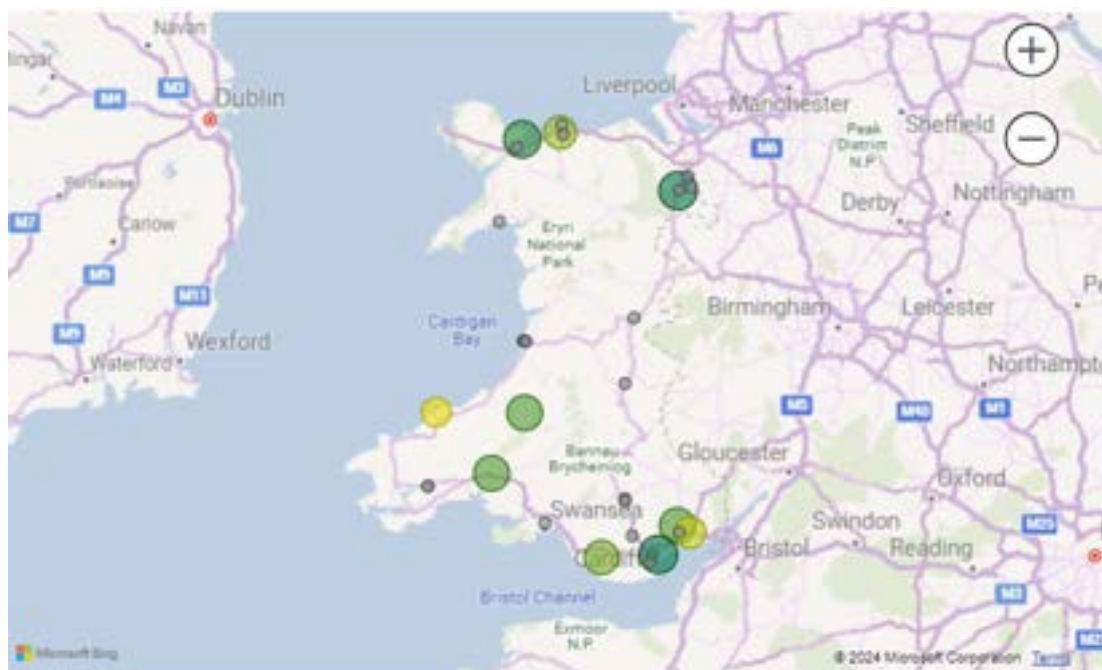
Board Visits Reporting

10. The Executive Leadership Team received a report on the Board Visibility and Engagement Standard Operating Procedure from the 01 March to the 08 August 2024, with the various respective board members' activities.
- 10.1 The visits to the stations or corporate buildings showed a total of 51 visits in the period, with the most being in VPH, Cardiff MRD and Wrexham station. This compares favourably to the same period in 2023 where there were only 23 visits, again mostly centred around Cardiff MRD and VPH, but with more visit in central and west taking place in this period:



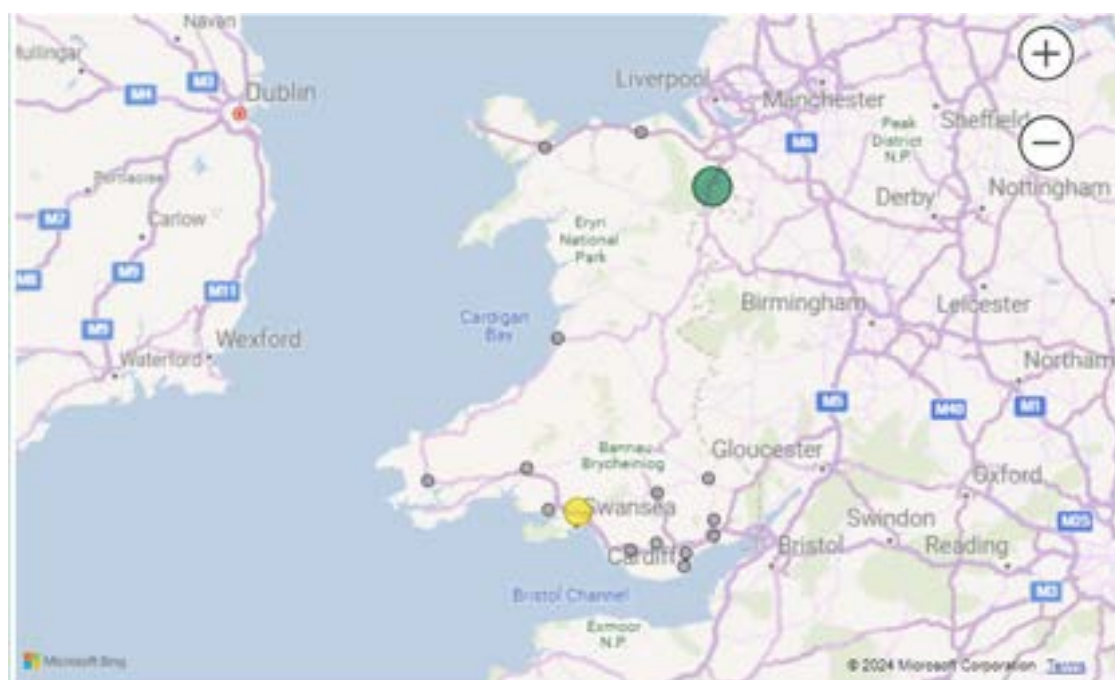
In the map above, if a bubble is small and grey, this indicates a site which has had no visits. Sites which have been visited are coloured yellow to green, with the bubbles getting larger and greener based on the number of visits.

10.2 It was noted that with the visits to Trust Roadshows and awards (between the period 01 March 2024 and 21 June 2024) it is difficult to compare this activity to the previous year as the presentation of the dashboards has been edited (the awards events are now included on the roadshows tab); however, this has increased the footprint of visits across Wales:



In the map above, if a bubble is small and grey, this indicates a site which has had no visits. Sites which have been visited are coloured yellow to green, with the bubbles getting larger and greener based on the number of visits.

- 10.3 The ELT noted that between the period 01 March 2024 to 10 June 2024 there were a total for four visits to hospitals in the period with the majority being to Wrexham Maelor and one to Morriston. This compares less favourably to the same period in 2023 where there were 43 visits, with a large concentration in the south:



In the map above, if a bubble is small and grey, this indicates a site which has had no visits. Sites which have been visited are coloured yellow to green, with the bubbles getting larger and greener based on the number of visits.

- 10.4 The Board is reminded that the dashboard only permits recording of visits where there is a physical location attached to the visit and such virtual events cannot be recorded. Also, not all physical visits are captured within the reporting criteria. The visits which have not been recorded in the dashboard (where the Corporate Governance Team have been notified) are: -

Ceri Jackson 12 June 2024	Navigation Hub, Tonyrefail, Rhondda Cynon Taff (Cwm Taff UHB)
ELT, Hannah Rowen and Colin Dennis 19 June 2024	111 Appreciation Event at Celtic Manor on 19 June 2024



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11.RECOMMENDATIONS: The Board is asked to:

- a) Ratify the decisions made by Chair's Action on the 07 August and 27 August 2024, respectively;
- b) To note the public disclosure of decisions made in closed session;
- c) To note the minor changes to the QuEST and People and Culture Committee Terms of Reference;
- d) To note the non-compliance with Standing Order 7.2.7; and
- e) To note the report against the Board Visits SOP.

KEY ISSUES/IMPLICATIONS

Not applicable.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

Not applicable.

REPORT CHECKLIST

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



2QUALITY, 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	26 September 2024
Committee Meeting Date	13 August 2024
Chair	Bethan Evans

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Lost hours due to handover delays remained significant in May and June 2024 (24,762 and 22,230 hours lost respectively) with a slightly improving picture in July 2024 of 19,596 hours. **Handover delays continue to present patient safety risks and extended waits in the community** with a deteriorating Red performance being outside of what is acceptable to deliver a safe emergency service.
2. 2,159 patients (2,137 in the previous quarter) waited over 12 hours to receive a response in Quarter 1, with one patient waiting 50 hours and 20 minutes (that patient was mobilised following a fall and welfare calls were carried out). 279 of the 2,159 patients had experienced a fall and it is well documented that this cohort of patients, who are frequently older people with high levels of frailty, will experience additional harm due to the protracted delays including pressure damage, acute kidney injury, deconditioning and poorer outcomes. The Trust continues to work across the system with partners to influence system change. The Trust's main focus in the first half of 2024/25 is to implement a material change in how it responds to patient demand by **evolving its clinical model**, and it is expected that the changes will see a reduction in the patients who have fallen waiting so long.

ADVISE

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

3. **Linda Erro Castillo** shared the experience of her family after calling an ambulance for her son Guy who was in distress and pain and unable to breath. Guy has learning difficulties and Linda's concern included the need to ensure that call handlers bear in mind the experience of vulnerable persons who may not be able to answer questions clearly after calling 999. In this case, Guy was not in a position to speak to the call handler other than to confirm his name, and Linda liaised with two of the Trust's call handlers after the first provided an ETA of 3-5 hours and a second when Guy's situation worsened. Linda's frustration and distress was clear to the Committee, noting that she thought Guy was going to die and the suggestion that they take him to a hospital himself – the closest being on hour away –



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increased this distress significantly. Her comments such as being fearful that no-one would come, that it was the most terrifying experience, and that not everyone fits into the same mould were impactful.

Members sought to understand the pace of the work being done to improve the experiences of patients with learning difficulties and their families given similar issues have been raised in patient stories. The targeted engagement with learning difficulty groups and the Ministerial Advisory Committee on Learning Disabilities was noted and appreciated, as was the work with Ambulance Trusts in the UK looking at best practice. What is key however is the change that will come with our evolving clinical model and the ability to screen patients with complex needs earlier, noting that the MPDS system is heavily scripted with limited room for movement on this. The new model will identify patients with complex needs earlier through clinical screening undertaken by a clinician and as part of a holistic review of the patient.

Members also reflected there is more we can do to support families as they wait for a resource e.g. Community Welfare Responders (CWR) and Community First Responders as we continue to have inevitable delays.

The Chair thanked Linda for her frankness and for bringing her experience to the Trust.

4. The Committee received **an update following the staff story from Fiona Maclean** at the last meeting and noting that the 'support after cardiac arrest page' is now live on the Resus Council UK website: <https://www.resus.org.uk/public-resource/support-after-cardiac-arrest>.
5. The **Annual Safeguarding Report 2023/24** was approved and is attached at Annex 1. The report builds on the strengthened relationship with Public Health Wales and emphasises the Trust's role in the Chief Nursing Officer's review of the Safeguarding Policy construct in Wales. Members welcomed the progress and high level priorities outlined in the report including the roll out of the Home Office PREVENT training and the development of a new PREVENT Policy. The work plan reflects the Trust's ongoing commitment to safeguarding, the proactive measures being taken to enhance staff training and reporting and addresses the challenges faced by the team due to increased workload.
6. An update was received on the **Quality Strategy 2021-2024 implementation plan**, as well as the development of its successor, the Quality Plan 2025-2028. Whilst there are some challenges to the implementation plan there is nothing for escalation and a number of key successes and progress, including the first WAST Quality Event which was held in July. A key focus for the **Quality Plan 2025-2028** is co-production include understanding the voices of our citizens and service users as well as those of our people. The Committee approved the approach to the plan and an extension of the current strategy to 1 April 2025 to allow for its development.
7. The Committee received the **Operational Update for Q1 2024/25** and relevant updates. It was noted in the May meeting that the Trust's accredited centre of excellence standard for MPDS (999 call handling) has fallen below the required standards set by the International Academy of Emergency Dispatch in the last quarter; however, demonstrable improvements have already been made to return to compliance in April. Prolonged test of change for CWRs was discussed and welcomed.



8. The **Management of Medical Devices Policy** was approved. An Equality Impact Assessment has been undertaken for this policy and there were no issues to escalate.
9. Members' **reflections** on the meeting included:
- The quality of papers were very good as were the presentations. Additionally, the papers demonstrated the governance flow through the relevant directorates and internal governance forums.
 - Wider contributions from those in the meeting was welcomed.
 - Although there are challenges across the system in terms of patient journey and patient outcome, WAST is involved in the discussions about pathways and outcomes as a key partner.
 - New observers and contributors were welcomed to the meeting and offers of induction extended.
 - It was the last meeting for Duncan Robertson, Assistant Director of Clinical Development, and he was thanked for bringing his expertise and focus on the clinical indicator spotlights to the meeting recently.
 - It was also the last meeting for Kevin Davies, Non-Executive Director, who was thanked for his knowledge, calm sense of reasoning and drive for improvements.

ASSURE

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

10. The Committee received assurance by way of the **Monthly Integrated Performance Report** (MIQPR (Monthly Integrated Quality and Performance Report)) for June and July 2024 along with the **Quarter 1 2024-25 Putting Things Right (PTR) Report**. The Committee noted that:
- A sustained increase in the number of concerns received;
 - A continuing number of serious incidents shared with Health Boards colleagues to investigate under the Joint Investigation Framework, but this is on a reducing trend. None were directly related to immediate release requests;
 - A continued upward trend in Coroner's requests for information;
 - The Trust received one Report to Prevent Future Deaths (Regulation 28);
 - The PTR Recovery Plan is on track for delivery;
 - The five-day complaint compliance remains lower than the 100% Welsh Government target at 98% in June 2024 but there is a positive movement in responding to a concerns within 30 days. The majority of complaints continue to relate to delayed response in the community following calls made to 999;
 - The number of patient safety incident received on Datix has reduced compared to the same time last year;
 - Organisational learning, particularly from clinical reviews, was reviewed. Transition to a new thematic PTR report showing trends continues to be a work in progress working with both WAST and national Datix Cymru teams;
 - Members raised the need to include public health data related to population weighting (particularly with respect to long Amber 2 waiting times). Data flows are not yet in a position to support this, but workshops are planned to look at some of these issues through including ethnicity and race;
 - 111Wales call answering performance improved over recent weeks, however the call abandonment



performance is at 11.9% in June (target 5%). It is expected to pick up over the coming months when new call handlers are in place following the CAS implementation, however it was noted that demand is 4.76% higher than June 2023;

- ROSC rate deteriorated in June 14.1% to however have picked up in July at 22.7% and August early data is looking to be 28.8%.

11. The Committee focused on the **clinical indicators related to hypoglycaemia** including a presentation on the care bundle criterion which is completed on the electronic patient clinical record (ePCR). The board will note from the MIQPR that whilst there has been a steady increase in performance of the care bundle there is a way to go for full compliance. It was anticipated that unfamiliarity with the new ePCR would reduce clinical indicator compliance as it had in other UK Trusts, however the committee was assured the recovery plan being implemented includes ePCR user interface changes, focussed communication, clinical workshops, implementing the clinical supervision policy, and reviewing the scripting for clinical indicator reports.
12. The **Learning From Deaths (Mortality) bi-annual update** was received. The Medical Examiner Service (MES) provide independent scrutiny of deaths not taken for investigation by a Coroner and feedback from families, with such scrutiny following recommendations from a number of high-profile NHS inquiries. 1,154 referrals have been received by the Trust from the MES with all undergoing initial screening and with escalations as required. Themes and trends are being identified following these reviews and a number of improvements are being made as a result of learning from reviews which was reassuring to the Committee.
13. The final **Annual Quality Report 2023/24** was received for information after a draft was discussed at the May meeting. The report was approved by the board on 12 July and has now been published. Included in the report was the first self-assessment against the revised Health and Care Quality Standards, which was welcomed.
14. The **Clinical Audit Plan and Action Tracker update for Q1 2024/25** was received with no escalations. 12 audits are included in the plan for 2024/25 and those completed during the period covering a range of topics including clinical conditions, medicines, and compliance to documentation.
15. The **Clinical Audit Internal Audit** was received with a rating of reasonable assurance, noting that the matters requiring management attention include (a) the Clinical Strategy lacks sufficient reference to clinical audit and its role within the Trust; and (b) the Clinical Audit Plan could be strengthened to demonstrate alignment between individual audits and the Trust risk register and priorities. Management action plans are in place which this committee will monitor, but of note is a substantial assurance rating on benefits realisation and lessons learned which was commended. Osian Lloyd, Head of Internal Audit noted that the report benchmarked well against other Health Bodies and as compared to the last limited assurance audit at WAST on clinical audit.
16. The meeting in May 2024 focused on the **changes to the stroke categorisation** and assurance was provided noting that there is no evidence to suggest the changes have impacted on the Amber 1 response times. The Trust continues to work with the Welsh Stroke Network in line with the UK guidelines and recommendations made by Health Inspectorate Wales. Placement of the specialist hyper acute stroke units is still being determined which will influence the Trust's modelling in the future.



17. In closed session an update on the **111 CAS (Clinical Assessment Software) Replacement Project** which went live on 30th April 2024 was provided and assurance provided that there have been no reported clinical incidents, no serious adverse incidence and no patient experience complaints related to the use of the system. The committee heard that whilst it was introduced as a replacement to the former system, however within the emerging Trust Clinical Model Transformation Programme there are significant opportunities for enhancing patient experience, reducing inequity in patients accessing services, and build more efficient Trust services and processes. Members thanked all those that worked on this significant programme at pace.
18. An update was received on the **Audit tracker** with 39% (76% last quarter) of committee related internal audit actions (due in quarter) closed in quarter, with 62% (33% last quarter) of external audit actions closed this period.
19. Members received the Committee **Cycle of Business Monitoring Report** and progress against the **Committee's priorities** for 2024/25 with no escalations.

RISKS

Risks Discussed: The Trust's two highest scoring **risks 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 remain unchanged at a score of 25.

Committee received assurance that the risks continue to be monitored closely in the relevant governance forums. Early indications are that the scores will remain unchanged in the next reporting cycle; however, Members acknowledged the discussion on these items throughout the whole agenda and that the controls, assurances and mitigating actions are reviewed regularly.

New Risks Identified: No new risks were identified.

The papers for this meeting can be found by following this [link](#) to the Committee page on our website.

COMMITTEE AGENDA FOR MEETING		
Operations Directorate Quarterly Report for Q1 2024/25	Patient story – Linda Erro Castillo	Putting Things Right Report Q1 2024/25
Monthly Integrated Quality and Performance Report	Revised approach to clinical screening (deferred)	Annual Safeguarding Report 2023/24
Quality Strategy Implementation Plan Update 2021-2024	Quality Plan Development and Implementation 2025-2028	Learning from deaths (mortality reviews) update
Clinical audit plan and action tracker Q1 2024/25	Spotlight on clinical indicators: Hypoglycaemia	Impact of the changes to stroke categorisation
Internal audit: - Audit Tracker - Clinical Audit Internal Audit	Risk Management and Board Assurance Framework Report	Management of Medical Devices Policy
Committee cycle of business monitoring	Annual Quality Report 2023/24 and Duty	111 CAS Replacement Summary (in



report and priorities update (consent item)	of Quality Standards Self-Assessment (consent item)	closed session)

COMMITTEE ATTENDANCE				
NAME	07 MAY 2024	13 AUGUST 2024	05 NOVEMBER 2024	04 FEBRUARY 2024
Bethan Evans (Chair)				
Kevin Davies				
Ceri Jackson	Chair			
Liam Williams				
Andy Swinburn		From 1100 ¹		
Lee Brooks	Jonathan Edwards	Pete Brown (open)		
Rachel Marsh	Hugh Bennett	From 1120 ²		
Jonny Sammut				
Trish Mills	Julie Boalch			
Mark Marsden				
Hugh Parry				
Henry Garrard				

	Attended
	Deputy attended
	Apologies received
	No longer member

¹ Duncan Robertson in attendance from 0930

² Alex Crawford in attendance from 0930

Welsh Ambulance Services University NHS Trust

Safeguarding Annual Report 2023-2024



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Amb_wastsafeguarding@wales.nhs.uk

01792 315884

Contents

Page Number

Introduction	
1. Safeguarding People	4
2. Education and Training	12
3. Partnership Working	16
4. Quality Improvement	23
5. Support, Advice and Guidance	25
Conclusion	
Moving Forward	



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Introduction

The safeguarding annual report provides the Trust Board with the necessary assurances that the statutory duties have been met as required under the Social Services and Well-being (Wales) Act 2014, the Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015, the Children Act 2004, and the Wales Safeguarding Procedures.

It provides an overview on how the Trust has performed over this reporting period in relation to safeguarding people in our care. Priority is given within the report to evidence the significant increase in safeguarding activity within the organisation; to celebrate the success and achievements of the dedicated Safeguarding Team as well as sharing the good practice of WAST colleagues, our improved safeguarding systems and processes and how we have learned from our experiences.

The Executive Director of Quality and Nursing is the executive lead for safeguarding within WAST. The Assistant Director 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 Assistant Director of Safeguarding takes the organisational strategic lead on all safeguarding related issues. This includes working with the Regional Safeguarding Boards on matters of mutual interest as well as on topics of regional and national importance. This engagement supports the objectives of Welsh Government, Public Health Wales, the Community Safety Partnerships, the Older Persons Commissioner and the Childrens Commissioner for Wales. Whilst Local Authority hold an overarching Corporate Parenting role to safeguard and promote the rights and life chances of care experienced children and young people; WAST are committed to supporting this role in safeguarding those who have contact with our service.

The Welsh Ambulance Services University NHS Trust's (WAST) success in safeguarding continues to be driven by an effective organisational culture; one with values and behaviours which foster professional curiosity, encourages scrutiny and supports the actions required to protect those at risk of abuse or in need of care and support.

The Safeguarding Team works collaboratively with senior managers and colleagues within WAST to promote an unequivocal safeguarding culture, both articulated and lived at each level in the organisation. External partnership working is also integral to the team's role; WAST contribution to the work of our partner agencies will be highlighted in this report.



1. Safeguarding People

Safeguarding People within this report for 2023-2024 relates to the WAST’s Safeguarding activity. The Safeguarding Team’s priority is to ensure that WAST colleagues provide safe and effective care which protects people at risk of abuse and neglect as well as those in need of care and support. 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 Quality Standards – Safe, is demonstrated by this activity.

Reporting Rates

The number of reports submitted by WAST has continually increased since the initial launch of the digitalised mechanism for submitting safeguarding reports (Doc-works) in 2019. Consideration may also be given to the current inequalities reported for Wales and potential impact on concerns identified.

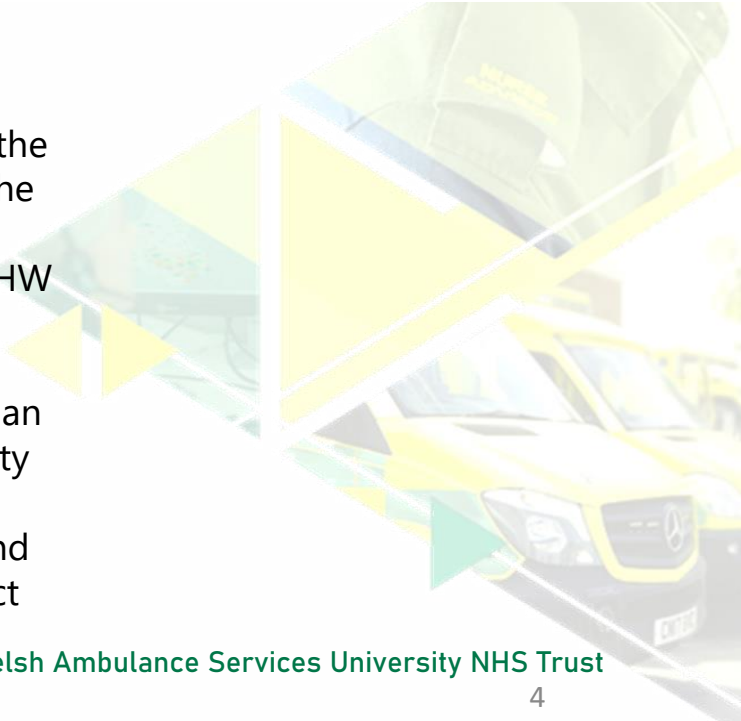
The last three reporting periods demonstrate an increase in reporting rates as shown in Table 1.

Table 1

Report Type	2021/22	2022/23	2023/24
Child at Risk	1,303	1,138	1,698
Child in need of care and support	853	775	929
Adult at Risk	1,106	1,419	2,210
Adult in need of care and support	3,785	4,605	6,287
Total	7,047	7,937	11,124

This data provides a further breakdown of the report types submitted. It is possible that the increase may be linked to the widening inequalities acknowledged within Wales (PHW 2022).

The more recent rise in the cost of living is an additional pressure which increase inequality within our communities. This in turn may impact on the incidence of safeguarding and social care needs of those who have contact with our services.



Reports per Health Board Area across Wales



Identifying and protecting people from actual or potential harm requires that reports are made to the relevant Local Authority as aligned to the appropriate Health Board area. Local Authorities are responsible for taking the required action in relation to the nature of harm involved.

The Safeguarding Team has continued to progress WAST colleagues' 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.

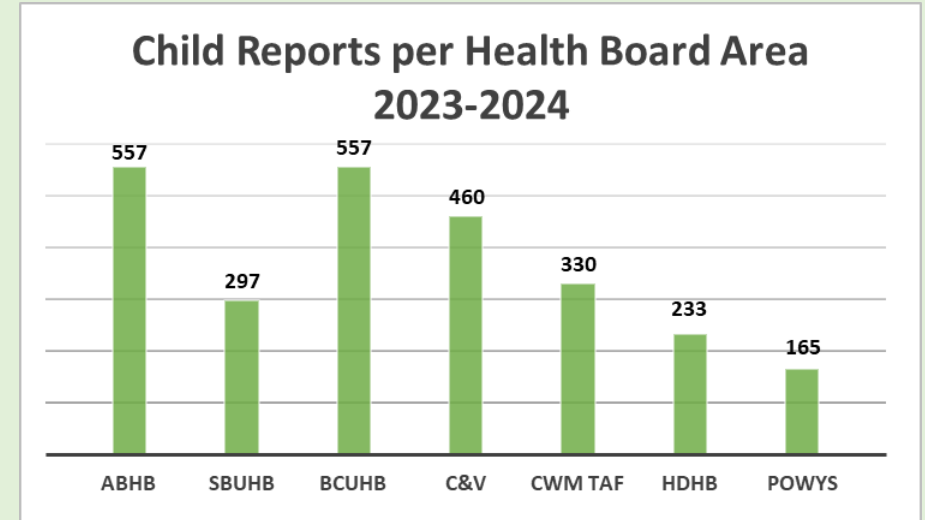
Whilst the information gathered may be limited due to the nature of our contact; it contributes to the understanding of safeguarding issues collated in the wider safeguarding arena across Wales.

The following graphs illustrate both child and adult reports submitted by WAST per Health Board area across Wales.

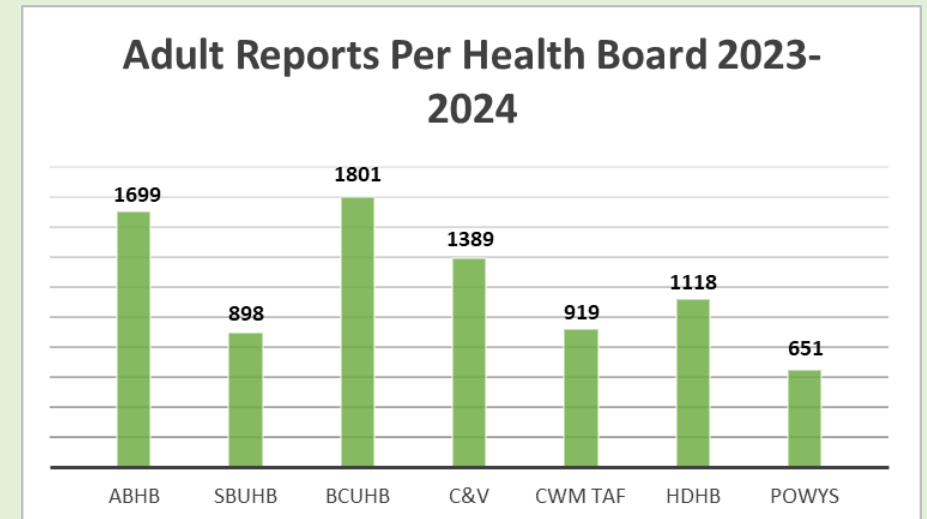
This data highlights the contribution WAST colleagues make in ensuring that Adults and Children who have contact with our service are safeguarded.

In addition to the reports made to Local Authorities within Wales; WAST colleagues also reported **28** concerns for children and **22** for Adults to the other relevant Authorities in the UK.

Graph 1



Graph 2



VAWDASV Related Reports to Local Authorities



Our priority is to ensure that WAST colleagues 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.

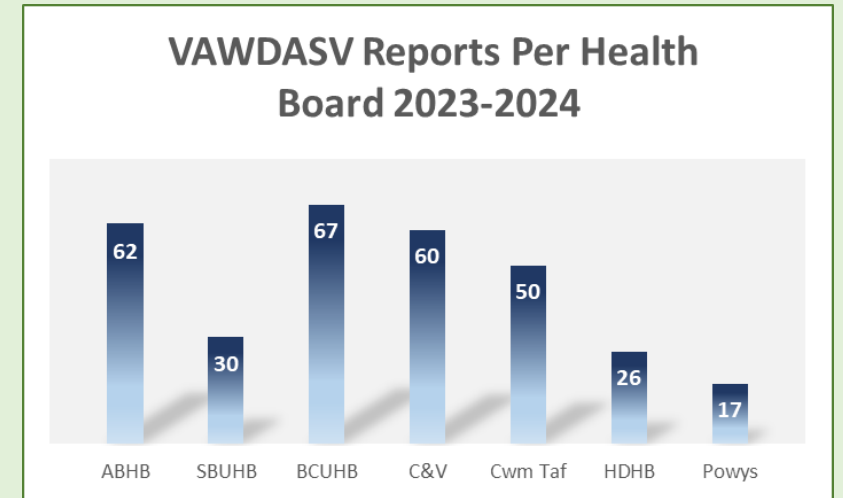
Graph 3 illustrates WAST VAWDASV related reports made per Health Board area across Wales during this reporting period (Total of **318**).

Chart 1 illustrates the reports made for adults and children

In addition to this WAST utilises a Pathway to facilitate contact with the specialist services of the Live Fear Free helpline which supports the aim of early identification, intervention and support for persons involved in these issues.

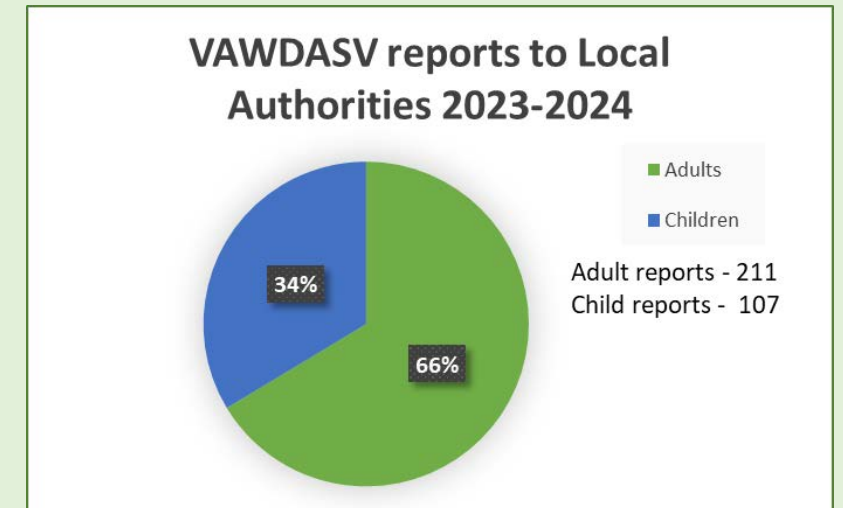
The Safeguarding Team's launch of the national Group 2 "Ask and Act" training delivered as required under the National Training Framework enables practitioners to utilise WAST procedures to report to Local Authority as well as using the Pathway to Live Fear Free as appropriate to the circumstances of the person involved.

Graph 3



In addition to the above data 6 reports were also made where there was no Health Board identified

Chart 1



Welsh Ambulance Services University NHS Trust

WAST Pathway to Protect Victims and Survivors of Domestic Abuse

The Social Services and Wellbeing (Wales) Act 2014, the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, 10,000 Safer Lives Domestic Abuse Project and NICE; recommended an improved multi-agency service delivery with integrated care pathways for identifying, referring and providing interventions to support people who experience forms of domestic abuse and sexual violence.

WAST Safeguarding Team initiated an appropriate pathway for facilitating contact with the specialist services of the Live Fear Free helpline with support from both the helpline manager and the projects and innovations manager from Welsh Women's Aid. The pathway has now been digitalised for WAST iPad users and provides an additional mechanism for colleagues to support victims and survivors who may have suffered from these issues.

Live Fear Free Helpline

"The Live Fear Free Helpline has worked in partnership with the Welsh Ambulance Service since November 2013 to ensure that victims of Domestic Abuse and Sexual Violence in Wales are given a wraparound service to keep them safe. Without doubt this has been a vital lifeline for some of the most vulnerable people in our communities and the feedback from those supported has been so positive.

Working with the WAST Safeguarding Leads has been seamless with a genuine desire on both sides, not only to make the current processes work but to expand on the support offered. This saw the initial referral pathway started more than 10 years ago, further expand in December 2023 to include concerns now being raised by 111/999 Call Handlers and triage nurses. Again, such positive steps to help keep our citizens safe.

The "can do" attitude between both WAST and the Live Fear Free Helpline has been instrumental in making this partnership a success and constant dialogue means issues are resolved as soon as they occur. Long may this continue."

Ann Williams, Live Fear Free Helpline Manager (February 2024)



Live Fear Free Pathway



**135 Referrals
submitted during
2023-2024**



- Pathway digitalised for **all** WAST colleagues
- Since November 2023 colleagues in NHS 111 Wales and CSD are now able to complete digital referrals to Live Fear Free.
- Free 24/7 helpline for anyone in Wales who is experiencing Domestic Abuse or Sexual Violence
- These figures cannot capture the contacts where WAST colleagues provide service users with the helpline number
- Helpline is available to all WAST colleagues and volunteers for specialist advice and support
- Colleagues are reminded that an adult or child safeguarding report may also be required



Referral numbers have more than trebled since last year.
This may be attributed to the improved mechanism for reporting concerns.

Fire Risk Referral Pathway



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Fire and Rescue Service



Gwasanaeth Tân ac Achub
De Cymru
South Wales
Fire and Rescue Service

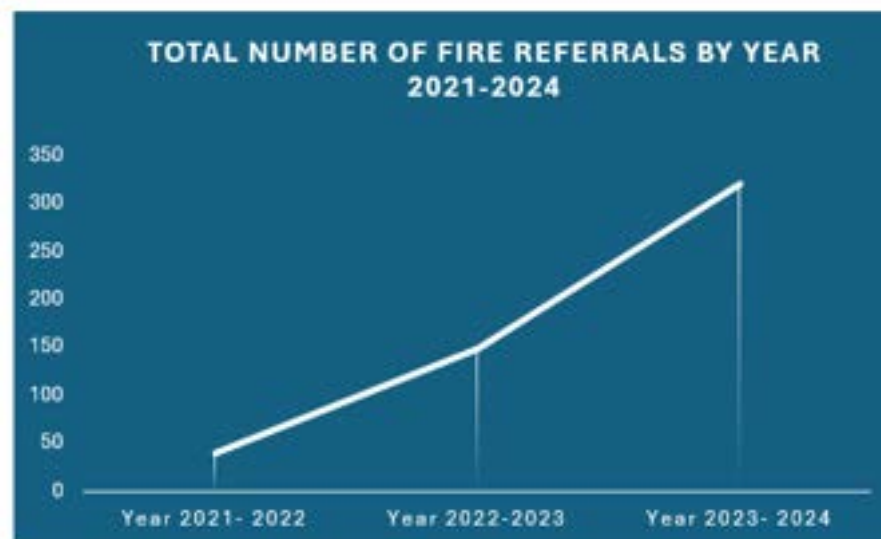


Gwasanaeth Tân ac Achub
Fire and Rescue Service

Due to the nature of our service WAST are in a unique position to identify home fire risks.

Making every contact count with our service users.

Chart 2

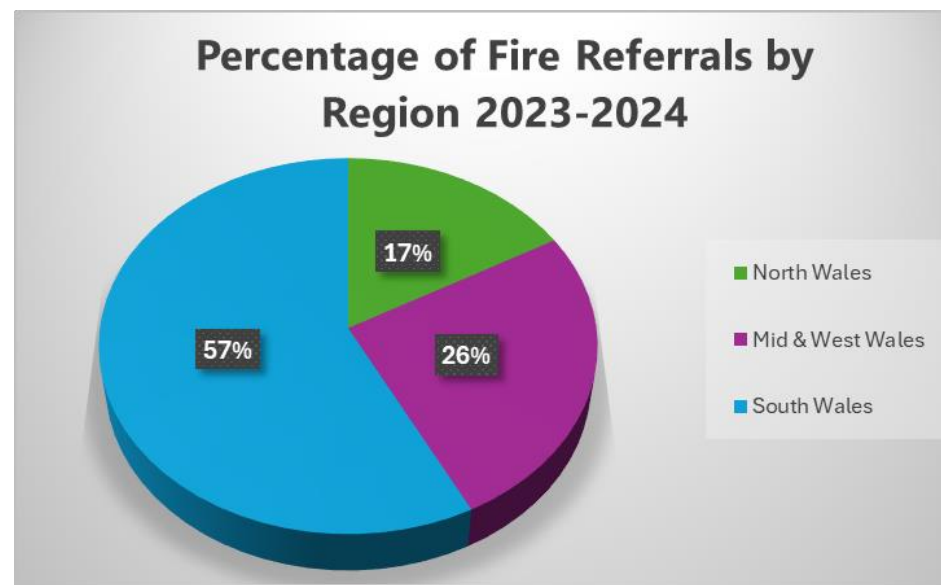


320 Fire Risk Referrals

submitted to our Fire & Rescue Services Partners (FRS) during this reporting period.

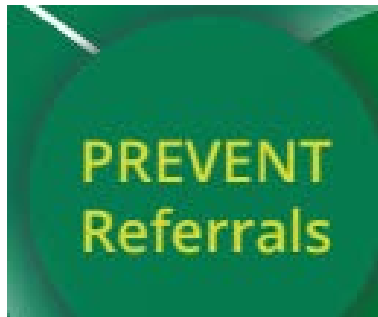
- Significant increase in the submission of Fire Risk Referrals this year (chart 2)
- The referral process enables WAST colleagues to request that the local FRS get in contact to **offer support** or conduct a **home safety check**
- Colleagues complete a referral on Doc-works, and it is e-mailed directly to the relevant FRS
- Streamlined and time-efficient collaborative referral process to protect some of the most vulnerable individuals within our communities in Wales

Chart 3

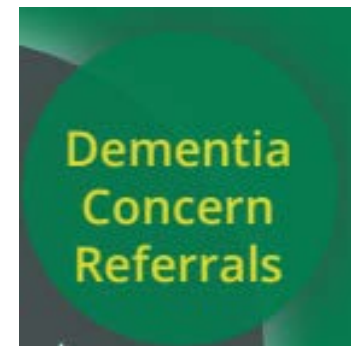
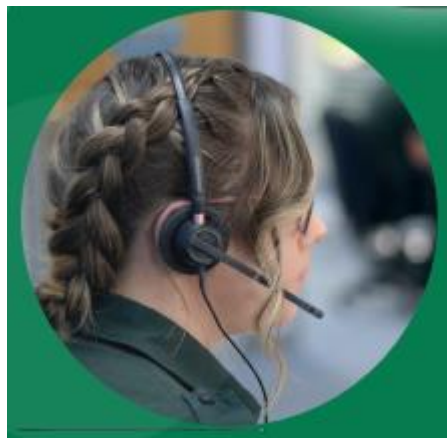




Doc-works Scribe now being used for 2 new referrals:



- Digitalising the 'All Wales Prevent Partners Referral' form
- Enabling WAST colleagues to share information quickly & efficiently where they have radicalisation concerns



- A new bespoke referral pathway to Dementia Connect (part of Alzheimer's Society)
- For any dementia related concern (confusion, memory loss or issues with communication or daily routine)
- Carers who may need additional support can also be referred.

Celebration - Safeguarding Award

Mid and West Wales Regional Safeguarding Board - Practice Awards 2023

Significant Wider Community Safeguarding – Practice That Has Had a Positive Impact on the Community in the Safeguarding of Children or Adults

The Safeguarding Team at WAST were highly commended for the work undertaken in developing and delivering a new electronic system that enabled the development of a new referral pathway in collaboration with colleagues in the Fire and Rescue Services pan Wales.

This allows our staff to refer patients and service users directly into the Fire Service Home Safety teams where they identify fire safety issues in a property, evidence of hoarding, or where a patient with a sensory disability would benefit from specially adapted smoke alarms.



- The Doc-works digital reporting system has been integral in ensuring there is a consistent approach in the mechanism used in sharing information
- Improved the accessibility of safeguarding forms for colleagues
- There has been a continual improvement with the quality of information captured within the reports



Gwasanaeth Tân ac Achub
Canolbarth a Gorllewin Cymru
Mid and West Wales
Fire and Rescue Service

Extract from the Awards June 2023

2. Education and Training

The Trust's annual training plan continues to support statutory safeguarding requirements. Working in partnership with our dedicated training teams across WAST to establish a robust training program for all aspects of safeguarding.

Level 2 Safeguarding Training

The Safeguarding Team continue to provide face to face or virtual sessions to all CCC, ACA, EMS and NHS111 colleagues across the Trust. We delivered safeguarding training sessions to 31 induction groups. This is lower than last year when we delivered 54; This may be attributed to the recruitment drive following the COVID 19 period.

Level 2 compliance

WAST has achieved 75% compliance for child safeguarding and 71% for adult safeguarding training during this reporting period. It is acknowledged that some data was not captured on ESR. This will be addressed during the next reporting period.

CPD

In addition, the Safeguarding Team have offered a variety of CPD sessions utilising Eventbrite.

Adolescent Audit Webinar

Following an internal audit of safeguarding children and young adults, learning was identified and made available through two targeted CPD webinars available on our learning platform.

Over **400 WAST colleagues** completed this training package since its launch.



Safeguarding CPD Training on LMS365

- There are new safeguarding CPD packages now available on LMS365
- Look for the purple logo on LMS365
- One package is for EMS & CSD colleagues
- One package is for NHS 111 Wales colleagues
- [Video available on how to access LMS365](#)

For LMS365 Support Contact the Training Team on: AMB_LDHub@wales.nhs.uk

For Safeguarding Support Contact the Safeguarding Team on: Amb_WASTSafeguarding@wales.nhs.uk

The poster also features a purple logo with three stylized figures and a flowchart showing the training process: 'Digital Skills 100%' leads to 'Safeguarding Support Subscribed', which leads to '90 mins 80%' and '90 mins 80%'. A QR code is located in the bottom right corner.

SWAY Training package on Child Sexual Exploitation

On Child Sexual Exploitation Day in March 2024, WAST launched new virtual CPD training. Colleague feedback stated it raised their awareness, is a useful refresher on CSE indicators and re-enforced the importance of professional curiosity.



Child Sexual Exploitation

New safeguarding CPD training on 'Child Sexual Exploitation' from the WAST Safeguarding Team.

[Child Sexual Exploitation - WAST Awareness Training](#)

This training should take approximately 1 hour to complete. If you are successful at passing the quiz you will receive a CPD certificate.

WAST Safeguarding Team
amb_wast_safeguarding@wales.nhs.uk
01492 262626

Know the signs...

A QR code is located in the bottom right corner.

Welsh Ambulance Services University NHS Trust

WAST National Training Framework progress



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 in April 2023 and included in an Annual National Training Framework (NTF) Report to Welsh Government in May 2023.

Group 1

The purpose of group 1 of the National Training Framework is to ensure that all employees of the relevant authorities have a basic level of awareness of violence against women, domestic abuse and sexual violence. The intention of training is to challenge attitudes and raise awareness of these issues.

Table 2 illustrates the progress made since launch in 2019 to March 31st, 2024. 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 at the time of this report.

In working towards achieving compliance towards Group 1 opportunities were identified as follows:

- Group 1 training is included on induction training across the Trust. This continues to be achieved utilising WAST online Learning for those with access to ESR.
- WAST enabled guest access to ESR for new starters for those not already signed in to ESR



Table 2

Total per Group	Total completed	% compliance
4,501	3,944	83%



Group 2

Group 2 training under the NTF focusses on "Ask and Act"- a principles-based approach of targeted enquiry.

The objective of this is to enable practitioners to "Ask" potential victims and survivors when concerns relating to VAWDASV are identified ; and "Act" so that suffering and harm is prevented or reduced.

WAST total Group 2 colleagues on 1st April 2023 was 2836. Total trained from launch to date is 1621 (80%).

Learner Feedback

informative session
good pace
lot
good information
lots of information
best practices
informative training
useful information
informative and the trainers
Informative course
informative with regards
good detail
good information
knowledge
good examples
better understanding

Informative

98% would recommend the training

■ Poor ■ Fair ■ Good ■ Excellent



Group 3

Individuals who are required to do more than "Ask and Act"; those who perform a 'champion' role'.

The training will enable people to:

- support colleagues as they make decisions in relation to these subject areas
- help offer services to all family members affected by violence against women, domestic abuse and sexual violence and act as a champion within their organisation

WAST target is to train 20 individuals per year. Training was commenced in this reporting period.

14 Group 3 colleagues currently trained within WAST.

WAST Trainer Trainers

- WAST has 8 accredited Group 2 trainers currently contributing to the delivery of Ask and Act
- 7 accredited Group 3 trainers

All trainers work as specialists within WAST Safeguarding Team and so deliver the training in addition to their core safeguarding responsibilities.

In June 2023, the Safeguarding Team held a safeguarding conference on 'Trauma Informed Workforce'. Attendees included:

- Colleagues from across different WAST directorates
- Representatives from external partner agencies; 2wish, Mind & South Wales Fire & Rescue Service
- Safeguarding leads from other UK ambulance services

Specialist presentations on safeguarding all age groups & **impactful survivor stories:**

- Public Health Wales shared insights into adverse childhood experiences & trauma informed practice; highlighting the importance of empathy and compassion.
- Ruth Dodsworth, ITV journalist, shared firsthand experience of domestic abuse and controlling coercive behaviour: emotional & enlightening
- 'Lads Like Us' gave their lived experiences of abuse during childhood and evidenced real-life significance of practitioners demonstrating professional curiosity and adopting trauma informed practice.
- The Live Fear Free Helpline Manager provided invaluable information regarding what support the helpline can provide
- The Older Peoples Commissioners Office provided shocking statistics in relation to older people experiencing abuse. A survivor graciously shared his experience of abuse later in life; impactful and empowering

Diolch / Thank You to all involved



Feedback

Informative

Powerful

Humbling

Inspiring

3. Partnership Working



The Safeguarding Team sits within the Quality, Safety and Patient Experience Directorate to carry 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, compassionate leadership, courageous 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, ensuring good outcomes for people who have contact with our service.

This requires the Safeguarding Team to establish strong relationships with all departments in our organisation as well as within the wider safeguarding arena across Wales.

Our achievements obtained through improved knowledge, skills and attitudes as well as the promotion of our engagement with safeguarding multiagency activity has fortified our working relationships both at an operational and strategic level.

The Wider Safeguarding Arena

National Ambulance Safeguarding Advisory Group (NASAG)

The purpose of this group is to promote a consistent approach to safeguarding across the UK ambulance services. To connect, support and guide the safeguarding practice of its practitioners across the UK.

The Assistant Director of Safeguarding for WAST was Vice Chair and regularly attended this group.

WAST Safeguarding Team contribute to the work of the group and participate in an annual benchmarking exercise to assess and analyse safeguarding activity.



Collaborative Working

During this reporting period the WAST Safeguarding Team hosted two other UK Ambulance Services.

They visited to view and learn about the Doc-works Scribe system used to digitally report safeguarding concerns.

There were opportunities to share information about good practice and consider development opportunities

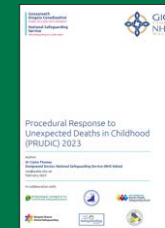


Public Health Wales Procedural Response to Unexpected Deaths in Childhood (PRUDiC)

The reviewed guidance was published in February 2023.

WAST plays a significant role in the PRUDiC process from the initial alert to Police through to attendance at the Phase 1 information sharing and planning multi-agency meeting.

The Safeguarding Team continue to complete organisational requirements in accordance with the PRUDiC guidelines, ensuring a consistent approach and that learning is disseminated throughout the Trust.



Welsh Government Single Unified Safeguarding Review (SUSR)



WAST Safeguarding Team took an active role in the work of the task and finish groups across Wales during the consultation process in the last reporting period.

Welsh Government continue work in relation to the introduction of SUSR process.

The Welsh Government implementation plan has been delayed and the Safeguarding Team members will keep appraised and attend SUSR training as it becomes available.



Protecting Adults and Children at Risk

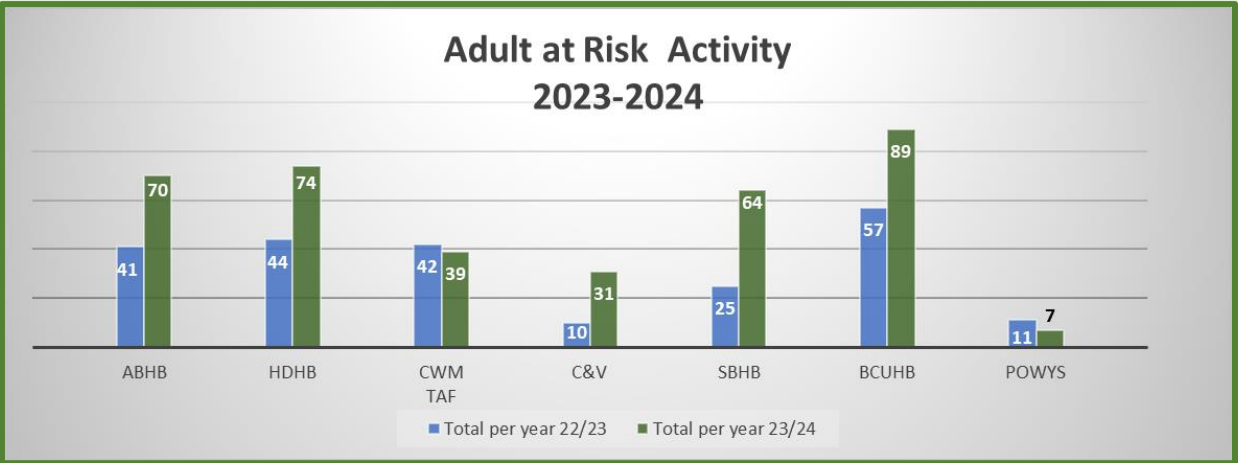
Following a report, social services have a duty to make enquiries under s126 of the Social Services and Wellbeing (Wales) Act 2014. As a recognised “relevant partner” of the Local Authority, WAST has a legislative responsibility to participate in any enquiries or strategy meetings/discussions that may be undertaken.

The aim of the process is to focus on the needs of the vulnerable person and allow agencies to appropriately share information, identify risks and take specific action.

The Safeguarding Team may need to access a variety of WAST systems and work collectively with many directorates within WAST to gather the appropriate information to support the process.

This activity has continued to increase during this reporting period, 230 last year compared to 374 during this reporting period as demonstrated in Graph 4.

Graph 4



WAST Colleague Enquiries

The Safeguarding Team work collaboratively with colleagues within WAST and external agencies to ensure positive outcomes for children and adults at risk of harm.

During this reporting period the team started to collate data on the number of enquiries received from WAST colleagues.

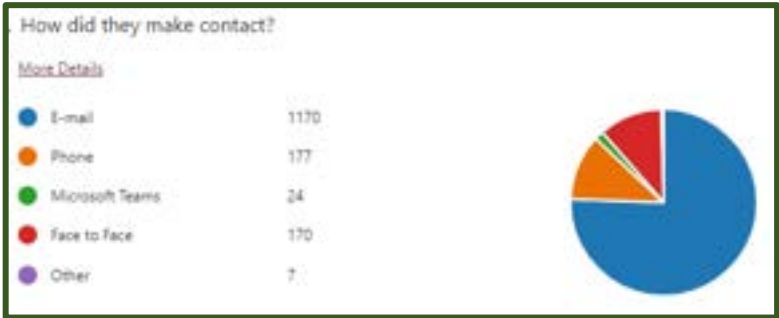
This includes responding to all enquiries related to safeguarding, as well as providing feedback to inform future practice.

Over 1,500 colleague enquiries were recorded, the most common reasons were:

- Doc-works Scribe
- Reflective / Retrospective Safeguarding Advice

The most recorded reason for the team contacting colleagues was:

- Requesting further information as not enough details on a safeguarding report
- Providing Feedback on cases from Local Authorities



Over 1,500 enquiries recorded

Regional Safeguarding Board's Activity

The amount of activity generated by our duty to cooperate with Adult/Child Practice Reviews and Domestic Homicide Reviews has continued to progress during this reporting period. The Assistant Director of Safeguarding and Senior Safeguarding Specialists have ensured strategic engagement at the board level, whilst the Safeguarding Specialists engage as panel members as required .

During 2023-24 the team have continued to engage with ongoing reviews at the end of the reporting period this involved; 7 APR's, 4 CPR's and 7 DHR's.

The following tables demonstrates WAST's engagement with new APR, CPR, and DHR processes during this reporting period:

Table 3

Adult Practice Reviews		
2021-2022	2022-2023	2023-2024
3	4	3

Table 4

Child Practice Reviews		
2021-2022	2022-2023	2023-2024
5	5	2

Table 5

Domestic Homicide Reviews		
2021-2022	2022-2023	2023-2024
4	6	4

Learning from Reviews

Learning Events are an integral part of the review process as the information gathered from attending practitioners within this forum will often identify key learning themes and help shape the published report and action plan. The Safeguarding Team has continued to support WAST staff required to attend these events during 2023-24.



The Safeguarding Team also has responsibility for sharing the learning generated from the review process across the organisation.

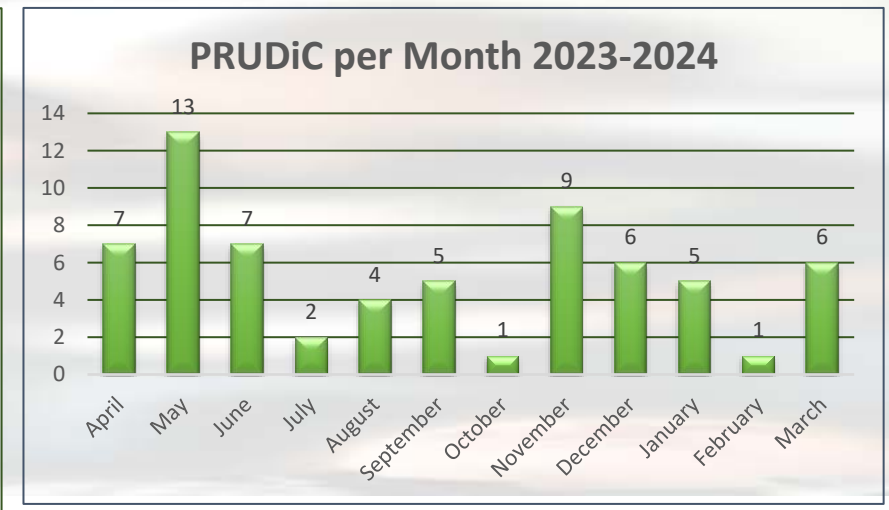
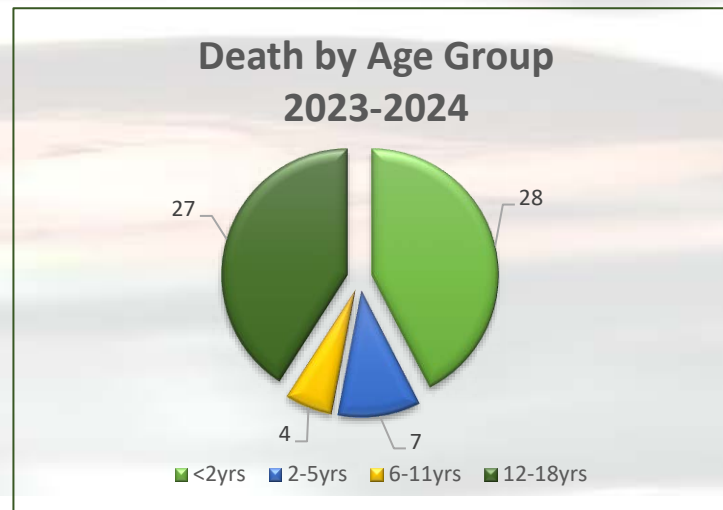
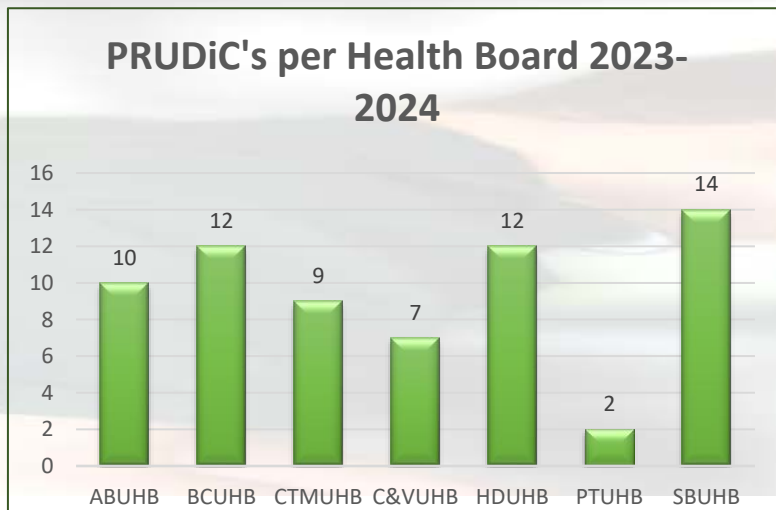
This is achieved through a variety of different methods such as 7-minute briefings, Newsletters, or inclusion of relevant themes into training packages and on the Safeguarding SharePoint page.



Procedural Response to Unexpected Deaths in Childhood (PRUDiC)

The PRUDiC guidance sets a minimum standard of response to unexpected deaths in childhood. It applies following the death of a child which was not anticipated as a significant possibility 24 hours before (PHW 2022). During 2023-2024 WAST was involved with 66 PRUDiC's in total, compared with 57 in 2022-2023.

- **15** involved infants
- **10** road traffic collisions which involved all age groups
- **8** involved children with pre-existing health issues or comorbidities.
- **6** completed suicides (within 12–18-year age group)
- **4** drownings, prevalent during the summer months
- **2** possible non-accidental injuries



WAST is a key contributor to Public Health Wales (PHW) in recognising themes and trends across Wales. The information/data is utilised to shape policy and inform practice with the intention of preventing future deaths e.g. an example of this is Safer Sleep guidance for families with young babies. In addition to this, PHW have published a water safety booklet to raise awareness of the risks.

It is recognised that these can be traumatic incidences and every effort is made to ensure colleagues are supported, in addition to the usual supporting mechanisms 2Wish provide specialist support to anyone involved in a PRUDiC incident.

WAST Additional Partnership Working

Adult Safeguarding Alerts

Specific information is shared relating to specific safeguarding arrangements/needs.

11 alerts relating to adults were placed on our alert system in 2023-24

WAST Safeguarding Team

contribute to the work of various regions across Wales by participating in the development and delivery of safeguarding training to external partner agencies.

External
Training
sub-groups

Local
Authority
Safeguarding
adult alerts

Health
Board
Midwifery
Teams

Protecting the unborn - Specific information is shared and a pre-warning given to practitioners the aim of which is to give responding crews prior information on the existence of an agreed plan of care or safeguarding requirement. **89** midwifery alerts actioned by WAST in 23/24

Public
Health
Wales
(PHW)

Thematic Reviews — WAST Safeguarding Team engage with the thematic reviews instigated by the PHW child death review panel. The information obtained from each review is then utilised to formulate National health or safety campaigns to help protect the public.

Regional
Safeguarding
Boards

Annual Partnership Reports — WAST Safeguarding Team contribute to the Partnership Reports to the Boards across Wales as requested. This ensures wider understanding of the safeguarding activity and experiences of our organisation.

Childline

Childline offers a unique service to help young people in the UK. WAST Safeguarding Team works with Childline when we have provided care for a child who has contacted them. We have responded to **26** **childline** enquiries during this reporting period

Health Board
Safeguarding
Teams



Partnership Working In Practice

Good News Story

WAST Safeguarding Team were contacted by Adult Social Services who needed urgent assistance. An elderly, bed bound lady with complex needs living in the community had suddenly lost her live in carer during that day.

This individual was not able to care for herself and was not safe to remain within her own home alone. The Social Worker had managed to get emergency care for her in a nursing home; however, they had no method of getting her there.

Following several discussions with Ambulance Care colleagues, a plan was created to risk assess the property first thing the following morning. The Social Worker arranged temporary emergency care overnight until transport was possible.

A hospital admittance was avoided for this lady, and the minimal disruption to her life caused following a traumatic incident. An excellent example of multi-agency working to ensure safe patient centred care.



CFR Conferences

The Safeguarding Team were invited to speak at both the North and South CFR conferences during the last reporting period.

The conference covered a range of topics, the Safeguarding Team presented on safeguarding with a particularly emphasis on "Human Trafficking" and "Modern Slavery".

Recognising there is often an incorrect perception that modern slavery does not happen in Wales; the session highlighted the need to be vigilant within our communities. Signs, symptoms and indicators were shared, highlighting what to look out for and reinforcing how well-placed volunteers within the community are to recognise and report safeguarding concerns.

The conferences were brilliant opportunities for the Safeguarding Team to meet WAST volunteers in person and to share with them important safeguarding information. We saw an increase in volunteer enquiries to the team immediately after the conference.



Diolch yn Fawr

4. Quality Improvement

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 work plan 2023-24. This aims to achieve our targets within the WAST Quality Strategy (2021-24) 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 work plan 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 work plan & assurance framework is mapped to the Health and Care Quality Standards (2023), specifically relating to the domain “Safe”. 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 work plan for 2023/24.



Safeguarding Priorities 23-24			
Safeguarding Activity	Training and Education	Policy and Procedure	Safeguarding Processes

Progress 2023-24

- Safeguarding Activity**
- Monthly and quarterly reports completed and approved.
- Training**
- Safeguarding Training level 2 delivered as required
 - Bespoke sessions delivered utilising Eventbrite
 - A bespoke safeguarding CPD webinar published on LMS365
 - **NB** : Collation of training data will be reviewed during the next reporting period.
- Policies and Procedures**
- Require review, work ongoing
- Safeguarding Processes**
- Continue Doc-works expansion

“Putting Things Right” and improving the quality of service we provide.

The Safeguarding Team within WAST is fully committed to supporting the Trust’s legislative responsibility regarding Duty of Candour (2023). Therefore, we fully embrace “Putting Things Right” as a process for highlighting, investigating and learning from concerns.

A close and collaborative working relationship exists between the Safeguarding and Patient Safety Teams. This ensures an effective interface in the considerations of concerns, adverse incidents and the safeguarding issues highlighted within them. Our working together ensures that any incidents that involve adult or child safeguarding issues are responded to correctly.

The aim is to provide a supportive framework for people to highlight issues. Support is offered by the Team for all staff involved to learn from adverse incidents raised within WAST that have an element of safeguarding attached to them.

Safeguarding regularly attend the WAST Serious Case Incident Forum (SCIF). This ensures all aspects are addressed internally and externally with our partner agencies.



Safeguarding Maturity Matrix

The Safeguarding Maturity Matrix (SMM) is a self-assessment quality assurance tool completed by all Health Boards and Trusts across Wales annually. This enables organisations to demonstrate safeguarding quality by reporting on safeguarding activity for the previous year with the aim of demonstrating improvements and risks. Organisational strengths and improvements are reported through the document and plans are collated by the National Safeguarding Service. This promotes horizon scanning, allowing organisations and the wider NHS Wales Safeguarding Network to understand the priorities for the following year and using peer review and feedback to inform the national picture.

WAST has participated in phase 2 of the pilot of a revised SMM Tool with other Health Boards and Trusts during this reporting year. WAST improvement plan forms part of the Safeguarding priorities set for 2024-2025 and beyond.



5. Support, Advice and Guidance

The Safeguarding Team within WAST appreciates that working to ensure good outcomes for children and adults at risk, and victims of domestic abuse/sexual violence can be demanding and distressing work. Supporting colleagues requires a collaborative approach which facilitates the promotion of good standards and ensures confident and competent practitioners who can make sound professional judgements. The team also endeavour to promote external agencies understanding of safeguarding activity within the Trust as this promotes collaborative working when addressing the individual needs of those requiring further support from their services.



Obtaining feedback from social services in relation to safeguarding reports has been improved since the digitalised Doc-works process. The feedback received facilitates WAST practitioners' learning to improve future practice.



Shadowing Experience

The Safeguarding Team accommodated two social workers from Local Authority during this reporting period. The aim of this was to share information on the nature of our service, types of concerns encountered, challenges faced by front line colleagues. It was an opportunity for the social workers to understand our remit from when the call comes into our service, things that effect response times and the on-scene experience encountered by those in attendance with the patient.

The team continue to welcome WAST colleagues who request to spend time working alongside them as they conduct everyday core safeguarding activities.

What do we offer

- Safeguarding Advice
- Bespoke 1:1 training
- Safeguarding/Restorative Supervision
- Shadowing Experience
- Central Resources
- 7-minute briefings



Safeguarding SharePoint Page

Building the Team

"My background is in Paediatric Nursing, having worked in Paeds oncology and 8 years in Paediatric emergency departments in London and Chichester.

I have experienced the work of organisations who base themselves in emergency departments and use 'in the moment' opportunities to target youth violence and reach those who are gang members.

My first safeguarding role was hospital based. Here I gained real insight and experience of safeguarding issues, which I can now share within the WAST arena.

Joining the Safeguarding Team at WAST has been very positive. I enjoy working with such a friendly and supportive team. Since joining I have developed and launched a SWAY training package on Child Sexual Exploitation.

I am aligned with the WAST safeguarding activity in the SE Region and will often work from Pentwyn and Barry ambulance stations. This gives me a great opportunity to engage with colleagues and support with any safeguarding queries."



Sarah Hulse
Safeguarding Specialist

Safeguarding Resources



Building the Team

"I joined the WAST Safeguarding Team in early 2023. A paediatric nurse since 1994, and a health visitor since 2000 and have worked across BCUHB for most of my career.

I have worked in the Child Development Team and provided support to families with pre-school children with significant developmental delay. I recognised the impact that health inequalities and deprivation can have upon outcomes for children and have previously been involved with the development of a bespoke training package.

My practice in generic health visiting and Flying Start; aimed at reducing health inequalities in deprived areas and improving outcomes for children, has provided me with a vast amount of safeguarding experience. All of which enables me to support WAST staff in matters related to safeguarding across the lifespan.

I cover the BCUHB and PTHB areas and would welcome colleagues getting in contact should they have any safeguarding enquiries"



Lara Jackson
Safeguarding Specialist

Moving Forward 2024 - 2025

Building on the Safeguarding Team achievements during 2023-24 the following priorities have been identified for future progress.

To further develop the digital reporting process to seamlessly link our patients with the help and support that they need to improve their quality of life.

To provide assurance using quality reporting measures, which reflect the safeguarding activity across WAST, and which can be used to evidence change.

To continue to develop bespoke safeguarding training using learning from safeguarding reviews to shape the content and audit to measure the impact.

To work with partners to identify health inequalities and develop strategies for earlier identification of need, enabling care to be routed back into primary and planned services.



Conclusion

This annual report demonstrates the Safeguarding Team's commitment to ensuring high quality safeguarding interactions across the organisation, to meet our statutory responsibilities and protect the people we serve.

The increase in safeguarding activity reflects a professionally curious organisation able to identify and escalate safeguarding risk and inequality. It also reflects the changing landscape of modern safeguarding.

The safeguarding Team prioritise the delivery of robust safeguarding training, which provides a solid foundation for WAST staff to gain enhanced knowledge and confidence. The team are committed to providing face to face training to supplement core online learning modules.

The safeguarding Team are proud to be a key partner in multi-agency forums across Wales. They provide strong WAST representation nationally ensuring that patient and staff safety is central to all conversations.

We look forward to the challenges that the coming year will bring and are excited to proactively drive the safeguarding agenda in alignment with the wider WAST priorities.



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Gwasanaethau Ambiwians Cymru
Welsh Ambulance Services
NHS Trust

Amb_wastsafeguarding@wales.nhs.uk
01792 315884



CHARITY COMMITTEE HIGHLIGHT REPORT TO CORPORATE TRUSTEE AS PART OF THE ORDINARY TRUST BOARD MEETING

This report provides the Trustees 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.

Corporate Trustee Meeting Date	26 September 2024
Committee Meeting Date	22 August 2024
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Trustees to areas of attention)

1. This meeting had been scheduled in the calendar for 2 July but was **rescheduled** to 22 August because of the timing for the Head of Charity recruitment and reporting timetables.

ADVISE

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

2. **David Hopkins has been appointed as the new Head of Charity.** David currently works at the National Youth Arts Wales as the Fundraising and Development Manager. He will start at WAST in early October. A clear set of objectives will be set and are likely to evolve as work to review the charity progresses. The Fundraising Manager role will be developed by the Head of Charity over the autumn, with the aim of recruiting to that post as soon as practicable.
3. A revised **visual identity for the charity** will be developed over the coming months, and Trustees will be updated on progress and final options in due course.
4. There are several **potential NHS Charities Together** grants that the charity is interested in pursuing which will open for applications in due course. The Committee discussed the importance of aligning charitable funding opportunities to WAST strategic priorities.

Lived Experience

5. The Committee heard from Gill Pleming, Head of Service EMSC, who shared her experience of bidding for the Zen Rooms in Vantage Point House, Ty Elwy, Snowdon House, Thanet House, Llangunnor and Llanfairfechan. Members heard of the benefits for our people and consequently how that translates into benefit for our patients.

Feedback on the use of the rooms is positive overall, with staff being able to use the rooms to

decompress and take some time for themselves, particularly because of a difficult incident at work, or stresses outside of work. Committee were advised that there is room for improvement in the use of the rooms and discussed the importance of staff consultation and evaluation. The rooms have a mix of massage chairs, bean bags, meditation cushions, VR headsets, and sand gardens. Efforts have been made to make them homely and a place where our people want to spend time. There are some challenges with access by all to the rooms, but it was encouraging to hear about upcoming estate reconfigurations and enhanced communication to ensure everyone feels welcome to use these facilities.

The application for charitable funds was a simple process, and the team appreciated the feedback they received where items were not approved and the reasons why. A total of £11,500 charitable funds were used on this venture. A survey of the room's use will be sought by the Bids Panel to inform future use of charitable funds.

Reflections

6. Members reflected that it might be helpful for those sharing their lived experience to have guidance, perhaps in the form of an evaluation template to support the discussion and the scrutiny requirement of the committee. Members recognised that this was an assurance-heavy meeting, but that with the new Head of Charity starting in October the agenda would become more strategic, which was welcomed. Reports provided today were very clear and straight forward and authors commended for that.

ASSURE

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

Charity Performance

7. The Charity Performance Report was received showing performance against the NHSCT grants which include the Development Grant, Stage 3 Recovery Grant, and Ambulance Grant as of 31 July 2024. All grants are being administered according to their conditions and there is nothing to escalate. It was noted that, in respect of the charity's support of sporting events, legal advice has been received with respect to liability related to these events.

Charitable Funds

8. The income and expenditure for the financial year 2023/24, and the fund balances held as of 31 March 2024 are as below. They will form the basis of the 2023/24 accounts. Members were assured that, despite the in-year income of the Charity tipping over £250k in the 2023/24 financial year, **an Independent Examination of the Charity's 2023/24 accounts is acceptable and in line with Government advice.**

Summary of income and expenditure for the year ended 31st March 2024

	Unrestricted (£)	Restricted (£)	Total (£)
Income	41,234	226,515	267,749
Expenditure	(48,879)	(67,160)	(117,039)
Gains/(Losses)	30,715		30,715
Transfers	5,469	(5,469)	0
Net Movement	27,539	153,886	181,425

Fund balances as of 31st March 2024

	Unrestricted (£)	Restricted (£)	Total (£)
B/F 1 st April 2023	332,004	67,006	399,010
Movement 23/24	27,539	153,886	181,425
C/F 31 st March 2024	359,543	220,892	580,435

9. The balance of funds on 31 July 2024 is £605,358 comprised of £228,766 unrestricted funds; £149,031 in designated funds; and £227,561 in restricted funds. 1,090.14 investment units in the Charity Investment Fund (COIF) are held at a market value of £281k which is a gain of £1.5K from the last reporting period. Whilst the market is quite volatile there were no issues requiring escalation to the Corporate Trustee. The Treasurer continues to keep a close eye on the investment fund for fluctuations and any action required.

Bids Panel

10. The Bids Panel considered and approved four bids for replacement TVs noting that the Trust's ICT service desk has agreed to coordinate these and future approved requests for TVs to ensure consistency, a good quality product is purchased that are likely to have a longer lifespan thus providing value for money. Additional bids were approved for a Training Dummy (£2,219 from CFR funds), the Flu Campaign incentives (£3,440), Specialist Skills CPD (£4,500) and a memorial bench (£1,550).
11. The Committee were assured that the Bids Panel had applied the Healthcare Financial Management Association guidance for use of charitable funds in the NHS when considering applications, to ensure that the bids were considered in relation to the charity's objects and the public benefit requirements.
12. Members thanked the Chair and members of the Bids Panel for their diligence in review and approval of bids.

Governance

13. The Committee cycle of business monitoring report and update on Committee priorities, with nothing to escalate.

RISKS

Risks Discussed: The Committee were assured that work has taken place on the draft articulations of additional charity risks that are in development and that the Head of Risk will work with the newly



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Welsh Ambulance Services
University NHS Trust

appointed Head of Charity from their appointment in October 2024 to finalise these and any other risks pertaining to the strategic risk of the Charity. A full Charity Risk Register will be presented at the meeting in April 2025 and include:

- Resource and capacity to manage the Charity.
- Trustees – skills, roles and responsibilities and training.
- Compliance with legal and regulatory framework.
- Governance and management of funds.

New Risks Identified: Other than those above no new risks were identified in the meeting.

COMMITTEE AGENDA FOR MEETING

Bids Panel Lived Experience	Charity performance report	Finance update
Charity resource update	Risk management report	Bids Panel AAA report
Committee cycle of business and monitoring report		

COMMITTEE ATTENDANCE

Name	4 April 2024	22 August 2024	10 October 2024	16 January 2024
Ceri Jackson				
Bethan Evans				
Hannah Rowan				
Estelle Hitchon				
Chris Turley				
Lee Brooks				
Andy Swinburn				
Liz Rogers				
Trish Mills				
Hugh Parry				
Damon Turner				
Marcus Viggers				
Julie Boalch				
Jo Kelso				

	Attended
	Deputy attended
	Apologies received
	No longer member/not member



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CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambwlans Cymru
Welsh Ambulance Services
NHS Trust

REMUNERATION COMMITTEE TO PUBLIC TRUST BOARD

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

Meetings of the Remuneration Committee are held in private session.

Trust Board Meeting Date	26 September 2024
Committee Meeting Date	29 August 2024
Chair	Colin Dennis

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Key issues/risk for the Board's attention)

1. No alerts from this meeting.

ADVISE

(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

2. An update was provided on the **2024/25 NHS pay award**. Discussions are continuing at a national level with Trade Unions and the Welsh Government due to meet in early September regarding the award, which was announced by the Chancellor in July 2024. Welsh Government have commissioned a targeted review on all aspects of **executive pay** with a particular emphasis on the job evaluation and recruitment processes. Members will be updated on progress at the next meeting.
3. Carl Kneeshaw will join WAST as the **Director of People** from 1 November and will start engaging in several key events during October ahead of that date. Angie Lewis will continue in the role of Director of People and Culture until Carl arrives and will then move to .6 FTE as the Director of Culture thereafter.
4. Agreement was provided, subject to Welsh Government approval, to **settle an employment matter**.
5. The Committee's **cycle of business for 2024/25 was approved**.

ASSURE

(Areas of assurance the Committee has received)

6. The Committee reviewed the **CEO's outturn position for 2023/24 and his objectives for 2024/25** noting they had been cascaded to his direct reports and appraisals for all Directors for 2023/24 have now been completed. The Committee noted the outturn position for 2023/24 was consistent with discussions throughout the year and showed significant progress despite the challenges throughout the



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year. Jason was commended by members on his leadership, courage and commitment to issues of cultural change in particular and on a break even position in 2023/24.

7. The **annual eligibility checks** for board members was received, having previously been circulated by email. Eligibility self-declarations were completed by board members in April 2024 with no adverse findings. Similarly, due diligence checks and disqualified director and trustee, insolvency and bankruptcy searches were carried out with no adverse findings. Annual appraisals were completed for 2023/24 for the board.
8. The first **annual settlement agreement report** was presented, with the committee noting that for the 2023/24 year, and as reported in the Trusts Annual Report and Accounts for 2023/24, there was one settlement agreement relating to an exit package under the Voluntary Early Release Scheme totalling £53,678.
9. The Committee's **cycle of business monitoring report** was received with no issues to escalate.

RISKS

Risks Discussed: Risks related to the potential delay in the 2024/25 NHS pay award being paid to staff were discussed.

Annual Board Eligibility Checks	Chief Executive Objectives: - Outturn position 2023/24 - Future objectives 2024/25	Director of People update
Annual settlement agreement report	NHS pay award update	Cycle of business and monitoring report
Employment settlement matter		

COMMITTEE ATTENDANCE

Name	21 May 2024	29 August 2024	5 December 2024	13 January 2025
Colin Dennis				
Peter Curran				
Prof. Kevin Davies				
Bethan Evans				
Ceri Jackson				
Hannah Rowan				
Joga Singh				
Jayne Beeslee				
Jason Killens		¹		
Angie Lewis				
Trish Mills				
Hugh Parry				
Damon Turner				

¹ Recused when outturn position for 2023/24 was discussed



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	Attended
	Sent Deputy
	Apologies
	No longer a member.



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PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT TO BOARD

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

The papers for this meeting can be found by following this [link](#) to the Committee page on the Trust website.

Trust Board Meeting Date	26 September 2024
Committee Meeting Date	30 August 2024
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The **2024-2030 Strategic Workforce Plan** was received and reviewed by the Committee. Some amendments were agreed, and the plan, which is on the Board's agenda was endorsed for approval. The Committee recognised the criticality of this work in aligning with our long term vision and IMTP.

2023/24 Annual Reports for approval by Board

2. The **Workforce Race Equality Standards (WRES) Report for 2024** was taken in private session due to the small numbers of individuals in these categories being potentially disclosive. 59 members of staff declared their ethnicity as Black, Asian or Minority Ethnic which accounts for 1.4% of the WAST workforce. This is under representative of the Welsh population of 6.2%. The main issues for the Board's attention include:
 - the low levels of Black, Asian and Minority Ethnic recruitment into WAST
 - Black, Asian and Minority staff are less likely to be shortlisted for vacancies
 - there is a decreased likelihood of ethnic minority staff being appointed after shortlisting
 - Black, Asian and Minority Ethnic staff are five times more likely to be put through disciplinary processes than white staff.

The action plan was reviewed (much of which was already in train under the Strategic Equality Objectives work), and members were of the view that more attention is required on this and the equality, diversity and inclusion (EDI) work by this Committee and the Board. The Chief Executive and the Director of People and Culture will meet with Prof. Emmanuel, the Lead for WRES NHS Wales and Social Care, to discuss the report and the actions proposed.

3. The **Strategic Equality Plan Annual Report 2023/24** was endorsed and is attached at Appendix 1 for approval by the Board. Of note there remains work to do to realise the Trust's ambition of



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becoming a truly inclusive organisation; notwithstanding this and the WRES report, there is positive traction particularly around networks being established for Black, Asian and Minority Ethnic colleagues. It was acknowledged that the accessibility standards need to be considered more fully in the presentation of future reports.

4. The **Workforce Equality Monitoring Report 2023/24** was endorsed and is attached at Appendix 2 for approval by the Board. Of note, challenges remain in key areas including incomplete monitoring data on ESR, limited participation in the NHS Staff Survey and time to engage in EDI initiatives due to operational pressures.
5. The **Gender Pay Gap Report 2023/24** was endorsed and is attached at Appendix 3 for approval by the Board. Of note, the gap remains consistent at 5.6% with fewer women in pay bands 8a and above. Flexible working often is disproportionate towards women in the workplace.
6. The **Welsh Language Annual Report 2023/24** was endorsed and is attached at Appendix 4 for approval by the Board. The report was presented bilingually, and the breadth and depth of the report was appreciated by members. The introduction of a standards baseline is a new feature for 2024/25 to more objectively report on and increase standards compliance.

ADVISE

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

7. **Kayleigh Wheeler, Operations Manager Ambulance Care**, shared her journey to her current leadership role at WAST. She has a wide and varied background, with her leadership journey beginning at McDonald's, where she was recognized for her contributions and leadership skills. She carried these skills into her roles at WAST, focusing on coaching and supporting her team. Kayleigh has faced challenges at WAST, including homophobia, misogyny, and bullying, which impacted her and her partner's experiences within the service. Despite these challenges, she found support from colleagues, leading to her involvement in the WAST Voices network. Kayleigh is focused on amplifying quieter voices within the organization and addressing issues like bullying and harassment. The network plans to engage in various campaigns and sessions to support staff. Kayleigh's presentation was a powerful testament to her resilience, leadership, and commitment to positive change at WAST. Elements of frustration and some barriers continue; however, Kayleigh felt the organisation is moving in the right direction with accessibility to, and transparency of, senior leaders improving.
8. The **Health and Safety Annual Report 2023/24** was approved and is attached at Appendix 5 for information for the Board. Members noted the maturing culture of health and safety at WAST and the focused attention the team has had on this throughout the year.
9. The **2024 NHS Staff Survey** will be released shortly. It was noted that concerns had been raised with HEIW who oversee the survey regarding that lack of sufficient time to make meaningful progress on actions since the 2023 results were published. However the importance of increasing engagement was emphasised, and a communications plan is ready to launch, aiming to



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increase participation rates and demonstrating actions that have taken place in response to the previous survey's feedback.

10. The **partnerships and engagement** report received and welcomed, focusing on regional partnership Boards and the Wellbeing of Future Generations Act, aiming to develop well-being objectives. The report signifies a move towards more strategic engagement and partnership working, aligning with broader organizational and national priorities.
11. The Committee commended Angie Lewis, Director of People and Culture on being named as one of the top **30 most influential HR Practitioners in the UK**. This recognition highlights the outstanding work we are doing at WAST and shines a light on our commitment to excellence and focus on our people.
12. There is a significant amount of **learning and development** taking place at all levels in the Trust. This ranges from essential digital literacy skills and critical thinking courses to our driver education and in house ILM coaching and mentoring qualifications. The introduction of the 'WAST Way' to enable a culture of compassionate, inclusive and collaborative leadership includes leadership behaviours which are drafted and engagement on these is underway.
13. The **Q1 Operational Update** highlighted the positive impact on meal breaks, sickness and overruns of the pods at Morriston Hospital. There is optimistic on recovery for reaching establishment on call handlers for 111 and teams were commended for the significant amount of piloting and trials that are ongoing to support progress on the evolving clinical model.
14. **Carl Kneeshaw will join WAST as the Director of People** from 1 November and will start engaging in several key events during October ahead of that date. Angie Lewis will continue in the role of Director of People and Culture until Carl arrives and will then move to .6 FTE as the Director of Culture thereafter.
15. **Reflections** on the meeting were that, despite technical issues with the hybrid meeting and its length, it was well chaired. Whilst there were a lot of positives, with highlights being the staff story and the progress shown in the Health and Safety Annual Report.

ASSURE

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

Quality and Performance

16. The Committee received the People and Culture Plan Metrics (focusing on qualitative data from the NHS Staff Survey), the MIQPR for June/July and the July Workforce Scorecard. Given the fact that the Board does not receive all these metrics, particularly those that are qualitative, the following areas of assurance will be of interest.
17. More than 200 individuals across Wales have completed Active Bystander training since May 2023, and the Trust recently won a HPMA Cymru Award 2024 for its Bystander to Upstander initiative.



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This is an important EDI initiative.

18. Free text comments from the 2023 NHS staff survey were reviewed, and whilst a large number of comments were negative in their tone, it is positive that our people are telling us their points of view and that enables us to act and ensure established programmes are reflecting issues raised.
19. Three monthly check-ins with newly recruited colleagues were positive with 90% recommending WAST as a place to work. This reduced to 80% of a smaller cohort who responded after 12 months. More work is to be done here with respect to the 12 months celebration for a larger cohort, but the Committee was assured that those check-ins are in place for new starters.
20. The cultural themes and trends paper reviewed the managing attendance at work programme and the key themes for sickness and absence reasons. Whilst the target of 6% has not been achieved, there is a general decrease in the number of employees starting long term sickness from January to May 2024. August is also showing a downward trend which is positive given that in the past this period has often seen a peak. Good use is being made of Health Assured by employees on sickness absence and there has been a reduction in physiotherapy referrals in the period. Training continues to be rolled out across WAST on best practices for managing attendance.
21. There is positive movement in the recruitment activity for 42 EMTs in central Powys and the Hywel Dda area. Pressure on the training school for these new recruits and EMTs transitioning to the higher banding will continue to be monitored and managed.

Cultural Themes and Trends

22. The Committee reviewed the data relating to employee relations cases, sickness and training and the impact that was having on the culture at WAST. The focus on creating an environment where wellbeing and compassion are at the heart of the experience of our people, and where their voices are heard was evident.
23. There has been an increase in employee relations cases, and the Board is reminded that this was predicted in line with our focus on ensuring colleagues feel safe to speak up. The data indicates that there is not a corresponding increase in sickness absence despite this rise which is a promising sign, suggesting issues are being addressed without adversely affecting overall employee health.
24. Inappropriate behaviour persists as the predominant reasons for disciplinary measures. Closure of respect and resolution cases has reduced significantly since the same time last year. However, 228 individuals have been trained in compassionate practices, and 70 have attended investigating officer training. Three full time investigating officers have now started in post. Training has also focused on the People Services Team to support their development.
25. **The Internal Audit on Disciplinary Case Management** relates to the above, and this received reasonable assurance. The purpose of the audit was to assess the adequacy of the arrangements in place for the management of the disciplinary process, and to focus on the demonstration of compassionate leadership principles, in addition to compliance with the Trust's defined disciplinary processes.



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26. The **Volunteers Governance Internal Audit** was presented and received reasonable assurance. The purpose of the audit was to review the adequacy and effectiveness of the Trust's governance and operational management of volunteer activities.
27. The **WASPT highlight report** was received following their meeting on 2 May 2024 and a verbal update from the July meeting, with no issues to escalate to the Board. Trade Union Partners at the People and Culture Committee noted the excellent partnership working at WAST and recognised that the structures are embedding well to enable WASPT to be a more strategic forum. The issue of diesel fumes remains an important topic at these meetings. Workshops post WASPT meetings are now a regular feature with July looking at the outcome of workshops on the evolving clinical model.
28. The Trust's final uptake of staff vaccinated for the **Seasonal Influenza Campaign 2023/24** was 36.5%, which is a decrease of 8% from last year's campaign. Lessons learnt from this campaign have informed an extensive list of areas that require continued development for future flu campaigns.
29. In private session the Committee reviewed progress against seven **suspensions over four months** which is an increase from four reported in the last quarter. Five cases were lodged with the **Employment Tribunal** (an increase of one from the previous quarter) and by the end of the quarter this is expected to reduce to three. Members were assured on actions in place to manage these cases.
30. The **Audit Tracker** was reviewed, and the Committee noted the update with a reduced number of actions closed in quarter, but with plans to do so in Q3.
31. The **Professional Regulation Policy** was approved by Committee, and the **NHS Wales Respect and Resolution Policy** formally adopted. It was acknowledged that the HR Starting Policy has been reclassified as a Standard Operating Procedure.
32. Members received the Cyle of Business **Monitoring Report, and the Committee priorities update** with no issues to escalate.

RISKS

Risks Discussed: The four risks within the remit of this Committee were reviewed as below:

160 – High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service; whilst it remains at a rating of 20 (5x4) an improvement is beginning to show in specific areas of the business and there are early indications of a positive downward trajectory across the organisation against a backdrop of increasing concerns and disciplinary cases. Committee acknowledged that elements of the risk had been discussed throughout the agenda linked closely to the People & Culture Plan performance metrics and cultural themes and trends. Two areas of focus were discussed in that EMS are setting a benchmark for the rest of operations; however, Ambulance Care has an off trend increase in sick absence.

201 – Damage to the Trust's reputation following a loss of stakeholder confidence which remains at a



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score of 20 (4x5). The risk is inextricably linked to several of the metrics measured and discussed at PCC.

163 – Maintaining effective and strong Trade Union partnerships remains at a score of 16 (4x4). The risk was presented in detail to the Welsh Ambulance Services Partnership Forum for the first time in May 2024.

558 - Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences) remains unchanged at a score of 15 (3x5).

New Risks Identified: No new risks identified at this meeting for the register

COMMITTEE AGENDA FOR MEETING

Director of People and Culture Update	Operations Quarterly Report Q1	Staff Story
People and Culture Plan Metrics	Workforce scorecard	MIQPR
Cultural themes and trends report	Annual health and safety report	WASPT highlight report
Strategic Workforce Plan	Partnerships and engagement report	End of season flu report 2023/24
SEP Annual report 2023/24	Annual workforce equality monitoring report 2023/24	Annual gender pay gap report 2023/24
Welsh language annual report 2023/24	Risk management and BAF	Audit tracker Disciplinary Case Management Internal Audit Volunteers Governance Internal Audit
Policies for approval: Professional Regulation Policy and NHS Wales Respect and Resolution Policy	Committee cycle of business, monitoring report and priorities	Staff story diagram

COMMITTEE ATTENDANCE

Name	9 MAY 2024	8 AUGUST 2023	16 NOVEMBER 2023	20 FEBRUARY 2024
Ceri Jackson				
Bethan Evans				
Joga Singh				
Hannah Rowan				
Angela Lewis				
Chris Turley		Until item 13		
Lee Brooks	Sonia Thompson			
Liam Williams	Jonathan Turnbull-Ross			
Estelle Hitchon				
Andy Swinburn				
Rachel Marsh	Alex Crawford	Alex Crawford		
Trish Mills	Julie Boalch			
Damon Turner				
Mark Marsden				
Christian Fox	Hugh Parry			
Tim Cahalane				

	Attended
	Deputy attended
	Apologies received
	No longer member

AGENDA ITEM No	18.4.1
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	

**Strategic Equality Annual Report
Gender Pay Gap Report
Workforce Equality Monitoring Report
2023-2024**

MEETING	Board Meeting
DATE	26 September 2024
EXECUTIVE	Angela Lewis, Director of People and Culture Services
AUTHOR	Kat Cobley
CONTACT	Kat.cobley@wales.nhs.uk

EXECUTIVE SUMMARY

This report provides an annual update on the progress made to achieve the Trust's Strategic Equality Plan Objectives during 2023-2024. It also provides data on the Trust's gender pay gap and workforce diversity for 2023-2024.

These reports must be published on the Trust's website by 31st March 2025 in line with the requirements of the Public Sector Equality Duty.

RECOMMENDATION:

To approve the Strategic Equality Annual Report (2023/24), the Gender Pay Gap Annual Report 2023/24, and the Workforce Equality Monitoring Report (2023/24) annual reports prior to publication in line with the requirements of the Public Sector Equality Duty.

KEY ISSUES/IMPLICATIONS

Good progress has been made to achieve the SEP 2020-2024 actions but more work is needed to realise the Trust's ambition of becoming a truly inclusive organisation for all who come into contact with it.

The newly developed SEP Objectives for 2024-2028 are a continuation of the work already undertaken.

Challenges remain around the following key areas:

- Data collation of staff equality monitoring data on ESR
- NHS Staff Survey Participation
- Lack of engagement in EDI initiatives from staff across directorates due to operational and workload pressures
- Workforce diversity in particular the lack of staff who are Black, Asian and Minority Ethnic, and staff with a disability
- Gender pay gap remains consistent due to lack of women in pay bands 8a and above

REPORT APPROVAL ROUTE

People & Culture Committee - Board

REPORT APPENDICES

Appendix 1: SEP Annual Report 2023-2024

Appendix 2: Gender Pay Gap Report 2023-2024

Appendix 3: Workforce Equality Monitoring Report 2023-2024

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

SITUATION / BACKGROUND

In line with the requirements of the Public Sector Equality Duty, the Trust must publish an annual report which outlines the steps it has taken to achieve the SEP objectives throughout the year. It is also required to publish its gender pay gap and workforce equality monitoring data at the end of each financial year.

In line with advice from Welsh Government, it has been agreed that NHS Wales organisations can include a progress update on the Anti-Racist Wales Action Plan and the LGBTQ+ Action Plan within the SEP annual report.

The information in this report covers the period between 1st April 2023 – 31st March 2024. This also coincides with the expiry of the Trust's 4yr SEP 2020-2024. Whereas progress has been steady over the past four years, there is still much more work to be done to realise our ambition to be a truly inclusive organisation for our service users, staff and stakeholders. This was evident in the feedback received during the SEP consultation and engagement period and has been reflected in our new SEP Objectives for 2024-2028 which aim to build upon the progress already made.

ASSESSMENT

Key achievements in 2023-2024

Good progress has been made across all 4 of the SEP Objectives. Notable achievements in the past year include:

- Improving our services for people with Learning Disabilities.
- Further development of our reminiscence therapy interactive activities for dementia patients.
- Engagement with children and young people in our Shoctober campaign.
- Development of a welcome pack for people whose first language is not English or Welsh.
- Collaborative working with AACE LGBT+ Network to arrange a 2-day national conference and produce a series of trans awareness resources.
- Supportive initiatives for women in the workplace including, open days for women, increased menopause awareness, women in technology sessions and the relaunch of our women's health network.
- Improved psychological safety and channels for staff to raise concerns.
- Coproduction of sexual safety guiding principles and awareness training to help prevent sexual harassment in the workplace.
- Establishment of our 'Nothing Without Us' staff disability network.
- Investment in compassionate practices training.
- Development and delivery of allyship and active bystander training.

Challenges

As we continue to raise awareness of equality, diversity and inclusion matters and encourage best practice, there has been a growing demand for support from the Inclusion, Culture and Wellbeing Team in relation to requests for training, advice on completing EQIAs and project support. The Trust has limited resources within the EDI Team which can make it difficult to progress the SEP Objectives in full. There is also a lack of capacity within teams across the organisation to implement EDI initiatives. Conversations with managers across the Trust suggest that this is due to increased workloads and operational pressures. Data from the NHS Staff Survey would also support this.

Poor investment into EDI can lead to the following:

- Continued incidents of work-based discrimination.
- Reputational damage and negative organisational culture.
- Staff absence due to stress-related sickness.
- Increase in internal investigations, employment tribunals and financial compensation.

Our gender pay gap remains around 5.6% with little fluctuation over the past seven years. With an almost even split between male and female employees, our gender pay gap is the result of fewer women in pay bands 8a and above. Despite the actions taken to support more women into senior roles, we still have more men in these roles.

We do not have a full picture of workforce diversity as the data held on ESR is incomplete. It is voluntary for staff to provide this data and some staff may have chosen not to provide this data. The data we have indicates a small rise the number of staff who identify as LGB+ (5.6%) and staff with a disability (6.75%). Our LGBTQ+ staff are over representative of the Welsh population which is 3.0% (Census data 2021). However, our staff with a disability are under representative of the Welsh population which is 21.1% (Census data 2021). Feedback from staff tells us that some staff may be reluctant to disclose a disability as they feel it might prevent them from being appointed and from career progression.

Our first WRES Report has been presented separately to ELT and to the People and Culture Committee. An action plan will be developed which will take into account the recommended actions.

Mitigating Actions

The SEP Objectives for 2024-2028 have been developed following a consultation and engagement with a wide variety of community groups, individuals, staff networks, stakeholders and Trade Union representatives. They are a continuation of the previous objectives with the following aims for the Trust:

- Design Equitable Services
- Be an Employer of Choice
- Lead by Example
- Create Allyship

A detailed action plan for 2024-2025 has been developed to sit under the SEP. This includes actions for directorates across the Trust which will be monitored by the EDI Steering Group. Some of the key actions for 2024-2025 include:

- Improve our integrated care systems capabilities to record patient ethnicity, gender and learning disability status and to educate staff about why this is important.
- Support the development of an EQIA for the transformation delivery programme to ensure that the individual needs of our service users and staff are met and to mitigate against any potential adverse impacts.
- Support the national review of sensory loss standards which will extend to people with learning disabilities and people who speak other community languages.
- Improve data collation and EDI metrics to help quantify progress and identify areas for improvement. Increase ESR personal information data and introduce a Cultural Assessment Tool for managers to assess culture within their teams.
- Establish a Black, Asian and Minority Ethnic Staff Network and increase engagement with our local communities to identify ways of improving patient experience and outcomes and to help make the Trust a more attractive employer to from Black, Asian, and Minority Ethnic people.
- Learn more about the reasons why women are not being appointed to senior roles and to offer further support.
- Increase training and awareness of sexual safety and sexual harassment in the workplace via our WAST Voices network campaigns. To develop training and prepare the Trust for the introduction of the Worker Protection Act.
- Increase support for staff with a protected characteristic and those who are vulnerable who have raised concerns to ensure that they are appropriately supported throughout our people services processes.
- Increase staff engagement and participation in national surveys to understand the needs of our staff better and to identify actions for improved employee experience.
- Review internal governance of the SEP objectives to ensure that they are embedded across the organisation and assurance is provided to the Board of the achievements, risks and challenges in a timely manner.

RECOMMENDATION:

To approve the Strategic Equality Annual Report (2023/24), the Gender Pay Gap Annual Report 2023/24, and the Workforce Equality Monitoring Report

(2023/24) annual reports prior to publication in line with the requirements of the Public Sector Equality Duty.



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STRATEGIC EQUALITY PLAN ANNUAL REPORT

2023/2024



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



Foreword



Strategic Equality Objectives



2023-2024 Achievements



Gender Pay Gap



Workforce Diversity



Workforce Race Equality Standard



Looking Ahead

Foreword

Welcome to Welsh Ambulance Services University NHS Trust annual report on our Strategic Equality Plan for 2023-2024.

On 31st March 2024, our Strategic Equality Plan for 2020-2024 and our set of objectives were replaced by a new four-year plan and a new set of objectives. Further details on the consultation and engagement processes to help us develop our new plan can be found in this report.

Before looking ahead to the next phase of our plans to improve equality, diversity and inclusion, we have taken the time to reflect upon the progress made over the past four years. During this period, we have faced our most challenging times as a healthcare provider following the impact of the COVID-19 Pandemic, Brexit and the costs of living crisis. Health inequalities have worsened as a result with our most vulnerable people experiencing increasing challenges in their everyday lives.

As a result, we have worked with Welsh Government to shape a series of action plans designed to improve the experiences of people with a protected characteristic to help meet their specific needs. We continue to work with charities and third sector organisations whose specialist research into the experiences of specific community groups has helped to influence and inform our plans and service delivery.

This report outlines the steps taken to address the inequity experienced by our staff and service users and the progress made to increase diversity within our workforce to help us be more inclusive of all who come into contact with the Trust.

Our Strategic Objectives

The Trust's Strategic Equality Plan *Treating People Fairly* 2020–2024 contains a high-level action plan for our key objectives which we have continued to implement over the past four years. Our Strategic Equality Plan can be found on our Trust's website or by clicking [here](#).

The four objectives over the past 4 years were:

OBJECTIVE 1

Continue to celebrate and promote the diversity of all our people, to ensure they feel safe, valued and respected at work.

OBJECTIVE 2

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

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

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.

2023–2024 Achievements

The following pages outline the steps we have taken during 2023–2024 to achieve our Strategic Equality Objectives. This builds upon the work already undertaken in previous years. Copies of previous annual reports can be found on our website.

Engaging with our Service Users



We continue to use a range of methods to gather feedback from our service users so that we can learn from their experiences and use this information to make improvements to our services. A new Videobooth functionality on our patient feedback system allows patients to directly record and upload their personal stories onto the system. Other key features of the new patient video stories functionality include the ability to categorise stories; the option to play videos directly within the experience platform; and the ability to download and share videos for use within a health board. The PECT Team represent the Trust on the All Wales Digital Stories Network, where our innovative practice in patient storytelling was acknowledged as exemplar.

The Trust has also developed some specific surveys to help address the most common healthcare issues affecting our most vulnerable service users. This has included:



A new survey for patients who are treated by one of our Falls Assistants or Falls Responders and remain at home after falling.



A new survey for staff and dementia patients to help us better understand the experiences of both parties who are using reminiscence interactive therapy activity tablets available in select vehicles across Hywel Dda.



A new Oncology Volunteer Car Transport Survey to look specifically at the experiences of oncology patients who travel to their hospital appointments using the Volunteer Car Service.



Improving communication with our ethnic minority communities



A Welcome Pack for diverse communities and people whose first language is not English was formally launched in conjunction with the Ethnic Youth Support Team (EYST) in November 2023 at an event held in the Selwyn Samuel Centre, Llanelli. This pack was informed by the engagement with Syrian families being resettled in Wales and other ethnic minority communities across Wales. An online translation tool has been built into the pack to allow users to provide feedback in real time and a new set of pictorial instructions for inclusion is in development and will be rolled out from April 2024.



Collaboration

In October 2023, the Trust collaborated with the Hindu Cultural Association and Cardiff and Vale Regional Partnership Board. This project aimed to identify knowledge and skill gaps in community members attending the India Centre, Splott, Cardiff. A programme of skill and awareness raising sessions based on community need were co-designed, which aimed to create solutions to accessing services and building community resilience.

Black Lives Matter Wales Conference and Exhibition

The Trust continues to work with external organisations to engage with our Black, Asian and Minority Ethnic communities. In March 2024, the Trust had an information stand at Race Council Cymru's Black Lives Matter Wales Conference and Exhibition where staff learned about the lived experiences of individuals, discussed ways of building relationships and improving access to services, and promoted volunteering opportunities and careers within the Trust. As a result of this event, a planned visit to the African Community Group in North Wales has been arranged for later in the year.



Supporting our LGBTQ+ Communities

PRIDE!

Our LGBTQ+ Staff Network continues to lead on attendance at Pride events which allows the Trust not only to show visible support for our LGBTQ+ communities but also allows us a valuable opportunity to engage with our communities and use this information to inform our future plans, such as our new Strategic Equality Plan for 2024-2028.



Feedback from staff and service users told us that they wanted to see more attendance at local Pride events across Wales. The LGBTQ+ Network is working in partnership with our Locality Managers and Community First Responders across Wales to plan a coordinated approach to attending more events across Wales in 2024-2025. This plan was piloted during the summer of 2023 with some of our staff and volunteers attending Llandeilo Pride and Pembrokeshire Pride in addition to Cardiff and Swansea.

Working in partnership with AACE LGBTQ+ Network, we have co-produced educational resources to help staff better understand the challenges faced by transgender people. The resources include:

- Information for call handlers which explains terminology and offers advice on dealing with transgender patients sensitively whilst maintaining confidentiality and dignity.
- Guidance on developing organisational policies and procedures to help embed trans-friendly practices
- Practical steps Ambulance Trusts can take to show visible support for trans communities.

The Trust recognises that our trans communities are increasing both within the communities we serve and within our own workforce. In November 2023, Our WAST Voices Network welcomed a transgender paramedic from another Ambulance Trust who shared their personal story with our staff to help increase knowledge and understanding of supporting colleagues who are transitioning whilst at work.

National Ambulance
LGBT Network



Understanding Trans
Service Users





As part of our long-term plans to deliver primary education and engage with children and young people, October saw our Patient Experience and Community Involvement Team visit schools as part of their 'Shocktober' campaign.

The aim was to promote CPR and the use of community defibrillators, as well as promoting key messages on the healthcare services we provide. Pupils who took part were encouraged to become future lifesavers in the community.

This year's primary education programme was the most successful to date with more schools than ever expressing an interest to take part. A total of 68 schools attended across Wales, including 11 Welsh medium schools with 4 sessions being delivered in Welsh. This year, 83 volunteers also attended the sessions, which is our highest number to date.

For future events, we will include new health scenarios to enable pupils to consider when 999 is appropriate and record an emergency 999 simulation call with a younger caller not knowing their home address.

Blue Light Gaming App



The Children's Commissioner 'The Right Way', a children's rights approach '7 Important checks' is the latest feature developed and added to our WAST 'Blue Light Hub' gaming app. The bilingual gaming app, aimed at 7–12-year-olds is designed to assist children and young people in understanding what happens when they call 999 and how we prioritise patients. It also aims to familiarise players with the equipment emergency crews use and why they use it alleviating any fears young patients may have and promoting a positive experience. The app is available on all staff iPads. Under strict supervision and parental consent, staff have the option to use the app for play and distraction technique purposes. The app is also free to download at Google Play and Apple App Store.



Improving our Dementia Care

After receiving an award for the most innovative use of Reminiscence Therapy Interactive Activities (RITA) at the RITA User Group Conference and Awards in 2022, the Trust's Dementia Team attended the 36th Global Conference of Alzheimer's Disease International to share good practice on a global scale.



The event, which took place in Krakow, brought together experts from across the world to share information on achievements, innovations and best practice in dementia research, care and policy, whilst continuing to address and challenge the perceptions around dementia. As the only ambulance service to physically attend, we were invited to share the Trust's work on creating dementia-friendly environments and the use of reminiscence therapy to support people living with dementia when using our services. This has included the introduction of dementia-friendly flooring, blinds and colour schemes to our non-emergency fleet, and the continued use of interactive touch screen tablets that blends entertainment with therapy. This assists patients in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, listening to war-time speeches, playing games and karaoke, watching old films, TV shows, sporting events, and viewing old photographs.

The work of the team has enabled the Trust to be recognised as a Dementia Friendly Organisation by the Alzheimer's Society and in 2023 we were awarded a Dementia Hero Award for Professional Excellence.



Improving our service delivery to people with learning disabilities



Our Patient Experience and Community Involvement (PECI) Team have continued to build relationships with people who have a learning disability to learn more about how we can improve access to services and communicate better with people. Using the feedback received, we have invested in training to develop easy read versions of our communications and have invested in digital technology to help make our website communications more accessible.

In September 2023, our PEGI Team presented to the Learning Disability Ministerial Advisory Group. As a result, proposals have been developed to introduce a flagging mechanism on our systems to identify individuals with a learning disability, those who have autism or are neurodiverse, so that clinicians can learn more about individuals' needs. This will help us to manage frequent callers, identify intersectionality between learning disability and ethnicity, and provide further engagement and networking opportunities.

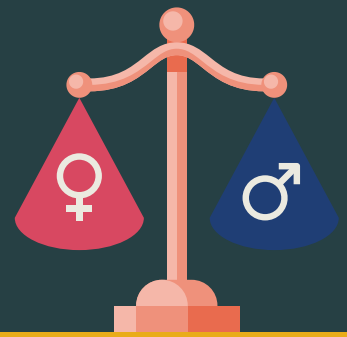
A change request to make improvements to our electronic patient record system was submitted and a prototype solution is in development. The change was funded by Improvement Cymru Learning Disability Team, who are also collaborating to explore funding opportunities to make improvements on our telephony systems.



Educating our staff about sight loss

To try and help reduce the number of falls-related incidents, our Mental Health and Dementia team have worked in partnership with the Royal National Institute of Blind People to develop a series of mini learning videos on sight loss conditions. The videos, which have been added to the Trust's YouTube Channel and our learning launchpad, cover topics including common eye conditions, sight loss and dementia, uncorrected refractive error, glaucoma, falls environments, diabetic retinopathy, Charles Bonnet Syndrome, cataracts, and age-related macular degeneration.

Gender Pay Gap



There has been little fluctuation within our gender pay gap over the past 7 years. Our gender pay gap for 2023–2024 is 5.6%. A full breakdown of our gender pay gap data can be found in appendix A. Whereas our gender pay gap remains relatively small in comparison to many other UK Health Boards and Trusts, we acknowledge that any gender pay gap is unacceptable and we need to continue to work to close the pay gap. Therefore, we will continue to:

Engage with our staff to understand the reasons behind our gender pay gap.

Educate staff to help them understand our gender pay gap in order to influence future recruitment activity.

Encourage our female staff to explore available career progression opportunities.



What have we done over the past year to improve our gender pay gap?

Women's Open Day at HART

In June 2023, the Trust held its first open day specifically for women within our specialist operational Hazardous Area Response Team (HART). The purpose of this day was to encourage more women to apply to join the HART Unit to bridge the gap between the disproportionate low number of women who currently work within the unit. During the day, women had the opportunity to undertake some of the practical elements of the role, including safe working at heights, confined space training and the physical competency test. This was to alleviate some of the concerns that potential female applicants may have when considering applying for a highly specialised role within HART. Our existing female operatives within HART were on hand to share their own experiences of joining the team and provided a safe space for the attendees to ask questions and learn more about the role.



REDUCING MISOGYNY AND IMPROVING SEXUAL SAFETY IN THE
AMBULANCE SERVICE

WAST has supported one of our Organisational Development Managers to take up a secondment position within a specialist sexual safety role within the Association of Ambulance Chief Executives. A set of sexual safety guiding principles were developed in 2023-2024 which were launched at the UK Ambulance Leadership Forum in November 2023. An engagement exercise with our staff has demonstrated the need to increase support for our female employees who experience misogyny and sexual harassment in the workplace. Learning from cultural reviews which have taken place in Ambulance Trusts in NHS England and within other emergency services, we have been proactive in tackling this issue within the Trust. Working with national media outlets, our Chief Executive has made a public commitment to eradicate sexual harassment within the workplace. Sharing anonymised experiences of our female staff has helped to highlight the need for action. We have developed and delivered a number of sexual safety awareness sessions to key groups of staff throughout the year which we will continue into next year. Work is ongoing to develop and implement a series of more detailed sessions on multiple topics relating to sexual safety. This work has also been supported by our WAST Voices Network and our Freedom to Speak Up initiative. Further information on these can be found in the Workforce section of this report.



International Women's Day 2024

We held a series of events to recognise the achievements of our female staff and to encourage more women into leadership and management positions and into roles where we have a fewer female staff than men.

Some of our female Board Members and Assistant Directors held an online discussion panel and shared their own personal stories and journeys into leadership positions. Staff shared advice on coping strategies and multi-tasking skills to balance career progression with home life commitments whilst acknowledging the barriers and challenges that women face in the workplace.

Our WAST Voices Network hosted a 'Women in Tech' session which was led by our Assistant Director of Digital Services, Dr Leanne Smith.

This session was well attended and provided an insight into the opportunities for women within digital services, a service area which is predominantly male dominated in many sectors.

To make our celebrations inclusive of our male staff, we took the opportunity to increase understanding of gender discrimination by hosting a dedicated session on how to be a better ally to women in the workplace. A guest panel included some of our male Board Members and our Head of Workplace Wellbeing, Dr Adam Cann, who spoke candidly about their own knowledge gaps in relation to gender equality and explored possible actions to better support their female colleagues.

Our Women's Health Network was relaunched as part of our International Women's Day celebrations in March 2024. Early conversations have been held with members on developing a set of objectives for the network and planning a series of future events to support women in the workplace which will focus on topics requested by network members.



Menopause Matters!



Working in partnership with Betsi Cadwaladr University Health Board, staff were invited to attend a series of virtual menopause sessions. These sessions, provided by The Menopause Company, focused upon menopause awareness and how to become a menopause champion. Staff were also invited to attend a screening of a the '*Rainbow Menopause*' a short film produced with the Menopause Inclusion Collective. The film looks at menopause for LGBTQ+ people, identifying the need for more inclusive conversations and support. Featuring interviews with clinicians and people who have experienced the menopause it is hoped that sharing lived experiences and individual stories will help more people to understand that menopause conversations need to be inclusive of everyone.

Our People Services Team has delivered a series of workshops to managers to promote better implementation of the flexible working policy, reasonable adjustments and managing sickness absence. The aim is to help managers to move away from traditional ways of line management and offer more flexibility to meet the individual needs of our staff, improve health and wellbeing and increase recruitment and retention of staff within the workplace.

Our Carers Network has also been promoting and preparing to implement the requirements of the new Carers Leave Bill which provides unpaid carers with an entitlement of up to one week's unpaid carers leave.

Policy Development



In 2024–2025, the following actions have been identified to help us address our gender pay gap within the Trust:

*What more
can we do?*

Engage with our female staff to better understand the possible reasons behind gender pay gap.

Deliver our 'Women in Tech' session at this year's Mastering Diversity Conference Wales, a premier event organised by leading EDI expert, Bernie Davies, which attracts leading professionals across Wales and the UK. Dr Leanne Smith, alongside staff from within the Trust will be leading the digital sector zone in the event which will aim to encourage more women to consider careers within digital services within WAST and the wider public sector.

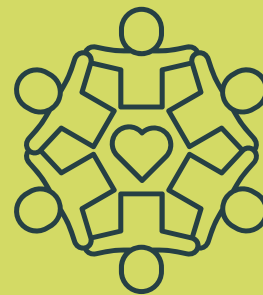
Increase capacity for our Speak Up Safely Initiative with the recruitment of a full-time Guardian. This new role will support our programme of work to improve culture around sexual safety awareness and provide support to those who experience sexual harassment.

Hold dedicated workshops for operational female staff to learn about progressing into a managerial role. Workshops will explore theories around 'imposter syndrome', promote policies and procedures that can support flexible working, and encourage participation in our available leadership and management skills programmes.

As part of the re-launch of our Women's Health Network, we plan to hold a series of sessions which will support women's health and wellbeing within the workplace. Sessions will begin in July 2024 with a focus on endometriosis and menopause.

Continue to support the Lead for Sexual Safety in delivering a series of sexual safety awareness training to staff across the UK Ambulance Service. The Lead will also liaise with Cardiff University and facilitate participation in a research project which aims to analyse the sexual harassment experiences of frontline healthcare staff.

Workforce Diversity



Our workforce equality monitoring data shows some improvement in the diversity of our workforce with a small increase in the number of staff who have a disability and those who identify as LGBT+.



6.75%



5.6%



For the first time since reporting began, we have more female members of staff than male members of staff. However, we were disappointed to see a small decrease in our Black, Asian and Minority Ethnic workforce which remains a challenge for the Trust.



50:50



1.4%

We recognise that despite some small gains in workforce diversity, there is much we need to do to improve so that it is more reflective of the population we serve. In 2023-2024, we have continued to implement a number of actions to help us grow workforce diversity and to support staff from minoritised groups who may face additional challenges in both the workplace and in their personal lives.

Further details of our workforce diversity can be found in our Workforce Annual Equality Monitoring Report 2023-2024 which can be found in Appendix B

What have we done over the past year to improve our workforce diversity?



Our **WAST Voices Network** continues to promote inclusive working environments and raise awareness of the issues faced by vulnerable people and those with a protected characteristic. This network acts as an umbrella network to our other staff networks. It continues to liaise with our Network Chairs to host information sessions on a range of current issues which need addressing. Throughout the year, guest speakers were invited into the Trust and delivered sessions to offer support to staff and raise awareness of the following topics:

LGBTQ+
Student Voices

Trans
Awareness

NHS Muslin
Women's Network

Women within the
Armed Forces

Women in
Technology

Extreme Misogyny and
the Incel Movement

Misandry and Masculinity
with Lads Army

Male
Allyship



Rhwydwaith
LGBTQ+
Network

As our LGBTQ+ staff and communities continue to face challenges and discrimination, the Trust has accelerated its efforts to put support mechanisms in place to improve the experience of our LGBTQ+ staff and service users.

Our Network Chair continues to work closely with the Association of Ambulance Chief Executive's National LGBT Network. This has included a 2-day conference in Manchester University where network members and staff from across UK Ambulance Trusts met to participate in themed workshops and attended seminars to improve their own knowledge and learn new skills in tackling inequalities for LGBTQ+ communities. Networking opportunities at the event also provided Trusts with useful contacts to help deliver further awareness training within their own individual organisations.

Nothing Without Us

PurpleSpace

After commissioning support from the **Purple Space** organisation, we have established a growing network for staff with a disability. This network is currently open to all staff with a disability and their allies. As the network develops, members will decide if they wish to create separate sub-groups for physical disabilities and neurodiversity.



The network has currently set itself a set of objectives for the year and has already made links with other networks across Wales.

Members have sought support from our established **Carers Network** and are working on an initiative to introduce a Health and Wellbeing Passport for staff and have already developed a draft version which is currently out for consultation. This will be linked to our **Carer's Passport** initiative and will offer staff and their line managers the opportunity to meet individual needs more efficiently and implement appropriate reasonable adjustments.



Our **Carers Network** continues to grow in numbers and strength. In addition to celebrating Carers Week and Carers Rights day we have developed a Carers SharePoint page and launched a Working Carers Passport. Training sessions continue to be delivered to line managers by our appointed Carers Wales Workplace Champion. In June 2023, a Carers Peer Support Network was launched to offer a supportive space for working carers and colleagues.

This launch included procuring access to the Carers Wales 'Jointly App' which helps staff to manage their caring responsibilities alongside work and social life. This app was created by carers for use as a communication and support tool. We will continue to fund access to the app for our staff and to date, 23 members of staff have benefited from using the app.



Compassionate Practices

The Trust has worked in partnership with NWSSP to develop a series of training modules based upon compassionate practices in relation to employee relations. These sessions were designed for staff with line management responsibilities and those who play a role in developing our people services and workforce strategies.



The aim of the session was to explore the impact of our current workforce procedures upon employee relations and how a more compassionate approach tailored to each individual member of staff can improve employee experience, line management procedures and have a positive impact upon productivity, workforce retention and improve long-term sickness and absence.

Allyship & Active Bystander Training



*Practicing Allyship
Ymarfer cynghreiriaid*

We have developed bespoke training to help staff identify people who may be the victims of discrimination or experience inequity. This training teaches staff how to

become an **ally** to those who need them and provides them with the skills to eliminate discrimination by becoming an **active bystander**. Staff learn about **five** techniques that can help others who find themselves in vulnerable positions.

200

colleagues completed the training in 2023 - 2024



Learned a great deal or a lot



Would use what they have learned every day or often



Positive rating of 4.75 out of 5



Speaking Up Safely



Following a series of engagement exercises with staff, we have increased our channels for staff to raise concerns and have open conversations about their personal experiences.

In addition to the traditional channels of available support from line managers and our People Services Team, we launched our Work in Confidence Platform and our Speaking Up Safely Programme in 2023. Both channels offer confidential advice and support from trained 'Guardians' to help find appropriate resolutions to concerns raised.



After initially training three existing members of our Culture, Inclusion and Wellbeing Team to act as official Guardians within the Trust, the growing demand for this service has led to the Trust seeking to appoint a full-time Guardian to increase our capacity to offer advice and support to staff.

The conversations held with Guardians has allowed us to identify trends in the concerns raised, specifically around issues relating to specific protected characteristics. Strong links between the Guardians and People Services has helped to identify key themes between the issues raised with the Guardians and those within staff disciplinary cases. As a result, specific information sessions have been delivered on reasonable adjustments in the workplace, support has been provided to individual staff members and line managers, and our WAST Voices Network have used these themes in their awareness raising campaigns, with a particular focus on addressing inappropriate behaviour, misogyny and sexual safety.



In 2024-2025, the following actions have been identified to help us improve workforce diversity:



Strengthen our support for our working unpaid carers by developing a Carers Policy and become a certified Carer Confident Employer to increase support to prospective employees.

Liaise with the national Sexual Safety Lead to deliver a series of learning sessions which focus on developing a deeper understanding of sexual safety, sexual harassment, new legislative requirements, institutional misogyny and societal influences. The sessions will signpost to further guidance on how to manage and prevent inappropriate behaviour in the workplace.

Support Board Members to develop and achieve personal objectives around diversity and inclusion beginning with an assessment of their current levels of understanding. Board Members will be invited to attend events throughout the year to improve their leadership skills and to reinforce the Trusts commitment as an inclusive organisation.

Implement a robust annual action plan to help achieve the Strategic Equality Objectives, ensuring that equality, diversity and inclusion is embedded across all directorates and is linked to local directorate plans. Review of the governance procedures around the Strategic Equality Plan and restructure the Equality, Diversity and Inclusion Steering Group with the establishment of sub-groups to implement directorate level actions.

Pilot a new Team Culture Toolkit for managers which aims to help managers identify aspects of team culture that may need to change. It includes a cultural assessment tool which allows teams to measure qualitative and quantitative cultural measures and prompt more in-depth conversations.

Invest in specialist roles which focus on improving employee relations and employee experience. This will include a Guardian and full time Investigation Team to improve timelines in line with compassionate practices goals.

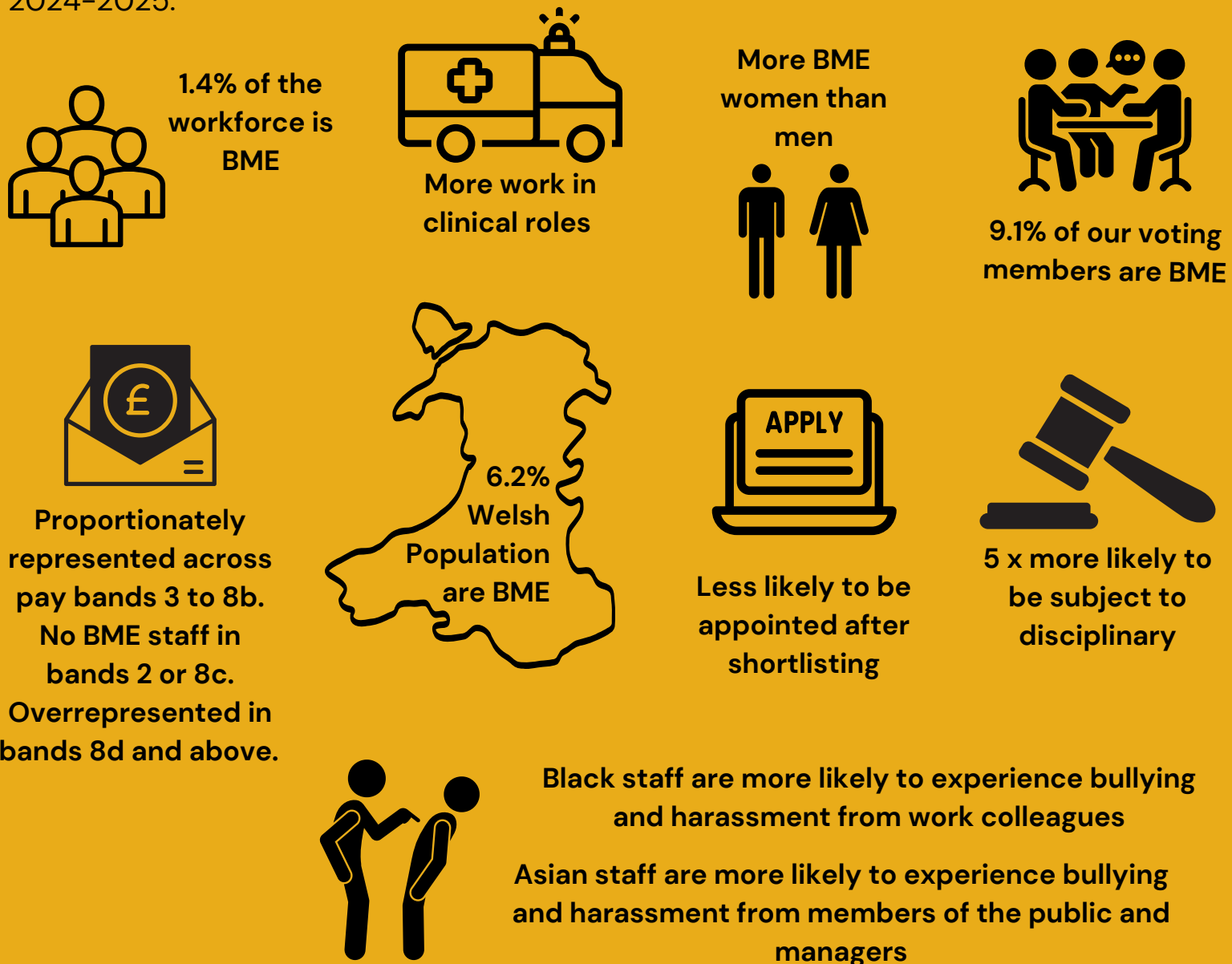
Increase our engagement with staff and our local communities to better understand the gaps in our workforce diversity. This work will also include actions to increase staff participation in the national staff survey.

Workforce Race Equality Standard

WRES

In 2023-2024, the Trust prepared to produce its first ever Workforce Race Equality Standard (WRES) Report in line with the requirements of Welsh Government's Anti-Racist Wales Action Plan. Our colleagues at Health Education and Improvement Wales were tasked with collating information from the national electronic staff record (ESR) system, the NHS national staff survey results, and from employee relations colleagues across NHS Wales organisations. This information will form a collective WRES Report on behalf of NHS Wales.

In March 2024, early data collation relating specifically to the Trust provided a baseline of information that can be used to identify areas for improvement to take forward into 2024-2025.



Throughout this report, we use the term 'Black, Asian and minority ethnic'. For the purpose of brevity and visualisation, this is abbreviated to 'BME' in figures and tables



What can we do to improve?

In 2023–2024, the Trust has worked alongside other NHS Wales organisations to progress the actions outlined in Welsh Government’s Anti-Racist Wales Action Plan. The Trust has liaised with Diverse Cymru who were asked to undertake a review of NHS Workforce Policies through an anti-racist lens. Feedback has also been provided on the audit report recommendations, which have been agreed in principle, to help identify barriers to implementing the proposed actions. Alongside this work, the Trust has worked closely with Professor Anton Emmanuel and the NHS Equality Leadership Group to collate the data for the WRES Report and has attended workshops to discuss potential actions for improvement. We have included some actions within our annual plans to improve our workforce experience and address workforce diversity whilst we await further guidance from Welsh Government on the next steps in the implementation of the Anti-Racist Wales Action Plan.



Anti-racist Wales Action Plan



BELONGING
INCLUSION
DIVERSITY
EQUITY

Looking Ahead



Strategic Equality Plan 2024–2028

Throughout the year we have reviewed the implementation of our strategic equality objectives to assess the progress made and to identify what actions are needed over the next four years. As part of the development of our next set of objectives, we have undertaken a series of consultation and engagement exercises with staff, service users and stakeholders to help us develop a new Strategic Equality Plan for 2024–2028. We were keen to learn more about the challenges faced by people with a protected characteristic. We engaged with local sight loss groups, people from local religious groups, homeless cafés, LGBTQ+ communities, Youth Parliaments, Diverse Cymru, British Deaf Association, charitable organisations, and many more. We also engaged with our staff networks, the Executive Leadership Team, Non-executive Directors, and colleagues across NHS Wales organisations. This engagement has helped us to design a set of objectives that will help us to provide more equitable services and tailor our healthcare services to meet the needs of individuals.



Reflecting on the progress made over the past four years, we are pleased to see how far we have come as an organisation to create a fair and inclusive service for our service users, staff and stakeholders. This new four-year plan builds upon the foundations which have been laid and continues to maximise our efforts to be an exemplar organisation for equality, diversity and inclusion. Over the next four years we will continue in our ambition to lead by example and succeed in creating a truly inclusive environment for all, treating everyone fairly regardless of who they are, their background or circumstances.

This plan has been developed to align with our new People and Culture Plan and will sit alongside our Delivering Excellence: A Vision for 2030 strategy. We have also developed a new set of behaviours and cultural values for the Trust which are woven through all of our strategic plans. This plan underpins these behaviours and is designed to further embed them throughout the Trust.

We are committed to putting our people and culture at the heart of everything we do. Creating a diverse and culturally competent workforce that demonstrates respect, empathy, support and understanding for others is a priority. By investing in our people, we hope to enhance creative thinking and innovation, helping them to realise their full potential. We recognise that this is key to achieving success in improving the quality of care and service user experience. Engaging with our staff, service users and stakeholders has been a crucial part of developing our strategic equality objectives. Listening to what people want and hearing their ideas for change has helped us to identify themes of focus and has provided clear direction for the Trust in order to become a truly inclusive organisation. The Strategic Equality Plan reinforces our ambition to create a positive and inclusive working environment, where everyone feels valued, actively contributes and is proud to work for #TeamWAST. Our people should all feel respected and supported to help us deliver the best possible service to the people of Wales.

Click the link below to see a copy of our
Strategic Equality Plan 2024-2028



Treating People Fairly - Our Strategic Equality Plan 2020-2024

Welcome to the Welsh Ambulance Services NHS Trust's Strategic Equality Plan for 2024-2028. Sinc...

 Welsh Ambulance Services University NHS Trust



Take ownership



Broaden our understanding



Respect others



Show belief in each other



Practice ethically



Continually improve our service



Be inclusive of the whole team

Get Involved

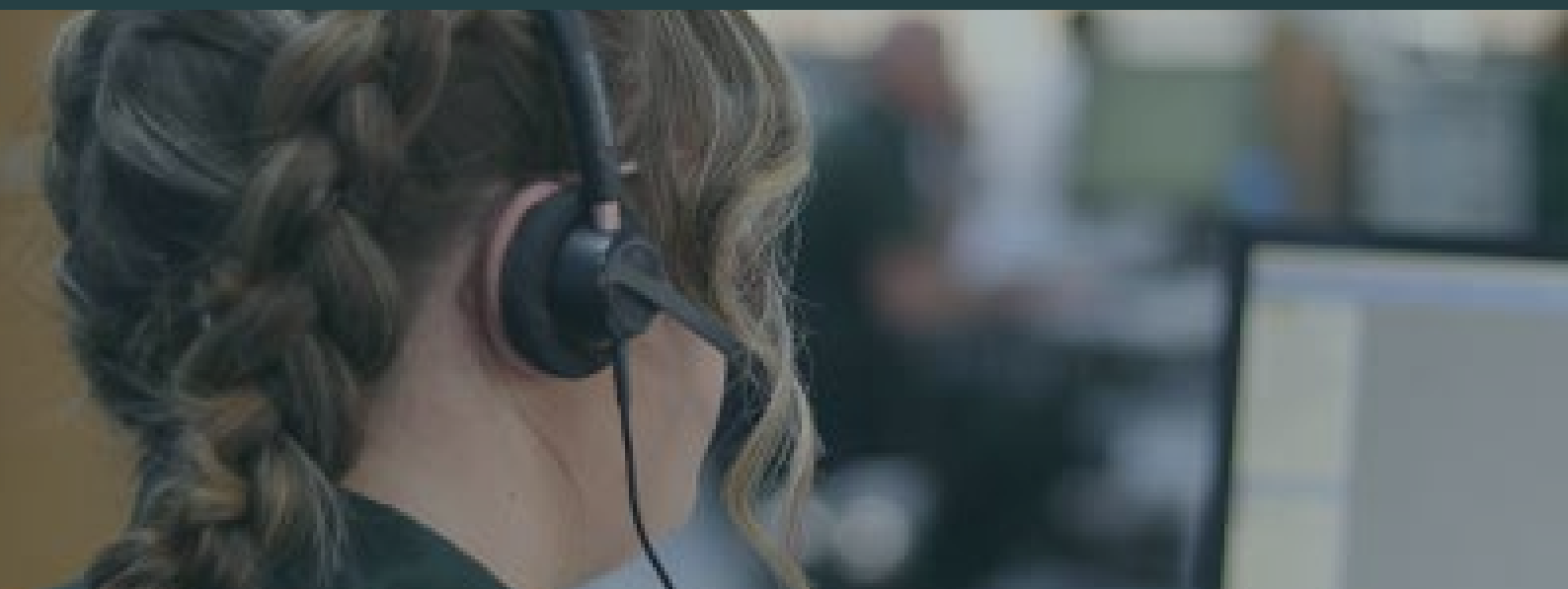


Thank you for taking the time to read this annual report.

We welcome all comments or questions on all aspects of work to improve equality, diversity and inclusion.

If you would like to comment, know more about the work, or how to get involved, please contact:

**Head of Inclusion and Engagement
Welsh Ambulance Service NHS Trust
Matrix One
Swansea Enterprise Park
Swansea
SA6 8RE
Tel: 01792 311773
Email: AMB_Inclusion@wales.nhs.uk**



This document can also be made available in alternative formats and languages.
Please use the contact details above to make a request.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

ADRODDIAD BLYNYDDOL CYNLLUN CYDRADDOLDEB STRATEGOL

2023/2024



Cymryd
perchnogaeth



Ehangu ein
dealltwriaeth



Parchu
eraill



Dangos Cred yn
ein gilydd



Ymarfer bod
yn Foesegol



Gwella ein
gwasanaeth yn
barhaus



Bod yn gynhwysol
o'r tîm cyfan

Tabl Cynnwys



Rhagair



Amcanion Cydraddoldeb Strategol



Cyflawniadau 2023–2024



Bwlch Cyflog Rhwng y Rhywiau



Amrywiaeth y Gweithlu



Safon Cydraddoldeb Hil y Gweithlu



Edrych Ymlaen

Rhagair

Croeso i adroddiad blynyddol Ymddiriedolaeth Brifysgol GlG Gwasanaethau Ambiwylans Cymru ar ein Cynllun Cydraddoldeb Strategol ar gyfer 2023-2024.

Ar 31 Mawrth 2024, bydd ein Cynllun Cydraddoldeb Strategol ar gyfer 2020-2024 a'n cyfres o amcanion yn cael eu disodli gan gynllun pedair blynedd newydd a chyfres newydd o amcanion. Ceir rhagor o fanylion am y prosesau ymgynghori ac ymgysylltu i'n helpu i ddatblygu ein cynllun newydd yn yr adroddiad hwn.

Cyn edrych ymlaen at gam nesaf ein cynlluniau i wella cydraddoldeb, amrywiaeth a chynhwysiant, rydym wedi cymryd amser i fyfyrio ar y cynnydd a wnaed dros y pedair blynedd diwethaf. Yn ystod y cyfnod hwn, rydym wedi wynebu ein cyfnodau mwyaf heriol fel darparwr gofal iechyd yn dilyn effaith pandemig COVID-19, Brexit a'r argyfwng costau byw. Mae anghydraddoldebau iechyd wedi gwaethygu o ganlyniad, gyda'n pobl fwyaf agored i niwed yn profi anawsterau cynyddol yn eu bywydau bob dydd.

O ganlyniad, rydym wedi gweithio gyda Llywodraeth Cymru i lunio cyfres o gynlluniau gweithredu a gynlluniwyd i wella profiadau pobl â nodwedd warchodedig i helpu i ddiwallu eu hanghenion penodol. Rydym yn parhau i weithio gydag elusennau a sefydliadau trydydd sector y mae eu hymchwil arbenigol i brofiadau grwpiau cymunedol penodol wedi helpu i ddylanwadu a llywio ein cynlluniau a'n darpariaeth gwasanaeth.

Mae'r adroddiad hwn yn amlinellu'r camau a gymerwyd i fynd i'r afael â'r annhegwch a brofir gan ein staff a defnyddwyr gwasanaeth a'r cynnydd a wnaed i gynyddu amrywiaeth o fewn ein gweithlu i'n helpu i fod yn fwy cynhwysol o bawb sy'n dod i gysylltiad â'r Ymddiriedolaeth.

Ein Hamcanion Strategol

Mae Cynllun Cydraddoldeb Strategol yr Ymddiriedolaeth Trin Pobl yn Deg 2020–2024 yn cynnwys cynllun gweithredu lefel uchel ar gyfer ein hamcanion allweddol yr ydym wedi parhau i'w roi ar waith dros y pedair blynedd diwethaf. Mae ein Cynllun Cydraddoldeb Strategol ar gael ar wefan ein Ymddiriedolaeth neu drwy glicio [yma](#).

Y pedwar amcan dros y pedair blynedd diwethaf oedd:

AMCAN 1

Parhau i ddathlu a hyrwyddo amrywiaeth ein holl bobl, i sicrhau eu bod yn teimlo'n ddiogel, yn cael eu gwerthfawrogi a'u parchu yn y gwaith.

AMCAN 2

Cymryd camau i wneud y mwyaf o gyfleoedd iechyd a chryfhau llais yr holl ddinasyddion a staff i sicrhau bod y bobl sy'n defnyddio ein gwasanaethau yn cael mynediad cyfartal a gwell profiad gyda mynediad at wasanaethau sy'n sensitif i anghenion pawb.

AMCAN 3

Cymryd camau i godi ymwybyddiaeth a mynd i'r afael â materion cydraddoldeb allweddol a all godi o 'nodweddion gwarchodedig' person i sicrhau bod ein gwasanaethau, ein diwylliant a'n pobl yn deall ac yn ymateb i anghenion pawb

AMCAN 4

Cymryd camau cadarnhaol i gynyddu cynrychiolaeth a chreu profiad gwaith cadarnhaol i unigolion o gefndiroedd, diwylliannau a hunaniaethau amrywiol i sicrhau bod yr Ymddiriedolaeth yn cael ei gweld fel lle gwych i weithio, gwirfoddoli, datblygu a thyfu i bawb.

Cyflawniadau 2023-2024

Mae'r tudalennau canlynol yn amlinellu'r camau rydym wedi'u cymryd yn ystod 2023-2024 i gyflawni ein Hamcanion Cydraddoldeb Strategol. Mae hyn yn adeiladu ar y gwaith a wnaed eisoes mewn blynyddoedd blaenorol. Gellir dod o hyd i gopiau o adroddiadau blynyddol blaenorol ar ein gwefan.

Ymgysylltu â'n Defnyddwyr Gwasanaethau



Rydym yn parhau i ddefnyddio amrywiaeth o ddulliau i gasglu adborth gan ein defnyddwyr gwasanaeth fel y gallwn ddysgu o'u profiadau a defnyddio'r wybodaeth hon i wneud gwelliannau i'n gwasanaethau. Mae swyddogaeth Bwth Fideo newydd ar ein meddalwedd profiad cleifion yn galluogi cleifion i gofnodi a llwytho eu straeon personol yn uniongyrchol i'r system. Mae nodweddion allweddol eraill y swyddogaeth straeon fideo cleifion newydd yn cynnwys y gallu i gategoreiddio straeon; yr opsiwn i chwarae fideos yn uniongyrchol o fewn y platfform profiadau; a'r gallu i lawrlwytho a rhannu fideos i'w defnyddio o fewn bwrdd ieuchyd. Mae'r Tîm PECl yn cynrychioli'r Ymddiriedolaeth ar Rwydwaith Straeon Digidol Cymru Gyfan, lle cydnabuwyd ein harfer arloesol wrth adrodd straeon cleifion fel enghreifftiau.

Mae'r Ymddiriedolaeth hefyd wedi datblygu rhai arolygon penodol i helpu i fynd i'r afael â'r materion gofal ieuchyd mwyaf cyffredin sy'n effeithio ar ein defnyddwyr gwasanaeth sydd mwyaf agored i niwed. Mae hyn wedi cynnwys y canlynol:



Arolwg newydd ar gyfer cleifion sy'n cael eu trin gan un o'n Cynorthwywyr Cwmpïadau neu Ymatebwyr Cwmpïadau ac sy'n aros gartref ar ôl cwmpo.



Arolwg newydd ar gyfer staff a chleifion dementia i'n helpu i ddeall yn well brofiadau'r ddau barti sy'n defnyddio tabledi gweithgaredd therapi rhyngweithiol hel atgofion sydd ar gael mewn cerbydau dethol ar draws Hywel Dda.



Arolwg Cludiant Ceir Gwirfoddol Oncoleg newydd i edrych yn benodol ar brofiadau cleifion oncoleg sy'n teithio i'w hapwyntiadau ysbyty gan ddefnyddio'r Gwasanaeth Ceir Gwirfoddol.



Gwella cyfathrebu â'n cymunedau lleiafrifoedd ethnig



Lansiwyd Pecyn Croeso ar gyfer cymunedau amrywiol a phobl nad Saesneg yw eu hiaith gyntaf yn ffurfiol ar y cyd â'r Tîm Cymorth Lleiafrifoedd Ethnig ac Ieuenctid Cymru (EYST) ym mis Tachwedd 2023 mewn digwyddiad a gynhaliwyd yng Nghanolfan Selwyn Samuel, Llanelli. Llywiwyd y pecyn hwn gan yr ymgysylltu â theuluoedd o Syria sy'n cael eu hailsefydlu yng Nghymru a chymunedau lleiafrifoedd ethnig eraill ledled Cymru. Mae offeryn cyfieithu ar-lein wedi'i gynnwys yn y pecyn i alluogi defnyddwyr i roi adborth mewn amser presennol ac mae set newydd o gyfarwyddiadau darluniadol i'w cynnwys yn cael eu datblygu yn cael eu cyflwyno o fis Ebrill 2024.



Cydweithio

Ym mis Hydref 2023, bu'r Ymddiriedolaeth yn cydweithio â'r Gymdeithas Ddiwylliannol Hindwâidd a Bwrdd Partneriaeth Rhanbarthol Caerdydd a'r Fro. Nod y prosiect hwn oedd nodi bylchau mewn gwybodaeth a sgiliau ymhlith aelodau'r gymuned sy'n mynychu'r India Centre yn Sblot, Caerdydd. Cyd-ddyluniwyd raglen sy'n cynnig sesiynau sgiliau a chodi ymwybyddiaeth yn seiliedig ar angen cymunedol a oedd yn anelu at greu atebion i gael mynediad at wasanaethau a meithrin gwydnwch cymunedol.

Cynhadledd ac Arddangosfa Mae Bywydau Du o Bwys

Mae'r Ymddiriedolaeth yn parhau i weithio gyda sefydliadau allanol i ymgysylltu â'n cymunedau Du, Asiaidd a Lleiafrifoedd Ethnig. Ym mis Mawrth 2024, roedd gan yr Ymddiriedolaeth stondin wybodaeth yng Nghynhadledd ac Arddangosfa Mae Bywydau Du o Bwys Cymru gan Race Council Cymru lle bu staff yn dysgu o brofiadau bywyd unigolion, yn trafod ffyrdd o feithrin perthnasoedd a gwella mynediad at wasanaethau, ac yn hyrwyddo cyfleoedd gwirfoddoli a llwybrau i gyflogaeth o fewn parafeddygaeth. Yn sgil y digwyddiad hwn, trefnwyd ymweliad wedi'i gynllunio â'r Grŵp Cymunedol Affricanaidd yng Ngogledd Cymru yn ddiweddarach yn y flwyddyn.



Cefnogi ein Cymunedau LGBTQ+

PRIDE!

Mae ein Rhwydwaith Staff LHDTTC+ yn parhau i arwain ar bresenoldeb mewn digwyddiadau Balchder sy'n caniatáu i'r Ymddiriedolaeth nid yn unig ddangos cefnogaeth weledol i'n cymunedau LHDTTC+ ond sydd hefyd yn rhoi cyfle gwerthfawr i ni ymgysylltu â'n cymunedau i lywio ein cynlluniau ar gyfer y dyfodol, megis ein Cynllun Cydraddoldeb Strategol newydd ar gyfer 2024-2028.



Adborth gan staff a defnyddwyr gwasanaeth yn dangos eu bod yn dymuno gweld mwy o bresenoldeb mewn digwyddiadau Balchder lleol ledled Cymru. Mae'r Rhwydwaith LHDTTC+ yn gweithio mewn partneriaeth â'n Rheolwyr Ardal ac Ymatebwyr Cyntaf Cymunedol ledled Cymru i gynllunio dull cydgysylltiedig o fynd i ddigwyddiadau Balchder lleol ledled Cymru yn 2024-2025. Treialwyd y cynllun hwn yn ystod haf 2023 gyda rhai o'n staff a gwirfoddolwyr yn mynychu Balchder Llandeilo a Balchder Sir Benfro yn ogystal â Chaerdydd ac Abertawe.

Gan weithio mewn partneriaeth â Rhwydwaith LHDTTC+ AACE, rydym wedi cyd-gynhyrchu adnoddau addysgol i helpu staff i gael gwell dealltwriaeth o'r heriau y mae ein cleifion trawsryweddol yn eu hwynebu. Mae'r adnoddau'n cynnwys:

- Gwybodaeth i drinwyr galwadau sy'n esbonio terminoleg ac yn cynnig cyngor ar ymdrin â chleifion trawsryweddol yn sensitif tra'n cynnal cyfrinachedd ac urddas.
- Canllawiau ar ddatblygu polisïau a gweithdrefnau sefydliadol i helpu i wreiddio arferion traws-gyfeillgar.
- Camau ymarferol y gall Ymddiriedolaethau Ambiwylans eu cymryd i ddangos cefnogaeth amlwg i gymunedau traws.

Mae'r Ymddiriedolaeth yn cydnabod bod ein cymunedau traws yn cynyddu o fewn y cymunedau rydym yn eu gwasanaethu ac o fewn ein gweithlu ein hunain. Ym mis Tachwedd 2023, croesawodd ein Rhwydwaith Lleisiau WAST barafeddyg trawsryweddol o Ymddiriedolaeth Ambiwylans arall lle bu iddynt rannu eu stori bersonol â staff ar draws yr Ymddiriedolaeth i helpu i gynyddu gwybodaeth a dealltwriaeth o gefnogi cydweithwyr trawsryweddol sy'n trawsnewid tra yn y gwaith.

National Ambulance
LGBT Network



Understanding Trans
Service Users





Fel rhan o'n cynlluniau hirdymor i gyflwyno addysg gynradd ac ymgysylltu â phlant a phobl ifanc, ym mis Hydref bu ein Tîm PECL yn ymweld ag ysgolion fel rhan o'u hymgyrch 'Shocktober'.

Y nod oedd hyrwyddo adfywio cardio-pwlmonaidd (CPR) a'r defnydd o ddiffibrilwyr cymunedol, yn ogystal â hyrwyddo negeseuon allweddol ar y gwasanaethau gofal iechyd a ddarparwn. Anogwyd disgyblion a gymerodd ran i ddod yn achubwyr bywyd yn y dyfodol yn y gymuned.

Y rhaglen fwyaf llwyddiannus hyd yma eleni oedd y rhaglen addysg gynradd gyda mwy o ysgolion nag erioed yn mynegi diddordeb i gymryd rhan. Mynychodd 68 o ysgolion ledled Cymru, gan gynnwys 11 ysgol cyfrwng Cymraeg gyda 4 sesiwn yn cael eu cyflwyno trwy gyfrwng y Gymraeg. Mynychodd 83 o wirfoddolwyr y sesiynau hefyd, sef ein nifer uchaf hyd yma.

Ar gyfer digwyddiadau yn y dyfodol, byddwn yn cynnwys senarios iechyd newydd i alluogi disgyblion i ystyried pryd mae 999 yn briodol a recordio galwad efelychu argyfwng 999 gyda galwr iau nad yw'n gwybod ei gyfeiriad cartref.

Ap Gemau Hwb Golau Glas



Y nodwedd ddiweddaraf a ddatblygwyd ac a ychwanegwyd at yr ap gemau 'Hwb Golau Glas' yw 'Y Ffordd Iawn', ymagwedd hawliau plant '7 Gwiriad Pwysig' gan y Comisiynydd Plant. Mae'r ap gemau dwyieithog, sydd wedi'i anelu at blant 7 i 12 oed, wedi'i gynllunio i gynorthwyo plant a phobl ifanc i ddeall beth sy'n digwydd pan fyddant yn ffonio 999 a sut rydym yn blaenoriaethu cleifion. Mae hefyd yn anelu at ymgysylltu chwaraewyr â'r offer y mae criwiau brys yn ei ddefnyddio a pham eu bod yn eu defnyddio, gan leddfu unrhyw ofnau a allai fod gan gleifion ifanc a hyrwyddo profiad cadarnhaol. Mae'r ap ar gael ar iPads yr holl staff. O dan oruchwyliaeth lem a chaniatâd rhieni, mae gan staff yr opsiwn i ddefnyddio'r ap at ddibenion chwarae a thechneg tynnu sylw. Mae'r ap hefyd yn rhad ac am ddim i'w lawrlwytho yn Google Play ac Apple App Store.



Gwella ein Gofal Demensia

Ar ôl derbyn gwobr am y defnydd mwyaf arloesol o Weithgareddau Rhyngweithiol Therapi Atgofion (RITA) yng Nghynhadledd a Gwobrau Grŵp Defnyddwyr RITA yn 2022, aeth Tîm Dementia'r Ymddiriedolaeth i 36ain Cynhadledd Fyd-eang Clefyd Alzheimer Rhyngwladol i rannu arfer da ar raddfa fyd-eang.



Daeth y digwyddiad, a gynhaliwyd yn Krakow, ag arbenigwyr o bob rhan o'r byd ynghyd i rannu gwybodaeth am gyflawniadau, arloesiadau ac arfer gorau mewn ymchwil, gofal a pholisi dementia, tra'n parhau i fynd i'r afael â'r canfyddiadau ynghylch dementia a'u herio. Fel yr unig wasanaeth ambiwlans i fynychu'n gorfforol, cawsom wahoddiad i rannu gwaith yr Ymddiriedolaeth ar greu amgylcheddau sy'n deall dementia a'r defnydd o therapi hel atgofion i gefnogi'r bobl sy'n byw gyda dementia wrth ddefnyddio ei gwasanaethau. Mae hyn wedi cynnwys cyflwyno lloriau, bleindiau a chynlluniau lliw sy'n deall dementia i'n fflyd ddi-frys, a pharhau i ddefnyddio llechen sgrin gyffwrdd rhyngweithiol sy'n cyfuno adloniant â therapi. Mae hyn yn cynorthwyo cleifion i gofio a rhannu digwyddiadau o'u gorffennol trwy wrando ar gerddoriaeth, gwylio adroddiadau newyddion am ddigwyddiadau hanesyddol arwyddocaol, gwrandio ar areithiau adeg y rhyfel, chwarae gemau a karaoke, gwylio hen ffilmiau, sioeau teledu, digwyddiadau chwaraeon, ac edrych ar hen ffotograffau.

Mae gwaith y tîm wedi galluogi'r Ymddiriedolaeth i gael ei chydabod fel Sefydliad sy'n Deall Dementia gan Gymdeithas Alzheimer ac yn 2023 dyfarnwyd Gwobr Arwr Dementia i ni am Ragoriaeth Broffesiynol.



Gwella ein darpariaeth gwasanaeth i bobl ag anableddau dysgu



Mae ein Tîm Profiad y Claf a Chynnwys y Gymuned (PECI) wedi parhau i feithrin perthnasoedd â phobl ag anabledd dysgu i ddysgu mwy am sut y gallwn wella mynediad at wasanaethau a chyfathrebu'n well â phobl. Gan ddefnyddio'r adborth a dderbyniwyd, rydym wedi buddsoddi mewn hyfforddiant i ddatblygu fersiynau hawdd eu darllen o'n cyfathrebiadau ac wedi buddsoddi mewn technoleg ddigidol i helpu i wneud cyfathrebiadau ein gwefan yn fwy hygyrch.

Ym mis Medi 2023, cyflwynodd ein Tîm PECI i Grŵp Cyngori'r Gweinidog ar Anabledd Dysgu. O ganlyniad, mae cynigion wedi'u datblygu i gyflwyno mecanwaith fflagio ar ein systemau i nodi'r unigolion sydd ag anabledd dysgu, y rheini sydd ag awtistiaeth neu sy'n niwroamrywiol, fel y gall clinigwyr ddysgu mwy am anghenion unigolion. Bydd hyn yn ein helpu i reoli galwyr cyson, nodi croestoriad rhwng anabledd dysgu ac ethnigrwydd, a darparu cyfleoedd ymgysylltu a rhwydweithio pellach.

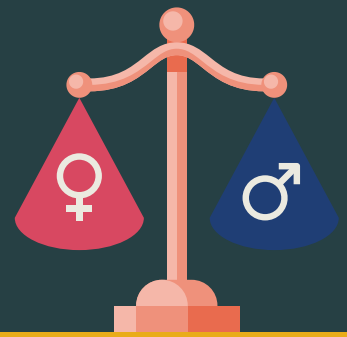
Cyflwynwyd cais newid i wneud gwelliannau i'n system cofnod cleifion electroneg prototeip yn cael ei ddatblygu. Ariannwyd y newid gan Dîm Anableddau Dysgu Gwelliant Cymru, sydd hefyd yn cydweithio i archwilio cyfleoedd ariannu i wneud gwelliannau ar ein systemau teleffoni.



Addysgu ein staff am golli golwg

Er mwyn ceisio helpu i leihau nifer y digwyddiadau sy'n gysylltiedig â chwympiadau, mae ein tîm lechyd Meddwl a Dementia wedi gweithio mewn partneriaeth â Sefydliad Cenedlaethol Brenhinol Pobl Ddall i ddatblygu cyfres o fideos dysgu byr ar gyflyrau colli golwg. Mae'r fideos, sydd wedi'u hychwanegu at sianel YouTube yr Ymddiriedolaeth a'n pad lansio dysgu, yn ymdrin â phynciau sy'n cynnwys cyflyrau llygaid cyffredin, colli golwg a dementia, cyfeiliornad plygiant heb ei gywiro, glawcoma, amgylcheddau cwmpo, retinopathi diabetig, Syndrom Charles Bonnet, cataractau, a dirywiad maciwlaid cysylltiedig ag oedran.

Bwlch Cyflog Rhng y Rhywiau



Ychydig iawn o amrywiad a fu o fewn ein bwlch cyflog rhng y rhywiau dros y saith mlynedd diwethaf. Mae ein bwlch cyflog rhng y rhywiau am 2023-2024 yn 5.6%. Ceir dadansoddiad llawn o'n data bwlch cyflog rhng y rhywiau yn atodiad A. Er bod ein bwlch cyflog rhng y rhywiau yn parhau i fod yn gymharol fach o gymharu â llawer o Fyrddau lechyd ac Ymddiriedolaethau eraill yn y DU, rydym yn cydnabod bod unrhyw fwlch cyflog rhng y rhywiau yn annerbyniol ac mae angen i ni barhau i weithio i gau'r bwlch cyflog. Felly, byddwn yn parhau i:

Ymgysylltu â'n staff i ddeall y rhesymau y tu ôl i'n bwlch cyflog rhng y rhywiau.

Addysgu staff i'w helpu i ddeall ein bwlch cyflog rhng y rhywiau er mwyn dylanwadu ar weithgarwch recriwtio yn y dyfodol.

Annog ein staff benywaidd i archwilio cyfleoedd dilyniant gyrfa sydd ar gael.



Beth ydym ni wedi'i wneud dros y flwyddyn ddiwethaf i wella ein bwlch cyflog rhng y rhywiau?

Diwrnod Agored Menywod yn HART

Ym mis Mehefin 2023, cynhaliodd yr Ymddiriedolaeth ei diwrnod agored cyntaf yn benodol ar gyfer menywod yn ein Tîm Ymateb i Ardaloedd Peryglus (HART) gweithredol arbenigol. Pwrpas y diwrnod hwn oedd annog mwy o fenywod i ystyried gwneud cais i ymuno ag Uned HART i bontio'r bwlch rhwng y nifer anghymesur o isel o fenywod sy'n gweithio o fewn yr uned ar hyn o bryd. Yn ystod y dydd, cafodd menywod gyfle i ymgymryd â rhai o elfennau ymarferol y rôl, gan gynnwys gweithio'n ddiogel ar uchder, hyfforddiant gofod cyfyng a'r prawf cymhwysedd corfforol. Roedd hyn er mwyn lleddfu rhai o'r pryderon a allai fod gan ymgeiswyr benywaidd posibl wrth ystyried gwneud cais am rôl arbenigol iawn o fewn HART. Roedd ein gweithwyr benywaidd presennol o fewn HART wrth law i rannu eu profiadau eu hunain o ymuno â'r tîm a darparu man diogel i'r mynychwyr ofyn cwestiynau a dysgu mwy am y rôl.

LLEIHAU MISOGYNI A GWELLA DIOGELWCH RHYWIOL YN Y GWASANAETH AMBIWLANS

Mae WAST wedi cefnogi un o'n Rheolwyr Datblygu Sefydliadol i gymryd swydd ar ffurf secondiad o fewn rôl diogelwch rhywiol arbenigol o fewn Cymdeithas Prif Weithredwyr Ambiwylansys. Datblygwyd set o egwyddorion arweiniol diogelwch rhywiol yn 2023-2024 a lansiwyd yn Fforwm Arwain Ambiwylans y DU ym mis Tachwedd 2023. Mae canlyniadau yn dilyn ymarfer ymgysylltu â'n staff wedi dangos yr angen i gynyddu'r gefnogaeth i'n gweithwyr benywaidd sydd yn profi casineb at fenywod ac aflonyddu rhywiol yn y gweithle. Gan ddysgu o adolygiadau diwylliannol a gynhaliwyd mewn Ymddiriedolaethau Ambiwylans yn GIG Lloegr ac o fewn gwasanaethau brys eraill, rydym wedi bod yn rhagweithiol wrth fynd i'r afael â'r mater hwn o fewn yr Ymddiriedolaeth. Gan weithio gyda'r cyfryngau cenedlaethol, mae ein Prif Weithredwr wedi gwneud ymrwymiad cyhoeddus i ddileu aflonyddu rhywiol yn y gweithle. Mae rhannu profiadau dienw ein staff benywaidd wedi helpu i amlygu'r angen i weithredu. Rydym wedi datblygu a chyflwyno nifer o sesiynau ymwybyddiaeth diogelwch rhywiol i grwpiau allweddol o staff trwy gydol y flwyddyn a byddwn yn parhau i mewn i'r flwyddyn nesaf. Mae gwaith yn mynd rhagddo i ddatblygu a gweithredu cyfres o sesiynau manylach ar bynciau lluosog yn ymwneud â diogelwch rhywiol. Mae'r gwaith hwn hefyd wedi'i gefnogi gan ein Rhwydwaith Lleisiau WAST a'n menter Codi Llaidd Heb Ofn. Ceir rhagor o wybodaeth am y rhain yn yr adran Gweithlu yr adroddiad hwn.



Diwrnod Rhyngwladol Menywod 2024

Cynhaliom gyfres o ddigwyddiadau i gydnabod cyflawniadau ein staff benywaidd ac i annog mwy o fenywod i swyddi arwain a rheoli ac i rolau lle mae gennym llai o fenywod na dynion.

Cynhaliodd rhai o'n Haelodau Bwrdd benywaidd a'n Cyfarwyddwyr Cynorthwyol banel trafod ar-lein a rhannu eu straeon personol eu hunain a'u teithiau i swyddi arwain. Rhannodd staff gyngor ar strategaethau ymdopi a sgiliau aml-dasgio i gydbwyso dilyniant gyrfa ag ymrwymïadau bywyd cartref tra'n cydnabod y rhwystrau a'r heriau y mae menywod yn eu hwynebu yn y gweithle.

Cynhaliodd ein Rhwydwaith Lleisiau WAST sesiwn 'Menywod mewn Technoleg' a arweiniwyd gan ein Cyfarwyddwr Cynorthwyol Gwasanaethau Digidol, Dr Leanne Smith. Daeth nifer dda i'r sesiwn hon a rhoddodd gipolwg ar y cyfleoedd i fenywod o fewn gwasanaethau digidol, maes gwasanaeth sy'n cael ei ddominyddu gan ddynion yn bennaf mewn llawer o sectorau.

Er mwyn gwneud ein dathliadau yn cynnwys ein staff gwrywaidd, achubwyd ar y cyfle i gynyddu dealltwriaeth ar wahaniaethu ar sail rhyw trwy gynnal sesiwn bwrpasol ar sut i fod yn gyfaill gwell i fenywod yn y gweithle. Roedd panel gwadd yn cynnwys rhai o'n Haelodau Bwrdd gwrywaidd a'n Pennaeth Lles yn y Gweithle, Dr Adam Cann, a siaradodd yn onest am eu bylchau gwybodaeth eu hunain mewn perthynas â chydaddoldeb rhywiol ac archwilio camau gweithredu posibl i gefnogi eu cydweithwyr benywaidd yn well.

Ail-lansiwyd ein Rhwydwaith Menywod fel rhan o'n dathliadau Diwrnod Rhyngwladol y Menywod ym mis Mawrth 2024. Mae sgysiau cynnar wedi'u cynnal gydag aelodau ar ddatblygu set o amcanion ar gyfer y rhwydwaith a chynllunio cyfres o ddigwyddiadau yn y dyfodol i gefnogi menywod yn y gweithle a fydd yn canolbwyntio ar bynciau y mae aelodau'r rhwydwaith yn gofyn amdanynt.



Menopos yn
Bwysig!



Gan weithio mewn partneriaeth â Bwrdd Iechyd Prifysgol Betsi Cadwaladr, gwahoddwyd staff i fynychu cyfres o sesiynau menopos rhithwir. Darparwyd y sesiynau hyn gan *The Menopause Company* ac roeddent yn canolbwyntio ar ymwybyddiaeth o'r menopos a sut i ddod yn hyrwyddwr menopos. Gwahoddwyd staff hefyd i fynychu dangosiad o'r 'Rainbow Menopause' sef ffilm fer a gynhyrchwyd gyda'r *Menopause Inclusion Collective*. Mae'r ffilm yn edrych ar y menopos ar gyfer pobl LHDTG+, gan nodi'r angen am sgysiau a chymorth mwy cynhwysol. Gan gynnwys cyfweiliadau â chlinigwyr a phobl sydd wedi profi'r menopos, y gobaith yw y bydd rhannu profiadau byw a straeon unigol yn helpu mwy o bobl i ddeall bod angen i sgysiau menopos gynnwys pawb.

Mae ein Tîm Gwasanaethau Pobl wedi cyflwyno cyfres o weithdai i reolwyr i hyrwyddo gwell gweithrediad y polisi gweithio hyblyg, addasiadau rhesymol a rheoli absenoldeb salwch. Nod hyn yw helpu rheolwyr i symud oddi wrth ffyrdd traddodiadol o reoli llinell a chynnig mwy o hyblygrwydd i ddiwallu anghenion unigol ein staff, gwella iechyd a lles a chynyddu recriwtio a chadw staff yn y gweithle.

Mae ein Rhwydwaith Gofalwyr hefyd wedi bod yn hyrwyddo ac yn paratoi i weithredu gofynion y Bil Absenoldeb Gofalwyr newydd sy'n rhoi hawl i hyd at wythnos o absenoldeb di-dâl i ofalwyr di-dâl.

Datblygu Polisi



Yn 2024-2025, mae'r camau gweithredu canlynol wedi'u nodi i'n helpu i fynd i'r afael â'n bwlch cyflog rhwng y rhywiau yn yr Ymddiriedolaeth:

Ymgysylltu â'n staff benywaidd i ddeall yn well y rhesymau posibl y tu ôl i fwllch cyflog rhwng y rhywiau.

Mynd â'n sesiwn 'Menywod mewn Technoleg' i Gynhadledd Meistroli Amrywiaeth Cymru eleni, sef prif ddigwyddiad a drefnwyd gan arbenigwr blaenllaw ar Gydraddoldeb, Amrywiaeth a Chynhwysiant, Bernie Davies, sy'n denu gweithwyr proffesiynol blaenllaw ledled Cymru a'r DU. Bydd Dr Leanne Smith, ynghyd â staff o fewn yr Ymddiriedolaeth a GIG Cymru yn arwain y parth sector cyhoeddus yn y digwyddiad a fydd yn ceisio annog mwy o fenywod i ystyried gyrfaedd o fewn gwasanaethau digidol o fewn WAST a'r sector cyhoeddus ehangach.

Cynyddu gallu ein menter Codi Llais Heb Ofna drwy recriwtio Gwarcheidwad llawn amser. Bydd y rôl newydd hon yn cefnogi ein rhaglen waith i wella diwylliant ynglŷn ag ymwybyddiaeth o ddiogelwch rhywiol a darparu cefnogaeth i'r rhai sy'n profi aflonyddu rhywiol.

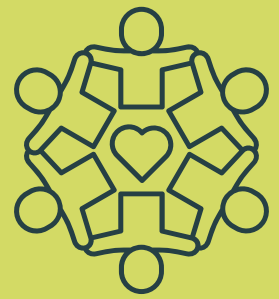
Parhau i gefnogi'r Arweinydd Diogelwch Rhywiol i ddarparu cyfres o hyfforddiant ymwybyddiaeth diogelwch rhywiol i staff ar draws Gwasanaethau Ambiwylans y DU. Bydd yr Arweinydd hefyd yn cysylltu â Phrifysgol Caerdydd ac yn hwyluso cyfranogiad mewn prosiect ymchwil sy'n ceisio dadansoddi profiadau aflonyddu rhywiol staff gofal iechyd rheng flaen.

Beth mwy allwn ni ei wneud?

Cynnal gweithdy pwrpasol ar gyfer staff benywaidd gweithredol i dysgu am symud ymlaen i rôl rheoli. Bydd y gweithdai'n archwilio damcaniaethau ynghylch 'syndrom y ffugiwr', yn hyrwyddo polisïau a gweithdrefnau a all gefnogi gweithio hyblyg, ac yn annog cyfranogiad yn ein rhaglenni sgiliau arwain a rheoli sydd ar gael.

Fel rhan o ail-lansio ein Rhwydwaith Menywod, rydym yn bwriadu cynnal cyfres o sesiynau a fydd yn anelu at gefnogi iechyd a llesiant menywod yn y gweithle. Bydd sesiynau yn dechrau ym mis Gorffennaf 2024 gyda ffocws ar endometriosis a'r menopos.

Amrywiaeth y Gweithlu



Mae ein data monitro cydraddoldeb gweithlu yn dangos rhywfaint o welliant yn amrywiaeth ein gweithlu gyda chynnydd bach yn nifer y staff sydd ag anabledd a'r rhai sy'n nodi eu bod yn LHDT+.



6.75%



5.6%



Am y tro cyntaf ers dechrau adrodd, mae gennym fwy o aelodau staff benywaidd nag aelodau gwrywaidd. Fodd bynnag, roeddem yn siomedig o weld gostyngiad bach yn ein gweithlu Du, Asiaidd a Lleiafrifoedd Ethnig sy'n parhau i fod yn her i'r Ymddiriedolaeth.



50:50



1.4%

Rydym yn cydnabod, er gwaethaf rhai enillion bach yn amrywiaeth y gweithlu, bod llawer y mae angen i ni ei wneud i wella amrywiaeth ein gweithlu fel ei fod yn adlewyrchu'r boblogaeth yr ydym yn ei gwasanaethu yn well. Yn 2023-2024, rydym wedi parhau i roi nifer o gamau ar waith i'n helpu i dyfu amrywiaeth yn y gweithlu ac i gefnogi staff o grwpiau lleiafrifol a allai wynebu heriau ychwanegol yn y gweithle ac yn eu bywydau personol.

Ceir manylion pellach ar amrywiaeth ein gweithlu yn ein Hadroddiad Blynnyddol Monitro Cydraddoldeb y Gweithlu 2023-2024 sydd yn Atodiad B

Beth ydym ni wedi'i wneud dros y flwyddyn ddiwethaf i wella amrywiaeth ein gweithlu?



Mae ein **Rhwydwaith Lleisiau WAST** yn parhau i hyrwyddo amgylcheddau gwaith cynhwysol a chodi ymwybyddiaeth o'r materion a wynebir gan bobl agored i niwed a'r rhai sydd â nodwedd warchodedig. Mae'r rhwydwaith hwn yn gweithredu fel rhwydwaith ymbarél i'n rhwydweithiau staff eraill. Mae'n parhau i gysylltu â Chadeiryddion ein Rhwydwaith i gynnal sesiynau gwybodaeth ar ystod o faterion cyfredol y mae angen mynd i'r afael â hwy. Drwy gydol y flwyddyn, gwahoddwyd siaradwyr gwadd i'r Ymddiriedolaeth a chyflwyno sesiynau i gynnig cymorth i staff a chodi ymwybyddiaeth o'r pynciau canlynol:

Lleisiau Myfyrwyr
LHDTTC+

Ymwybyddiaeth
Traws

Rhywdwaith
Menywod
Mwslimaidd y GIG

Menywod o fewn y
Lluoedd Arfog

Menywod ym
Maes
Technoleg

Misogyni Eithafol a'r
Mudiad 'Incel'

Casineb at ddynion a
Gwrywdod gyda 'Lads Army'

Cynghreiriaeth
Gwryw



Rhwydwaith
LGBTQ+
Network

Wrth i'n staff a'n cymunedau LHDTTC+ barhau i wynebu heriau a gwahaniaethu, mae'r Ymddiriedolaeth wedi cyflymu ei hymdrechion i roi mecanweithiau cymorth ar waith i wella profiad ein staff LHDTTC+ a defnyddwyr gwasanaethau.

Mae Cadeirydd ein Rhwydwaith yn parhau i weithio'n agos gyda Rhwydwaith LHDT Cenedlaethol Cymdeithas Prif Weithredwyr Ambiwlansys. Mae hyn wedi cynnwys cynhadledd dau ddiwrnod ym Mhrifysgol Manceinion lle cyfarfu aelodau rhwydwaith a staff o bob rhan o Ymddiriedolaethau Ambiwlans y DU i gymryd rhan mewn gweithdai thema a mynychu seminarau i wella eu gwybodaeth eu hunain a dysgu sgiliau newydd wrth fynd i'r afael ag anghydraddoldebau ar gyfer cymunedau LHDTTC+. Rhoddodd cyfleoedd rhwydweithio yn y digwyddiad hefyd gysylltiadau defnyddiol i'r Ymddiriedolaethau i helpu i gyflwyno hyfforddiant ymwybyddiaeth pellach o fewn eu sefydliadau unigol eu hunain.

Dim Byd Hebodon Ni

PurpleSpace

Ar ôl comisiynu cymorth gan y sefydliad **Purple Space**, rydym wedi sefydlu rhwydwaith cynyddol ar gyfer staff sydd ag anabledd. Mae'r rhwydwaith hwn yn agored i bob aelod o staff ag anabledd a'u cynghreiriaid ar hyn o bryd. Wrth i'r rhwydwaith ddatblygu, bydd aelodau'n penderfynu a ydynt am greu is-grwpiau ar wahân ar gyfer anabledau corfforol a niwroamrywiaeth.



Mae'r rhwydwaith wedi gosod set o amcanion iddo'i hun ar gyfer y flwyddyn ac eisoes wedi creu cysylltiadau â rhwydweithiau eraill ledled Cymru.

Mae aelodau wedi ceisio cymorth gan ein **Rhwydwaith Gofalwyr** sefydledig ac maen nhw'n gweithio ar fenter i gyflwyno Pasbort lechyd a Llesiant i staff ac eisoes wedi datblygu fersiwn drafft sy'n destun ymgynghoriad ar hyn o bryd. Bydd hyn yn gysylltiedig â'n menter **Pasbort Gofalwr** a bydd yn cynnig cyfle i staff a'u rheolwyr llinell ddiwallu anghenion unigol yn fwy effeithlon a gweithredu addasiadau rhesymol priodol.



Mae ein **Rhwydwaith Gofalwyr** yn parhau i dyfu mewn niferoedd a chryfder. Yn ogystal â dathlu Wythnos Gofalwyr a diwrnod Hawliau Gofalwyr rydym hefyd wedi datblygu tudalen SharePoint i Ofalwyr ac wedi lansio Pasbort Gofalwyr sy'n Gweithio. Mae sesiynau hyfforddi yn parhau i gael eu cyflwyno i reolwyr llinell gan ein Hyrwyddwr Gweithle Cynhalwyr Cymru a benodwyd. Ym mis Mehefin 2023, lansiwyd Rhwydwaith Cefnogaeth i Ofalwyr gan Gymheiriaid i gynnig lle cefnogol i ofalwyr sy'n gweithio a chydweithwyr.

Roedd y lansiad hwn yn cynnwys caffael mynediad at yr ap 'Jointly' gan Gofalwyr Cymru sy'n helpu staff i reoli eu cyfrifoldebau gofalu ochr yn ochr â bywyd gwaith a chymdeithasol. Crëwyd yr ap hwn gan ofalwyr i'w ddefnyddio fel offeryn cyfathrebu a chymorth. Byddwn yn parhau i ariannu mynediad i'r ap i'n staff a hyd yma, mae 23 aelod o staff wedi elwa o ddefnyddio'r ap.



Arferion Tosturiol

Mae'r Ymddiriedolaeth wedi gweithio mewn partneriaeth â PCGC i ddatblygu cyfres o fodiwlau hyfforddi yn seiliedig ar arferion tosturiol mewn perthynas â chysylltiadau gweithwyr. Cynlluniwyd y sesiynau hyn ar gyfer staff sydd â chyfrifoldebau rheoli llinell a'r rhai sy'n chwarae rhan mewn datblygu ein gwasanaethau pobl a'n strategaethau gweithlu.



Nod y sesiwn oedd archwilio effaith ein gweithdrefnau gweithlu presennol ar gysylltiadau gweithwyr a sut y gall ymagwedd fwy tosturiol sydd wedi'i theilwra ar gyfer pob aelod unigol o staff wella profiad gweithwyr, gweithdrefnau rheoli llinell a chael effaith gadarnhaol ar gynhyrchiant, cadw'r gweithlu a gwella salwch ac absenoldeb hirdymor.

Hyfforddiant Cynghreiriaeth & Gwylwyr Gweithredol



*Practicing Allyship
Ymarfer cynghreiriaid*

Rydym wedi datblygu hyfforddiant pwrpasol i helpu staff i nodi pobl a allai fod yn ddioddefwyr gwahaniaethu neu brofi annhegwch. Mae'r hyfforddiant hwn yn

dysgu staff sut i ddod yn gynghreiriad i'r rhai sydd eu hangen ac yn rhoi'r sgiliau iddynt ddileu gwahaniaethu trwy ddod yn wylwyr gweithredol. Mae staff yn dysgu am bum techneg a all helpu eraill sy'n cael eu hunain mewn sefyllfaoedd bregus.

200

o gydweithwyr wedi cwblhau'r
hyfforddiant yn 2023 – 2024



wedi dysgu llawer iawn
neu lawer



byddai'n defnyddio'r hyn y
maent wedi'i ddysgu bob dydd
neu'n aml



Sgôr gadarnhaol 4.75 allan o 5



Codi Llais Heb Ofn



Yn dilyn cyfres o ymarferion ymgysylltu â staff, rydym wedi cynyddu ein sianeli i staff godi pryderon a chael sgysiau agored am eu profiadau personol.

Yn ogystal â'r sianeli cymorth traddodiadol sydd ar gael gan reolwyr llinell a'n Tîm Gwasanaethau Pobl, lansiwyd ein Llwyfan Gweithio mewn Hyder a'n menter Codi Llais Heb Ofn Rhaglen yn 2023. Mae'r ddwy sianel yn cynnig cyngor a chymorth cyfrinachol gan 'Warcheidwaid' hyfforddedig i helpu i ddod o hyd i atebion priodol i bryderon a godwyd.



Ar ôl hyfforddi tri aelod presennol o'n Tîm Diwylliant, Cynhwysiant a Lles i ddechrau i weithredu fel Gwarcheidwaid swyddogol o fewn yr Ymddiriedolaeth, mae'r galw cynyddol am y gwasanaeth hwn wedi arwain at yr Ymddiriedolaeth yn ceisio penodi Gwarcheidwad llawn amser i gynyddu ein gallu i gynnig cyngor a chefnogaeth i staff.

Mae'r sgysiau a gafwyd gyda Gwarcheidwaid wedi ein galluogi i nodi tueddiadau yn y pryderon a godwyd, yn benodol ynghylch materion sy'n ymwneud â nodweddion gwarchodedig penodol. Mae cysylltiadau cryf rhwng y Gwarcheidwaid a'r Gwasanaethau Pobl wedi helpu i nodi themâu allweddol rhwng y materion a godwyd gyda'r Gwarcheidwaid a'r rhai mewn achosion disgyblu staff. O ganlyniad, mae sesiynau gwybodaeth penodol wedi'u cynnal ar addasiadau rhesymol yn y gweithle, mae cymorth wedi'i ddarparu i aelodau unigol o staff a rheolwyr llinell, ac mae Rhwydwaith Lleisiau WAST wedi defnyddio'r themâu hyn yn eu hymgyrchoedd codi ymwybyddiaeth, gyda ffocws penodol ar fynd i'r afael ag ymddygiad amhriodol, casineb at fenywod a diogelwch rhywiol.



Yn 2024-2025, mae'r camau gweithredu canlynol wedi'u nodi i'n helpu i wella amrywiaeth y gweithlu:

Beth mwy allwn ni ei wneud?

Cryfhau ein cefnogaeth i'n gofalwyr di-dâl sy'n gweithio trwy ddatblygu Polisi Gofalwyr ac yn ddod yn Gyflogwr Hyderus o ran Gofalwyr ardystiedig i ddangos ein cynnig o gefnogaeth barhaus i ddarpar weithwyr.

Cydgysylltu â'r Arweinydd Diogelwch Rhywiol cenedlaethol i gyflwyno cyfres o sesiynau dysgu sy'n canolbwyntio ar ddatblygu dealltwriaeth ddyfnach o ddiogelwch rhywiol, aflonyddu rhywiol, gofynion deddfwriaethol newydd, misogyni sefydliadol a dylanwadau cymdeithasol. Bydd y sesiynau'n cyfeirio at ganllawiau pellach ar sut i reoli ac atal ymddygiad amhriodol yn y gweithle.

Cefnogi Aelodau'r Bwrdd i ddatblygu a chyflawni amcanion datblygiad personol ynghylch amrywiaeth a chynhwysiant gan ddechrau gydag asesiad o'u lefelau dealltwriaeth presennol. Gwahoddir Aelodau'r Bwrdd i fynychu nifer o ddigwyddiadau yn ystod y flwyddyn i wella eu sgiliau arwain ac i atgyfnerthu ymrwymiad yr Ymddiriedolaeth fel sefydliad cynhwysol.

Gweithredu cynllun gweithredu blynyddol cadarn i helpu i gyflawni Amcanion cyffredinol y Cynllun Cydraddoldeb Strategol, wrth sicrhau bod cydraddoldeb, amrywiaeth a chynhwysiant wedi'u gwreiddio ar draws yr holl gyfarwyddiaethau ac yn gysylltiedig â chynlluniau cyfarwyddiaethau lleol. Adolygiad o'r gweithdrefnau llywodraethu o amgylch y Cynllun Cydraddoldeb Strategol ac ailstrwythuro'r Grŵp Llywio Cydraddoldeb, Amrywiaeth a Chynhwysiant gyda sefydlu is-grwpiau i roi camau gweithredu ar lefel cyfarwyddiaeth ar waith.

Treialu Pecyn Cymorth Diwylliant Tîm newydd ar gyfer rheolwyr sy'n anelu at helpu rheolwyr i nodi'r agweddau ar ddiwylliant tîm y gallai fod angen eu newid. Mae'n cynnwys defnyddio offeryn asesu diwylliannol sy'n galluogi timau i fesur mesurau diwylliannol ansoddol a meintiol ac ysgogi mwy o sgysiau trylwyr.

Buddsoddi mewn recriwtio rolau arbenigol o fewn y Gyfarwyddiaeth Pobl a Diwylliant a fydd yn canolbwyntio ar wella cysylltiadau gweithwyr er mwyn gwella profiad gweithwyr. Bydd hyn yn cynnwys Gwarcheidwad a Thîm Ymchwilio llawn amser i wella amserlenni yn unol â nodau arferion tosturiol.

Cynyddu ein hymgysylltiad â staff a'n cymunedau lleol i ddeall yn well y bylchau yn amrywiaeth ein gweithlu. Bydd y gwaith hwn hefyd yn cynnwys camau gweithredu i gynyddu cyfranogiad staff yn yr arolwg staff cenedlaethol.

Safon Cydraddoldeb Hiliol y Gweithlu (WRES)

Yn 2023-2024, paratôdd yr Ymddiriedolaeth i gynhyrchu ei Hadroddiad Safon Cydraddoldeb Hiliol y Gweithlu cyntaf erioed yn unol â gofynion Cynllun Gweithredu Gwrth-hiliol Cymru Llywodraeth Cymru. Cafodd ein cydweithwyr yn Addysg a Gwella lechyd Cymru y dasg o gasglu gwybodaeth o'r system cofnodion staff electronig (ESR) cenedlaethol, canlyniadau arolwg staff cenedlaethol y GIG, a chan gydweithwyr cysylltiadau gweithwyr ar draws sefydliadau GIG Cymru. Bydd yr wybodaeth hon yn ffurfio Adroddiad Safon Cydraddoldeb Hiliol y Gweithlu ar y cyd ar ran GIG Cymru.

Ym mis Mawrth 2024, mae casgliad data cynnar sy'n perthyn yn uniongyrchol i'r Ymddiriedolaeth yn darparu llinell sylfaen o wybodaeth y gellir ei defnyddio i nodi meysydd i'w gwella i'w datblygu yn 2024-2025.

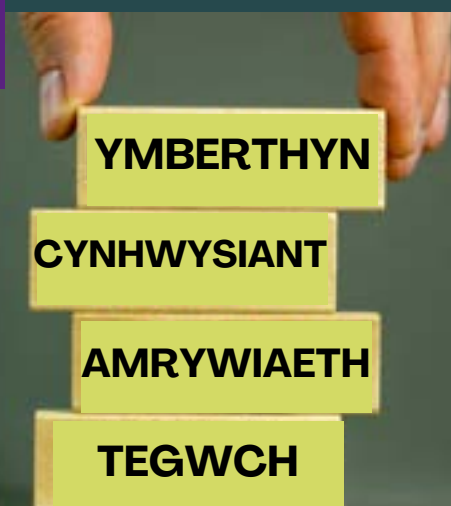


Drwy gydol yr adroddiad hwn, rydym yn defnyddio'r term 'Du, Asiaidd a Lleiafrifoedd Ethnig'. At ddibenion crynoder a delweddu, caiff hyn ei dalfyrru i 'BME' mewn ffigurau a thablau



**Beth allwn i ni ei
wneud i wella?**

Yn 2023–2024, mae'r Ymddiriedolaeth wedi gweithio ochr yn ochr â sefydliadau eraill GIG Cymru i ddatblygu'r camau gweithredu a amlinellwyd yng Nghynllun Gweithredu Gwrth-hiliol Cymru Llywodraeth Cymru. Mae'r Ymddiriedolaeth wedi cysylltu â Diverse Cymru y gofynnwyd iddynt gynnal adolygiad o Bolisiau Gweithlu'r GIG trwy lens gwrth-hiliaeth. Mae adborth hefyd wedi'i ddarparu ar argymhellion yr adroddiad archwilio, y cytunwyd arnynt mewn egwyddor, i helpu i nodi rhwystrau i roi'r camau gweithredu arfaethedig ar waith. Ochr yn ochr â'r gwaith hwn, mae'r Ymddiriedolaeth wedi gweithio'n agos gyda'r Athro Anton Emmanuel a Grŵp Arwain Cydraddoldeb y GIG i goladu'r data ar gyfer Adroddiad Safon Cydraddoldeb Hiliol y Gweithlu ac wedi mynychu gweithdai i drafod camau gweithredu posibl ar gyfer gwella. Rydym wedi cynnwys rhai camau gweithredu yn ein cynlluniau blynyddol i wella profiad ein gweithlu a mynd i'r afael ag amrywiaeth y gweithlu wrth i ni aros am arweiniad pellach gan Lywodraeth Cymru ar y camau nesaf ar gyfer gweithredu Cynllun Gweithredu Gwrth-hiliol Cymru.



Edrych Ymlaen



Cynllun Cydraddoldeb Strategol 2024-2028

Drwy gydol y flwyddyn rydym wedi adolygu ein gweithrediad o'n hamcanion cydraddoldeb strategol i asesu'r cynnydd a wnaed ac i nodi pa gamau gweithredu sydd eu hangen dros y pedair blynedd nesaf. Fel rhan o ddatblygiad ein set nesaf o amcanion, rydym wedi cynnal cyfres o ymarferion ymgynghori ac ymgysylltu â staff, defnyddwyr gwasanaeth a rhanddeiliaid i'n helpu i ddatblygu Cynllun Cydraddoldeb Strategol newydd ar gyfer 2024-2028. Roeddem yn awyddus i ddysgu mwy am yr heriau a wynebir gan bobl â nodwedd warchodedig. Buom yn ymgysylltu â grwpiau colli golwg lleol, pobl o grwpiau crefyddol lleol, caffis digartref, cymunedau LHDTC+, Seneddau leuenctid, Diverse Cymru, Cymdeithas Pobl Fyddar Prydain, sefydliadau elusennol, a llawer mwy. Buom hefyd yn ymgysylltu â'n rhwydweithiau staff, y Tîm Arwain Gweithredol, Cyfarwyddwyr Anweithredol, a chydweithwyr ar draws sefydliadau GIG Cymru. Mae'r ymgysylltu hwn wedi ein helpu i gynllunio set o amcanion a fydd yn ein helpu i ddarparu gwasanaethau tecach a theilwra ein gwasanaethau gofal iechyd i ddiwallu anghenion unigolion.



Gan adlewyrchu ar y cynnydd a wnaed dros y pedair blynedd diwethaf, rydym yn falch o weld pa mor bell yr ydym wedi dod fel sefydliad i greu gwasanaeth teg a chynhwysol ar gyfer ein defnyddwyr gwasanaeth, staff a rhanddeiliaid. Mae'r cynllun pedair blynedd newydd hwn yn adeiladu ar y sylfeini a osodwyd ac yn parhau i wneud y mwyaf o'n hymdrechion i fod yn sefydliad enghreifftiol ar gyfer cydraddoldeb, amrywiaeth a chynhwysiant. Dros y pedair blynedd nesaf byddwn yn parhau â'n huchelgais i arwain trwy esiampl a llwyddo i greu amgylchedd gwirioneddol gynhwysol i bawb, gan drin pawb yn deg ni waeth pwy ydynt, eu cefndir neu eu hamgylchiadau.

Mae'r cynllun hwn wedi'i ddatblygu i gyd-fynd â'n Cynllun Pobl a Diwylliant newydd a bydd yn cyd-fynd â'n Cynllun Cyflawni Rhagoriaeth: Strategaeth Gweledigaeth ar gyfer 2030. Rydym hefyd wedi datblygu set newydd o ymddygiadau a gwerthoedd diwylliannol ar gyfer yr Ymddiriedolaeth sy'n cael eu gwau drwy ein holl gynlluniau strategol. Mae'r cynllun hwn yn sail i'r ymddygiadau hyn ac fe'i cynlluniwyd i'w gwreiddio ymhellach ledled yr Ymddiriedolaeth.

Rydym wedi ymrwymo i roi ein pobl a'n diwylliant wrth galon popeth a wnawn. Mae creu gweithlu amrywiol a diwylliannol gymwys sy'n dangos parch, empathi a dealltwriaeth at eraill yn flaenoriaeth. Drwy fuddsoddi yn ein pobl, rydym yn gobeithio gwella meddwl creadigol ac arloesi, gan eu helpu i wireddu eu llawn botensial. Rydym yn cydnabod bod hyn yn allweddol i sicrhau llwyddiant wrth wella ansawdd gofal a phrofiad defnyddwyr gwasanaeth. Mae ymgysylltu â'n staff, defnyddwyr gwasanaeth a rhanddeiliaid wedi bod yn rhan hanfodol o ddatblygu ein hamcanion cydraddoldeb strategol. Mae gwrandio ar yr hyn y mae pobl ei eisiau a chlywed eu syniadau am newid wedi ein helpu i nodi themâu ffocws ac wedi rhoi cyfeiriad clir i'r Ymddiriedolaeth er mwyn dod yn sefydliad gwirioneddol gynhwysol. Mae'r Cynllun Cydraddoldeb Strategol yn atgyfnerthu ein huchelgais i greu amgylchedd gwaith cadarnhaol a chynhwysol, lle gall pawb ddod â'u hunan cyfan i'r gwaith, cyfrannu'n weithredol ac yn falch o weithio i #TîmWAST. Dylai pob un ohonom deimlo ein bod yn cael ein gwerthfawrogi, ein parchu a'n cefnogi i'n helpu i ddarparu'r gwasanaeth gorau posibl i bobl Cymru.

Cliciwch ar y ddolen isod i weld copi o'n Cynllun Cydraddoldeb Strategol 2024-2028

<https://ambiwylans.gig.cymru/gwybodaeth/trin-pobl-yn-deg/>



Cymryd
perchnogaeth



Ehangu ein
dealltwriaeth



Parchu
eraill



Dangos Cred yn
ein gilydd



Ymarfer bod
yn Foesegol



Gwella ein
gwasanaeth yn
barhaus



Bod yn gynhwysol
o'r tîm cyfan



Diolch am gymryd yr amser i ddarllen yr adroddiad hwn.

Rydym yn croesawu bob sylwadau neu gwestiynau ar bob agwedd i wella cydraddoldeb, amrywiaeth a chynhwysiant.

Os hoffech roi sylwad, gwybod mwy am y gwaith, neu sut i gymryd rhan, cysylltwch â ni:

**Pennaeth Cynhwysiant ac Ymgysylltiad
Ymddiriedolaeth Brifysgol GIG Gwasanaeth
Ambiwlans Cymru
Matrix One
Parc Menter Abertawe
Abertawe
SA6 8RE
Ffôn: 01792 311773
Ebst: AMB_Inclusion@wales.nhs.uk**



Gall y ddogfen hon fod ar gael mewn fformatau ac ieithoedd eraill.
Cysylltwch â'r manylion uchod i wneud cais.



**GIG
CYMRU
NHS
WALES**

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust



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Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

Gender Pay Gap Report 2023-2024



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
—————	Conclusion

Introduction

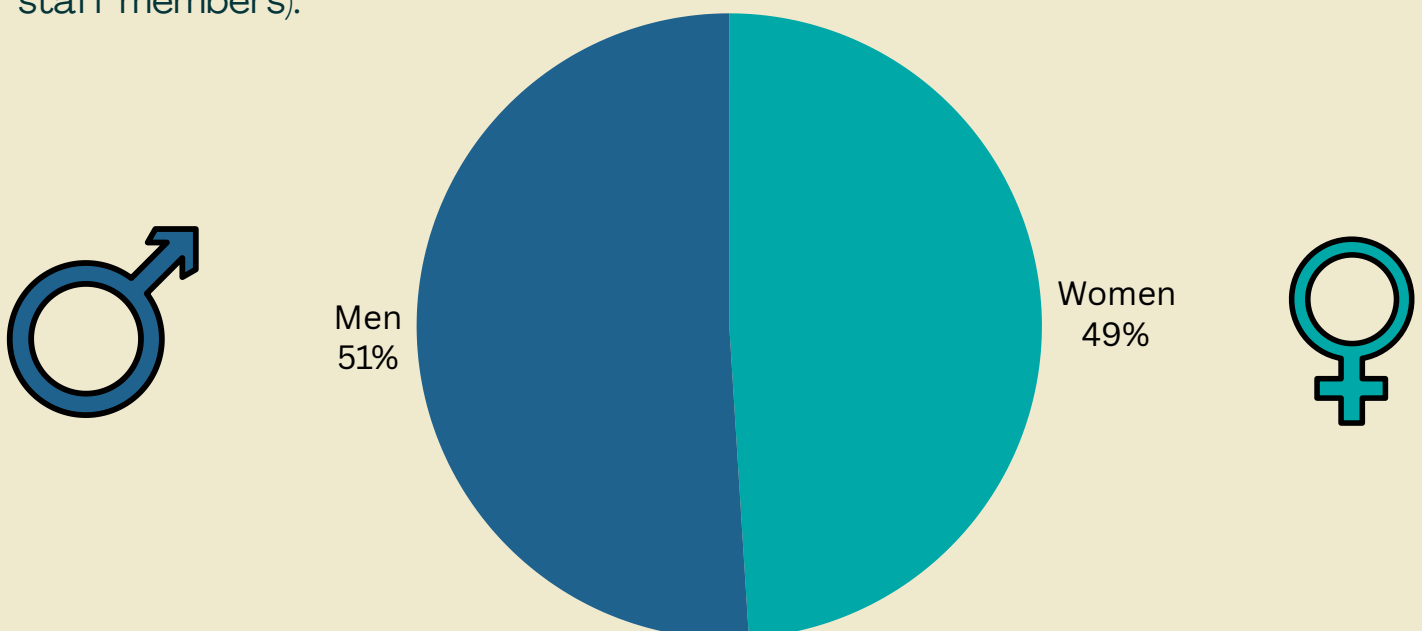
The gender pay gap reporting requirements are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people the Welsh Ambulance Services University NHS Trust must publish and report specific information about our gender pay gap both on our own website and the Government's website.

It is important to recognise and understand that the gender pay gap differs from equal pay. Equal pay means that men and women in the same employment performing 'equal work' must receive 'equal pay', as set out in the Equality Act 2010. It is unlawful to pay people unequally because of their gender. The NHS Agenda for Change job evaluation process evaluates the job and not the post holder. This job evaluation process looks at the job without any reference to gender or any other protected characteristic so equal pay is assured.

The gender pay gap is the difference between the average earnings of men and women across an organisation.

This data is provided as an annual snapshot of the gender pay gap between 1st April 2023 and 31st March 2024.

On the 31st March 2024, the Welsh Ambulance Service employed 2335 women and 2397 were men, therefore approximately 49% of the workforce was female and 51% were male. (This figure is inclusive of our substantive and bank staff members).



Snapshot data as of 31 March 2024

Women's mean hourly rate is 5.6% lower than men's. On average, women are paid an hourly rate of £18.60 in comparison to men who are paid £19.70.

In other words when comparing mean hourly rates, women get paid 94.5p for every £1 that men get paid.

Women's median hourly rate is 6.0% lower than men's. The median hourly rate of pay for women is £16.87 in comparison to men which is £17.95.

In other words when comparing median hourly rates, women get paid 93p for every £1 that men get paid.

No bonus payments were made therefore there is no mean or median bonus gender pay gap to report on bonus payments.



About mean and median

The mean hourly rate is the average hourly wage across the entire organisation, so the mean gender pay gap is a measure of the difference between women's mean hourly wage and men's mean hourly wage.

The median hourly rate is calculated by ranking all employees from the highest paid to the lowest paid, and taking the hourly wage of the person in the middle; so, the median gender pay gap is the difference between women's median hourly wage and men's median hourly wage.

Quartile Data

Pay quartiles are calculated by splitting all employees in the organisation into four even groups according to their level of pay. Looking at the proportion of women in each quartile gives an indication of women's representation at different levels of the organisation.

Quartile 1:
Lower quartile

50.85%	
49.15%	

**51% of the Lower
Quartile are Women**

Quartile 2:
Lower Middle Quartile

54.96%	
45.04%	

**55% of the Lower
Middle Quartile are Women**

Quartile 3:
Upper Middle Quartile

49.81%	
50.19%	

**50% of the Upper
Middle Quartile are Women**

Quartile 4:
Upper Quartile

40.82%	
59.18%	

**41% of the Upper
Quartile are Women**

Working Patterns

This table shows the ratios of male to female employees split between those working part time and full time. There is an important difference in the part time/full time split for males and females supporting the hypothesis that more women choose part time roles, and this is likely to be a reflection of caregiving responsibilities.

Gender	Female	Male
Part time	16%	11%
Full Time	33%	40%

This table demonstrates the ratio of male to female across the different pay bands in the organisation. In general, our differences across the pay bands are relatively small in terms of percentage. With the exception of bands 3, 5 and 8C, we have more men in each other pay band which is indicative of the gender pay gap across the Trust, particularly within our higher paid bands.

Pay Band	Female	Male
Other	0.21%	0.25%
Band 2	0.95%	1.23%
Band 3	17.69%	14.37%
Band 4	7.97%	9.62%
Band 5	4.78%	4.42%
Band 6	12.85%	12.79%
Band 7	2.96%	5.26%
Band 8a	1.04%	1.73%
Band 8b	0.55%	0.38%
Band 8c	0.23%	0.42%
Band 8d	0.13%	0.19%

Trend over time

When comparing the annual data over time, there is little fluctuation amongst the gender pay gap. We continue to work smarter to understand what is causing this gap and consider what we can do to reduce and eventually eliminate this gap in the future.

	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Women's mean hourly rate as % lower than men's.	5.3%	4.7%	5.5%	5.2%	6.7%	5.4%	5.6%
Women's mean hourly rate for every £1 that men get paid.	95p	95p	94p	95p	93p	94.5p	94.5p
Women's median hourly rate as % lower than men's.	11.2%	8.9%	9.9%	7.94%	7.29%	6.3%	6.0%
Women's median hourly rate for every £1 men get paid.	89p	91p	90p	92p	93p	93.7p	93p

Conclusion

When developing initiatives, it is essential to remember that we are many things and have different individual experiences. For example, women from ethnic minorities, women with a disability, and gay or trans women will have very different experiences. We need to be conscious of these unique experiences and intersectionality.

We continue the journey of improvement. We need to continue to embed our actions to improve the gender pay gap, promoting culture change and encouraging better employee experience across the Trust. Objectives have been set within our Strategic Equality Plan for 2024-2028 to ensure that we continue to work towards closing the gender pay gap.

**Only together may we begin to peel
back the layers of inequalities**



Make WAST a truly inclusive organisation



GIG
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NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

Adroddiad Bwlch Cyflog Rhwng y Rhywiau 2023-2024



Cymryd
perchnogaeth



Ehangu ein
dealltwriaeth



Parchu
eraill



Dangos Cred yn
ein gilydd



Ymarfer bod
yn Foesegol



Gwella ein
gwasanaeth yn
barhaus



Bod yn gynhwysol
o'r tîm cyfan

Tabl Cynnwys

—————Cyflwyniad

—————Ciplun o ddata

—————Ynghylch cymedr a chanolrif

—————Data chwartel

—————Tuedd dros amser

—————Casgliad

Cyflwyniad

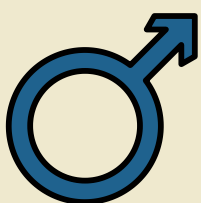
Amlinellir y gofynion adrodd ar y bwlch cyflog rhwng y rhywiau yn Rheoliadau Deddf Cydraddoldeb 2010 (Gwybodaeth Bwlch Cyflog Rhwng y Rhywiau) 2017. Fel sefydliad sy'n cyflogi mwy na 250 o bobl mae'n rhaid i Ymddiriedolaeth Prifysgol GIG Gwasanaethau Ambiwylans Cymru gyhoeddi ac adrodd ar wybodaeth benodol am ein bwlch cyflog rhwng y rhywiau ar ein gwefan ein hunain ac ar wefan y Llywodraeth.

Mae'n bwysig cydnabod a deall bod y bwlch cyflog rhwng y rhywiau yn wahanol i gyflog cyfartal. Mae cyflog cyfartal yn golygu bod yn rhaid i ddynion a menywod yn yr un gyflogaeth sy'n cyflawni 'gwaith cyfartal' gael 'cyflog cyfartal', fel y nodir yn y Ddeddf Cydraddoldeb 2010. Mae'n anghyfreithlon rhoi cyflog anghyfartal i bobl oherwydd eu rhyw. Mae proses gwerthuso swyddi Agenda ar gyfer Newid y GIG yn gwerthuso'r swydd ac nid deiliad y swydd. Mae'r broses gwerthuso swydd hon yn edrych ar y swydd heb unrhyw gyfeiriad at ryw nac unrhyw nodwedd warchodedig arall felly mae cyflog cyfartal yn cael ei sicrhau.

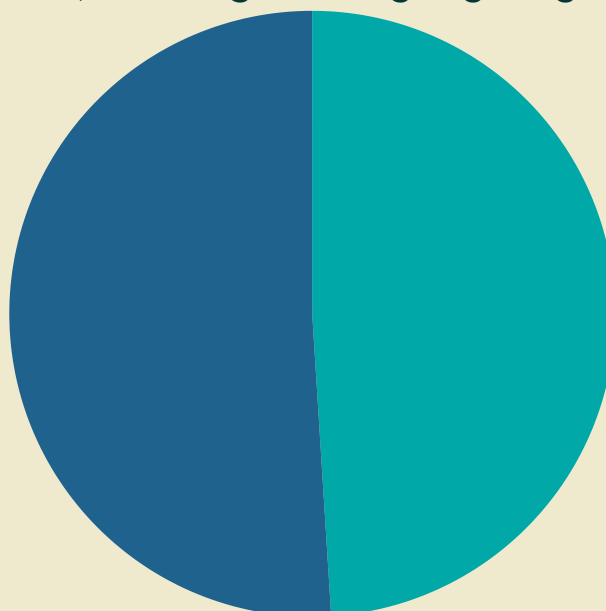
Y bwlch cyflog rhwng y rhywiau yw'r gwahaniaeth rhwng enillion cyfartalog dynion a menywod ar draws sefydliad.

Darperir y data hwn fel ciplun blynyddol o'r bwlch cyflog rhwng y rhywiau rhwng 1 Ebrill 2023 a 31 Mawrth 2024.

Ar 31 Mawrth 2024, roedd Gwasanaeth Ambiwylans Cymru yn cyflogi 2335 o fenywod ac roedd 2397 yn ddynion, felly roedd tua 49% o'r gweithlu yn fenywod a 51% yn ddynion. (Mae'r ffigwr hwn yn cynnwys ein haelodau staff parhaol a staff banc).



Dynion
51%



Menywod
49%



Ciplun o ddata ar 31 Mawrth 2024

Mae cyfradd gymedrig fesul awr menywod 5.6% yn is na chyfradd dynion. Ar gyfartaledd, telir cyfradd fesul awr o £18.60 i fenywod o gymharu â dynion sy'n cael eu talu £19.70.

Mewn geiriau eraill, wrth gymharu cyfraddau cymedrig fesul awr, mae menywod yn cael eu talu 94.5c am bob £1 y mae dynion yn cael eu talu.

Mae cyfradd ganolrifol fesul awr menywod 6.0% yn is na chyfradd dynion. Y gyfradd ganolrifol fesul awr ar gyfer menywod yw £16.87 o gymharu â dynion, sef £17.95.

Mewn geiriau eraill, wrth gymharu cyfraddau canolrifol fesul awr, mae menywod yn cael eu talu 93.7c am bob £1 y mae dynion yn cael eu talu.

Ni wnaed unrhyw daliadau bonws felly nid oes unrhyw fwllch cyflog bonws cymedrig na chanolrif rhwng y rhywiau i'w adrodd ar daliadau bonws.



Ynghylch cymedr a chanolrif

Y gyfradd gymedrig fesul awr yw'r cyflog fesul awr ar gyfartaledd ar draws y sefydliad cyfan, felly mae'r bwlch cyflog cymedrig rhwng y rhywiau yn fesur o'r gwahaniaeth rhwng cyflog cymedrig fesul awr menywod a chyflog cymedrig fesul awr dynion.

Cyfrifir y gyfradd ganolrifol fesul awr trwy restru pob gweithiwr yn nhrefn y cyflog uchaf i'r cyflog isaf, a chymryd cyflog fesul awr y person yn y canol; felly'r bwlch cyflog canolrifol rhwng y rhywiau yw'r gwahaniaeth rhwng cyflog canolrifol fesul awr menywod a chyflog canolrifol fesul awr dynion.

Data chwartel

Cyfrifir chwarteli cyflog drwy rannu holl weithwyr y sefydliad yn bedwar grŵp cyfartal yn ôl lefel eu cyflog. Mae edrych ar y gyfran o fenywod ym mhob chwartel yn rhoi syniad o gynrychiolaeth menywod ar wahanol lefelau o'r sefydliad.

Chwartel 1:
Chwartel isaf

50.85%	
49.15%	

Mae 51% o'r chwartel isaf yn fenywod

Chwartel 2:
Chwartel canol isaf

54.96%	
45.04%	

Mae 55% o'r chwartel canol isaf yn fenywod

Chwartel 3:
Chwartel canol uchaf

49.81%	
50.19%	

Mae 50% o'r chwartel canol uchaf yn fenywod

Chwartel 4:
Chwartel Uchaf

40.82%	
59.18%	

Mae 41% o'r chwartel uchaf yn fenywod

Patrymau gwaith

Mae'r tabl hwn yn dangos cymarebau gweithwyr gwrywaidd i fenywaidd wedi'u rhannu rhwng y rhai sy'n gweithio'n rhan amser ac yn llawn amser. Mae gwahaniaeth pwysig yn y rhaniad rhan amser/llawn amser ar gyfer gwrywod a benywod sy'n cefnogi'r ddamcaniaeth bod mwy o fenywod yn dewis rolau rhan amser, ac mae hyn yn debygol o fod yn adlewyrchiad o gyfrifoldebau gofalu.

Rhywedd	Benyw	Gwryw
Rhan amser	16%	11%
Llawn amser	33%	40%

Mae'r tabl hwn yn dangos y gymhareb o wrywod i fenywod ar draws y gwahanol fandiau cyflog yn y sefydliad. Yn gyffredinol, mae ein gwahaniaethau ar draws y bandiau cyflog yn gymharol fach o ran canran. Ac eithrio bandiau 3, 5 ac 8C, mae gennym fwy o ddynion ym mhob band cyflog arall sy'n arwydd o'r bwlch cyflog rhwng y rhywiau ar draws yr Ymddiriedolaeth, yn enwedig o fewn ein bandiau cyflog uwch.

Band Cyflog	Benyw	Gwryw
Arall	0.21%	0.25%
Band 2	0.95%	1.23%
Band 3	17.69%	14.37%
Band 4	7.97%	9.62%
Band 5	4.78%	4.42%
Band 6	12.85%	12.79%
Band 7	2.96%	5.26%
Band 8a	1.04%	1.73%
Band 8b	0.55%	0.38%
Band 8c	0.23%	0.42%
Band 8d	0.13%	0.19%

Tuedd dros amser

Wrth gymharu'r data blynyddol dros amser, mae amrywiad bach ymhlith y bwlch cyflog rhwng y rhywiau. Rydym yn parhau i weithio'n gallach i ddeall beth sy'n achosi'r bwlch hwn ac ystyried beth y gallwn ei wneud i leihau'r bwlch hwn ac yn y pen draw ei ddileu yn y dyfodol.

	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Cyfradd gymedrig fesul awr menywod fel % yn is na chyfradd dynion.	5.3%	4.7%	5.5%	5.2%	6.7%	5.4%	5.6%
Cyfradd gymedrig fesul awr menywod ar gyfer pob £1 y mae dynion yn cael eu talu.	95c	95c	94c	95c	93c	94.5c	94.5c
Cyfradd ganolrifol fesul awr menywod fel % yn is na chyfradd dynion.	11.2%	8.9%	9.9%	7.94%	7.29%	6.3%	6.0%
Cyfradd ganolrifol fesul awr menywod ar gyfer pob £1 y mae dynion yn cael eu talu.	89c	91c	90c	92c	93c	93.7c	93c

Casgliad

Wrth ddatblygu mentrau, mae'n hanfodol cofio ein bod yn llawer o bethau a bod gennym brofiadau unigol gwahanol. Er enghraifft, bydd menywod o leiafrifoedd ethnig, menywod ag anabledd, a menywod hoyw neu drawsrywiol yn cael profiadau gwahanol iawn. Mae angen inni fod yn ymwybodol o'r profiadau unigryw hyn a'r croestoriadedd.

Rydym yn parhau ar y daith o welliant. Mae angen i ni barhau i ymgorffori ein camau gweithredu i wella'r bwlch cyflog rhwng y rhywiau, hyrwyddo newid diwylliannol ac annog gwell profiad i weithwyr ar draws yr Ymddiriedolaeth. Mae amcanion wedi'u pennu yn ein Cynllun Cydraddoldeb Strategol ar gyfer 2024-2028 i sicrhau ein bod yn parhau i weithio tuag at gau'r bwlch cyflog rhwng y rhywiau.

**Dim ond gyda'n gilydd y gallwn
ddechrau pilio'r haenau o
anghydraddoldebau yn ôl**



Gwneud WAST yn sefydliad gwirioneddol gynhwysol



GIG
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Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

WORKFORCE EQUALITY MONITORING REPORT 2023/2024



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Table of Contents



Introduction



Background



Equality data of current
workforce



Equality data of people who
have joined and left the Trust



Introduction

We are pleased to present the Welsh Ambulance University NHS Services Trust's Workforce Equality Monitoring Report for 2023–2024.

This report provides equality monitoring data in line with the requirements of the Equality Act 2010 and the Public Sector Equality Duty.

Built on TeamWAST Cultural DNA:

Through effective strategy, communication, ways of working and behaviours, these are what we want to continually develop in our culture at WAST

A Clear Purpose

Pride in what we achieve

A Strong Community

Commitment to each other

A Healthy Workplace

Compassion and care for each other

A Professional Service

Everyone able to play their part

A Developing Workforce

Growth and opportunity for everyone

Background

The Equality Act 2010 and Public Sector Equality Duty require all public bodies to produce an annual report by 31st March each year. Public bodies should demonstrate in their annual reports to what extent they have been able to meet the three main objectives of the Duty. These are:

- To eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- To advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- To foster good relations between people who share a protected characteristic and people who do not share it.

The annual report also provides public bodies with the opportunity to:

- Monitor and review progress;
- Monitor and review the effectiveness and appropriateness of arrangements;
- Review objectives and processes in light of new legislation and other new developments;
- Engage with stakeholders around these issues, providing partners and the public with transparency.

Welsh Ambulance Service University NHS Trust has published its Strategic Equality Plan Annual Report which outlines our achievements and the progress made towards meeting the objectives of the Public Sector Equality Duty. This report can be found on our website.

This report provides information on our workforce data. This allows us to look at the diversity of our workforce which can be used to identify gaps and areas for improvement. We recognise that in order to fully understand and meet the needs of our service users, our workforce needs to be reflective of the population we serve.



EQUALITY DATA



The information in this report provides a breakdown of our workforce equality data in the following areas:

- Staff in post and their protected characteristics
- Working pattern broken down by sex
- Staff who have joined the Trust with a protected characteristic
- Staff who have left the Trust with a protected characteristic

It is important to note that the data included in this report uses the data stored in our electronic staff record system. It is entirely voluntary for individual members of staff to choose whether they wish to upload this data to their personal records. Upon analysis of the data held on our system, we know that there are many members of staff who have not provided personal data on the equality monitoring section of their staff records.

Data capture is an area that has been identified for improvement. The Trust acknowledges that it must do more to increase employee confidence in sharing this data, in providing assurance to staff on how the data will be used and ensuring confidentiality.

The data provided in this report is based on the total headcount of staff as at 31st March 2024 which was 4325. Please note that this figure does not include our bank members of staff.

EQUALITY DATA

“

Staff from Black Asian and Minority
Ethnic backgrounds decreased from
1.83% to 1.36%

”

“

Women increased
from 49% to 50%

”

“

Staff with a disability
increased from
5.93% to 6.75%

”

“

Staff who identify as LGB+
increased from
5.32% to 5.6%

”

Please note: The ESR system currently does not have the data fields to allow for the collection of data on gender reassignment or gender identity. The Trust has requested that any new systems are inclusive of all gender identities. Plans are already underway nationally to replace the current ESR system

Banding and Contracts by Gender

Further information on gender can be found in our Gender Pay Gap report 2022/2023

Pay band	Female %	Male %
Band 2	0.95%	1.23%
Band 3	17.69%	14.37%
Band 4	7.97%	9.62%
Band 5	4.78%	4.42%
Band 6	12.85%	12.79%
Band 7	2.96%	5.26%
Band 8A	1.04%	1.73%
Band 8B	0.55%	0.38%
Band 8C	0.23%	0.42%
Band 8D	0.13%	0.42%
Other	0.21%	0.25%

Contact Type	Female %	Male %
Unspecified	0.00%	0.00%
Part Time	16.04%	11.07%
Full Time	33.31%	39.58%

Age

Age Band	Headcount	%	FTE
<=20 Years	51	1.8%	49.28
21-25	282	6.52%	270.09
26-30	475	10.98%	452.71
31-35	539	12.46%	507.19
36-40	472	10.91%	444.68
41-45	423	9.78%	398.45
46-50	552	12.76%	531.52
51-55	612	14.15%	579.81
56-60	536	12.39%	489.75
61-65	309	7.14%	252.42
66-70	63	1.46%	47.67
>=71 Years	11	0.25%	7.62%
Grand Total	4325	100.00%	4031.19

Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	123	2.84	113.96
Divorced	268	6.20	244.96
Legally Separated	57	1.32	52.81
Married	2,003	46.31	1844.88
Single	1,515	35.03	1438.21
Unknown	272	6.29	255.05
Unspecified	56	1.29	53.56
Widowed	31	0.72	27.75
Grand Total	4,325	100.00	4031.19

Religion and Belief

Religion and Belief	Headcount	%	FTE
Atheism	1,035	23.93	980.43
Buddhism	13	0.30	12.64
Christianity	1,862	43.05	1722.07
Hinduism	1	0.02	1.00
Islam	9	0.21	9.00
Judaism	1	0.02	1.00
Not Disclosed	769	17.78	724.62
Other	472	10.91	445.13
Sikhism	1	0.02	1.00
Unspecified	162	3.75	134.30
Grand Total	4,325	100.00	4031.19

Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	79	1.83	74.12
Gay or Lesbian	155	3.58	147.97
Heterosexual or Straight	3,495	80.81	3265.82
Not Disclosed	426	9.85	401.68
Other sexual orientation not listed	8	0.18	8.00
Undecided	8	0.18	7.80
Unspecified	154	3.56	125.80
Grand Total	4,325	100.00	4031.19

Ethnicity

Ethnic Group	Headcount	%	FTE
A White – British	3,202	74.03%	3001.12
B White – Irish	23	0.53%	21.06
C White – Any other White background	58	1.34%	56.53
C2 White Northern Irish	2	0.05%	2.00
C3 White Unspecified	50	1.16%	44.60
CA White English	39	0.90%	35.11
CB White Scottish	2	0.05%	2.00
CC White Welsh	416	9.62%	382.94
CY White Other European	2	0.05%	1.80
D Mixed – White & Black Caribbean	4	0.09%	4.00
E Mixed – White & Black African	2	0.05%	1.40
F Mixed – White & Asian	8	0.18%	7.64
G Mixed – Any other mixed background	13	0.30%	11.64
GC Mixed – Black & White	1	0.02%	1.00
GD Mixed – Chinese & White	1	0.02%	0.61
GF Mixed – Other/Unspecified	1	0.02%	1.00
H Asian or Asian British – Indian	5	0.12%	4.40
J Asian or Asian British – Pakistani	4	0.09%	4.00
K Asian or Asian British – Bangladeshi	1	0.02%	1.00
L Asian or Asian British – Any other Asian background	1	0.02%	1.00
LH Asian British	1	0.02%	1.00
M Black or Black British – Caribbean	2	0.05%	1.84
N Black or Black British – African	7	0.16%	7.00
R Chinese	3	0.07%	2.10
S Any Other Ethnic Group	4	0.09%	4.00
SE Other Specified	1	0.02%	1.00
Unspecified	188	4.35%	157.83
Z Not Stated	284	6.57%	271.56
Grand Total	4,325	100.00%	4031.19

Disability

Disability Flag	Headcount	%	FTE
No	3,365	77.80	3148.20
Not Declared	389	8.99	365.90
Prefer Not To Answer	21	0.49	20.15
Unspecified	258	5.97	221.84
Yes	292	6.75	275.09
Grand Total	4,325	100.00	4031.19

People who have joined the Trust

Between 1st April 2023 – 31st March 2024, 458 staff were appointed to positions within the Trust.

62% were Female
38% were Male

6.4% identified
as LGB+

3.4% were from
Black, Asian
Minority Ethnic
background

8.7% had a
disability.



People who have left the Trust

Between 1st April 2023 – 31st March 2024, 397 staff members left the Trust.

53.1% were
female

4.8% identified
as LGB+

1.3% were from
Black, Asian
Minority Ethnic
background

8.6% had a
disability.





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Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

ADRODDIAD MONITRO CYDRADDOLDEB Y GWEITHLU 2023/2024



Cymryd
perchnogaeth



Ehangu ein
dealltwriaeth



Parchu
eraill



Dangos Cred yn
ein gilydd



Ymarfer bod
yn Foesegol



Gwella ein
gwasanaeth yn
barhaus



Bod yn gynhwysol
o'r tîm cyfan

Tabl Cynnwys



Cyflwyniad



Cefndir



Data cydraddoldeb y gweithlu
presennol



Data cydraddoldeb pobl sydd wedi
ymuno â'r Ymddiriedolaeth ac sydd wedi
gadael



Cyflwyniad

Mae'n bleser gennym gyflwyno Adroddiad Monitro Cydraddoldeb y Gweithlu Ymddiriedolaeth Prifysgol GIG Gwasanaethau Ambiwylans Cymru ar gyfer 2023-2024.

Mae'r adroddiad hwn yn darparu data monitro cydraddoldeb yn unol â gofynion y Ddeddf Cydraddoldeb 2010 a Dyletswydd Cydraddoldeb y Sector Cyhoeddus.

Seiliedig ar DNA Diwylliannol TîmWAST

Trwy strategaeth effeithiol, cyfathrebu, ffyrdd o weithio ac ymddygiadau, dyma'r hyn yr ydym yn ei ddatblygu'n barhaus yn ein diwylliant yn WAST



Mae'r Ddeddf Cydraddoldeb 2010 a Dyletswydd Cydraddoldeb y Sector Cyhoeddus yn ei gwneud yn ofynnol i bob corff cyhoeddus gynhyrchu adroddiad blynyddol erbyn 31 Mawrth bob blwyddyn. Dylai cyrff cyhoeddus ddangos yn eu hadroddiadau blynyddol i ba raddau y maent wedi gallu bodloni tri phrif amcan y Ddyletswydd. Y rhain yw:

- Cael gwared ar wahaniaethu anghyfreithlon, aflonyddu, erledigaeth ac unrhyw ymddygiad arall a waherddir gan y Ddeddf;
- Hyrwyddo cydraddoldeb cyfle rhwng y bobl sy'n rhannu nodwedd warchodedig a'r rhai nad ydynt; a
- Meithrin perthnasoedd da rhwng y bobl sy'n rhannu nodwedd warchodedig a'r rhai nad ydynt.

Mae'r adroddiad blynyddol hefyd yn rhoi cyfle i gyrff cyhoeddus:

- Monitro ac adolygu cynnydd;
- Monitro ac adolygu effeithiolrwydd a phriodoldeb trefniadau;
- Adolygu amcanion a phrosesau yng ngoleuni deddfwriaeth newydd a datblygiadau newydd eraill;
- Ymgysylltu â rhanddeiliaid ynghylch y materion hyn, gan ddarparu tryloywder i bartneriaid a'r cyhoedd.

Mae Ymddiriedolaeth Prifysgol GlG Gwasanaethau Ambiwlans Cymru wedi cyhoeddi Adroddiad Blynyddol ei Chynllun Cydraddoldeb Strategol sy'n amlinellu ein cyflawniadau a'r cynnydd a wnaed tuag at gyflawni amcanion Dyletswydd Cydraddoldeb y Sector Cyhoeddus. Gellir dod o hyd i'r adroddiad hwn ar ein gwefan.

Mae'r adroddiad hwn yn rhoi gwybodaeth am ein data gweithlu. Mae hyn yn ein galluogi i edrych ar amrywiaeth ein gweithlu y gellir ei ddefnyddio i nodi bylchau a meysydd i'w gwella. Rydym yn cydnabod bod angen i'n gweithlu adlewyrchu'r boblogaeth yr ydym yn ei gwasanaethu er mwyn deall a diwallu anghenion ein defnyddwyr gwasanaeth yn llawn.



DATA CYDRADDOLDEB



Mae'r wybodaeth yn yr adroddiad hwn yn rhoi dadansoddiad o'n data cydraddoldeb gweithlu yn y meysydd canlynol:

- Staff mewn swydd a'u nodweddion gwarchodedig
- Patrwm gwaith wedi'i ddadansoddi yn ôl rhyw
- Staff sydd wedi ymuno â'r Ymddiriedolaeth gyda nodwedd warchodedig
- Staff sydd wedi gadael yr Ymddiriedolaeth gyda nodweddion gwarchodedig

Mae'n bwysig nodi bod y data a gynhwysir yn yr adroddiad hwn yn defnyddio'r data sydd wedi'i storio yn ein system cofnodion staff electronig. Mae'n gwbl wirfoddol i aelodau unigol o staff ddewis a ydynt am lanlwytho'r data hwn i'w cofnodion personol. Ar ôl dadansoddi'r data a gedwir ar ein system, rydym yn gwybod bod llawer o aelodau staff nad ydynt wedi darparu data personol yn yr adran monitro cydraddoldeb yn eu cofnodion staff.

Mae casglu data yn faes sydd wedi'i nodi ar gyfer gwella. Mae'r Ymddiriedolaeth yn cydnabod bod yn rhaid iddi wneud mwy i gynyddu hyder cyflogeion wrth ddarparu'r data hwn a rhoi sicrwydd i staff ynghylch sut y caiff y data ei ddefnyddio a sicrhau cyfrinachedd.

Mae'r data a ddarperir yn yr adroddiad hwn yn seiliedig ar gyfanswm nifer y staff ar 31 Mawrth 2024 sef 4325. Sylwer nad yw'r ffigur hwn yn cynnwys ein haelodau staff banc.

DATA CYDRADDOLDEB

“

Gostyngodd nifer y staff o
gefndiroedd Du Asiaidd a Lleiafrifoedd
Ethnig o 1.83% i 1.36%

”

“

Cynyddodd nifer y
menywod o 49% i 50%

“

Cynyddodd staff ag
anabledd o
5.93% i 6.75%

”

”

“

Cynyddodd staff sy'n nodi eu bod
yn LHD+ o 5.32% i 5.6%

”

Nodwch os gwelwch yn dda: Ar hyn o bryd nid oes gan y system ESR y meysydd data i ganiatáu ar gyfer casglu data ar ailbennu rhywedd neu hunaniaeth rhywedd. Mae'r Ymddiriedolaeth wedi gofyn i unrhyw systemau newydd gynnwys pob hunaniaeth o ran rhywedd. Mae cynlluniau eisoes ar y gweill yn genedlaethol i ddisodli'r system ESR bresennol gydag un newydd.

Bandiau cyflog a Chontractau yn ôl Rhywedd

Ceir rhagor o wybodaeth am rywedd yn ein hadroddiad Bwlch Cyflog rhwng y Rhywiau 2023-2024

Band Cyflog	% Benyw	% Gwryw
Band 2	0.95%	1.23%
Band 3	17.69%	14.37%
Band 4	7.97%	9.62%
Band 5	4.78%	4.42%
Band 6	12.85%	12.79%
Band 7	2.96%	5.26%
Band 8A	1.04%	1.73%
Band 8B	0.55%	0.38%
Band 8C	0.23%	0.42%
Band 8D	0.13%	0.42%
Arall	0.21%	0.25%

Math o Gontract	% Benyw	% Gwryw
Amhenodol	0.00%	0.00%
Rhan amser	16.04%	11.07%
Llawnd amser	33.31%	39.58%

Oedran

Band oedran	Nifer o bobl	%	Cyfwerth ag amser llawn
<=20 mlwydd oed	51	1.8%	49.28
21-25	282	6.52%	270.09
26-30	475	10.98%	452.71
31-35	539	12.46%	507.19
36-40	472	10.91%	444.68
41-45	423	9.78%	398.45
46-50	552	12.76%	531.52
51-55	612	14.15%	579.81
56-60	536	12.39%	489.75
61-65	309	7.14%	252.42
66-70	63	1.46%	47.67
>=71 mlwydd oed	11	0.25%	7.62%
Cyfanswm terfynol	4325	100.00%	4031.19

Statws Priodasol

Statws Priodasol	Nifer o bobl	%	Cyfwerth ag amser llawn
Mewn partneriaeth sifil	123	2.84	113.96
Wedi ysgaru	268	6.20	244.96
Wedi gwahanu'n gyfreithiol	57	1.32	52.81
Yn briod	2,003	46.31	1844.88
Yn sengl	1,515	35.03	1438.21
Anhysbys	272	6.29	255.05
Amhenodol	56	1.29	53.56
Yn weddw	31	0.72	27.75
Cyfanswm terfynol	4,325	100.00	4031.19

Crefydd a Chred

Crefydd a Chred	Nifer o bobl	%	Cyfwerth ag amser llawn
Anffyddiaeth	1,035	23.93	980.43
Bwdhaeth	13	0.30	12.64
Cristnogaeth	1,862	43.05	1722.07
Hindŵaeth	1	0.02	1.00
Islam	9	0.21	9.00
Iddewiaeth	1	0.02	1.00
Heb ddatgan	769	17.78	724.62
Arall	472	10.91	445.13
Siciaeth	1	0.02	1.00
Amhenodol	162	3.75	134.30
Cyfanswm terfynol	4,325	100.00	4031.19

Cyfeiriadedd Rhywiol

Cyfeiriadedd Rhywiol	Nifer o bobl	%	Cyfwerth ag amser llawn
Deurywiol	79	1.83	74.12
Hoyw neu Lesbiaidd	155	3.58	147.97
Heterorywiol neu Syth	3,495	80.81	3265.82
Heb ddatgan	426	9.85	401.68
Cyfeiriadedd rhywiol arall nad yw wedi'i restru	8	0.18	8.00
Heb benderfynu	8	0.18	7.80
Amhenodol	154	3.56	125.80
Cyfanswm terfynol	4,325	100.00	4031.19

Ethnigrwydd

Grŵp Ethnig	Nifer o bobl	%	Cyfwerth ag amser llawn
A Gwyn - Prydeinig	3,202	74.03%	3001.12
B Gwyn - Gwyddelig	23	0.53%	21.06
C Gwyn - unrhyw gefndir Gwyn arall	58	1.34%	56.53
C2 Gwyn Gwyddel/Gwyddeles o Ogledd Iwerddon	2	0.05%	2.00
C3 Gwyn Amhenodol	50	1.16%	44.60
CA Gwyn Seisnig	39	0.90%	35.11
CB Gwyn Albanaidd	2	0.05%	2.00
CC Gwyn Cymreig	416	9.62%	382.94
CY Gwyn Ewropeaidd Arall	2	0.05%	1.80
D Cymysg – Gwyn a Du Caribïaidd	4	0.09%	4.00
E Cymysg – Gwyn a Du Affricanaidd	2	0.05%	1.40
F Cymysg – Gwyn ac Asiaidd	8	0.18%	7.64
G Cymysg – Unrhyw gefndir cymysg arall	13	0.30%	11.64
GC Cymysg - Du a Gwyn	1	0.02%	1.00
GD Cymysg - Tsieineaidd a Gwyn	1	0.02%	0.61
GF Cymysg - Arall/Amhenodol	1	0.02%	1.00
H Asiaidd neu Asiaidd Prydeinig – Indiaidd	5	0.12%	4.40
J Asiaidd neu Asiaidd Prydeinig – Pacistanaidd	4	0.09%	4.00
K Asiaidd neu Asiaidd Prydeinig – Bangladeshaidd	1	0.02%	1.00
L Asiaidd neu Asiaidd Prydeinig – unrhyw gefndir Asiaidd arall	1	0.02%	1.00
LH Asiaidd Prydeinig	1	0.02%	1.00
M Du neu Ddu Prydeinig – Caribïaidd	2	0.05%	1.84
N Du neu Ddu Prydeinig – Affricanaidd	7	0.16%	7.00
R Tsieineaidd	3	0.07%	2.10
S Unrhyw grŵp ethnig arall	4	0.09%	4.00
SE Arall Penodedig	1	0.02%	1.00
Amhenodol	188	4.35%	157.83
Z Heb ei nodi	284	6.57%	271.56
Cyfanswm terfynol	4,325	100.00%	4031.19

Anabledd

Anabledd	Nifer o bobl	%	Cyfwerth ag amser llawn
Nac oes	3,365	77.80	3148.20
Heb ddatgan	389	8.99	365.90
Mae'n well gan y person beidio ag ateb	21	0.49	20.15
Amhenodol	258	5.97	221.84
Oes	292	6.75	275.09
Cyfanswm terfynol	4,325	100.00	4031.19

Pobl sydd wedi ymuno â'r Ymddiriedolaeth

Rhwng 1 Ebrill 2023 a 31 Mawrth 2024, penodwyd 458 o staff i swyddi o fewn yr Ymddiriedolaeth.



Roedd 62% yn fenywod
Roedd 38% yn ddynion

Dywedodd 6.4%
eu bod yn LHD+



Roedd 3.4% o
gefndir Du,
Asiaidd a
Lleiafrifoedd
Ethnig

Roedd gan 8.7%
anabledd.



Pobl sydd wedi gadael yr Ymddiriedolaeth



Rhwng 1 Ebrill 2023 a 31 Mawrth 2024, gadawodd 397 o aelodau staff yr Ymddiriedolaeth.



Roedd 53.1% yn fenywod

Dywedodd 4.8% eu bod yn LHD+



Roedd 1.3% o gefndir Du, Asiaidd a Lleiafrifoedd Ethnig

Roedd gan 8.6% anabledd.





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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
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**YMDDIRIEDOLAETH
BRIFYSGOL GIG GWASANAETHAU
AMBIWLANS CYMRU**

**ADRODDIAD BLYNYDDOL
SAFONAU'R GYMRAEG
2023-2024**

Cynnwys

Rhagair.....	3
1. Cyflwyniad	4
2. Amdanom ni.....	4
3. Cefndir Safonau'r Gymraeg	5
4. Cynllun Gweithredu Mwy na geiriau 2022-27.....	5
5. Atebolrwydd a Chymorth	6
6. Cydymffurfio â'r Safonau Cyflenwi Gwasanaethau (Safonau 1 – 77).....	8
7. Cydymffurfedd â'r Safonau Llunio Polisi (Safonau 69 – 77).....	18
8. Cydymffurfedd â'r Safonau Gweithredol (Safonau 97- 114).....	19
9. Cwynion (Safon 115)	27
10. Blaenoriaethau ar gyfer 2024-2025	28

Rhagair

Croeso!

Fel Cadeirydd a Phrif Weithredwr Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwylans Cymru, mae'n bleser gennym gyflwyno ein pumed adroddiad ar weithredu Safonau'r Gymraeg.

Mae Mesur y Gymraeg (Cymru) 2011 yn gosod fframwaith cyfreithiol sy'n gosod dyletswydd ar Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru, ynghyd â sefydliadau cyhoeddus eraill, i gydymffurfio â'r Safonau sy'n ymwneud â'r Gymraeg ac yn rhoi cyfle i atgyfnerthu'r gofynion a gwella ansawdd ac argaeledd gwasanaethau trwy gyfrwng y Gymraeg.

Mae'r Gymraeg yn ymddangos eto yn y Cynllun Tymor Canolig Integredig ar gyfer 2024-27, gan ei fod bellach yn yr ail flwyddyn o gynllun tair blynedd. Y bwriad ar gyfer 2024/25 yw adeiladu amgylchedd lle gall y Gymraeg ffynnu. Bydd hyn yn sicrhau ein bod yn canolbwyntio ar newid diwylliannol i ysgogi cydymffurfedd â safonau.

Fe wnaethom wella ein cydymffurfedd â Safonau'r Gymraeg a'n darpariaeth o Gynnig Rhagweithiol drwy ganoli ein gwasanaeth cyfieithu yn 2023 gyda recriwtio Cyfieithydd Cymraeg. Mae hyn wedi cynyddu ein gallu i ddarparu gwasanaethau dwyieithog i'n defnyddwyr gwasanaeth ac i'n staff.

Roedd ein cyfarfod blynyddol gyda Swyddfa Comisiynydd y Gymraeg yn Nhŷ Elwy ym mis Chwefror 2024 yn gadarnhaol, a gofynnwyd i'r Ymddiriedolaeth rannu arfer da ar ateb galwadau yn Gymraeg yn y gwasanaeth 111, ac ar ein gwaith ar recriwtio dwyieithog.

Mae cynnydd wedi'i wneud wrth ddatblygu Fframwaith Iaith Gymraeg yr Ymddiriedolaeth, gan gynnwys Polisi Iaith Gymraeg cyntaf yr Ymddiriedolaeth, gyda gweledigaeth i ddarparu gwasanaethau a fydd yn bodloni anghenion siaradwyr Cymraeg trwy sicrhau eu bod yn gallu derbyn gwasanaethau yn eu hiaith eu hunain.

Mae'r Adroddiad Blynyddol hwn yn nodi ein cydymffurfedd â'r Safonau ac fe'i cefnogir gan ddata ar gyfer y cyfnod adrodd 1 Ebrill 2023 i 31 Mawrth 2024. Rydym yn cydnabod ein bod wedi gwneud cynnydd, ond mae gwelliannau pellach ar y gweill i wella darpariaeth ein gwasanaethau Cymraeg. Er mwyn cyflawni'r gwelliannau hyn, rydym wedi bod yn gweithio'n agos gyda Chomisiynydd y Gymraeg i sefydlu datrysiadau sy'n diwallu ein hanghenion gweithredol ac yn sicrhau hawliau siaradwyr Cymraeg.

Mae'r adroddiad hwn hefyd yn adlewyrchu effaith gadarnhaol gweithredu'r cynllun Mwy na geiriau a'r egwyddor "Cynnig Rhagweithiol", sy'n golygu darparu gwasanaeth cyfrwng Cymraeg heb i'r defnyddiwr gwasanaeth orfod gofyn amdano.



Colin Dennis
Cadeirydd



Jason Killens
Prif Swyddog Gweithredol

1. Cyflwyniad

Dyma bumed Adroddiad Blynyddol gwaith Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru sy'n dangos sut mae Safonau'r Gymraeg wedi'u gweithredu.

Ar 30 Mai 2019, symudodd yr Ymddiriedolaeth o weithredu ei Chynllun Iaith Gymraeg o dan Ddeddf yr Iaith Gymraeg 1993 i weithredu Safonau'r Gymraeg fel rhan o Fesur y Gymraeg (Cymru) 2011.

Mae'r Ymddiriedolaeth wedi parhau i ymateb yn gadarnhaol i Safonau'r Gymraeg gan ei bod yn rhoi cyfle i atgyfnerthu a gwella ansawdd ac argaeledd ei gwasanaethau trwy gyfrwng y Gymraeg.

2. Amdanom ni

Mae'r Ymddiriedolaeth yn darparu gwasanaethau gofal iechyd i bobl ledled Cymru, gan ddarparu gofal clinigol o ansawdd uchel sy'n cael ei arwain gan gleifion lle bynnag a phryd bynnag y bo angen.

Mae'r gwasanaethau'n cynnwys y canlynol:

- Y gwasanaethau ambiwlans brys golau glas: gan gynnwys cymryd galwadau, ymgynghori clinigol o bell, gweld a thrin ac, os oes angen, cludo i ysbyty priodol neu gyfleuster trin priodol.

- Y Gwasanaeth Cludiant Cleifion Di-frys (NEPTS): gan gynnwys cymryd galwadau, cynllunio teithiau, comisiynu gwasanaethau, mynd â chleifion i apwyntiadau ysbyty ac oddi yno, a'u trosglwyddo rhwng ysbytai a chyfleusterau trin.
- Y gwasanaeth 111: gwefan a gwasanaeth ffôn rhad ac am ddim, sy'n borth llinell gyntaf i daith claf o fewn y system iechyd a gofal, gan roi'r cyngor neu'r atgyfeiriad iawn i'r claf.
- Mae'r Ymddiriedolaeth hefyd yn cefnogi gwirfoddolwyr: Ymatebwr Cyntaf yn y Gymuned, Cyd-ymatebwyr ac Ymatebwyr mewn Lifrai i ddarparu adnoddau ymateb ychwanegol ar gyfer galwadau brys a gwasanaeth ceir gwirfoddol i gynorthwyo â chludo cleifion i apwyntiadau wedi'u trefnu.

3. Cefndir Safonau'r Gymraeg

O dan Fesur y Gymraeg (Cymru) 2011, mae'n ofynnol i bob sefydliad gwasanaeth cyhoeddus yng Nghymru gydymffurfio â dyletswyddau iaith, sy'n sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg. Mae'r dyletswyddau'n annog hybu'r Gymraeg, y defnydd o'r Gymraeg o fewn gweinyddiaeth fewnol ac yn ei gwneud yn ofynnol bod darpariaeth yn cael ei gwneud ar gyfer hygyrchedd y Gymraeg i'r cyhoedd.

Mae adran 44 o fesur 2011 yn caniatáu i Gomisiynydd y Gymraeg ddyroddi hysbysiad cydymffurfio sy'n ei gwneud yn ofynnol i gorff gydymffurfio ag un neu ragor o safonau sy'n benodol gymwys iddo. Yna cyflwynwyd Rheoliadau Safonau'r Gymraeg (Rhif 7) 2018 i sefydliadau'r sector iechyd yng Nghymru.

4. Cynllun Gweithredu Mwy na geiriau 2022-27

Ers lansio **Cynllun Gweithredu Mwy na Geiriau 2022-27** Llywodraeth Cymru yn 2022, mae'r Ymddiriedolaeth wedi ymrwymo i gyflawni'r camau hynny fel bod y 'cynnig rhagweithiol' yn rhan annatod o ansawdd gwasanaethau a chyflawni gwasanaethau ar draws yr Ymddiriedolaeth lle mae gwasanaethau'n cael eu darparu yn Gymraeg heb i rywun orfod gofyn amdano. Mae'n gyfrifoldeb ar bawb sy'n darparu gwasanaethau gofal i bobl a'u teuluoedd ledled Cymru i ddarparu'r Cynnig Rhagweithiol. Mae hyn yn cynnwys gwasanaethau iechyd, gwasanaethau gofal cymdeithasol a gwasanaethau cymdeithasol.

Ym mis Chwefror 2024 nododd Pwyllgor Pobl a Diwylliant yr Ymddiriedolaeth Adroddiad Blynyddol Mwy na geiriau 2022-23 Llywodraeth Cymru a chafodd sicrwydd yn erbyn cynnydd yr Ymddiriedolaeth o ran cyflawni ei hymrwymiaidau i'r

cynllun a oedd yn cynnwys crynodeb o gynllun gwella ateb galwadau yn Gymraeg y gwasanaeth 111.

Yn ystod cyfnod adrodd yr adroddiad hwn mae ein Hamcanion Cydraddoldeb Strategol newydd ar gyfer 2024-2028 wedi cael eu datblygu fel nodau troswaol ar gyfer yr Ymddiriedolaeth mewn perthynas â chydraddoldeb, amrywiaeth a chynhwysiant. O fewn yr Ymddiriedolaeth, rydym yn cydnabod y cysylltiadau rhwng ein gofynion iaith Gymraeg a'r rhai sy'n ymwneud â chydraddoldeb. Rydym wedi datblygu cynllun gweithredu a fydd yn eistedd o dan y Cynllun Cydraddoldeb Strategol ac wedi cynnwys nifer o gamau gweithredu yn ymwneud â'r Gymraeg sy'n gysylltiedig â'n hamcanion Cynllun Cydraddoldeb Strategol ac sy'n ychwanegol at y cynllun gweithredu Mwy na geiriau.

5. Atebolrwydd a Chymorth

5.1 Arweinwyr a Hyrwyddwyr y Gymraeg

Ochr yn ochr â Rheolwr Gwasanaethau'r Gymraeg yr Ymddiriedolaeth, Trish Mills, Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd Bwrdd yr Ymddiriedolaeth, yw'r arweinydd gweithredol dros y Gymraeg sydd wedi bod yn allweddol wrth hyrwyddo datblygiad Fframwaith Iaith Gymraeg newydd. Mae Trish hefyd wedi bod yn arwain y gwaith o agor sgysiau mewn cyfarfodydd a gohebiaeth gan ddefnyddio Cymraeg sylfaenol. Yn ogystal, mae gan Fwrdd yr Ymddiriedolaeth Gyfarwyddwr Anweithredol sef Bethan Evans sy'n gweithredu fel Hyrwyddwr Iaith Gymraeg y Bwrdd ac sydd wedi bod yn ymwneud â hyrwyddo'r iaith Gymraeg o fewn yr Ymddiriedolaeth i'n staff ac yn allanol i'n defnyddwyr gwasanaeth trwy lwyfannau cyfryngau cymdeithasol yr Ymddiriedolaeth.



Trish Mills

Cyfarwyddwr Llywodraethu Corfforaethol/
Ysgrifennydd y Bwrdd



Bethan Evans

Cyfarwyddwr Anweithredol

5.2 Grŵp Cynghori'r Gymraeg

Mae WAST wedi sefydlu Grŵp Cynghori'r Gymraeg sy'n bwydo i mewn i'r Grŵp Cynhwysiant, Cydraddoldeb ac Amrywiaeth er mwyn cryfhau'r aliniad â'r Cynllun Cydraddoldeb Strategol. Mae'r Grŵp Cynghori hwn yn darparu mecanwaith ar gyfer adolygu pob agwedd ar Safonau'r Gymraeg ac i sicrhau bod gwasanaeth boddhaol yn cael ei gynnal i bob claf ac aelod o'r cyhoedd sy'n defnyddio gwasanaethau'r Ymddiriedolaeth.

5.3 Y Pwyllgor Pobl a Diwylliant

Mae Pwyllgor Pobl a Diwylliant yr Ymddiriedolaeth yn rhoi sicrwydd i'r Bwrdd o'i drefniadau arwain o ran y Gymraeg, ac yn monitro cynnydd ac yn ceisio sicrwydd bod yr Ymddiriedolaeth yn cyflawni ei chyfrifoldebau statudol mewn perthynas â Safonau'r Gymraeg. Mae hefyd yn hyrwyddo ac yn cefnogi'r newid diwylliannol sy'n cyd-fynd â'r cynnig rhagweithiol fel ffordd o gryfhau cydymffurfedd â Safonau.

5.4 Bwrdd yr Ymddiriedolaeth

Mae llwybr cymeradwyo Adroddiad Blynyddol Safonau'r Gymraeg yr Ymddiriedolaeth drwy Grŵp Cynghori'r Gymraeg yr Ymddiriedolaeth, y Tîm Arwain Gweithredol a'r Pwyllgor Pobl a Diwylliant i Fwrdd yr Ymddiriedolaeth adolygu a thrafod y cynnydd a wnaed wrth gydymffurfio â'r Safonau.

5.5 Trefn Gwyno

Derbynnir pryderon ynghylch cydymffurfio â Safonau'r Gymraeg mewn nifer o ffyrdd gan gynnwys yn uniongyrchol i'r Prif Swyddog Gweithredol a Rheolwr Gwasanaethau'r Gymraeg. Ymchwilir i bob cwyn a dderbynnir a darperir ymateb gydag unrhyw gamau unioni gofynnol. Rhoddir sylw i faterion sy'n ymwneud â diogelwch cleifion o dan y Rheoliadau Gweithio i Wella.

Os oes gan aelod o'r cyhoedd bryder ynghylch profiad diweddar o ddefnyddio gwasanaethau Cymraeg yr Ymddiriedolaeth, gallant hefyd gofrestru eu pryder drwy anfon neges e-bost at y tîm pryderon: Amb_PuttingThingsRight@wales.nhs.uk neu drwy lenwi ffurflen ar-lein: [Ffurflen Cyflwyno Pryderon Ar-lein](#)

Y SAFONAU

Caiff cydymffurfedd â safonau'r Gymraeg ei chategoreiddio i'r meysydd cydymffurfio a ganlyn: Cyflenwi gwasanaeth, Llunio polisi, Gweithrediadau a Chadw cofnodion. Yn ystod 2024/25 rydym yn datblygu llinell sylfaen ar gyfer adrodd a chyflwyno gwelliannau yn ein gofynion cydymffurfio.

6. Cydymffurfio â'r Safonau Cyflenwi Gwasanaethau (Safonau 1 – 77)

Mae'r set hon o safonau yn nodi sut y mae'n ofynnol i'r Ymddiriedolaeth ddefnyddio'r Gymraeg mewn gwahanol sefyllfaoedd fel y gall siaradwyr Cymraeg gael mynediad dirwysr at wasanaethau Cymraeg; er enghraifft, wrth anfon gohebiaeth, delio â galwadau ffôn, darparu gwasanaethau ar-lein neu wyneb yn wyneb.

6.1 Gohebiaeth (Safonau 1 – 7)

Mae'r Ymddiriedolaeth wedi defnyddio dull cyson o ddefnyddio papur pennawd a llofnodion e-bost ac mae'n ei gwneud yn ofynnol i bob aelod o staff ddefnyddio papur pennawd dwyieithog yr Ymddiriedolaeth. Rydym hefyd wedi annog yr holl staff i gynnwys neges ar lofnodion e-bost yn nodi bod yr unigolyn yn 'croesawu gohebiaeth yn y Gymraeg neu'r Saesneg'.

6.2 Galwadau Ffôn (Safonau 8 – 20)

Nid yw Safonau'r Gymraeg fel y'u gosodwyd ar yr Ymddiriedolaeth yn gosod unrhyw ofyniad cyfreithiol i ateb galwadau 999 yn Gymraeg. O dan [Reoliadau Safonau'r Gymraeg \(Rhif 7\) 2018](#), Paragraff 35: Nid yw safonau 8 i 10 a 13 i 16 yn gymwys i alwadau a wneir i'r rhif ffôn 999.

Mae galwyr i'r gwasanaeth 111 ac i Ofal Ambiwylans yn derbyn cyfarchiad dwyieithog wedi'i recordio. Pan fydd yr Ymddiriedolaeth yn sefydlu cyswllt ffôn gyda defnyddiwr gwasanaeth am y tro cyntaf, gofynnir i'r defnyddiwr gwasanaeth a fyddai'n well ganddo dderbyn galwadau gan yr Ymddiriedolaeth yn y dyfodol yn y Gymraeg neu'r Saesneg. Bydd y dewis iaith hwnnw yn cael ei nodi a'i barchu. Mae galwadau i 111 a Gofal Ambiwylans yn cynnig dewis iaith i alwyr.

Mae ateb galwadau Cymraeg ar gyfer 111 a Gofal Ambiwylans bellach yn cael eu hadrodd i'r Bwrdd yn yr Adroddiad Misol Ansawdd a Pherfformiad Integredig. Mae'r pwyntiau hyn yn cael eu trafod yn fanylach yn y paragraffau isod.

6.2.1 Adolygiad Gwasanaeth GIG 111 Cymru

Cyfradd galw ac ateb galwadau Cymraeg Gwasanaeth GIG 111 Cymru 2023-2024

Galw am y Gymraeg		Cyfanswm y galwadau a atebwyd ar gyfer 111	Galwadau Cymraeg a gynigiwyd	Cyfanswm y galwadau a atebwyd yn Gymraeg	% y galwadau a atebwyd yn Gymraeg
01/04/23 31/03/24	–	843,464	17,792	8,099	45.5%
01/04/22 31/03/23	–	766,718	15,735	2,853	18.1%

* Mae ffigurau/canrannau oren yn cynrychioli cyfnod adrodd 2022/23.

Yn ystod 2023-24 bu gwelliant yng nghanran y galwadau GIG 111 Cymru a atebwyd yn Gymraeg fel dewis iaith defnyddwyr gwasanaeth ers y flwyddyn ddilynol. Roedd hyn yn dilyn lansio cynllun gwella ar ddiwedd 2022 i mewn i 2023. Arhosodd nifer y galwadau a oedd yn gofyn am y gwasanaeth hwn yn isel (llai nag 1% o alwadau 111) ond cydnabu tîm arwain y Gwasanaeth 111 bwysigrwydd y gwasanaeth yr oedd yn ei ddarparu. O ganlyniad, datblygwyd y cynllun gwella 2022 ymhellach ar draws ein gwasanaeth GIG 111 Cymru yn 2023 gan y tîm darparu gwasanaeth 111 i wella nifer y cleifion sy'n gallu derbyn gwasanaeth yn Gymraeg os mai dyna oedd eu dewis. Roedd y cynllun yn cynnwys y camau gweithredu canlynol:

- Cyfarfodydd rheolaidd yn cael eu cynnal gyda Rheolwr Gwasanaethau'r Gymraeg i edrych ar ffyrdd o gynyddu/gwella ein perfformiad galwadau Cymraeg a hyder ein staff i dderbyn galwadau yn Gymraeg trwy sesiynau magu hyder yn y Gymraeg.
- Neilltuo dau driniwr galwadau Cymraeg eu hiaith i set sgiliau Cymraeg ar ddydd Sadwrn a dydd Sul rhwng 8am ac 1pm.
- Nododd data a gasglwyd o'n hofferyn meddalwedd adrodd data ble cawsom y galw mwyaf am alwadau Cymraeg a helpodd i wella'r gyfradd ateb galwadau Cymraeg, gostwng y gyfradd gadael a lleihau nifer y galwadau sy'n cael eu tynnu o'r ciw a'u rhoi i drinwyr galwadau Saesneg.
- Pan oedd y galw ar y penwythnos yn isel, roedd staff ar setiau sgiliau deuol (Cymraeg a Saesneg) yn delio â galwadau Cymraeg a oedd yn gwella'r perfformiad ymhellach.
- Mae gwaith yn mynd rhagddo ar hyn o bryd i addasu a gwella'r ffordd yr ymdrinnir â galwadau Cymraeg o fewn y broses negeseuon ffôn 111.
- Recriwtio trinwyr galwadau sy'n siarad Cymraeg.
- Sesiwn ymwybyddiaeth iaith ar gyfer dechreuwyr newydd yn ystod eu hyfforddiant sefydlu.

- Hyfforddiant fideo ar gyfer staff sefydledig sy'n derbyn galwadau ar ofal cwsmeriaid Cymraeg ac arfer gorau.
- Adolygiad perfformiad wythnosol gan y tîm gweithredol ar ddata perfformiad galwadau Cymraeg gyda chamau gweithredu a throsolwg dilynol y cytunwyd arnynt.
- Cylchrestru camau gweithredu i wneud y gorau o'r ddarpariaeth Gymraeg.

6.2.2 Gofal Ambiwylans (NEPTS yn flaenorol)

Cyfradd galw ac ateb galwadau Cymraeg Gofal Ambiwylans 2023-2024

Galw am y Gymraeg		Cyfanswm y galwadau a atebwyd ar gyfer NEPTS	Galwadau Cymraeg a gynigiwyd	Cyfanswm y galwadau a atebwyd yn Gymraeg	% y galwadau a atebwyd yn Gymraeg
01/04/23 31/03/24	–	232,442	3,951	3,923	89%
01/04/22 31/03/23	–	200,864	1,878	1,856	98.8%

* Mae ffigurau/canrannau oren yn cynrychioli'r cyfnod adrodd 2022/23.

Croesewir pawb sy’n galw i’n Canolfan Alwadau Cludiant Di-frys gyda chyfarchiad dwyieithog, ac yna ein system Ymateb Llais Integredig sy’n caniatáu i alwyr ddewis eu dewis iaith, sef Cymraeg neu Saesneg o’r pwynt hwn. Yn dibynnu ar eu dewis bydd pob neges yn cael ei chyflwyno yn eu dewis iaith.

Mae galwyr Cymraeg yn cael eu cyfeirio drwy'r system Ymateb Llais Integredig at ein derbynwyr galwadau Cymraeg. Os yw ein derbynwyr galwadau Cymraeg yn brysur gyda galwyr eraill, mae'r galwr yn cael ei ailgyfeirio i'r derbyniwr galwadau Cymraeg neu Saesneg nesaf sydd ar gael i osgoi amser aros diangen. Mae’n bwysig nid yn unig darparu profiad galwadau Cymraeg llawn ond hefyd sicrhau nad oes unrhyw oedi hir yn digwydd os yw pob un o’n derbynwyr galwadau Cymraeg yn delio â galwadau eraill.

Defnyddir ein Hasesiad o Anghenion Cleifion i wirio cymhwysedd pob claf am gludiant ambiwlans ac mae wedi'i gyfieithu'n llawn i'n derbynwyr galwadau Cymraeg i wella profiad y galwr.

6.3 Cyfarfodydd (Safonau 21 – 30)



Pan fydd yr Ymddiriedolaeth yn trefnu cyfarfod ag aelod neu aelodau o'r cyhoedd, gofynnir i'r rhai sy'n mynychu a ydynt yn dymuno defnyddio'r Gymraeg yn y cyfarfod. Lle mae unigolion yn mynegi awydd i ddefnyddio'r Gymraeg mewn cyfarfod, bydd yr Ymddiriedolaeth yn parchu ac yn darparu ar gyfer y dewis hwnnw. Mae gan gyfarfodydd y Bwrdd aelodau sy'n siarad Cymraeg yn bresennol, ac mae holl gyfarfodydd y Bwrdd yn cael eu ffrydio'n fyw trwy Zoom. Rydym yn ymchwilio i'r posibilrwydd o ddarparu isdeitlau Cymraeg drwy Zoom ar gyfer cyfarfodydd Bwrdd.

Anfonir gwahoddiadau cyfarfodydd Bwrdd yr Ymddiriedolaeth i'n partneriaid yn ddwyieithog. Mae holl agendâu cyfarfodydd Bwrdd yr Ymddiriedolaeth ar gael yn Gymraeg. Cyflwynwyd Adroddiad Blynyddol Safonau'r Gymraeg 2022-23 yr Ymddiriedolaeth yn ddwyieithog am y tro cyntaf yng nghyfarfod Bwrdd yr Ymddiriedolaeth ym mis Medi 2023.

6.4 Digwyddiadau Cyhoeddus (Safonau 31 – 32)

Mewn perthynas â gwasanaethau wyneb yn wyneb a gynigir yn ystod digwyddiad, bydd gwahoddiad neu hysbyseb y digwyddiad yn gofyn i bersonau ein hysbysu os ydynt yn dymuno defnyddio'r Gymraeg. Lle mae hyn yn digwydd, rydym yn darparu gwasanaeth cyfieithu yn y digwyddiad. Rydym yn ymdrechu i sicrhau bod pob gwahoddiad a hysbysiad i'r cyhoedd yn ddwyieithog.

Eisteddfod Boduan



Ar 11 Awst aeth ein Rheolwr Gwasanaethau'r Gymraeg, Melfyn Hughes a Richard Lewis, Ymatebwr Cyntaf yn y Gymuned gwirfoddol o ardal Pwllheli i Eisteddfod Genedlaethol eleni ym Moduan, Gwynedd lle'r oedd gan WAST stondin arddangos fel rhan o babell arddangos BIPBC. Roedd hwn yn gyfle gwerthfawr i ymgysylltu â'n defnyddwyr gwasanaeth a chafodd stondin WAST hefyd ymweliad arbennig gan Eluned

Morgan, Gweinidog Iechyd a Gofal Cymdeithasol ar y pryd.

Profiad y Claf a Chynnwys y Gymuned

Fel rhan o fodel ymgysylltu parhaus y tîm Profiad y Claf a Chynnwys y Gymuned (PECI) mae WAST wedi mynychu digwyddiadau ymgysylltu â'r cyhoedd a chymuned amrywiol ledled Cymru. Mae'r tîm PECI yn darparu gwybodaeth am y gwasanaethau a ddarperir gan WAST ynghyd ag adnoddau hygyrch sy'n benodol i oedran a demograffig. Mae'r holl ddeunydd a ddarperir yn ddwyieithog a darperir dolenni i bobl i roi eu hadborth yn eu dewis iaith.



6.5 Dogfennau a Ffurflenni (Safonau 36 - 38)

Ers dechrau mis Medi 2023, mae'r Ymddiriedolaeth wedi bod â gwasanaeth cyfieithu mewnol pwrpasol, sydd ar gael i'r holl staff yn rhad ac am ddim trwy fewnflwch pwrpasol ac mae wedi bod yn ffactor allweddol i'w galluogi i gydymffurfio â'r safonau sy'n ymwneud â dogfennau a ffurflenni.

Mae enghreifftiau o ffurflenni sydd ar gael yn Gymraeg yn cynnwys y canlynol:

Ffurflen adborth cleifion NEPTS

Dweud eich dweud - Cludiant Ambiwylans

Yn Ambiwylans Cymru rydym yn ceisio gwella'r gwasanaeth a ddarparwn yn barhaus. Helpwch ni i wella ein gwasanaeth i gleifion oncoleg trwy lenwi'r ffurflen isod.

Sut wnaethoch chi deithio heddiw?

☐ Gynwr Car Ambiwylans Gwirfoddol	☐ Tasi
☐ Cerbyd Ambiwylans Cymru	☐ Dydw i ddim wedi teithio o'r blaen.
☐ Ambiwylans Preifat	

Pa sgôr fydddech chi'n ei rhoi i'ch trafnidiaeth heddiw?

★ ★ ★ ★ ★

Arolwg gwefan GIG 111 Cymru

GIG 111 Cymru NHS 111 Wales

Arolwg Profiad Gwefan GIG 111 Cymru

11111 Cymraeg

Mae'r profiad sydd gennych ar wefan GIG 111 Cymru yn brysg i ni. Er mwyn ni i barhau i wella'r safon byddem yn ddiolchgar i'ch gobaith gwtthau'r arolwg hwn i'ch dweud hyn yn well. Byddem bod yr arolwg hwn yn ymwneud â gwefan GIG 111 C) arolyg ac nid i unrhyw wasanaethau GIG eraill.

Nid oes angen i ni wybod eich manylion personol ond rydym wedi gofyn rhai cerbydau i'ch dweud am bwy gytich chi. Mae hyn er mwyn i ni wella'r safon i'ch gofyn i bobl gŵr a bobl am eu profiad. Gweler ein hysbysiad profiadwydd am ni wybodaeth.

Byddi unrhyw problemau yn cael eu cefnogi gyda'r ddiolch a dim ond parhau'n arolyg hysbysu i'ch dweud hyn neu eu datgelu.

Os hoffech chi ddefnyddio'r arolwg hwn neu ofyn unrhyw gwestiynau, cyswlltch chi i'r Dd Cefnfa a Chyllfariadau Cymunedol ar 0300 123 9027 neu anfonwch e-bost at PECI@nhs.uk.

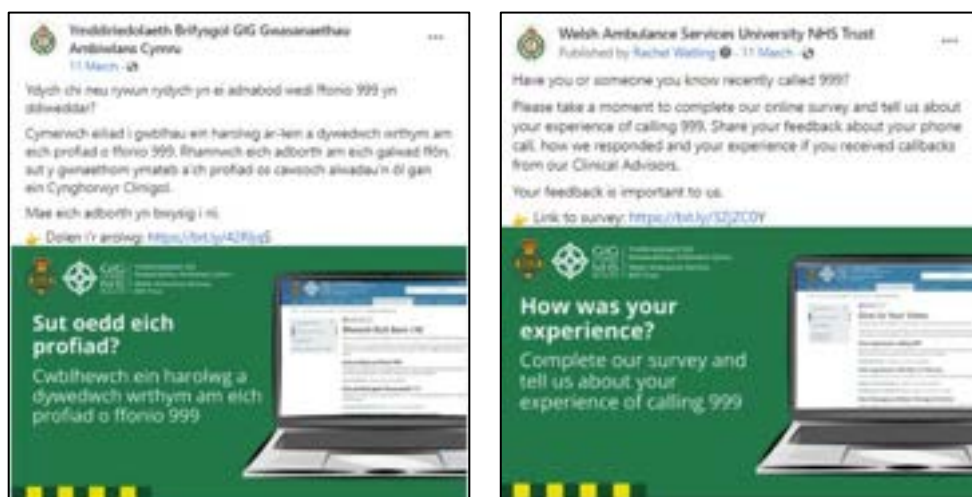
Mae'r Arolwg hwn yn cynnwys 20 Cwestiwn, a ni ddylai chi'trwyd mwy na 6 munud gwtthau.

Parhau'n arolyg

6.6 Deunydd cyhoeddusrwydd a Hysbysebu (Safonau 33 – 34)

Cynhyrchir unrhyw ddeunydd cyhoeddusrwydd neu hysbysebu a gynhyrchir gan yr Ymddiriedolaeth ar gyfer y cyhoedd yn ddwyieithog.

Cynhyrchwyd a hyrwyddwyd cyhoeddusrwydd dwyieithog trwy gyfryngau cymdeithasol i aelodau'r cyhoedd gwblhau arolwg ar-lein ar eu profiad o ffonio gwasanaeth 999 yr Ymddiriedolaeth.



Ymgynghoriad ac Ymgysylltu'r Cynllun Cydraddoldeb Strategol



Yn ystod 2023-2024, cynhaliodd yr Ymddiriedolaeth ymgynghoriad ac ymgysylltu fel rhan o ddatblygiad y Cynllun Cydraddoldeb Strategol. Gwahoddwyd aelodau'r cyhoedd, defnyddwyr gwasanaeth, staff a rhanddeiliaid i gwblhau arolwg dwyieithog i helpu i lunio set newydd o Amcanion Cydraddoldeb Strategol ar gyfer yr Ymddiriedolaeth. Trafodwyd y cynigion ar gyfer y cynllun newydd hefyd yng Ngrŵp Cynghori'r Gymraeg yr Ymddiriedolaeth ym mis Medi.

Roedd yr ymatebion i'r ymgynghoriad yn cynnwys nifer o sylwadau ynglŷn â'r Gymraeg. Teimlai'r ymatebwyr ei bod yn bwysig i'n harweinyddiaeth ddangos ein hymrwymiad i'r Gymraeg a pharhau i sicrhau bod y sefydliad yn gwbl ddwyieithog. Nodwyd codi ymwybyddiaeth o anghenion iaith Gymraeg defnyddwyr gwasanaeth a staff a chynyddu cyfleoedd i ddefnyddio'r Gymraeg yn yr ymgynghoriad. Ar gyfer 2024/25 bydd hyn yn cael ei gyflawni trwy Gam Gweithredu Blwyddyn 1 ein Cynllun Tymor Canolig Integredig i gyflwyno a gweithredu Polisi Iaith Gymraeg newydd ar gyfer hyrwyddo a hwyluso'r Gymraeg.

6.7 Gwefannau a Gwasanaethau Ar-lein (Safonau 39 – 43)

Mae gennym ddwy wefan, sef gwefan Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwylans Cymru, a gwefan 111 Cymru, yr ydym yn ei gweithredu fel darparwr a gomisiynwyd o 111 ledled Cymru. Mae rhai o'r heriau wedi'u nodi isod.

6.7.1 Gwefan GIG 111 Cymru

Mae gwefan GIG 111 Cymru yn gweithredu ei chyfrifon cyfryngau cymdeithasol Twitter Cymraeg a Saesneg ei hun, sef @GIG111Cymru gyda **122 (105)** o ddilynwyr a @NHS111Wales gyda **7,316 (7,282)** o ddilynwyr.

Gwirwyr Symptomau Gwefan 111

Wrth wrando ar adborth gan ddefnyddwyr y wefan, rydym yn parhau i weithio'n agos gyda chydweithwyr ar draws yr Ymddiriedolaeth i ehangu'r ystod o wirwyr symptomau sydd ar gael yn Gymraeg drwy'r wefan, gan alluogi defnyddwyr i wirio eu symptomau a derbyn cyngor ar-lein ynglŷn â beth i'w wneud nesaf. Yn ystod y cyfnod adrodd hwn, **ni** ddatblygwyd unrhyw wirwyr symptomau newydd nac a wnaethpwyd ar gael yn Gymraeg ac yn Saesneg.

Mae pob un o'r 65 o wirwyr symptomau cyfredol sydd ar gael ar wefan 111 ar gael yn Gymraeg.

Datblygu gwefan GIG 111 Cymru

Nid oes unrhyw gyllid hirdymor penodedig yn parhau i fod yn gysylltiedig â gwefan GIG 111 Cymru, ei phensaernïaeth, cynhyrchu cynnwys, rheolaeth, na sicrwydd clinigol (gan gynnwys y gwirwyr symptomau ar-lein). O ystyried safbwynt Llywodraeth Cymru ar ddigidol yn gyntaf, mae cyflwyno'r ap GIG Cymru, a'r effaith y gallai gwefan addas i'r diben ei chael yn y dyfodol yn parhau i gynrychioli risg a her sylweddol.

Er nad yw'r sefyllfa hon wedi newid ers yr adroddiad diwethaf, mae WAST wedi comisiynu gwaith darganfod digidol pwrpasol. Bydd y gwaith hwn yn llywio'r gwaith o greu achos busnes ar gyfer Llywodraeth Cymru ac yn nodi gweledigaeth glir ar gyfer dyfodol mynediad digidol ac integreiddio ar gyfer GIG 111 ar-lein, a fydd yn cynnwys gofynion y Gymraeg ar gyfer unrhyw gynnwys sy'n rhan ohono.

Mae grŵp o arbenigwyr wedi'u dwyn ynghyd i gynnal ymchwil i'r rhwystrau presennol i lwyddiant digidol, yr ecosystem ddigidol Gymreig, y weledigaeth ar gyfer

llwyddiant, yr egwyddorion ar gyfer cynnydd, nodi bwriad a bwlch, anghenion defnyddwyr, dymuniadau, a theithiau, syniad gwasanaeth ac yn y pen draw mapio a dylunio.

Mae'r gwaith hwn, sy'n ymdrin â strategaeth a chyflawniad ymchwil, yn barod i ddarparu mewnwelediadau ac argymhellion gwerthfawr ar gyfer dyfodol gwefan GIG 111 Cymru a galluogi WAST i greu achos busnes dros newid.

6.8 Cyfryngau Cymdeithasol (Safonau 45 – 46)

Mae'r Ymddiriedolaeth yn gweithredu cyfrifon cyfryngau cymdeithasol Cymraeg a Saesneg ar wahân ar gyfer Facebook a Twitter. Mae pob postiad Saesneg yn cael ei hailadrodd yn Gymraeg.



Isod ceir dadansoddiad o'r ymgysylltu ar gyfrifon cyfryngau cymdeithasol yr Ymddiriedolaeth yn ystod y cyfnod adrodd rhwng 1 Ebrill 2023 a 31 Mawrth 2024

Ers yr adroddiad blynyddol blaenorol, mae X a Facebook wedi newid eu dadansoddeg a'u hystadegau. Yn ystod y flwyddyn, dechreuodd yr Ymddiriedolaeth bostio'n ddwyieithog ar Instagram hefyd.

Sylwer, mae'r rhif isod yn gynrychiolaeth fras o'r ystadegau oherwydd problemau cyrchu dadansoddeg ers newid Twitter i X.

 Twitter	@Ambiwlans_Cymru		@WelshAmbulance	
	2023/24	2022/23	2023/24	2022/23
Cyfanswm y dilynwyr	423		24,196	
Cyfanswm yr argraffiadau	34,284	113,351	1,749,700	2,440,000
Nifer o Retweets (heb sylwadau)	202	625	2,735	4,693
Hoffiadau	277	485	8,232	12,400
Y nifer sy'n agor dolenni	41	38	6,045	7,300

* Mae ffigurau/canrannau oren yn cynrychioli'r cyfnod adrodd 2022/23.

Mae cyfanswm y nifer o Tweets yn amrywio rhwng y ddau gyfrif am y rhesymau canlynol:

- Mae 'Tweets' yn cynnwys postiadau wedi'u dyfynnu sy'n cael eu cyhoeddi'n amlach ar ein cyfrif Saesneg oherwydd nad yw asiantaethau eraill, megis gwasanaethau ambiwlans eraill y DU, yn cyhoeddi cynnwys Cymraeg.

 Facebook	Ymddiriedolaeth GIG Gwasanaethau Ambiwllans Cymru		Welsh Ambulance Services NHS Trust	
	2023/24	2022/23	2023/24	2022/23
Cyfanswm y dilynwyr	261		37,041	
Dilynwyr newydd	22	27	1,630	1,959
Hoffiadau newydd ar y dudalen	8	10	531	1,029
* Cyfanswm yr ymweliadau â thudalennau	1,099		124,235	
* Cyfanswm cyrhaeddiad y dudalen a'r proffil	37,750		3,172,769	
* Cyfanswm yr argraffiadau post	38,516		3,690,160	
* Ymgysylltiadau â'r dudalen (cyfanswm yr ymatebion, sylwadau a rhannu postiadau)	1,621		412,950	

* Ychwanegiadau newydd felly dim data cymaradwy blaenorol ar gael.

* Mae ffigurau/canrannau oren yn cynrychioli'r cyfnod adrodd 2022/23.

6.9 Arwyddion a Hysbysiadau (Safonau 47 - 49)

Cynhyrchir pob arwydd newydd neu amnewidiol yn ddwyieithog gyda'r Gymraeg wedi'i gosod fel ei bod yn debygol o gael ei darllen yn gyntaf. Yn ystod y cyfnod adrodd cynhyrchwyd arwyddion allanol a mewnol newydd ar gyfer gweithdy ambiwlans newydd yr Ymddiriedolaeth ym Merthyr Tudful fel y dangosir isod.



6.10 Gwasanaethau'r Dderbynfa (Safonau 50 - 53)

Lle mae gennym wasanaeth derbynfa, mae'r modiwl ar-lein 'Croeso Cymraeg Gwaith' ar gael i staff sy'n gweithio mewn derbynfeydd er mwyn datblygu eu sgiliau Cymraeg a bod yn gallu cyfarch ymwelwyr yn ddwyieithog. Mae cymorth iaith Gymraeg hefyd ar gael gan Reolwr Gwasanaethau'r Gymraeg yr Ymddiriedolaeth.

6.11 Dyfarnu Contractau (Safonau 57 - 59)

Cyhoeddir gwahoddiadau i dendro yn ddwyieithog os yw pwnc y gwahoddiad i dendro yn awgrymu y dylid ei gynhyrchu yn Gymraeg, neu os yw'r gynulleidfa a ragwelir, a'u disgwyliadau, yn awgrymu y dylid cynhyrchu'r testun yn Gymraeg. Gellir cyflwyno tendrau yn Gymraeg, ac na fydd tendr a gyflwynir yn Gymraeg yn cael ei drin yn llai ffafriol na thendr a gyflwynir yn Saesneg.

Ni chyhoeddwyd unrhyw geisiadau am dendrau neu gontractau yn Gymraeg ac ni dderbyniwyd yr un yn Gymraeg yn ystod y cyfnod adrodd hwn.

6.12 Hunaniaeth Gorfforaethol (Safon 62)

Yn ystod y cyfnod adrodd bu ein Rheolwr Gwasanaethau'r Gymraeg yn gweithio ochr yn ochr â'n Tîm Cyfathrebu i ddatblygu fersiwn dwyieithog o Fathodyn y Goron yr Ymddiriedolaeth. Datblygwyd copi o fathodyn y Goron i'w adolygu ac i'w gymeradwyo'n derfynol. Bydd cyflwyno bathodyn y goron dwyieithog newydd yr Ymddiriedolaeth yn hyrwyddo ymrwymiad yr Ymddiriedolaeth i'r Gymraeg i'n defnyddwyr gwasanaeth a'n staff. Derbyniwyd caniatâd gan Swyddfa'r Cabinet i symud i Fathodyn y Goron dwyieithog.

Ar 1 Ebrill 2024, dyfarnwyd
statws Ymddiriedolaeth
Brifysgol i'r Ymddiriedolaeth
ac o ganlyniad mae ein logo

GIG Cymru hefyd wedi'i ddiweddarau i adlewyrchu statws Ymddiriedolaeth Brifysgol, sydd wedi'i ddyfarnu gan Lywodraeth Cymru i gydnabod ein hymrwymiad i ysgogi ymchwil ac arloesi a datblygu'r gweithlu presennol a gweithlu'r dyfodol.

Mae Bathodyn y Goron a logo GIG Cymru newydd ar gael i staff eu lawrlwytho o dudalen brandio corfforaethol bwrpasol. Yn ogystal, mae canllawiau ar y brand corfforaethol wedi'u creu i hysbysu staff ar sut i gymhwyso'r rhain yn gywir.

Dim ond pan gânt eu disodli'n naturiol y mae angen i asedau corfforol sy'n arddangos yr hen fersiwn o'r logo a bathodyn y goron megis cerbydau, gwisgoedd ac arwyddion ystâd, gario'r logo newydd a Bathodyn y Goron.



7. Cydymffurfedd â'r Safonau Llundio Polisi (Safonau 69 – 77)

Mae pob polisi newydd a diwygiedig a weithredir gan yr Ymddiriedolaeth yn destun Asesiad Effaith Cydraddoldeb. Mae'r Gymraeg yn faes cydraddoldeb safonol a gofynnir i staff sy'n llunio polisiau newydd neu ddiwygiedig ystyried yr effeithiau cadarnhaol a/neu negyddol a allai ddeillio o'r polisi hwnnw ar y Gymraeg. Mae cefnogaeth gan y Rheolwr Gwasanaethau'r Gymraeg ar gael i unrhyw gydweithiwr sy'n cwblhau Asesiad Effaith Cydraddoldeb ac mae'n weithdrefn safonol ar gyfer pob polisi newydd a diwygiedig.

Mae proses bolisi'r Ymddiriedolaeth yn goruchwyllo'r prosesau llywodraethu wrth adolygu polisiau newydd neu ddiwygiedig, a chaiff y pwyllgor bwrdd perthnasol ei sicrhau bod yr Asesiad Effaith Cydraddoldeb wedi'i gwblhau wrth gymeradwyo'r polisiau a neilltuwyd iddynt.

Yn ystod y cyfnod adrodd cymeradwywyd **11** o bolisiau (gan gynnwys polisiau newydd a diwygiedig), ac aeth pob un ohonynt drwy broses Asesiad Effaith Cydraddoldeb.

8. Cydymffurfedd â'r Safonau Gweithredol (Safonau 79 – 114)

Mae'r set o Safonau Gweithredol yn ymdrin â'r ffordd y mae'r Ymddiriedolaeth yn defnyddio'r Gymraeg yn fewnol ac yn rhoi'r hawl i weithwyr dderbyn gwasanaethau Adnoddau Dynol yn eu dewis iaith.

8.1 Polisi ar y defnydd mewnol o'r Gymraeg (Safon 79)

Fel rhan o Fframwaith Iaith Gymraeg newydd yr Ymddiriedolaeth mae Polisi Iaith Gymraeg newydd wedi'i ddatblygu i hyrwyddo'r defnydd o'r Gymraeg a chydymffurfio â Safonau'r Gymraeg. Mae hyn ar y trywydd iawn i gael ei gymeradwyo yn 2024 ac yna caiff ei hyrwyddo ar draws yr Ymddiriedolaeth.

Rhan o'r gwaith hwn i hyrwyddo'r Gymraeg yn fewnol fu cyflwyno **Gwobr y Gymraeg** fel un o'r categorïau ar gyfer Gwobrau Staff blynyddol yr Ymddiriedolaeth. Mae'r wobr i gydnabod staff sydd wedi helpu i hyrwyddo'r Gymraeg a gwella darpariaeth ddwyieithog mewn gofal iechyd.

Fel rhan o wobrau staff eleni, derbyniwyd saith enwebiad cryf. Jason Jones, Rheolwr Cyflenwi Cyfalaf oedd enillydd Gwobr y Gymraeg am ei ymroddiad i ddysgu Cymraeg a dod yn siaradwr Cymraeg rhugl. Cafodd Nia Barton, Clinigydd Canolfan Gyswllt Clinigol, ganmoliaeth uchel am ei gwaith yn delio â chleifion yn Gymraeg.



Roedd y Gymraeg yn amlwg yn **Sioeau Teithiol y Prif Swyddog Gweithredol** a gynhaliwyd ym mis Ebrill a mis Tachwedd 2023. Roedd hwn yn gyfle i'r Prif Swyddog Gweithredol Jason Killens ac aelodau eraill o'r Bwrdd ymgysylltu â'n pobl ledled Cymru i fyfyrio ar ein profiadau a'r heriau sy'n ein hwynebu nawr ac yn y dyfodol. Cafodd y faner naid a thaflenni canlynol eu harddangos yn y digwyddiadau:



Mae **cylchlythyr** misol mewnol **WAST yn Cysylltu** bellach yn cael ei gyhoeddi ar fewnwyd WAST yn ddwyieithog er mwyn i bob defnyddiwr allu ymgysylltu â'r postiad.



8.2 Dogfennau Cyflogaeth (Safonau 80 – 81)

Os gofynnir i ni, byddwn yn darparu dogfennau sy'n ymwneud â chyflogaeth i'w darparu yn Gymraeg hy, dogfennau sy'n amlinellu anghenion neu ofynion hyfforddi; dogfennau sy'n amlinellu amcanion perfformiad; dogfennau sy'n amlinellu neu'n cofnodi cynllun gyrfa; ffurflenni sy'n cofnodi ac yn awdurdodi gwylliau blynyddol; ffurflenni sy'n cofnodi ac yn awdurdodi absenoldebau o'r gwaith a ffurflenni sy'n cofnodi ac yn awdurdodi oriau gwaith hyblyg. Yn ystod y cyfnod adrodd nid ydym wedi derbyn unrhyw geisiadau o'r fath gan staff.

Rydym wedi sicrhau bod y dogfennau canlynol wedi'u cyfieithu pe bai unrhyw aelod o staff yn dymuno eu derbyn trwy gyfrwng y Gymraeg: llythyrau newid oriau, estyniadau secondiad a chytundeb cyflogaeth. Lle mae Partneriaeth Cydwasaethau GIG Cymru (PCGC) yn cyhoeddi contractau cyflogaeth (drwy'r broses recriwtio o fewn TRAC), caiff y rhain eu hanfon yn Gymraeg ac yn Saesneg.

8.3 Recriwtio a Phenodi (Safonau 106 – 109)

Defnyddir siartiau llif canllaw/proses i gynorthwyo rheolwyr cyn i unrhyw swydd gael ei hysbysebu. Mae'r broses yn darparu manylion gwasanaethau cyfieithu yn ogystal â

rhywfaint o eiriad hysbyseb safonol a swydd ddisgrifiad i gynorthwyo rheolwyr. Mae ein gwasanaeth cyfieithu mewnol wedi'i sefydlu i gefnogi anghenion cyfieithu'r Ymddiriedolaeth.

Mae'r ffurflen asesu a gyflwynwyd gennym i bob rheolwr ei llenwi er mwyn helpu i asesu'r gofynion o ran y Gymraeg ar gyfer swyddi yn parhau i gael ei defnyddio. Mae hyn yn rhan o nifer o bwyntiau gwirio eraill, cyn rhyddhau post ar gyfer hysbyseb.

8.4 Asesu a chofnodi sgiliau iaith Gymraeg ar draws y gweithlu (Safonau 96 a 116)

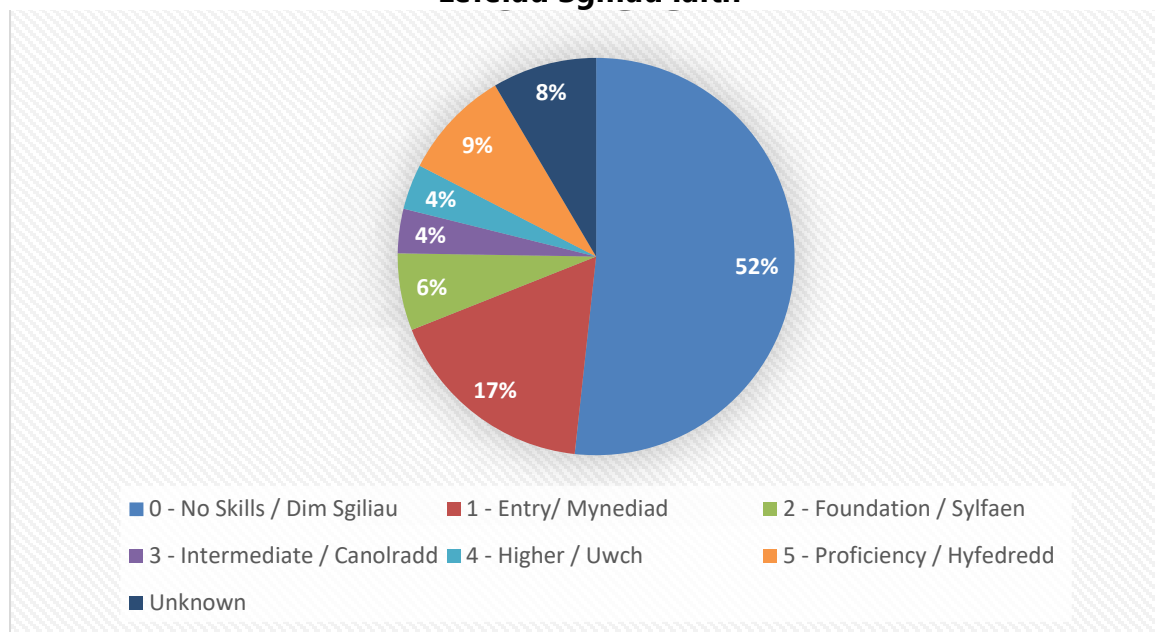
O gyfanswm o **4,317** aelod o staff mae **3,949 (91.48%) 3,906 (89.28%)** o weithlu'r Ymddiriedolaeth wedi hunanasesu a chofnodi eu sgiliau iaith Gymraeg ar y Cofnod Staff Electronig (ESR). Isod, sgiliau gwrando/siarad Cymraeg wedi'u cofnodi ar ESR fesul cyfarwyddiaeth:

Cyfarwyddiaeth	Angenrheidiol	Wedi'i gyflawni	% Cydymffurfedd
Llywodraethu Corfforaethol	8	8	100%
Cyfarwyddiaeth y Prif Swyddog Gweithredol	18	13	72.22%
Cyfarwyddiaeth Digidol	58	55	94.83%
Cyfarwyddiaeth Cyllid ac Adnoddau Corfforaethol	108	100	92.59%
Cyfarwyddiaeth Meddygol a Chlinigol	57	56	98.25%
Cyfarwyddiaeth Gweithrediadau	3826	3481	90.98%
Cyfarwyddiaeth Partneriaethau ac Ymgysylltu	12	12	100.00%
Cyfarwyddiaeth Ansawdd, Diogelwch a Phrofiad y Claf	119	118	99.16%
Cyfarwyddiaeth Strategaeth, Cynllunio a Pherfformiad	20	17	85.00%
Cyfarwyddiaeth Pobl a Diwylliant	91	89	97.80%

8.5 Sgiliau iaith Gymraeg y Proffil Staff – Gwrando/Siarad

0 - Dim Sgiliau	1 - Mynediad	2 - Sylfaen	3 - Canolradd	4 - Uwch	5 - Hyfedredd	Anhysbys	Cyfanswm terfynol
2233	745	271	156	159	386	367	4317

Lefelau Sgiliau iaith



Er mwyn lleihau nifer y staff sydd wedi nodi eu sgiliau iaith Gymraeg ar ESR fel 'dim sgiliau', cynigir y bydd disgwyl i staff sydd wedi cwblhau eu cwrs Ymwybyddiaeth iaith Gymraeg gorfodol ddiweddarau eu lefel sgiliau iaith Gymraeg ar ESR o 'dim sgiliau' i 'Lefel 1 - Mynediad'.

Hyfedredd yn y Gymraeg fesul Cyfarwyddiaeth

Cyfarwyddiaeth	Canolradd	Uwch	Hyfedredd
Llywodraethu Corfforaethol	0	0	2
Cyfarwyddiaeth y Prif Swyddog Gweithredol	1	1	0
Cyfarwyddiaeth Digidol	1	1	6
Cyfarwyddiaeth Cyllid ac Adnoddau Corfforaethol	1	7	11
Cyfarwyddiaeth Meddygol a Chlinigol	0	1	2
Cyfarwyddiaeth Gweithrediadau	143	141	345
Cyfarwyddiaeth Partneriaethau ac Ymgysylltu	0	2	0
Cyfarwyddiaeth Ansawdd, Diogelwch a Phrofiad y Claf	7	6	11
Cyfarwyddiaeth Strategaeth, Cynllunio a Pherfformiad	0	0	2
Cyfarwyddiaeth Pobl a Diwylliant	3	0	7
Cyfanswm terfynol	156	159	386

Mae 16% o'n gweithlu yn rhugl yn y Gymraeg. Mae hyn yn cyfateb i 701 o'r rhai sydd wedi cofrestru eu sgiliau Cymraeg.

Er mwyn cynyddu sgiliau Cymraeg ein gweithlu yn 2024/25 byddwn yn hyrwyddo’r cwrs Cymraeg sy’n benodol ar gyfer dechreuwyr i’r GIG sydd ar gael i’n staff drwy’r Ganolfan Dysgu Cymraeg Genedlaethol ynghyd â’n cwrs ESR Ymwbyddiaeth Iaith Gymraeg gorfodol.

8.6 Swyddi Newydd a Gwag (Safon 117)

Mae’r tabl isod yn cadarnhau’r swyddi a hysbysebwyd rhwng 1 Ebrill 2023 a 31 Mawrth 2024:

Cyfanswm y swyddi a hysbysebwyd: **296 (405)**. Oherwydd bod gan wasanaeth cyfieithu’r Ymddiriedolaeth fynediad at feddalwedd cof cyfieithu PCGC, gwnaed arbedion effeithlonrwydd o ran sicrhau bod pob swydd ddisgrifiad yn cael ei gyfieithu i’r Gymraeg.. Mae prosesau adnoddau dynol yn eu lle ar gyfer recriwtio rheolwyr i anfon swydd ddisgrifiadau cymeradwy at wasanaeth cyfieithu mewnol yr Ymddiriedolaeth. Cymeradwywyd ein proses ar gyfer sicrhau bod ein holl swydd ddisgrifiadau ar gael yn Gymraeg yn ystod ein cyfarfod blynyddol gyda chynrychiolydd o Swyddfa Comisiynydd y Gymraeg ym mis Chwefror 2024.

Categori	Nifer y swyddi wedi’u categorïddio		Canran y swyddi a hysbysebwyd	
	2023-24	2022-23	2023-24	2022-23
Sgiliau Cymraeg yn hanfodol	4	6	1.3%	1.4%
Sgiliau Cymraeg yn ddymunol	292	393	98%	97%
Bydd angen dysgu sgiliau Cymraeg pan benodir rhywun i’r swydd	0	0	0%	0%
Nid yw sgiliau iaith Gymraeg yn angenrheidiol	0	6	0%	1.4%

* Mae ffigurau/canrannau oren yn cynrychioli’r cyfnod adrodd 2022/23.

Yn dilyn y gofynion ar gyfer swydd newydd neu swydd wag gael ei hasesu am yr angen am sgiliau Cymraeg, hysbysebwyd y swyddi Cymraeg hanfodol ganlynol:

- Gwasanaeth Cludiant Cleifion Di-frys (NEPTS) Derbynnydd Galwadau x2 (Band 2)
- Cydlynnydd Gwasanaethau Cyfreithiol Gweithio i Wella (Band 4)
- Cyfieithydd Cymraeg (Band 5)

Hwyluswyd cyfweiliadau swyddi ar gyfer swyddi gwag yn Gymraeg yn dilyn ceisiadau gan yr ymgeisydd am swydd.

8.7 Hyfforddiant (Safon 97)

Math o Hyfforddiant	Nifer a ofynnodd am fersiwn Gymraeg o'r cwrs	Nifer a fynychodd fersiwn Saesneg y cwrs	Canran a fynychodd y fersiwn Gymraeg
Gweithdrefnau Cwyno a Disgyblu	0	298	0
Sefydlu	0	407	0
Iechyd a Diogelwch	0	111	0

Ar gyfer cyrsiau sy'n ymwneud â chwynion a gweithdrefnau disgyblu, roedd y rhain yn cael eu darparu'n fewnol i'r GIG ond nid yn fewnol i WAST. Mae pob 'Diwrnod Croeso WAST' lle mae aelodau newydd o staff yn cael eu cyflwyno i'r Ymddiriedolaeth yn cynnwys elfen o'r Gymraeg (cyfarch yn cael ei ddarparu'n ddwyieithog, fideo ymddygiadau WAST Cymraeg a chyfeiriad at safonau'r Gymraeg a deunyddiau dysgu, gyda rhai ohonynt yn cael eu cyflwyno yn Gymraeg). Ni ofynnodd unrhyw un i'n cyfnod sefydlu ddigwydd yn Gymraeg.

Ar gyfer ein hyfforddiant Iechyd a Diogelwch, darparwyd cyrsiau Rheoli'n Ddiogel IOSH a'r cyrsiau Arwain yn Ddiogel yn Saesneg gan fod y cyrsiau hyn yn gyrsiau hyfforddi achrededig IOSH, ac nad ydynt ar gael yn Gymraeg gan fod y cynnwys yn cael ei ddarparu'n allanol.

8.8 Hyfforddiant i Wella Sgiliau Iaith Gymraeg (Safonau 99 - 101)

Mae'r modiwl ar-lein 'Croeso Cymraeg Gwaith' wedi bod yn allweddol i'r Ymddiriedolaeth wrth gefnogi staff sydd ar ddechrau eu taith i ddysgu Cymraeg. Mae **360** aelod o staff wedi cofrestru ar y modiwl e-ddysgu Cymraeg i ddechreuwyd a hwylusir gan y Ganolfan Dysgu Cymraeg Genedlaethol gyda **129** wedi cwblhau'r cwrs.

Fel rhan o'r gwaith i ddatblygu'r Cynllun Gweithlu Strategol rydym wedi ymgysylltu â'r Ganolfan Dysgu Cymraeg Genedlaethol ynglŷn â datblygu sesiynau hyder yn y Gymraeg ar gyfer staff yr Ymddiriedolaeth a hoffai gynyddu eu hyder i siarad Cymraeg gyda defnyddwyr ein gwasanaethau. Yn 2024/25 bydd cyrsiau magu hyder yn y Gymraeg yn cael eu darparu i 23 aelod o'r gwasanaeth 111.

8.9 Hyfforddiant Ymwybyddiaeth o'r Gymraeg (Safonau 102 – 103)

Mae 'Diwrnodau Croeso' yr Ymddiriedolaeth yn cynnwys ymwybyddiaeth o'r Gymraeg ac ymgwymerodd cyfanswm o **407** aelod o staff â'r hyfforddiant hwn yn ystod y cyfnod adrodd.

Ers cyflwyno'r cyrsiau ymwybyddiaeth o'r Gymraeg gorfodol ar 1 Ebrill 2023, mae **61.13%** o staff yr Ymddiriedolaeth wedi cwblhau'r cwrs. Byddwn yn parhau i hyrwyddo'r hyfforddiant dros y flwyddyn nesaf i gynyddu nifer y staff sy'n cwblhau'r hyfforddiant i 90%.

8.10 Hyrwyddo'r Gymraeg

Dathlwyd Diwrnod Shwmae Su'mae ar Hydref 15 i hybu'r Gymraeg gyda'r syniad o ddechrau pob sgwrs gyda chyfarchiad anffurfiol. Hyrwyddwyd ymadroddion Cymraeg i staff ar Siren a Yammer ynghyd â mynediad at gwrs blasu Cymraeg ar-lein rhad ac am ddim sy'n cyflwyno geiriau ac ymadroddion bob dydd i staff y sector lechyd.

Yn ystod y cyfnod adrodd cafodd y fideos YouTube canlynol eu datblygu a'u hyrwyddo i'n pobl i ddatblygu eu Sgiliau Cymraeg ar gyfer Diwrnod Shwmae Su'mae day, y Nadoliq a Dydd Gŵyl Dewi.



Cliciwch yma i wyllo



Cliciwch yma i wyllo



Cliciwch yma i wyllo

Ym mis Mawrth, cynhaliodd WAST ddigwyddiad cyntaf y Rhwydwaith Ansawdd Ambiwlans, 'Ambiwlans Q 24', yn Stadiwm Principality, Caerdydd gyda phobl yn mynychu o Ymddiriedolaethau ambiwlans ledled y DU. Roedd elfen iaith Gymraeg i'r digwyddiad gan gynnwys llwyfan cofrestru dwyieithog awtomataidd, arddangosiadau dwyieithog, a chyfarchion dwyieithog a chyflwyniadau gan staff WAST. Gosodwyd y ddelwedd ganlynol ar fyrddau'r cynrychiolwyr i gyd i hyrwyddo'r iaith i'n gwesteion o bob rhan o'r DU.



8.11 Ein Gwasanaeth Cyfieithu

Mae canoli gwasanaeth cyfieithu mewnol yr Ymddiriedolaeth gyda recriwtio cyfieithydd Cymraeg wedi cynyddu gallu'r Ymddiriedolaeth i ddarparu gwasanaethau dwyieithog i'n defnyddwyr gwasanaeth ac i'n pobl a lleihau ein dibyniaeth a'n costau cysylltiedig wrth ddefnyddio darparwyr cyfieithu allanol.

Ers sefydlu gwasanaeth cyfieithu'r Ymddiriedolaeth ym mis Medi 2023, mae dros **325,484** o eiriau wedi'u cyfieithu gan y gwasanaeth, gan gynnwys ystod eang o ddogfennau megis y Cynllun Cydraddoldeb Strategol, negeseuon cyfryngau cymdeithasol, arwyddion, ffurflenni a chynnwys gwe. Mae'r gwasanaeth hefyd yn darparu gwasanaeth prawf ddarllen ac wedi prawf ddarllen dros 70,000 o eiriau o wahanol cyfarwyddiaethau.

Mae'r gwasanaeth cyfieithu wedi cael effaith hynod gadarnhaol ar yr Ymddiriedolaeth, gyda'r gallu i ymdrin â chais am gyfieithiad brys yn fewnol, a chysondeb wrth gyfieithu dogfennau o ran terminoleg. Mae cyfieithu yn ffactor allweddol sy'n galluogi cydymffurfio â llawer o'r safonau ee gohebiaeth, dogfennau, ffurflenni, arwyddion, cyfryngau cymdeithasol a chynnwys gwe.

9. Cwynion (Safon 115)

Isod, ceir rhestr o'r cwynion a dderbyniwyd yn ystod 2023/24 ynghyd â chrynodeb o'r camau a gymerwyd. Derbyniwyd tair cwyn:

Rhif	Cwyn	Ymateb a'r cam gweithredu
1	Cwyn wedi'i dderbyn gan aelod o'r cyhoedd ar 13/02/2024 am honiad bod nifer fawr o erthyglau ar wyddoniadur lechyd A i Y y wefan GIG 111 Cymru heb eu cyfieithu i'r Gymraeg.	Ymateb wedi'i ddarparu i'r achwynydd yn egluro bod achos busnes arfaethedig i'w ddatblygu ar gyfer adnoddau priodol i sicrhau bod cynnwys clinigol gwefan GIG 111 Cymru yn cael ei ddiweddarau'n ddwyieithog.
2	Cwyn wedi'i dderbyn gan Gomisiynydd y Gymraeg ar 16/02/24 ar ran aelod o'r cyhoedd am honiad bod nifer fawr o erthyglau yn wyddoniadur lechyd A i Y y wefan GIG 111 Cymru heb eu cyfieithu i'r Gymraeg.	Ar ôl cyflwyno ymateb i'r achwynydd cadarnhaodd Comisiynydd y Gymraeg ei bod hi wedi tynnu eu cwyn yn ôl ac na fyddai unrhyw gamau pellach yn digwydd.
3	Yn dilyn cwyn i Gomisiynydd y Gymraeg gan aelod o'r cyhoedd mewn perthynas â'r bwriad i symud y Ganolfan Gyswllt Clinigol ym Mryn Tirion, Llanfairfechan i Dŷ Elwy, Llanellwyr, derbyniodd yr Ymddiriedolaeth gais am wybodaeth ar 24/11/2023 gan y Comisiynydd ynghylch a oedd yr Ymddiriedolaeth wedi cynnal asesiad effaith ar y Gymraeg ar y symudiad arfaethedig.	Ar ôl cyflwyno ymateb i Gomisiynydd y Gymraeg yn datgan bod gwaith yn mynd rhagddo er mwyn deall yn llawn yr effaith ar y ddarpariaeth iaith, yn ogystal â chefnogi cydweithwyr gydag unrhyw bryderon sydd ganddynt drwy broses newid sefydliadol GIG Cymru, cadarnhaodd y Comisiynydd mewn llythyr dyddiedig 14/12/23 na fyddai'n cynnal ymchwiliad o dan adran 71 o'r Mesur, gan nad oedd y penderfyniad polisi (p'un i adleoli'r ganolfan ai peidio), a allai fod yn ddarostyngedig i safonau llunio polisi 69-71, wedi'i wneud ar ddyddiad y cwynion dan sylw ac roedd yn gynamserol i'r Comisiynydd ystyried a oedd yr Ymddiriedolaeth wedi methu â chydymffurfio â'r gofynion hyn yn y safonau Llunio Polisi. Dywedodd y Comisiynydd ymhellach, os oedd ganddi reswm i amau, unwaith y byddai penderfyniad terfynol wedi'i wneud ynghylch adleoli'r ganolfan, nad oedd effeithiau'r penderfyniad ar y Gymraeg wedi'u hystyried, ceidw'r hawl i ystyried bryd hynny a ddylai hi gynnal ymchwiliad i'r mater.

10. Blaenoriaethau ar gyfer 2024-2025

Ar gyfer 2024/25 byddwn yn ceisio cryfhau ein cydymffurfedd o ran y Gymraeg drwy arweinyddiaeth gref, gan alluogi'r Gymraeg i ffynnu. Cyflawnir hyn trwy Gam Gweithredu / Cyflawniad Blwyddyn ein Cynllun Tymor Canolig Integredig lle byddwn yn ceisio cyflawni'r canlynol:

- Cyflwyno a gweithredu Polisi Iaith Gymraeg newydd ar gyfer hyrwyddo a hwyluso'r Gymraeg. Cymeradwyo polisi iaith Gymraeg a chynllun cyfathrebu i godi ymwybyddiaeth o'r Gymraeg
- Datblygu gwaelodlin safonau'r Gymraeg ar gyfer cydymffurfio a fydd yn cael ei hyrwyddo ar draws yr Ymddiriedolaeth a dathlu enghreifftiau o arfer da.
- Byddwn yn sefydlu Grŵp Cyngori'r Gymraeg effeithiol i gefnogi'r gwaith o gyflawni Fframwaith Iaith Gymraeg yr Ymddiriedolaeth.
- Byddwn yn datblygu Pecyn Cymorth y Gymraeg ar gyfer uwch arweinwyr ac ar gyfer datblygiad y Bwrdd i godi ymwybyddiaeth o Safonau'r Gymraeg, Cynllun Gweithredu Mwy na geiriau ac ar gyfer datblygu sgiliau cwrteisi yn y Gymraeg.

Mae'r Pwyllgor Cyllid a Pherfformiad a'r Bwrdd yn goruchwyllo'r targedau i'w gyflawni yn y Cynllun Tymor Canolig Integredig bob deufis.

Fel rhan o'n hymrwymiad i'r Cynllun Gweithredu Mwy na geiriau i sicrhau bod ein defnyddwyr gwasanaeth yn derbyn gwasanaethau yn eu dewis iaith, mae ffrwd waith Gymraeg penodol wedi'i datblygu fel rhan o Gynllun Gweithlu Strategol cyffredinol WAST. Bydd gwaith yn mynd rhagddo yn 2024-25 i nodi lefelau sgiliau Cymraeg staff yr Ymddiriedolaeth a nodi'r bylchau sgiliau hynny wrth gyflwyno'r cynnig rhagweithiol i ddefnyddwyr ein gwasanaethau.

Bydd ein Gwasanaeth GIG 111 Cymru yn ceisio gwella ei allu i ateb galwadau Cymraeg drwy weithio mewn partneriaeth â'r Ganolfan Dysgu Cymraeg Genedlaethol i ddatblygu sesiynau magu hyder yn y Gymraeg ar gyfer staff 111 sydd â gwybodaeth flaenorol o'r Gymraeg ond a hoffai gwella eu sgiliau Cymraeg wrth ateb galwadau Cymraeg.

Gwybodaeth Bellach

I gael rhagor o wybodaeth am Safonau'r Gymraeg, cysylltwch â:

Melfyn Hughes
Rheolwr Gwasanaethau'r Gymraeg

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwylans Cymru
Tŷ Elwy
Ffordd Richard Davies
Llanelwy
Sir Ddinbych
LL17 0LJ

E-bost: Melfyn.hughes@wales.nhs.uk



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

**WELSH AMBULANCE SERVICES
UNIVERSITY NHS TRUST**

**WELSH LANGUAGE
STANDARDS
ANNUAL REPORT
2023-2024**

This document is available in Welsh/Mae'r ddogfen hon ar gael yn Gymraeg.

Contents

Foreword.....	3
1. Introduction.....	4
2. About us.....	4
3. Background to the Welsh Language Standards.....	5
4. More Than Just Words Action Plan 2022-27	5
5. Accountability and Support	6
6. Compliance with the Service Delivery Standards (Standards 1 – 77).....	7
7. Compliance with the Policy Making Standards (Standards 69 – 77).....	17
8. Compliance with the Operational Standards (Standards 79 – 114)	17
9. Complaints (Standard 115).....	26
10. Priorities for 2024-2025.....	27

Foreword

Croeso! Welcome!

As Chair and Chief Executive of the Welsh Ambulance Services University NHS Trust, we are delighted to present our fifth report on implementing the Welsh Language Standards.

The Welsh Language (Wales) Measure 2011 sets out a legal framework which imposes a duty on the Welsh Ambulance Services NHS Trust, along with other public institutions, to comply with the Standards relating to the Welsh language and provides an opportunity to reinforce the requirements and to improve the quality and availability of services through the medium of Welsh.

Welsh language features again in the Integrated Medium Term Plan (IMTP) for 2024-27, being as it is in the second year of a three year plan. The intention for 2024/25 is to build an environment in which the Welsh language can flourish. This will ensure we focus on cultural change to drive standards compliance.

We improved our compliance with the Welsh Language Standards and our delivery of an Active Offer by centralising our translation service in 2023 with the recruitment of a Welsh Language Translator. This has increased our ability to provide bilingual services to our service users and to our staff.

Our annual meeting with the Welsh Language Commissioner's Office in Tŷ Elwy in February 2024 was positive, with the Trust being asked to share good practice on call answering in Welsh in the 111 service, and on our work on bilingual recruitment.

Progress has been made in developing the Trust's Welsh Language Framework, including the Trust's first Welsh Language Policy, with a vision to providing services that will satisfy the needs of Welsh speakers by ensuring they are able to receive services in their own language.

This Annual Report sets out our compliance with the Standards and is supported by data for the reporting period 1 April 2023 to 31 March 2024. We recognise that we have made progress, but further improvements are planned to improve the provision of our Welsh language services. To achieve these improvements, we have been working closely with the Welsh Language Commissioner to establish solutions that meet our operational needs and ensure the rights of Welsh language speakers.

This report also reflects the positive impact of the Implementation of More than just words and the "Active Offer" principle, meaning the provision of a Welsh medium service without the service user having to request it.



Colin Dennis
Chair



Jason Killens
Chief Executive Officer

1. Introduction

This is the fifth Annual Report of the Welsh Ambulance Services NHS Trust's work showcasing how the Welsh Language Standards have been implemented.

On 30 May 2019, the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing Welsh Language Standards as part of the Welsh Language (Wales) Measure 2011.

The Trust has continued to respond positively to the Welsh Language Standards as it provides an opportunity to reinforce and to improve the quality and availability of its services through the medium of Welsh.

2. About us

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

Services include:

- The blue light emergency ambulance services: including call taking, remote clinical consultation, see and treat and if necessary, conveyance to an appropriate hospital or appropriate treating facility.
- Non-Emergency Patient Transport Service (NEPTS): including call taking, journey planning, service commissioning, taking patients to and from hospital appointments and transferring them between hospitals and treating facilities.

- The 111 service: website and a free-to-call service, acts as a first line gateway to a patient's journey within the health and care system providing them with the right advice or referral.
- The Trust also supports volunteers: Community First Responders (CFRs), Co-Responders and Uniformed Responders to provide additional response resource to emergency calls and a volunteer car service to aid patient transport to planned appointments.

3. Background to the Welsh Language Standards

Under the Welsh Language (Wales) Measure 2011, all public service organisations in Wales are required to comply with language duties, which ensure that the Welsh language is not treated less favourably than the English language. The duties encourage promotion of the Welsh language, the use of Welsh within internal administration and require that provision is made for the accessibility of Welsh to the public.

Section 44 of the 2011 measure permits the Welsh Language Commissioner to issue a compliance notice, requiring a body to comply with one or more standards specifically applicable to it. The Welsh Language Standards (No.7) Regulations 2018 were then introduced to the health sector organisations in Wales.

4. More than just words 2022-27 Action Plan

Since the launch of the Welsh Government's **More than just words 2022-27 Action Plan** in 2022, the Trust is committed in delivering those actions so that the 'active offer' is an integral part of service quality and service delivery across the Trust where services are provided in Welsh without someone having to ask for it. It is the responsibility of everyone who provides care services for people and their families across Wales to deliver the Active Offer. This includes health services, social care services and social services.

In February 2024 the Trust's People and Culture Committee noted Welsh Governments' More Than Just Words Annual Report 2022-23 and received assurance against the Trust's progress in delivering its commitments to the plan that included a summary of the 111 Service's Welsh call answer improvement plan.

During the reporting period of this report our new Strategic Equality Objectives for 2024-2028 have been developed as overarching aims for the Trust in relation to equality, diversity and inclusion. Within the Trust, we recognise the links between our

Welsh language requirements and those relating to equality. We have developed an action plan which will sit underneath the Strategic Equality Plan (SEP) and have included a number of Welsh language actions which are linked to our SEP objectives and is in addition to the More Than Just Words action plan.

5. Accountability and Support

5.1 Welsh Language Leads and Champions

Alongside the Trust's Welsh Language Services Manager, the Trust's Director of Corporate Governance/Board Secretary, Trish Mills is the executive lead for the Welsh language who has been instrumental in championing the development of a new Welsh Language Framework. Trish has also been leading in opening conversations in meetings and correspondence in basic Welsh. In addition, the Trust Board has a Non-Executive Director, Bethan Evans who is the Board's Welsh Language Champion and has been involved in promoting the Welsh Language within the Trust to our staff and externally to our service users via the Trust's social media platforms.



Trish Mills

Director of Corporate Governance/Board Secretary



Bethan Evans

Non-Executive Director

5.2 Welsh Language Advisory Group

WAST has established a Welsh Language Advisory Group that feeds into the Equality, Diversity Inclusion Group as to strengthen alignment to the SEP. This Advisory Group provides a mechanism for reviewing all aspects of the Welsh Language Standards and to ensure that a satisfactory service is maintained for all patients and members of the public who use the Trust's services.

5.3 People and Culture Committee

The Trust's People and Culture Committee provides assurance to the Board of its leadership arrangements with respect to the Welsh language, and monitors progress and seeks assurance that the Trust is discharging its statutory responsibilities in relation to the Welsh Language Standards. It also promotes and supports the

cultural change aligned to the active offer as a way of strengthening Standards compliance.

5.4 Trust Board

The Trust's Welsh Language Standards Annual Report's approval route is via the Trust's Welsh Language Advisory Group, Executive Leadership Team and the People and Culture Committee will be for the Trust Board to review and discuss the progress made in complying with the Standards.

5.5 Complaints Procedure

Concerns received in relation to compliance with the Welsh Language Standards are received in a number of ways including directly to the CEO and the Welsh Language Services Manager. All complaints received are investigated and a response provided with any required corrective action. Issues relating to patient safety are addressed under the Putting Things Right Regulations.

If a member of the public has a concern regarding a recent experience of using the Trust's Welsh language services, they can register their concern by emailing the concerns team: Amb_PuttingThingsRight@wales.nhs.uk or complete an online form: [Online Concerns Submission Form](#)

THE STANDARDS

Compliance with the Welsh language standards are categorised into the following areas of compliance: Service Delivery, Policy Making, Operations and Record Keeping. During 2024/25 we are developing a baseline upon which to report and introduce improvements in our compliance requirements.

6. Compliance with the Service Delivery Standards (Standards 1 – 77)

This set of standards identifies how the Trust is required to use the Welsh language in different situations so that Welsh speakers can have unhindered access to Welsh language services; for example, when sending correspondence, dealing with telephone calls, providing on-line or face-to-face services.

6.1 Correspondence (Standards 1 – 7)

The Trust has applied a consistent approach in relation to use of headed paper and email signatures and requires all staff to use the bilingual headed paper of the Trust.

We have also actively encouraged all staff to include a message on email signatures noting that the individual 'welcomes correspondence in Welsh or English'.

6.2 Telephone Calls (Standards 8 – 20)

The Welsh Language Standards as imposed upon the Trust places no legal requirement to answer 999 calls in Welsh. Under [The Welsh Language Standards \(No. 7\) Regulations 2018](#) Paragraph 35: Standards 8 to 10 and 13 to 16 do not apply to calls made to the 999 telephone number.

Callers to the 111 service and to Ambulance Care receive a recorded bilingual greeting. When the Trust establishes telephone contact with a service user for the first time, the service user will be asked if they would prefer to receive future calls from the Trust in Welsh or English. That language preference will be noted and respected. Calls to 111 and Ambulance Care offer a language option for callers.

Welsh language call answering for 111 and Ambulance Care is now reported to the Board in the Monthly Integrated Quality and Performance Report (MIQPR). These are drawn out more particularly in the following paragraphs.

6.2.1 NHS Wales 111 Service Review

NHS Wales 111 Service Welsh Language Call demand and answer rate 2023-2024

Welsh language demand		Total answered calls for 111	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/23 31/03/24	–	843,464	17,792	8,099	45.5%
01/04/22 31/03/23	–	766,718	15,735	2,853	18.1%

* Orange figures/percentages represent the 2022/23 reporting period.

In 2023-24 the percentage of NHS 111 Wales calls being answered in Welsh as the service users chosen language improved upon the subsequent year. This followed the launch of an improvement plan in late 2022 into 2023. The number of calls requesting this service remained low (less than 1% of 111 calls) however the 111 Service leadership team recognised the importance of the service it provided. As a result, the 2022 improvement plan was further developed across our NHS 111 Wales service in 2023 by the 111 service delivery team to improve the numbers of patients able to receive a service in Welsh if this was their preference. The plan captured the following actions:

- Regular meetings held with Welsh Language Services Manager to look at ways to increase/improve our Welsh call performance and our staff confidence in taking calls in Welsh via Welsh language confidence building sessions.
- Allocation of two Welsh speaking call handlers to a Welsh skill set on Saturdays and Sundays between the hours of 8am and 1pm.
- Data captured from our data reporting software tool identified where we received our greatest demand of Welsh language calls which helped to improve the Welsh call answer rate, lower the abandon rate and reduce the number of calls being dequeued to English only call handlers.
- When demand on the weekend was low, staff on dual skill sets (Welsh and English) dealt with Welsh calls which further improved the performance.
- Currently work is under way to adjust and improve the way Welsh calls are dealt with within the 111 telephone messaging process.
- Recruitment of Welsh speaking call handlers.
- Welsh language awareness session for new starters during their induction training.
- Video training for established call taking staff on Welsh language customer care and best practice.
- Weekly performance review by the operational team on Welsh calls performance data with agreed subsequent actions and oversight.
- Rostering actions to maximise Welsh language cover.

6.2.2 Ambulance Care (previously known as NEPTS)

Ambulance Care Welsh Language Call demand and answer rate 2023-2024

Welsh language demand		Total answered calls for NEPTS	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/23 31/03/24	–	232,442	3,951	3,923	89%
01/04/22 31/03/23	–	200,864	1,878	1,856	98.8%

* Orange figures/percentages represent the 2022/23 reporting period.

All callers to our Non-Emergency Transport Call Centre are welcomed with a bilingual greeting, followed by our Integrated Voice Response (IVR) system allowing callers to select their preferred language being English or Welsh from this point. Depending on their selection, all messages will be presented in their selected language.

Welsh callers are directed through the IVR to our Welsh call takers. If our Welsh call takers are busy with other callers, the caller is re-routed to the next available English

or Welsh call taker to avoid unnecessary waiting time. It is important not only to provide a full Welsh call experience but to also ensure that no prolonged delays occurs if all our Welsh call takers are dealing with other calls.

Our Patient Needs Assessment is used to check the eligibility of each patient for ambulance transport and has been fully translated for use by our Welsh call takers to enhance the caller's experience.

6.3 Meetings (Standards 21 – 30)



When the Trust arranges a meeting with a member or members of the public, attendees will be asked if they wish to use the Welsh language at the meeting. Where individuals express a desire to use Welsh at a meeting, the Trust will respect and accommodate that preference. Board meetings have members present who speak Welsh, and all meetings of the Board are livestreamed via Zoom. We are investigating into the possibility for the provision of Welsh subtitles via Zoom for Board meetings.

Trust Board meeting invites to our partners are sent out bilingually. All Trust Board meeting agendas are available in Welsh. The

Trust's 2022-23 Welsh Language Standards Annual Report was presented bilingually for the first time at the meeting of the Trust Board in September 2023.

6.4 Public Events (Standards 31 – 32)

In relation to face to face services offered at an event, the event's invitation or advertisement will ask persons to inform us if they wish to use the Welsh language. Where this occurs, we will provide a translation service at the event. We endeavour to ensure all invitations and notices to the public are bilingual.

Eisteddfod Boduan



On the 11th of August our Welsh Language Services Manager, Melfyn Hughes and Richard Lewis a CFR volunteer from the Pwllheli area attended this year's Nation Eisteddfod at Boduan, Gwynedd where WAST had an exhibition stand as part of BCUHB's exhibition tent. This was a valuable opportunity to engage with our service users and the WAST stand also received a special visit from Eluned Morgan, the then Minister for Health and Social Care

Patient Experience & Community Involvement

As part of the Patient Experience & Community Involvement team's (PECI) continuous engagement model WAST has attended various public engagement and community events across Wales. The PECI team provide information about the services provided by WAST along with age and demographic specific accessible resources. All material provided is bilingual and people are provided links to provide their feedback in the language of their choice.



6.5 Documents and Forms (Standards 36 - 38)

Since the beginning of September 2023, the Trust has had a dedicated in-house translation service, which is available to all staff free of charge through a dedicated inbox and has been a key enabler of compliance with the standards, related to documents and forms.

Examples of forms that have been made available in Welsh include:

NEPTS patient feedback form

Dweud eich dweud - Cludiant Ambiwylans

Yn Ambiwylans Cymru rydym yn ceisio gwella'r gwasanaeth a ddarparwn yn barhaus. Helpwch ni i wella ein gwasanaeth i gleifion oncoleg trwy lenwi'r ffurflen isod.

Sut wnaethoch chi deithio heddiw?

☐ Gyrrwr Car Ambiwylans Gairfoddol ☐ Taci

☐ Cerbyd Ambiwylans Cymru ☐ Dydw i ddim wedi teithio o'r blaen.

☐ Ambiwylans Preifat

Pa sgôr fydddech chi'n ei rhoi i'ch trafnidiaeth heddiw?

★ ★ ★ ★ ★

NHS 111 Wales website survey

GIG 111 Cymru NHS 111 Wales

Arolwg Profiad Gwefan GIG 111 Cymru

SWFT - Cymraeg

Mae'r profiad sydd gennych ar wefan GIG 111 Cymru yn bwysig i ni. Er mwyn ni i bartwyl i wella'r safon byddem yn ddolchgal pe gobeith gadau'r arolwg hwn ni ddodol hwn yn well. Sylwch bod yr arolwg hwn yn ymwneud â gwasanaeth GIG 111 Cymru ac nid i unrhyw wasanaethau GIG arall.

Nid oes angen i ni wybod eich manylion personol ond rydym wedi gofyn rhai cerbydau cyffwrdd ar y dweud am bwy gylch chi. Mae hwn er mwyn i ni wneud yn siŋr i gofyn i bob gylch o bobl am eu profiad. Gweler ein hysbysiad preifatwydd am ni wyfodaeth.

Bydd unrhyw ymatebion yn cael eu cadw'n gyfrinachol a dim ond canlyniadau a rhannu fydd yn cael eu rhannu neu eu datgelu.

Os hoffech drafod yr arolwg hwn neu ofyn unrhyw gwestiynau, cyswllwch â'r Dd Caelon a Chyllanysiad Cyffwrddol ar 0300 123 0037 neu anfonwch e-bost at PECI.team@wales.nhs.uk.

Mae'r Arolwg hwn yn cynnwys 20 Cwestiwn, a ni ddylai gytlyd rowy na 5 munu gwtthau.

Parhewch

6.6 Publicity and Advertising Material (Standards 33 – 34)

Any publicity or advertising material the Trust produces for the public is produced bilingually.

Bilingual publicity was produced and promoted via social media for members of the public to complete an online survey on their experience of calling the Trust's 999 service.



Strategic Equality Plan Consultation and Engagement



During 2023-2024, the Trust undertook consultation and engagement as part of the Strategic Equality Plan (SEP) development. Members of the public, service users, staff and stakeholders were invited to complete a bilingual survey to help shape a new set of Strategic Equality Objectives for the Trust. The proposals for the new plan were also discussed at the Trust's Welsh Language Advisory Group in September.

The consultation responses included several comments in relation to the Welsh language. Respondents felt it was important for our leadership to demonstrate our commitment to the Welsh language and ensure that the organisation is fully bilingual. Raising awareness of the Welsh language needs of service users and staff and increasing opportunities to use the Welsh language were noted in the consultation. For 2024/25 this will be achieved via our Year 1 IMTP Action, to introduce and implement a new Welsh Language Policy for the promotion and facilitation of the Welsh language.

6.7 Websites and Online Services (Standards 39 – 43)

We have two websites, the Welsh Ambulances Services University NHS Trust website, and the 111 Wales website, which we operate as the commissioned provider of 111 across Wales. Some of the challenges are set out below.

6.7.1 NHS Wales 111 Website

The NHS 111 Wales website operates its own Welsh and English social media Twitter accounts @GIG111Cymru with **122 (105)** followers and @NHS111Wales with **7,316 (7,282)** followers.

111 Website Symptom Checkers

Listening to website user feedback, we continue to work closely with colleagues across the Trust to extend the range of symptom checkers available in Welsh through the website, allowing users to check their symptoms and receive online advice about what to do next. During this reporting period, **no** new symptom checkers were developed and made available in Welsh and English:

All 65 of the current symptom checkers that are available on the 111 website are available in Welsh.

NHS Wales 111 Website development

There continues to be no dedicated long term funding associated with the NHS 111 Wales website, its architecture, content generation, management, or clinical assurances (Including the online symptom checkers). Given the Welsh Government's position on digital-first, the introduction of the Welsh NHS App, and the future impact a fit-for-purpose website could offer, this continues to represent a significant risk and challenge.

Whilst this position has remained unchanged since the last report, WAST has commissioned bespoke digital discovery work. This work will inform the creation of a business case for the Welsh Government and set out a clear vision for the future of digital access and integration for NHS 111 online, which will include the requirements for Welsh language for any content contained within.

A group of experts has been brought together to undertake research into the existing barriers to digital success, the Welsh digital ecosystem, the vision for success, the principles for progress, the identification of intent and gap, users' needs, wants, and journeys, service ideation and ultimately mapping and design.

This work, which covers research strategy and delivery, is poised to provide valuable insights and recommendations for the future of the NHS 111 Wales Website and enable WAST to create a business case for change.

6.8 Social Media (Standards 45 – 46)

The Trust operates separate Welsh language and English social media accounts for Facebook and Twitter. Each English post is replicated in Welsh.



Below is a breakdown of the engagement on Trust's social media accounts during the reporting period from 1 April 2023 – 31 March 2024

Since the previous annual report, X and Facebook have changed their analytics and statistics. In year, the Trust also began posting bilingually on Instagram.

Please note, the below number are an approximate representation of the stats due to issues accessing analytics since the changeover of Twitter to X

 Twitter	@Ambiwlans_Cymru		@WelshAmbulance	
	2023/24	2022/23	2023/24	2022/23
Total followers	423		24,196	
Total impressions	34,284	113,351	1,749,700	2,440,000
Retweets (without comments)	202	625	2,735	4,693
Likes	277	485	8,232	12,400
Link clicks	41	38	6,045	7,300

* Orange figures/percentages represent the 2022/23 reporting period.

The total amount of Tweets differs between both accounts for the following reasons:

- 'Tweets' include quoted Tweets which are published more frequently on our English account due to other agencies, such as other UK ambulance services, not putting out content in Welsh.

 Facebook	Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru		Welsh Ambulance Services NHS Trust	
	2023/24	2022/23	2023/24	2022/23
Total followers	261		37,041	
New followers	22	27	1,630	1,959
New page likes	8	10	531	1,029
*Total page views	1,099		124,235	
*Total page and profile reach	37,750		3,172,769	
*Total post impressions	38,516		3,690,160	
*Page engagements (total number of reactions, comments, shares on posts)	1,621		412,950	

* New additions therefore no previous comparable data available.

* Orange figures/percentages represent the 2022/23 reporting period.

6.9 Signs and Notices (Standards 47 - 49)

All new or replacement signage is produced bilingually with the Welsh positioned so that it is likely to be read first. During the reporting period new external and internal signage was produced for the Trust's new ambulance workshop in Merthyr Tydfil as shown below.



6.10 Reception Services (Standards 50 - 53)

Where we do have a reception service, the online module 'Croeso Cymraeg Gwaith' is available to staff working in reception areas in order to develop their Welsh language skills and be able to greet visitors bilingually. Welsh language support is also available from the Trust's Welsh Language Services Manager.

6.11 Awarding Contracts (Standards 57 - 59)

Invitations to tender will be published bilingually if the subject matter of the invitation to tender suggests that it should be produced in Welsh, or if the anticipated audience, and their expectations, suggests that the text should be produced in Welsh. Tenders may be submitted in Welsh, and a tender submitted in Welsh will be treated no less favourably than a tender submitted in English.

No requests for tenders or contracts were issued in Welsh and none were received in Welsh during this reporting period.

6.12 Corporate Identity (Standard 62)

During the reporting period our Welsh Language Services Manager worked alongside our Communications Team to develop a bilingual version of the Trust's Crown Badge. A replica Crown badge was developed for review and for final approval. The introduction of the Trust's new bilingual crown badge will promote to our service users and our staff the Trust's commitment to the Welsh language. Permission was received from the Cabinet Office to move to a bilingual Crown Badge.



On 1 April 2024, the Trust was granted University Trust status and as a result our NHS Wales logo has also been updated to reflect

University Trust status, which has been granted by Welsh Government in recognition of our commitment to drive research and innovation and develop the current and future workforce.

The new Crown Badge and NHS Wales logo are available to staff to download from a dedicated corporate branding page. In addition, corporate brand guidelines have been created inform staff on how to correctly apply these.

Physical assets that display the old version of the logo and crown badge such as vehicles, uniforms and estate signage, need only carry the new logo and Crown Badge when they are naturally replaced.



7. Compliance with the Policy Making Standards (Standards 69 – 77)

All new and revised policies implemented by the Trust are subject to an Equality Impact Assessment (EqIA). Welsh language is a standard equality strand and 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.

Trust's policy process has oversight of the governance processes in the review of new or revised policies, and the relevant board committee is assured that the EqIA has been completed when approving their assigned policies.

During the reporting period **11** policies (inclusive of new and revised policies) were approved, all of which went through the process of EqIA.

8. Compliance with the Operational Standards (Standards 79 – 114)

The set of Operational Standards deals with the way the Trust uses the Welsh language internally and gives employees the right to receive Human Resources services in their chosen language.

8.1 Policy on the Internal Use of Welsh (Standard 79)

As part of the Trust's new Welsh Language Framework a new Welsh Language Policy has been developed to promote the use of the Welsh language and compliance with the Welsh Language Standards. This is on track to be approved in 2024 and will then be promoted across the Trust.

Part of this work to promote the Welsh language internally has been the introduction of a **Welsh Language Award** as one of the categories for the Trust's annual Staff Awards. The award is to recognise staff who have helped to promote the Welsh Language and improve bilingual provision in healthcare.

As part of this year's staff awards, seven strong nominations were received. Jason Jones, Capital Deliver Manager was the winner of the Welsh Language Award for his dedication in learning Welsh and becoming a fluent Welsh speaker. Nia Barton, Clinical Contact Centre Clinician was highly commended for her work when dealing with patients in Welsh.



The Welsh language was prominent for the **CEO Roadshows** that took place in April and November 2023. This was an opportunity for the CEO Jason Killens and other members of the Board to engage with our people across Wales to reflect on our

experiences and the challenges that we are facing now and in the future. The following popup banner and handouts were displayed at the events:



The monthly **WAST Connects** newsletter for internal use, is now published on WAST's intranet bilingually for all users to be able to engage with the post.



8.2 Employment Documents (Standards 80 – 81)

If asked, we will supply employment related documents to be supplied in Welsh i.e., documents that outline training needs or requirements; documents that outline performance objectives; documents that outline or record a career plan; forms that record and authorise annual leave; forms that record and authorise absences from work and forms that record and authorise flexible working hours. In the reporting period we have not received any such requests from staff.

We have ensured that the following documents have been translated should any member of staff wish to receive them through the medium of Welsh: change of hours letters, secondment extensions and contract of employment. Where NHS

Wales Shared Services Partnership (NWSSP) issues contracts of employment (via the recruitment process within TRAC), these are sent in both Welsh and English.

8.3 Recruiting and Appointing (Standards 106 – 109)

Guidance/process flow charts are used to assist managers prior to any post being advertised. The process provides details of translation services as well as some standard advert and job description wording to assist managers. Our internal translation service has been established to support the Trust's translation needs.

The assessment form we introduced for all managers to complete to help assess Welsh language requirement for posts continues to be utilised. This forms part of a number of other check points, prior to a post being released for advert.

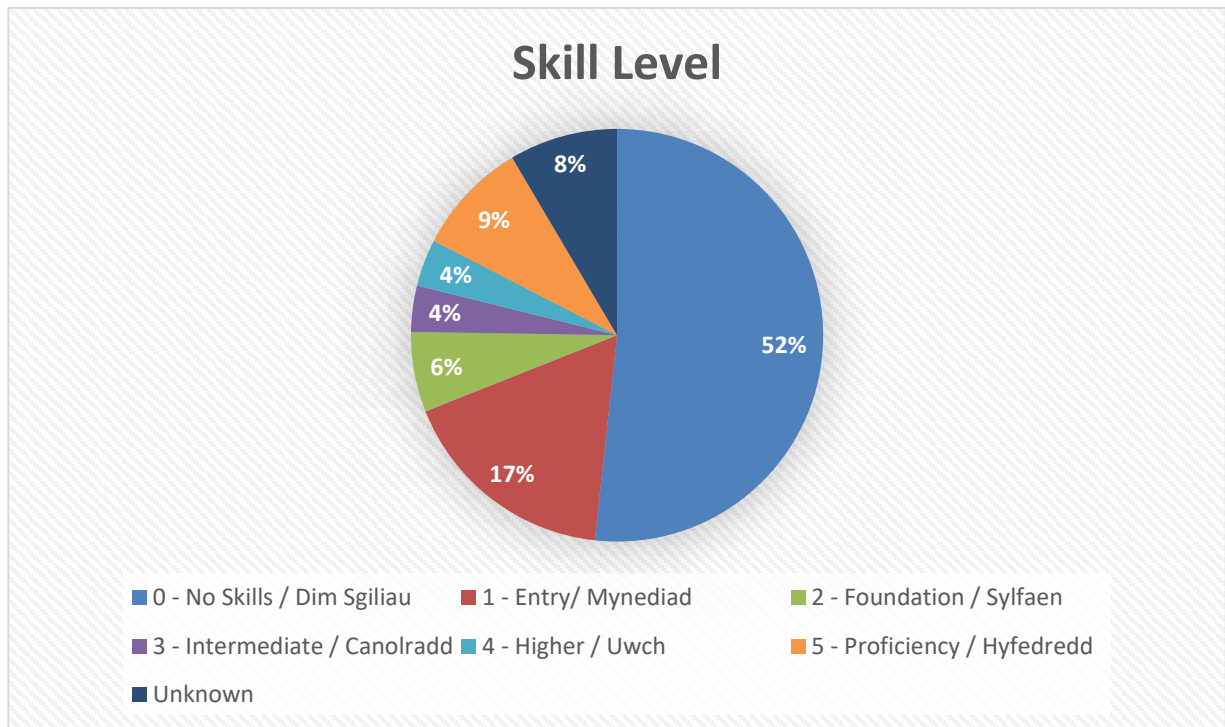
8.4 Assessing and Recording Welsh Language Skills across the Workforce (Standards 96 and 116)

From a total of **4,317** members of staff **3,949 (91.48%)** **3,906 (89.28%)** of the Trust's workforce have self-assessed and recorded their Welsh language skills on ESR. Below, Welsh language listening/speaking skills recorded on ESR per directorate:

Directorate	Required	Achieved	Compliance %
Corporate Governance	8	8	100%
Chief Executive Directorate	18	13	72.22%
Digital Directorate	58	55	94.83%
Finance & Corporate Resources Directorate	108	100	92.59%
Medical & Clinical Directorate	57	56	98.25%
Operations Directorate	3826	3481	90.98%
Partnerships & Engagement Directorate	12	12	100.00%
Quality, Safety & Patient Experience Directorate	119	118	99.16%
Strategy, Planning & Performance Directorate	20	17	85.00%
People & Culture Directorate	91	89	97.80%

8.5 Welsh Language Skills of Staff Profile – Listening/Speaking

0 - No Skills	1 - Entry	2 - Foundation	3 - Intermediate	4 - Higher	5 - Proficiency	Unknown	Grand Total
2233	745	271	156	159	386	367	4317



In order to reduce the number of staff that have identified their Welsh language skills on ESR as 'no skills', it is proposed that staff who have completed their mandatory Welsh Language Awareness course will be expected to update their ESR Welsh language skills level from 'no skills' to 'Level 1 - Entry'.

Welsh Language proficiency per Directorate

Directorate	Intermediate	Higher	Proficiency
Corporate Governance	0	0	2
Chief Executive Directorate	1	1	0
Digital Directorate	1	1	6
Finance & Corporate Resources Directorate	1	7	11
Medical & Clinical Directorate	0	1	2
Operations Directorate	143	141	345
Partnerships & Engagement Directorate	0	2	0
Quality, Safety & Patient Experience Directorate	7	6	11
Strategy, Planning & Performance Directorate	0	0	2
People & Culture Directorate	3	0	7
Grand Total	156	159	386

16% of our workforce have Welsh fluency. This equates to 701 of those who have registered their Welsh language skills.

In order to increase the Welsh language skills of our workforce in 2024/25 we will be promoting the NHS specific Welsh language beginners' course that is available to our staff via the National Centre for Learning Welsh together with our mandatory ESR Welsh Language Awareness course.

8.6 New and Vacant Posts (Standard 117)

The table below confirms posts advertised between 1 April 2023 and 31 March 2024:

Total number of posts advertised: **296 (405)**. Due to the Trust's translations service having access to NWSSP's translation memory software there have been efficiencies made in ensuring that all job descriptions are translated into Welsh. Human resources processes are in place for recruiting managers to send approved JDs to the Trust internal translation service. Our process for ensuring that all our JDs were available in Welsh was commended during our annual meeting with a representative from the Welsh Language Commissioner's Office in February 2024

Category	Number of posts categorised		Percentage of posts advertised	
	2023-24	2022-23	2023-24	2022-23
Welsh language Essential	4	6	1.3%	1.4%
Welsh language Desirable	292	393	98%	97%
Welsh language skills need to be learnt when appointed to the post	0	0	0%	0%
Welsh language skills are not necessary	0	6	0%	1.4%

* Orange figures/percentages represent the 2022/23 reporting period.

Following the requirements for a new or vacant post to be assessed for the need for Welsh language skills, the following Welsh essential posts were advertised:

- Non Emergency Patient Transport Service (NEPTS) Call Taker x2 (Band 2)
- Putting Things Right (PTR) Legal Services Co-ordinator (Band 4)
- Welsh Language Translator (Band 5)

Job interviews for vacant posts were facilitated in Welsh following requests from the job applicant.

8.7 Training (Standard 97)

Type of Training	Number who requested a Welsh version of the course	Number who attended the English version of the course	Percentage that attended the Welsh version
Complaints and Disciplinary Procedures	0	298	0
Induction	0	407	0
Health and Safety	0	111	0

For courses relating to complaints and disciplinary procedure these were delivered internally to the NHS but not internally to WAST. Every 'WAST Welcome Day' where new members of staff are introduced to the Trust has an element of Welsh within it (greeting delivered bilingually, Welsh WAST behaviours video and reference to the Welsh language standards and learning materials, some of which are delivered in Welsh). No one requested for our induction to take place in Welsh.

For our Health and Safety training, the IOSH Managing Safely courses and the Leading Safely courses were delivered in English as these courses are IOSH accredited training courses, and not available in Welsh as the content is provided externally.

8.8 Training to Improve Welsh Language Skills (Standards 99 - 101)

The online module 'Croeso Cymraeg Gwaith' has been key to the Trust in supporting staff who are at the beginning of their journey to learn Welsh. **360** members of staff have registered onto the Welsh language beginners e-learning module facilitated by the National Centre for Learning Welsh with **129** having completed the course.

As part of the work in the development of the Strategic Workforce Plan, we are engaging with the National Centre for Learning Welsh regarding the developing Welsh language confidence sessions for Trust staff who would like to increase their confidence in speaking Welsh with our service users. In 2024/25 Welsh language confidence building courses will be delivered to 23 members of the 111 service.

8.9 Welsh Language Awareness Training (Standards 102 – 103)

The Trust's 'Welcome days' includes Welsh language awareness and a total of **407** staff undertook this training during the reporting period.

Since the introduction of the mandatory Welsh language awareness courses on 1st April 2023, **61.13%** of Trust staff have completed the course. We will continue to

promote the training over the next year to increase the numbers of staff completing the training to 90%.

8.10 Promoting the Welsh Language

Diwrnod Shwmae Su'mae Day was celebrated on October 15 to promote the Welsh language with the idea of starting every conversation with an informal greeting. Welsh language phrases were promoted to staff on Siren and Yammer together with access to a free online Welsh language taster course which introduces everyday words and phrases for Health sector staff.

During the reporting period the following YouTube videos were developed and promoted to our people to develop their Welsh language Skills for Diwrnod Shwmae Su'mae day, Christmas and St Davids Day.



[Click here to view](#)



[Click here to view](#)



[Click here to view](#)

In March, WAST hosted the first event of the Ambulance Quality Network, 'Ambulance Q 24', at the Principality Stadium, Cardiff which had attendees from ambulance Trusts from across the UK. The event had a Welsh language component including an automated bilingual registration platform, bilingual displays, and bilingual greetings and introductions from WAST staff. The following visual was placed on all of the delegates' tables to promote the language to our guests from across the UK.



8.11 Our Translation Service.

Centralising the Trust's internal translation service with the recruitment of a Welsh Language Translator has increased the Trust's ability to provide bilingual services to our service users and to our people and reduce our reliance and associated costs in using external translator providers.

Since the Trust's translation service was established in September 2023, the translation service translated over **325,484** words, including a wide range of documents such as the Strategic Equality Plan, social media posts, signs, forms and web content. The service also provides a proof reading service and has proof read over 70,000 words from various directorates.

The translation service has had a hugely positive impact on the Trust, with the ability to deal with urgent translation request in-house, and consistency in the translation of documents in terms of terminology. Translation is a key enabler of compliance with many of the standards e.g. correspondence, documents, forms, signage, social media and web content.

9. Complaints (Standard 115)

Below, is a list of complaints received during 2023/24 along with a summary of the actions taken. Three complaints were received:

No	Complaint	Response and action
1	Complaint received from a member of the public on 13/02/2024 about an allegation that a large number of articles on the NHS Wales 111 Health A-Z encyclopaedia have not been translated into Welsh.	Response provided to complainant explaining that a proposed business case is to be developed for appropriate resources to ensure the clinical content of the NHS Wales 111 website is updated bilingually.
2	Complaint received from the Welsh Language Commissioner on 16/02/24 on behalf a member of the public about an allegation that a large number of articles in the NHS Wales 111 Health A-Z encyclopaedia have not been translated into Welsh.	After submitting a response to the complainant the Welsh Language Commissioner confirmed that she complianant had retracted their complaint and than no further action would take place.
3	Following a complaint to the Welsh Language Commissioner from a member of the public in relation to the proposed move of the Clinical Contact Centre in Bryn Tirion, Llanfairfechan to Tŷ Elwy, St Asaph, the Trust received on 24/11/23 a request for information from the Commissioner as to whether the Trust had carried out a Welsh language impact assessment on the proposed move.	After submitting a response to the Welsh Language Commissioner stating that work was ongoing in order to fully understand the impact on language provision, as well as supporting colleagues with any concerns they have via the NHS Wales organisational change process, the Commissioner confirmed in a letter 14/12/23 that she would not be conducting an investigation under section 71 of the Measure, as the policy decision (of whether to relocate the centre or not), which may be subject to policy formulation standards 69-71, had not been made on the date of the complaints in question and was premature for the Commissioner to consider whether the Trust had failed to comply with these requirements of the Policy Making standards. The Commissioner further stated that if she had reason to suspect that, once a final decision had been made regarding the relocation of the centre, the effects of the decision on the Welsh language had not been considered, she reserved the right to consider at that time whether she should carry out an investigation into the matter.

10. Priorities for 2024-2025

For 2024/25 we will seek to strengthen our Welsh Language compliance through strong leadership, enabling Welsh language to flourish. This will be achieved via our Year 1 IMTP Action / Deliverable where we will seek set to:

- To introduce and implement a new Welsh Language Policy for the promotion and facilitation of the Welsh language. Welsh Language policy approved and a communications plan to increase awareness of the Welsh Language
- Develop a Welsh Language standards baseline for compliance which will be promoted across the Trust and celebrate examples of good practice.
- We will establish an effective Welsh Language Advisory Group to support the delivery of the Trust's Welsh Language Framework.
- We will develop a Welsh language Toolkit for senior leaders and for Board development to increase awareness of the Welsh Language Standards, the More Than Just Words Action Plan and for the development of Welsh language courtesy skills.

The Finance and Performance Committee and the Board have oversight of these IMTP deliverables on a bi-monthly basis.

As part of our commitment to the More Than Just Words Action Plan to ensure that our service users receive services in their language of choice, a dedicated Welsh language workstream has been developed as part of the overall WAST Strategic Workforce Plan. Work will progress in 2024-25 in identifying the levels of Welsh language skills of Trust staff and identify those skills gaps in delivering the active offer to our service users.

Our NHS Wales 111 Service will seek to improve its ability to answer Welsh language calls via working in partnership with the National Centre for Learning Welsh in the development of Welsh language confidence building sessions for 111 staff who have previous knowledge of the Welsh language but would like to improve their Welsh language skills in answering Welsh language calls.

Further Information

For further information on the Welsh Language Standards please contact:

Melfyn Hughes
Welsh Language Services Manager

Welsh Ambulance Services University NHS Trust
Tŷ Elwy
Ffordd Richard Davies
St Asaph
Denbighshire
LL17 0LJ

E-mail: Melfyn.hughes@wales.nhs.uk

Welsh Ambulance Services University NHS Trust

Health & Safety Annual Report 2023-2024



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

Health & Safety Annual Report 23-24
Version 1.0
Released: 21 August 2024

Nicola White - Head of H&S
Nicola.white3@wales.nhs.uk

1. Introduction
2. Keeping Our People Safe
3. Workplace Safety
4. Violence and Aggression
5. Display Screen Equipment / Manual Handling
6. Quality Improvement
7. Working in Partnership
8. Good Practice Support Conclusion
9. Challenges
10. Growing the Team
11. Moving forward



Introduction



The Welsh Ambulance Service University Trust (WAST) success within Health & Safety (H&S) is driven by the Organisation's desire for continuous improvement on its journey to a cultural state of Interdependency.

The Health and Safety Annual Report provides the Trust Board with the necessary assurances that the Organisation continues to make significant strides to compliancy with the Health & Safety at Work Act 1974 and other supporting pieces of secondary legislation.

It provides an overview of how the Trust has performed over this reporting period in relation to ensuring a safe working environment. Priority is given within the report to celebrate the success and achievements of the dedicated H&S team as well as sharing the good practices from our WAST colleagues, our improved systems and processes and our challenges.

The Executive Director of Quality and Nursing is the executive lead for Health & Safety within WAST. The head of H&S has responsibility as he named professional for the management of H&S. This role provides assurance with the Trusts Statutory Legislation above. The Head of H&S takes the Organisational lead on all H&S matters.

The H&S team works collaboratively with senior managers and colleagues to promote a mature H&S culture, both articulated and lived at each level in the Organisation. External partnership is also integral to the team's role, WAST contribution to the work of our partner agencies is also highlighted within this report.

Implementation of Workforce Review



Following the implementation of the Workforce Review commencing October 2022, the team embedded themselves throughout the Trust across all Directorates.

The new function introduced several new roles to the Trust, namely;

- Deputy Head of Health & Safety,
 - Violence and Aggression Manager,
 - Display Screen Equipment / Manual Handling Advisor (DSE/MH)
 - 4 Health & Safety Advisors.
-
- These new roles were integrated into the existing structure consisting of;
 - Head of H&S
 - 2 X Health & Safety Managers
 - 0.5 Administration Officer.

Keeping Our People Safe- Health & Safety Risks



Corporate Risk 199 - 'Failure to embed an Interdependent and mature health and safety culture causing harm or a breach in compliance'.

Risk 199 was raised in August 2019 and assessed as 20 (4x5).

Following significant work completed as part of the Working Safely Programme and investment into the Workforce Review, Risk 199 was reviewed and approved as reaching its target score of 10 (2x5) on the 7th December 2023.

This risk was de-escalated to the QPSE risk register and is reviewed on a quarterly basis.

Directorate Risks - Closed

Several Directorate levels risks were subject to review and subsequently approved by the Senior Quality Leadership Team for closure in Q4 2023/24;

372 - Health & Safety Team - Resource Capability (raised Oct 2020);

315 - Inability to confirm COVID + status through workplace exposure in order to complete RIDDOR in a timely manner (raised July 2020);

385 - Risk of lack of compliance to COVID PPE requirements resulting in increased staff exposure and implications from HSE (raised Jan 2021).

Keeping our People Safe -Legislative Compliance



Internal audit - The Health and Safety (H&S) function was subject to an internal audit by Shared Services Partnership during Q4 2022/23 - Q1 2023/24. A previous audit was undertaken in 2019, and the Trust assessed as Limited Assurance. The Auditors recognised the Trust's commitment to improving health and safety and the work undertaken to date. Subsequently the Trust received a 'Reasonable' level of assurance across all 6 assessment criteria

Assurance summary¹

Objectives	Assurance
1 Health and safety policy	Reasonable
2 Health and safety structure	Reasonable
3 Working Safely Programme	Reasonable
4 Compliance mechanisms	Reasonable
5 Training requirements and needs	Reasonable
6 Monitoring of risks and issues	Reasonable

The Trusts Legislative Compliance Register was subject to review by the Assistant Directors Leadership Team (ADLT) and the assessment score of 1.98 / 3 providing a moderate leave of assurance was approved by the group on 17th April 2023. Following further work , the register was reviewed and reassessed as 2.22 during Q4 2023 . Further work continues to increase compliance levels further.

Welsh Ambulance Services
NHS Trust

GIG
NHS

Health & Safety Policy

Policy Number	021	Version No.	10.6	Supersedes	1102
Date of Approval	14/11/23 RGE 23/11/23 TB	Review Date	5 years from date of approval	Impact Assessment Completed	Yes
Classification of Document	Corporate	Type of Document	Policy	Approved by	People & Culture Committee Trust Board (by email)
Brief Summary of Document	The Health and Safety at Work etc Act 1974 requires the Trust to have a written Health and Safety Policy which includes the organisational arrangements for its implementation. The Management of Health and Safety at Work Regulations 1999 require the Trust to make a suitable and sufficient assessment of the risks to the health and safety of its employees to which they are exposed whilst they are at work and the risks to the health and safety of anyone else affected by the activities of the Trust.				
Scope	Health and Safety in the Welsh Ambulance Services NHS Trust Applies to all staff, volunteers, Non-Executive Directors, staff and contractors.				
To be read in conjunction with:	• Risk Management Policy • Risk Assessment Procedure • Adverse Incident and Hazard Reporting Policy and Procedure • Violence and Aggression at Work Policy • Management of information about potentially violent persons and in addresses • Safe Moving and Handling Policy • Safe Conveyance, Moving and Handling of Wheelchairs Policy and Guidelines • Control of Substance Misuse to Health Policy and Procedure • Volunteer Codes of Conduct, CH Operations Manual and CH Operations Manual: Policy for Managing Requests for Non-Operational Public Activities or Events • Display Screen Equipment Procedure • New and Expectant Mothers Risk Assessment Procedure • Control of Substance Misuse to Health Procedure • Fire Safety Policy • Health and Wellbeing Policies • Counter Fraud Policy				
Steering Committee	People & Culture Committee				
Policy Lead Traffic Union Lead	Alison Williams (an James R. Hughes)	Job Title	Head of Health & Safety Traffic Union Partner		
Executive Director	Simon Williams				

The Trusts Health & Safety Policy subject to review and approved and published in December 2023. Most of the policy content reflects an updated earlier version but has been updated to include the legal requirement of a 'Statement of Intent'. Also included are an arrangements section and training needs analysis matrix to strengthen the current Policy

Keeping Our People Safe -Procedures Developed



Welsh Ambulance Services NHS Trust
OTHERS

SMS-PRC-04-NEW AND EXPECTANT

Ysbytyddfa GIG
Bysgodfaelau Ambulans Cymru
Welsh Ambulance Services
NHS Trust

New and Expectant Mothers Procedure

Document Number:	1.0	Version No:	1.0		
Date of Approval:	13/04/2023	Review Date:	13/04/2026	Approved by:	National Joint Health, Safety & Welfare Committee
Brief Summary of Document:	To provide advice to all Welsh Ambulance staff and volunteers on conditions and techniques to ensure that the standards of safety and health and welfare are maintained in accordance with the New and expectant mothers				
To be read in conjunction with:	The Employment rights act 1996 Equality Act 2010 Display Screen Equipment Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002 Management of Health and Safety at Work Regulations 1999 The Health and Safety at Work Act 1974 The Workplace (Health, Safety and Welfare) Regulations 1992 (as amended) The Provision and Use of Workplace Equipment Regulations 1992 (as amended) WAST Health and Safety Policy				
Owning Committee					

SMS-PRC-001 Risk Assessment

Welsh Ambulance Services NHS Trust

Ysbytyddfa GIG
Bysgodfaelau Ambulans Cymru
Welsh Ambulance Services
NHS Trust

Risk Assessment Procedure

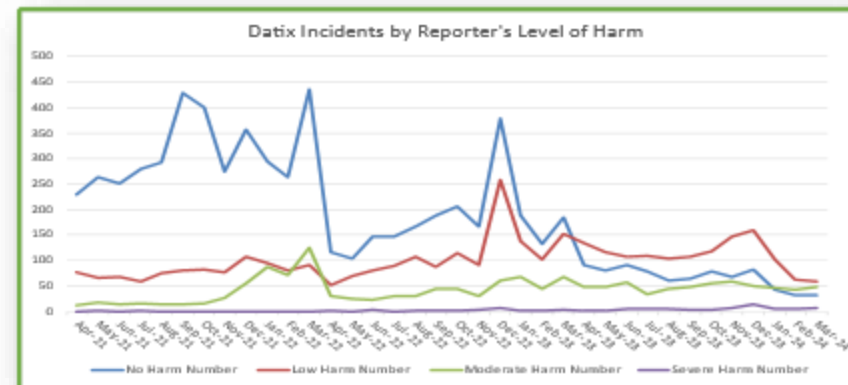
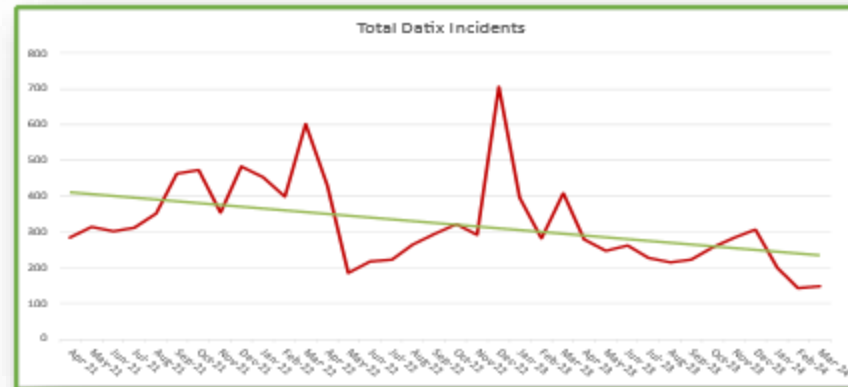
SMS-PRC-05-COSHH PROCEDURE

Ysbytyddfa GIG
Bysgodfaelau Ambulans Cymru
Welsh Ambulance Services
NHS Trust

Control of Substances Hazardous to Health (COSHH) Guidance and Procedures

Document Number:	1.0	Version No:	V1.1	Supersedes	
Date of Approval:	13/04/2023	Review Date:	13/04/2026	Approved by:	National Joint Health, Safety & Welfare Committee
Brief Summary of Document:	The purpose of this guidance is to provide the necessary information to establish the control of substances which pose a hazard to health used by WAST staff when carrying out any activities and operations				
To be read in conjunction with:	The Control of Substances Hazardous to Health Regulations 2002 (as amended) Management of Health and Safety at Work Regulations 1999 The Health and Safety at Work Act 1974 WAST Health and Safety Policy				
Owning Committee	National Joint Health Safety and Welfare Committee				

Keeping Our People Safe- Non-Patient Incidents



Health and Safety Performance within this report for 2021/2024 relates to the Welsh Ambulance service University Trusts performance of top 5 H&S reported incidents.

The H&S team priority is to ensure that WAST colleagues work as safe as reasonably practicable within dynamic environmental conditions. This involves supporting investigations and applying lessons learned to prevent re-occurrence.

DATIX reported incidents have significantly decreased by 52% from April 2021 (284) - March 2024 (149).

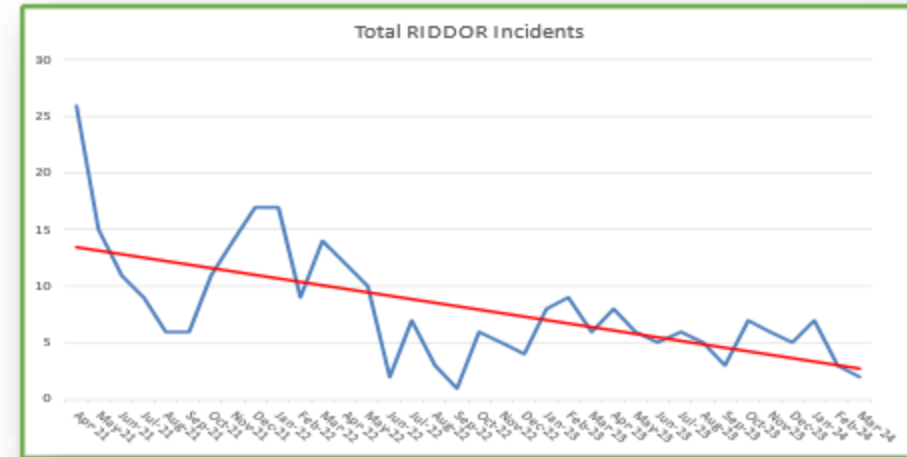
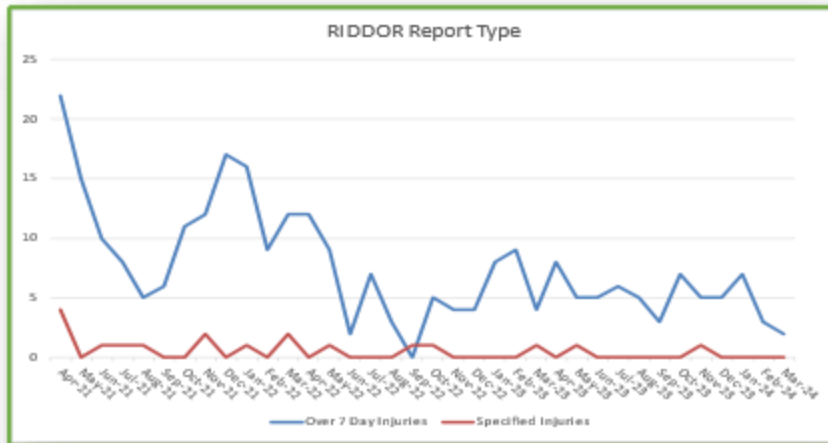
A significant number of incidents were recorded for missed meal breaks during the previous winter was not replicated during winter 23/24 and improvements in the way such incidents are recorded has further improved the ability of the Trust to analyse and trend harm incidents.

The incident frequency rate per 1000 Emergency Ambulance (EA) journeys has reduced by 61% from 16.79 in April 2022 to 10.37 by the end of March 2024

Keeping Our People Safe- RIDDOR

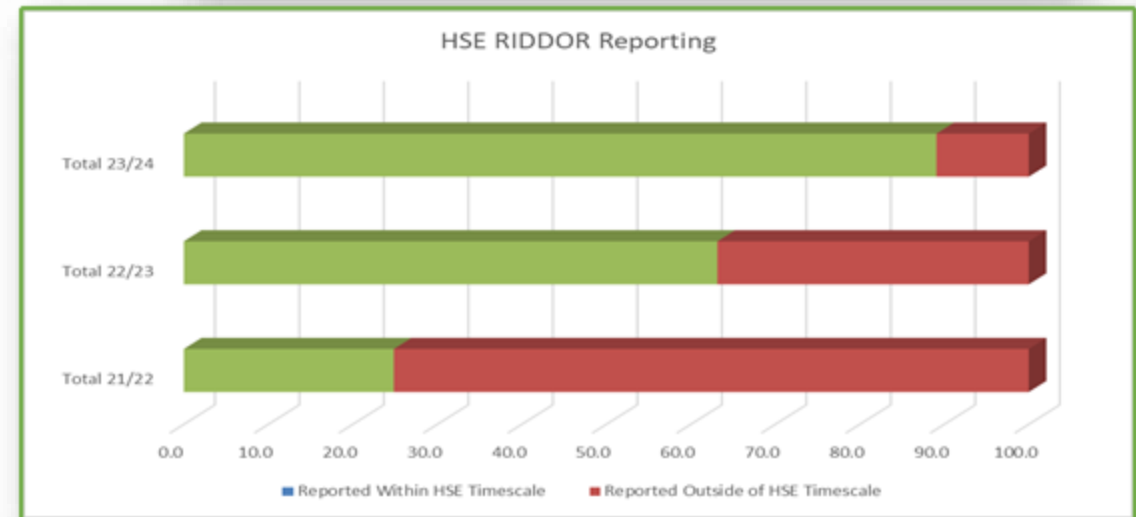


The total number of **RIDDOR** reported incidents have decreased by 23% from April 2021 (26) to March 2023 (6).



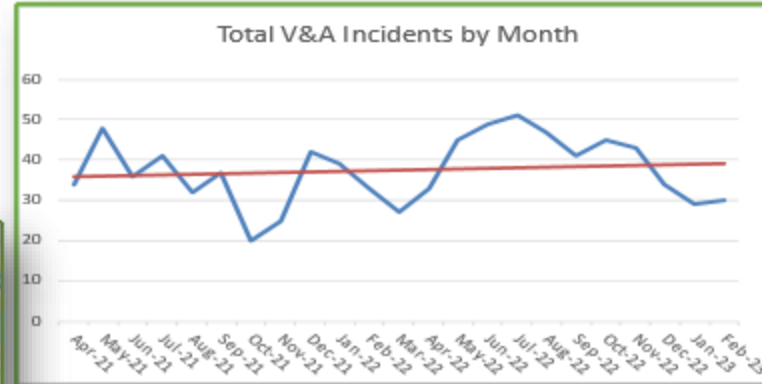
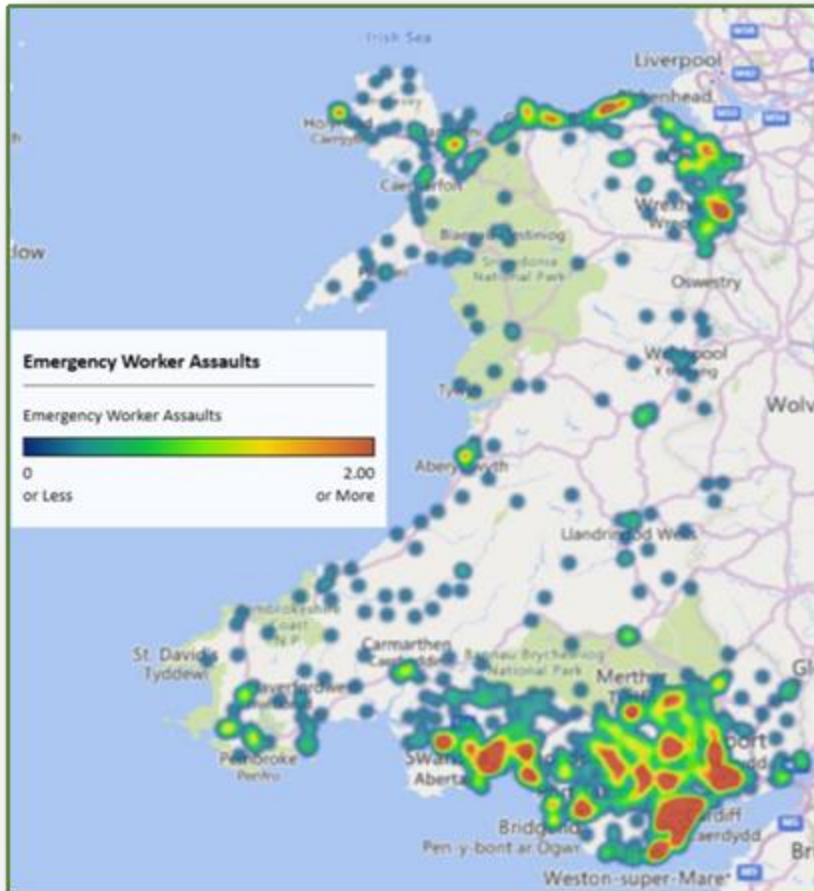
Categories for **RIDDOR** reportable incidents-

- Over 7-day injuries –reduction of by 18% from 2021-2023
- Specified Injuries - reduction of 25% from 2021 to 2023
- Most common trend manual handling injuries.

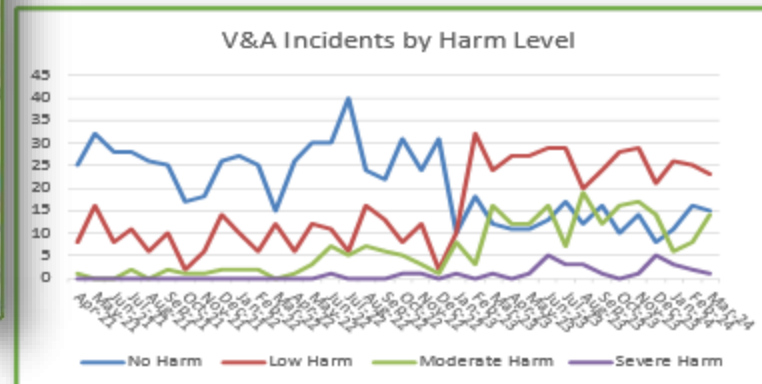


RIDDOR Compliance has improved by 41% since 2021-2023. During Q3 2023, the average RIDDOR compliance rate for the UK Ambulance sector was 43%. WAST achieved the highest level of performance at 81%.

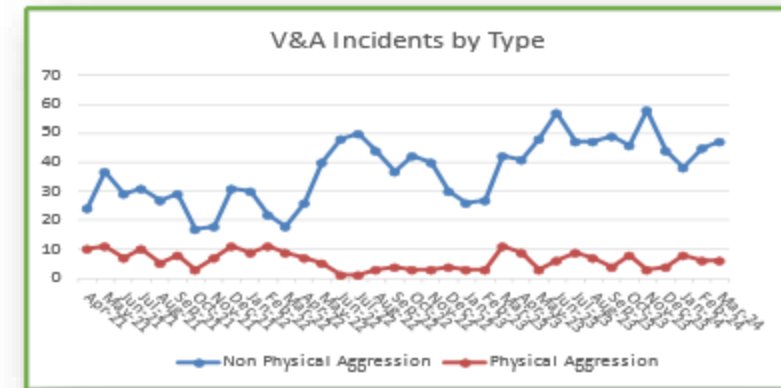
Keeping Our People Safe - Violence and Aggression



Statistics within WAST demonstrate majority of incidents are verbal abuse and aggressive behaviours mainly affecting the contact centres for 999 & 111



The trend over the last 3 years has shown a slight increase in V&A incidents. This trend has started to show a decrease as a result of the work undertaken by the V&A case management team.



The number of moderate and severe harm V&A incidents remains low. The increase in low harm incident reports can be attributed to improvements in H&S reporting culture and the introduction of the Datix Cymru platform that enables better recording of V&A incidents.

Welsh Ambulance Services University NHS Trust

Keeping our People Safe - Violence and Aggression



[Stephen's Story](#)



[Julie's Story](#)



[Lisa's Story](#)

Action plan following the review of V&A completed in Q2 2023 continues to progress. An update to be given to ADLT in Q2 2024/25 with a paper to be presented at ADLT in Q2 2024.

V&A Manager providing strategic input to NAsEG, AVC and the AACE Training V&A improvement meeting.

The Trusts V&A Manager advises the Chair of the AVC and Case managers Group with the sharing of best practice promoting violence reduction strategies

WAST providing a quarterly report to the AVC for review and reflection in collaboration with the Crown Prosecution Service, Police and Welsh Government.

Frontline staff and Line Managers at call centres were engaged through site visits to identify how V&A incidents can be captured more effectively to provide sustainable actions to lower impact on staff.

Guidance and advice given by V&A Manager into #With us not Against us campaign, to raise awareness of violence against emergency workers across Wales

Increased visibility within Trust Senior Management Team via participation in SOT and Pan Wales Business Management Meeting to provide support and guidance to managers.

The All-Wales Case Managers Group has been re-invigorated with new Chairperson appointed. The group reports to the AVC and Heads of Health & Safety.

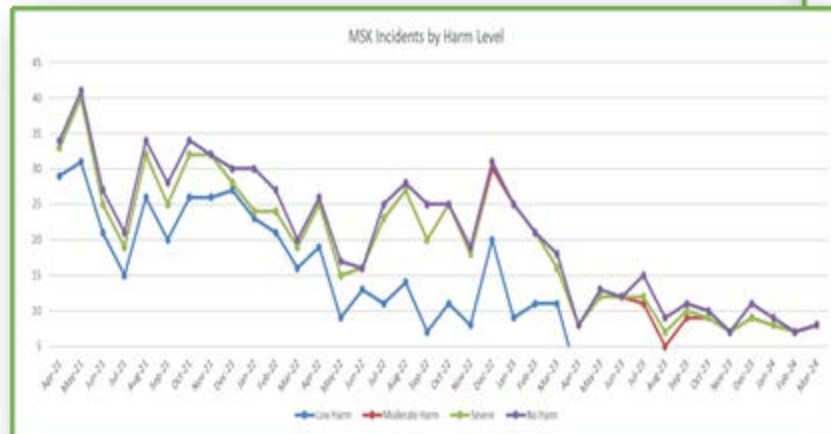
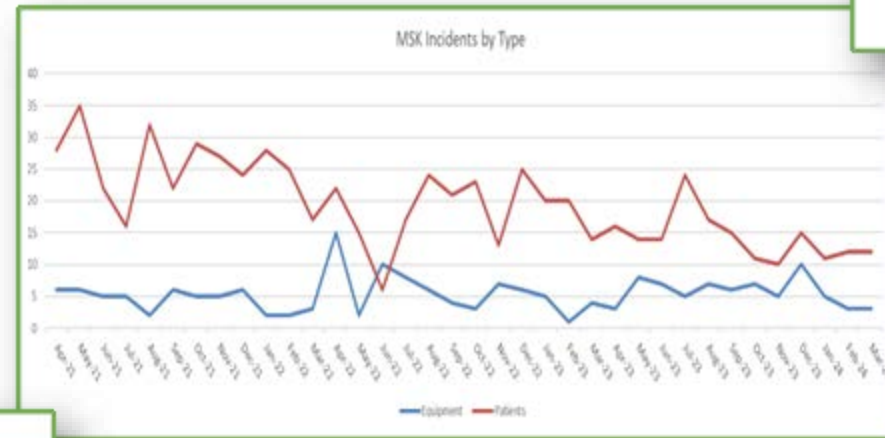
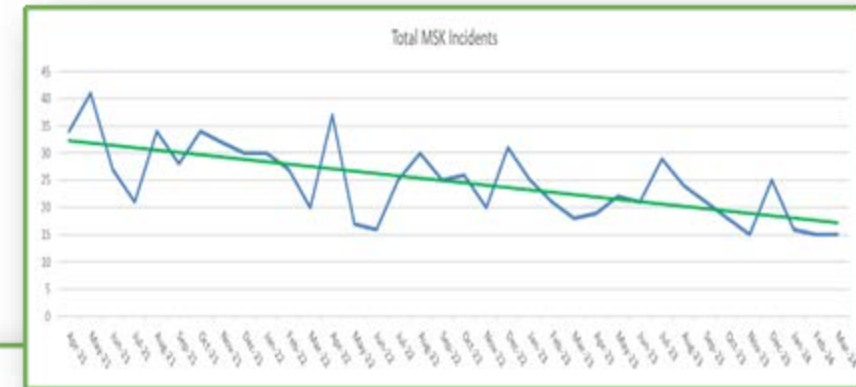


Keeping Our People Safe - DSE and Manual Handling



The downward trend in manual incidents has continued through the year with the incident frequency down from 2.86 to 1.04 per 1000 EA Journeys since April 2022.

Handling of patients remains the most frequently reported cause of injury.



The introduction of complex patient risk assessments has identified a number of additional controls for Ambulance Care service user that has begun to filter through in reduction of incidents recorded.

The DSE/Manual Handling Advisor has been undertaking a deep dive of incidents to identify solutions to lower incident numbers and harm levels even further.

Keeping Our People Safe



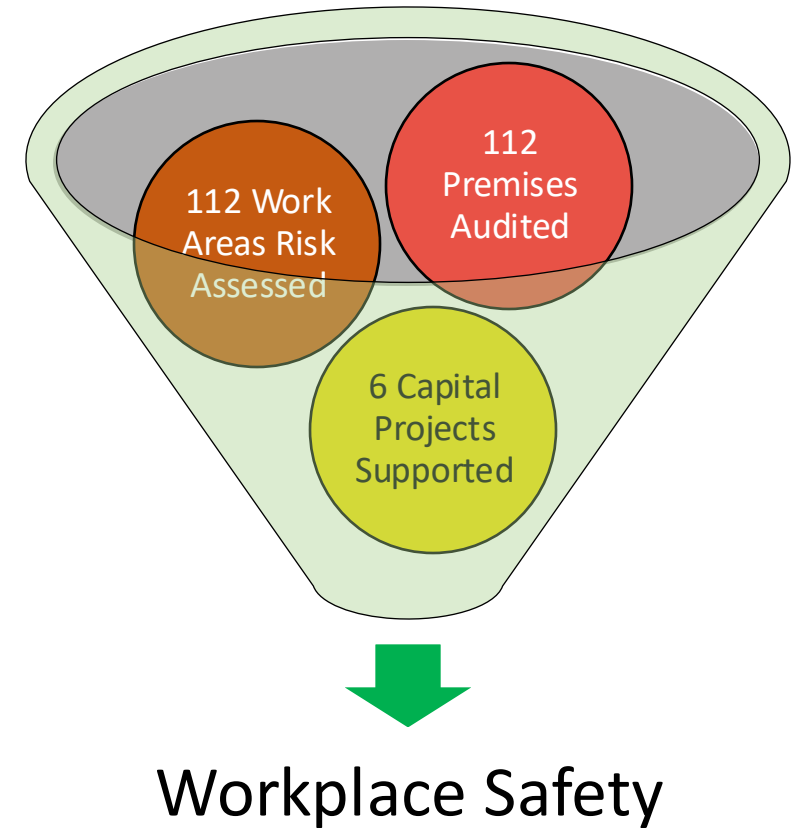
Workplace Risk Assessments - undertaken in all 112 premises in conjunction with Operational Teams and Trade Union Partners.

Workplace Inspections – all 112 inspections undertaken Pan Wales collaboratively with Operational Teams and Trade Union Partners. The inspection template also covers Estates related statutory legislation and integrates the requirements of the Equality Act 2010.

Noise Assessments have been undertaken in all 111 and Clinical Contact Centers Pan Wales and found to be below statutory legislative limits for long term exposure and short term 'peak' exposure levels.

Capital Works Supported in Partnership;

Merthyr Workshop Commissioning Center
Llangunnor
Vantage Point house
Dollgellau
Bangor Workshop
Ty- Elwy



Workplace Risk Assessments



During recent visits to stations to review workplace risk assessments with Managers it was clear to see some of the hard work that has been carried out to make stations safer for staff.

One station that particularly impressed was Cwmbwrla, with the risk assessment being moved from an Amber rating to a Green with all the actions raised previously having been completed.

The Health and Safety Adviser was impressed with the clear signage and 5S principles throughout the station, everything stored and labelled easily for people to identify. Housekeeping standards had significantly improved with everything having a place and clear escape routes. It was evident that a lot of work had gone in to improve the station



Lots of the improvements made were completed without spending lots of money, such as reusing desks which had previously been in storage but were in great condition along with simple clear signage and reorganisation.

Keep up the great work.

Keeping Our People Safe



Complex Patients
Risk Assessment
Training

25
Staff

132

DSE Assessments

IOSH Managing
Safely

158
staff



30
staff

Human Behaviours
Risk Assessment
Training

IOSH Training Highlights	
11	Trade Union Partners
52	DOMS
4	Locality Managers
8	Paramedics
5	Emergency Technicians
35	Ambulance Car Staff
6	CTL's

Quality Improvement



Mae angen i sefydliadau ddatblygu eu Systemau Rheoli Ansawdd, gyda:

Organisations need to develop their Quality Management Systems, with:



I gyd yn cydweithio i greu amgylchedd dysgu.
All working together to create a learning environment.

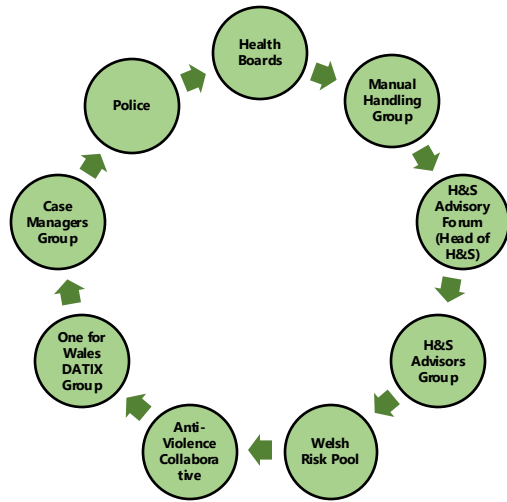
Several pieces of work have been undertaken which support the Duty Of Quality;

- 'Leading Safely Positive Conversations' training delivered to Board and ELT. This commences the Trust Behavioural Safety Programme.
- The approval of a H&S Management System Assessment Tool framed around the International Organisation for Standardisation (ISO) 45001. A baseline assessment is expected to be undertaken during Q2-Q3 2024.
- Increased Governance route's for H&S documentation;
- Terms of Reference refreshed on Partnership for National H&S Committee meetings;
- Provision support to Quality Management Group;
- Management of Change RA's undertaken to support OSKA Pressure mattress initiative and Dyson Thermal Comfort initiative;
- Welsh Risk Pool (WRP) DATIX coding groups;
- WRP Personal Injury Claims review panels;
- Road Traffic Collisions Deep-Dive - thematic review;
- Risk assessment incorporating Human Factors training for line managers commenced in Q1 2023 and has since been integrated within the IOSH Managing Safely Course.
- Creation of bite size training modules to enable handlers to undertake a suitable and sufficient investigation to assist with closure compliance rates. This is expected to be rolled out during Q4 2023;

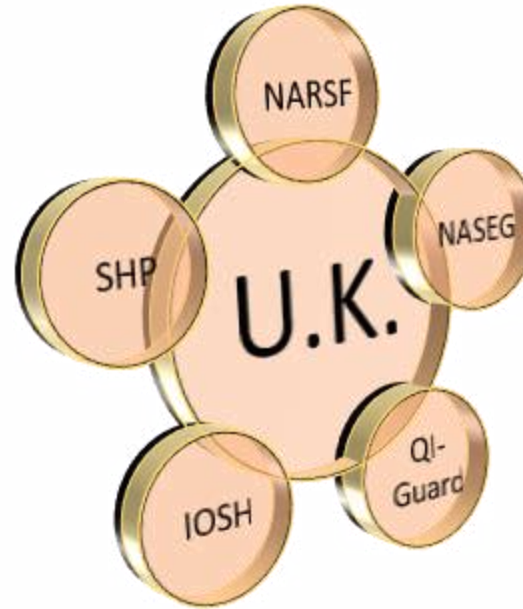
Working in Partnership Wales & U.K.



Wales NHS Stakeholders



UK Wide Partners



Sharing Good Practice -Internationally



The Institute of Safety & Health the Trusts Working Safely Programme was recognised by the professional Health & Safety accrediting body IOSH in January 2024 by the publishing of a 4-page article in its January edition.

The article was termed ‘Saving the Life-Savers’ and was promoted on IOSH website and several other media platforms.

IOSH membership consist of 50,000 members spread over 130 countries.

Since the publication, the Trust has received several enquiries from other organisations enquiring around the methodology used in the change programme framework.

Subsequently the Trust’s CEO was asked to provide a personnel video on what safety culture means to him to be published on IOSH platforms during Q2 2024.

[Saving the life savers | IOSH magazine](#)

Raising Ambulance Sector Profile Internationally



Following the publication of the IOSH Working Safely article, the Trusts Head of H&S was headhunted to join Safety & Health Practitioner (SHP) magazine as an Editorial Board Member to raise the profile of the Ambulance Sector and NHS.

SHP (Safety & Health Practitioner) is an online magazine and is an international source for health and safety news, opinions and stories with 175K professionals within its database. It provides breaking industry news, in-depth features, in-court stories, legislation updates, and the latest industry products.

Following this the Trusts CEO was asked to provide a podcast in relation to his experience and perception of what effective Health & Safety mean to him and also the Trust. This will be released on SHP media platforms during Q2 2024.



[The SHP Editorial Board - SHP - Health and Safety News, Legislation, PPE, CPD and Resources \(shponline.co.uk\)](https://shponline.co.uk)

Good Practice Support



Leading Safely



Further support was provided by the function;

- This included advice on safety culture to Powys Health Board and also St Johns Ambulance.
- Delivery of IOSH Leading Safely and Leading Safely Behavioral Conversations to Powys Health Board members and Assistant Directors.



- Following engagement with the function, Aneurin Bevan University Health Board reconfigured the Ambulance Care drop off point providing a safer location for patients and staff (illustrated left). This point has now been secured with an automatic barrier providing safer pedestrian access.

- The Trust successfully defended a civil case for acoustic shock with the claimant seeking damages of £0.5m and £120K in damages. The case was dismissed as the Court believed that the Trust had sufficient controls measures in place.
- In order to reduce manual handling injuries for patients requiring complex care, the function developed and rolled out Complex Care Risk Assessment training for Ambulance Care staff. This is already demonstrating positive signs with a reduction in manual handling injuries.



Challenges



Despite, significant resource sustained in the mitigation/management of Diesel Fume exhaust emissions (DEEE) continues to provide significant challenge.

As such, sustained focus on DEEE is impacting the teams progress against cultural change.

Interventions undertaken include;

- collecting themes and trends;
 - undertaken Fume monitoring at 7 ED's;
 - continued commitment to monitoring;
 - established working groups with HB's;
 - 16 specific risk assessments undertaken - 95% actions closed;
 - additional shorelines fitted;
 - consulted respiratory expert;
 - development of a records retention archive;
 - innovating with industry;
 - 3 Filtrations systems fitted within vehicle;
 - Quality & Safety Audits undertaken by Operational teams;
 - H&S audits undertaken by H&S function.
-
- Further work is ongoing in the further mitigation of DEEE exposure with expectation of commencement in Q2 2024.

Fumes Incidents 2022/23, 2023/24 & 2024/25



Growing the Team



Thomas Jones (H&S Advisor-Central)



"I joined WAST in October 2022, following 5 years in Local Authority as a Health And Safety Advisor and then as a Cleaning Area Manager responsible for the management of approximately 300 cleaning operatives delivering cleaning contracts across the Carmarthenshire Local Authority Area. I also have 5 years' experience within facilities management and 12 years of construction experience.

I am currently working towards the Level 6 Diploma in Occupational Health and Safety Practice as well as achieving qualifications in Change Management, Noise Assessment and Controls and HAVS since working for WAST, all of which has helped me in developing my technical and softer skills required to help support our teams across WAST in delivering a safe and healthy environment."

Hannah Davies (H&S Advisor -North)



"Having spent my entire working career within WAST, I have been able to apply my operational and training background to my current role as a H&S Advisor for the past 2 years.

Having studied and recently submitted my Level 6 NVQ in Occupational Health and Safety, I can now actively engage staff on H&S matters and help them resolve any issues they may be experiencing."

Paul Aston Jones (H&S Advisor- South Central)



"I have been a member of WAST for just under 29 years, with 26.5 years spent operationally. I started on Outpatients -part time then onto full time- then upskilled onto what is now ACA 2 for a few years then fortunate enough to qualify to an EMT. During that time, I gained experience and qualifications with the Health & Safety Team within the Trust which has put me in excellent standing for my current role as the substantive H&S Advisor for South-Central which I have done for the past 2.5 years working within a very pro-active H&STeam. My role involves working with staff in all departments such operational and administrative and my work week consists of site visits, meeting with staff to discuss and resolve any H&S issues they may be experiencing."

Donna Jones (H&S Manager- South-East / South Central)



"I joined WAST in October 2022, following 22 years in the food manufacturing industry working in both Health and Safety and Food Safety Managerial roles.

I am currently in the second year of my MSc in Occupational Health, Safety and Wellbeing, and have also undertaken training in noise assessment and human factors in accident investigation. The training I have undertaken along with my previous industry knowledge and experience enables me to work with colleagues across WAST to help develop safer ways of working"

Conclusion



Significant progress against working safely programme.

Team fully embedded into Trust – all functions

Lot of specialised training undertaken by the function with less reliance on external providers.

Paper compliance is reassuring however , continuous improvement is required to address behaviours.

This is partially being addressed via Human factors awareness delivered to Senior Management Team and integrated within RA and thematic reviews and additionally via the roll out of Leading Safety Positive Conversations to Board members in Jan 2024.

Additionally, DEEE continued focus is impacting on H&S Function capacity to progress the Trusts IMTP 'H&S Culture Change' objective.

Operational teams are taking increased ownership and accountability for health and safety within their respective portfolios.

Raised Trust H&S profile nationally and internationally.



Moving Forward



H&S Management System Baseline Assessment- Application of I.S.O. 45001 auditing skills

Further improved H&S Performance Dashboard

Health & Safety Culture Change

Succession planning and resilience

Thank you for listening

For any questions and/or support, please contact Nicola White.

Nicola.white3@wales.nhs.uk



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AUDIT, RISK AND ASSURANCE COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. The papers for these meetings can be found by following this [link](#) to the Committee page on the Trust website.

Trust Board Meeting Date	26 September 2024
Committee Meeting Date	12 September 2024
Chair	Peter Curran

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. No escalations from this meeting.

ADVISE

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

Risk Management Transformation Programme

2. A detailed report and presentation on the next phase of the Risk Management Transformation Programme was received. Work has been undertaken, in partnership with BDO, to consider three key areas; the development of a strategic BAF that reflects more closely the Trust's strategic objectives against its long-term strategy – Delivering Excellence: Vision 2030, the development of a series of strategic risks and risk appetite statements and the options to reposition the Trust's highest scoring risks, 223 and 224. The fourth key area is the digital solution that needs to underpin both the enterprise risk and strategic risk management arrangements.
3. Members expressed support for the project's direction of travel and recognised the positive progress in its maturity journey. They acknowledged potential resource constraints given the project's scale and emphasised the importance of taking the necessary time to ensure full engagement with colleagues at all levels, ultimately delivering and embedding a high-quality product.
4. The Committee were encouraged by the benefits that the new strategic risk management arrangements will give the Board including:
 - a high level strategic tool and dashboard.
 - a map and triangulation of the various assurance activities in place across the Trust.
 - a comprehensive view of risks and a stronger line of sight to the effectiveness of the controls.
 - alignment to the latest practices and designs.



- comprehensive oversight against delivery of the long term strategy and strategic risks.
 - a tool to support its future strategic decision making.
5. The Chair is conducting quarterly **continual effectiveness reviews** in line with the National Audit Office toolkit rather than waiting to the end of the year to address this. These will continue with the Non-Executive Directors, the Executive Director of Finance and Corporate Resources and the Director of Corporate Governance/Board Secretary.
 6. The terms of reference from the **All Wales Audit Chairs Committee** was received and the Chair provided an update from the September meeting where audit trackers and counter fraud was a focus.
 7. A **pre-meet** was held with Audit Wales, Internal Audit and the Committee Chair ahead of the meeting.
 8. This was a hybrid meeting and because of this it was noted there was the absence of chat in the side bar which was seen as a positive step. Members **reflected** that the partnership working between the Trust and Internal Audit and Audit Wales was evident. They welcomed the maturing journey with respect to risk and the lens on all areas of audit, of risk and of assurance for this meeting in line with the Committee's name change.

ASSURE

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

Internal Audit

9. Progress against the 2023/24 Internal Audit Plan was received and members were assured that with the three audits below the plan had been completed and that the 2024/25 Internal Audit Plan had commenced. The following Internal Audits reviews from the 2023/24 plan were completed during the quarter and presented to the Committee:
 - **Volunteers Governance – reasonable assurance.** The purpose of this audit was to review the adequacy and effectiveness of the Trust's governance and operational management of volunteer activities. This review was discussed in some detail at the 30 August People and Culture Committee.
 - **Risk Management – reasonable assurance.** The purpose of this audit was to assess the effectiveness of the risk management and assurance arrangements in place within directorates.
 - **Disciplinary Case Management: Compassionate Practices – reasonable assurance.** The purpose of the audit was to assess the adequacy of the arrangements in place for the management of the disciplinary process, and to focus on the demonstration of compassionate leadership principles, in addition to compliance with the Trust's defined disciplinary processes. This review was discussed in some detail at the 30 August People and Culture Committee

By June 2025 the 2024/25 audit programme is on track to be completed by June 2025.

Audit Wales

10. The Audit Wales Update was received. The November meeting will receive the Quality Governance



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Arrangements Follow Up and the Financial Efficiencies reviews both of which are complete and going through factual accuracy checks. The fieldwork is complete for the 2024 Structured Assessment with good engagement from the Trust. A deep dive review of investment in digital systems to support service resilience and transformation is being scoped for the Autumn.

11. Attention is now turning to the financial audits / independent examination of the 2023/24 charity accounts.
12. The review of unscheduled care report part two (accessing urgent and emergency care) is underway and will come to the committee in November.
13. The implementation of the **Quality and Performance Management Framework** sits with this Committee as a priority for 2024/25. The Committee received assurance on the roll-out of the framework and the aim of embedding quality and performance at every level of the organisation. Self-assessments pilots are underway on the organisational requirements in the framework and a picture of the floor to board assurance forums is being developed. Whilst progress has been slower than had been desired it was clear that there is momentum to this programme. It is anticipated that when the Quality and Performance Management Framework Internal Audit is received by the Committee in November that it will be in a position to close the priority and transfer the review of effectiveness of the framework back to the Finance and Performance Committee.
14. The Committee has oversight of the **Trust's Policy** work plans and were advised that 45% of policies identified as a priority for review are now within their review date. The future expectation is that 52% of all Trust policies will be within their review date after the next round of governance; a significant improvement on the 14% reported post pandemic. A re-evaluation of the prioritisation list will be undertaken with the Executive Leadership Team to ensure focus remains in the right areas and based on the current operating context.
15. The **losses and special payments** made during the period 1st April 2024 to 31st July 2024 amounted to £341K net repayments. The rationale for the reporting will be reviewed, noting it is required under the Standing Financial Instructions.
16. The Committee terms of reference requires it to receive assurance on the **arrangements for whistleblowing** at the Trust. Assurances were received by way of a report from the Chair of the People and Culture Committee on the Speaking up Safely arrangements at the Trust.
17. In private session the Committee received the counter fraud update 01 June 2024 to 31 July 2024 as well as the report on **tenders and single tender waiver requests**. The **Local Counter Fraud Service (LCFS)** provided an update on its work in tackling fraud, bribery and corruption in the Trust. The report provided detail of ongoing and future Counter Fraud work against the approved work plan. The Committee noted that there are currently 37 recorded ongoing investigations, with 12 new referrals having been received. The Committee discussed the themes and trends in ongoing investigations and considered, at a high-level, the protocols informing the management of counter fraud investigations.
18. An update was received on the revised **Audit Tracker** from the Q1 2024/25 reporting period. The Committee noted that a total of 36 actions have been closed in quarter – a closure figure of 25% of all internal audit actions. The Committee noted that there were five actions on their third (and final)



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revised date; these related to the Savings and Efficiencies, Records Management and HART internal audits, respectively and sought further assurances on closure arrangements for these. There continues to be excellent engagement within Directorates on progress against the actions. The Committee discussed the various issues for due dates for actions being revised and acknowledged on the importance of actions being SMART and the evidence required for closure being clear.

19. The **Committee's cycle of business** monitoring report was reviewed with no matters to escalate.

RISK MANAGEMENT

The Committee received assurance against the principal risk management activity in Quarter 2. Specific updates were provided noting that Risk 424 achieved its target score of 8 and will be managed at a directorate level. This risk is closely linked to Risk 139 (financial risk) and a specific risk may be developed in the future relating to capital funding and vehicles. Risk 619, relating to the replacement CAS system, which had previously been reported in closed sessions of the Finance & Performance Committee and Trust Board has been fully mitigated and therefore closed from all registers.

The Committee received assurance on the progress of the Risk Management Transformation Programme and a presentation on the next phase of the programme.

COMMITTEE AGENDA FOR MEETING IN JUNE

Chair's report on continuous committee effectiveness	Internal audit progress and internal audit reports	Audit Wales update
Risk management and board assurance	Audit tracker	Policy report
Quality and Performance Management Framework	Assurance to ARAC on Speaking Up Safely arrangements	Losses and special payments
All Wales Audit Committee Chairs update	Cycle of business and monitoring report	

COMMITTEE ATTENDANCE

Name	30 April 2024	7 June 2024 ¹	10 July 2024 ²	12 Sep 2024 ³	21 Nov 2024	6 Mar 2024
Peter Curran						
Kevin Davies						
Joga Singh						
Ceri Jackson						
Chris Turley						
Audit Wales	Fflur Jones ⁴	Fflur Jones	Yvonne Thomas	Fflur Jones ⁵		
Julie Boalch						
Judith Bryce						
Christian Fox						
Angie Lewis						

¹ Jason Killens and Jonny Sammut joined this meeting

² Jason Killens and Rachel Marsh joined this meeting

³ Jason Killens and Rachel Marsh joined this meeting

⁴ Darren Griffiths and Amy Lord also attended

⁵ Gareth Lucy also attended



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COMMITTEE ATTENDANCE

Name	30 April 2024	7 June 2024 ¹	10 July 2024 ²	12 Sep 2024 ³	21 Nov 2024	6 Mar 2024
Osian Lloyd						
Trish Mills						
Liam Williams						
Carl Window						
Damon Turner						

	Attended
	Deputy attended
	Apologies received
	No longer member



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FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. The papers for these meetings can be found by following this [link](#) to the Committee page on the Trust website.

Trust Board Meeting Date	26 September 2024
Committee Meeting Date	17 September 2024
Chair	Peter Curran (as Chair in lieu of Jayne Beeslee)

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The board should be aware, as indicated in their documents, that certain **Key Performance Indicators** are missing from the July/August 2024 Monthly Integrated Quality and Performance Report (MIQPR). These metrics include 111 clinical triage callback times (P1), National Reportable Incidents, timely responses to concerns within 30 days, implementation of the Duty of Candour, successful consult and close outcomes, NHS 111 dental calls, and consult and close volumes for NHS 111.

Identified data quality issues within the 111 system, Advanced Practice Paramedics, and other quality indicators are currently being addressed. Immediate efforts are in progress to resolve these data quality challenges, alongside ongoing recruitment to fill essential roles to further mitigate these issues.

ADVISE

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

2. This was the first meeting for **Jayne Beeslee** who will take the chair of this committee from the November meeting. Peter Curran chaired this meeting.
3. Members **reflected** that the papers and presentations demonstrated the transparency, good teamwork and integration across all areas and the good progress being made. The CHARU presentation was particularly welcomed and clear. The potential for committee specific development on the environmental and estates issues will be explored further.

ASSURE

(Detail here assurance items the Committee receives)



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The following items will also be presented to board at their 26 September meeting however members may benefit from the following points:

Financial Position for Month 5 2024/25

4. Members noted that the outcomes demonstrated strong and robust financial management given the challenging financial savings position.
5. Directorate budgets performance is encouraging with minimal overspends and budgets being closely adhered to across divisions. The financial pressure from fleet maintenance due to reduced capital budgets was noted, and the need for additional funding in the next financial year to address this. There is an Executive Financial Group on 18 September where the importance of reviewing financial forecasts and assumptions will be emphasised.
6. The EMT Band 5 business case has been submitted and the board will be updated on the pathway through external governance (Joint Commissioning Committee (JCC) and Welsh Government) following a JCC meeting that took place in parallel. The risks related to this were highlighted in the financial presentation and the Welsh Government monitoring return, and the committee heard that the cost impact has reduced in year due factors including education and training requirements moving into Q3/4, as well as the holding of vacancies and the use of overtime in those grades where appropriate. The non-recurrent nature of this was stressed and the fact that this would not be sustainable going into 2025/26.
7. Board will receive a request for contract approval in the closed session in September for vehicle conversion, with the committee noting that emergency ambulances and response vehicles have been ordered, including 20 plug-in hybrids and 10 fully electric vehicles. Given the capital funding for fleet this year was half of what was required, the fleet maintenance pressures for next year will be challenging.

Monthly Integrated Quality and Performance Report (MIQPR) for May/June 2024.

8. The indicators highlight that 111 has stabilised post the 111 CAS implementation with the coming months seeing a focus on recruiting back up to the establishment, which was affected by the implementation of the new system. EMS is stable, but likewise off target with the primary cause being handover lost hours. The Trust has largely exhausted traditional approaches to improving EMS performance and therefore is now focused on evolving the clinical model at pace this side of winter. Ambulance Care performance is stable and above target for its two-headline metrics. Note the data quality issue set out in the Alert section above which was discussed at this item.
9. Members agreed that the new clinical model transformation is key given the continued handover delays (at 17,000). Assurance was provided on recruitment of clinical navigators and advanced practice paramedics.

IMTP Delivery and Assurance report for Q2 2024/25

10. Assurance was sought on external scrutiny and evaluation of the clinical model transformation. A new group has been formed to support clinical decision-making throughout the programme, offering



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independent critique and validation of clinical processes. There has also been engagement with external academic support for evaluating the programme, alongside Delphi reviews for clinical algorithms and pathways, involving international clinicians. The International Academy of Emergency Dispatchers ensures oversight of clinical governance for remote care, aligning with the latest evidence and best practices. Additionally, our commissioners via the Joint Commissioning Committee scrutinise the programme and phasing.

The following items were only presented to the committee and assurance is provided to the board as follows:

11. There were no escalations from the workstreams of achieving efficiency or income generation in the **financial sustainability report**, which is now divided into recurrent and non-recurrent, allowing better understanding of the year-on-year planning required to achieve the set savings targets. The ongoing work on the services review is expected to yield focused areas for financial savings for the next financial year and beyond. The development of a small team to enhance income generation and commercialisation efforts is underway, aiming to maximise income as a strategy to reduce core costs. There's a slight delay in the process due to job evaluation, but it is progressing and will be a focus in to 2025/26.
12. Members received the **Value Based Healthcare** Working Group report highlighting progress against key workstreams and outlining future plans that emphasise the Trust's desire to work towards a model that focuses on value over volume. The initiative involves collaboration with partners Digital Health Care Wales and will assess the data using the National Data Resource and demonstrate where services can be measured by building capacity and capability within the Trust to address potential resourcing challenges.
13. Lee Brooks provided a comprehensive overview of the **Cymru High Acuity Response Unit (CHARU)**, highlighting its evolution, purpose, and current measurement. The committee found the presentation highly informative and particularly impactful, particularly with respect to utilisation and the cross-over to the clinical indicators being reported in the MIQPR.
 - CHARU was introduced to transition from rapid response vehicles, emphasizing the shift towards a more clinically driven model rather than time-based targets. CHARU was designed to ensure paramedics with additional skills and equipment are dispatched to incidents quickly where they can provide the most clinical benefit.
 - CHARU's contribution to red performance has been significant, often matching or exceeding that of Emergency Ambulances in recent months. The majority of CHARU responses are for breathing problems, cardiac arrests, seizures, severe bleeding, and unconscious patients, when dispatched with CHARU often arriving first on the scene, providing both clinical and time benefits.
 - The operational focus to reduce unnecessary dispatches and stand-downs was discussed, aiming for optimal utilisation without compromising clinical priorities. Lee Brooks explained that ambulance resource utilisation, including CHARU, is an output metric reflecting the extent of resource deployment during service delivery. It is not a performance metric and does not measure the effectiveness or efficiency of that deployment. The primary concern for CHARU is to respond to appropriate incidents as determined clinically. The committee agreed that utilisation rates should not solely drive dispatch decisions and focusing on increasing utilisation as a performance metric could have a negative impact on patient outcomes and potentially performance contribution as well.



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14. The **Digital KPIs** relating to data and analytics, ICT systems, digital services, projects & programmes, and progress against the recently refreshed Digital Plan were presented. Of note:
 - ICT systems availability show good performance across all critical systems for 2024/25 so far. Apart from some issues in August 'up-time' was still above the UK industry standard of 99.9% for the period
 - There is ongoing scoping work for various digital initiatives, including scoping the design requirements of an automated IPC tool and the migration to Power BI. MDVS installations are complete across the fleet, with a few exceptions for incoming vehicles.
 - Recruitment efforts continue for senior roles with good uptake. As set out above, the use of agency is being deployed to mitigate slippage in digital initiatives.
 - Potential impacts on IT and informatics from the clinical model transformation programme was flagged, indicating future discussions on prioritization might be necessary.
15. Under the **HART/SORT Service Level Agreement** with Welsh Government, a report on the activities undertaken by WAST Hazardous Area Response Team (HART) and Special Operations Response Team (SORT) is submitted every quarter, and at the end of the financial year an annual report is submitted that provides an overview of the activities across the year. The Committee reviewed the annual report at this meeting, and it was noted that quarterly data is not meant to be a comparison with the previous quarter or any other quarter and simply demonstrates the activity of the HART team during that period of time which is used to demonstrate how the Welsh Government funding is being spent. HART's deployment has returned to pre-pandemic levels, and SORT staffing has improved from 131 to 138 operatives by Q1 2024/25. Training hours for HART operatives have remained consistent.
16. The **Information Governance Report** for Q2 highlighting ongoing efforts to enhance information governance and data protection within the Trust, addressing both compliance requirements and operational challenges. Of note for the board:
 - Progress is being made towards meeting the "Standards Met" on the IG toolkit by November 2024, with a detailed improvement plan in place. Failure to meet this standard could impact future research projects. This has been added to risk 623.
 - Currently, over 75% of employees are compliant with IG training, with efforts underway to increase this to meet the 85% target. Around 1,000 employees need to complete their training.
 - Significant progress has been made in reducing weak passwords, with less than 20 remaining across the trust, showcasing exceptional performance compared to other organizations.
17. The committee received the bi-annual **Environment, Decarbonisation and Sustainability update**, which included quantitative data on carbon emissions for 2023/24, highlighting challenges in tracking progress due to changing definitions and quantifying factors. Despite this, there's a general trend towards reducing gas-powered heating emissions and increasing electric-based systems, supported by investments in solar panels and PV systems.
18. WAST has been successful in securing a proportionately higher share of government funding for decarbonization projects, demonstrating efficient use of funds and delivery capabilities. Additionally, the service has been re-accredited with ISO 14001, marking it as the only ambulance service in the UK to hold this accreditation, reflecting its commitment to environmental management standards. The importance of continued efforts in decarbonization and sustainability was stressed, despite the challenges in measuring progress due to changing standards and definitions



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19. The annual **2023/24 Estates Backlog Maintenance update** demonstrated a significant reduction in backlog maintenance from over £15 million a few years ago to the current levels, with a focus on reducing high and significant risk areas.

There are plans to continue targeting resources to areas of greatest need, including further investments in estate improvements and maintenance to reduce backlog maintenance further.

20. The **Waste Management Update 2023/24** included compliance with changes to waste legislation in Wales (April 2024) require the Trust to recycle into four segregated waste streams, a move from two previously. Challenges with the requirements of the new Act were noted, including issues experienced with the contractor in the roll-out. These are being resolved but have impacted on the ability of the team to provide a national picture of compliance with the new legislation thus far in the year.

An enhanced service level agreement with Shared Services has been established, improving compliance and futureproofing in waste management.

21. The Committee were assured that the **EMS Operational Transformation Programme** purpose has been delivered, closed and evaluated. The Committee noted that this was a significant initiative driven by the 2019 Demand and Capacity Review. The full report is before the Trust Board at its September meeting after which it will be submitted to Welsh Government and Trust Commissioners. The Committee recognised the significant input and role of Hugh Bennett as the Senior Responsible Officer in its successful delivery.

22. The Committee received the report on Q1 2024/25 of the **Audit Tracker**. It was noted that of the internal audit actions relevant to the Committee 24 of a total of 49 due in quarter were closed in quarter. Of the internal audit actions due in quarter 23 have been given revised dates. The importance of scrutinising the reasons and rationale for change where revised dates are proposed was noted. There was only one external audit action due in quarter which has been closed in quarter.

23. Members received the **Committee Cycle of Business Monitoring Report and Committee Priorities** update with no escalations.

24. In **closed session** members received an update on the cyber KPIs and audit recommendations, as well as a Special Operations Response Team business case approval.

RISKS

Risks Discussed: Members noted the risk activity this quarter which included:

The de-escalation of Risk 424 to the Directorate Risk Register for ongoing management, having achieved target from 12 (3x4) to 8 (2x4). This risk is linked closely with financial duties outlined in Risk 139 and a separate capital risk may be developed in the future.

The closure of Risk 619 from all registers having been fully mitigated. The risk had previously been reported in the closed sessions of Committee and Trust Board.



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Committee acknowledged the positive risk culture enabling discussions on specific risks throughout the agenda particularly in relation to Risks 223 and 224 and noted additional mitigating actions on Risks 623 and 594 which may result in reductions in risk scores in the next round of governance.

Members received a brief update on the direction of travel of the next phase of the Risk Management Transformation Programme which was fully outlined at and supported by the Audit, Risk and Assurance Committee. This included the development of a strategic Board Assurance Framework, risk appetite statements and a suite of strategic risks against the Trust's strategic objectives enabling progress against these to be clearly articulated.

COMMITTEE AGENDA FOR MEETING

Financial position Month 5 2024/25	Financial sustainability position paper	Value based healthcare
Monthly Integrated Quality and Performance Report	Digital reporting – metrics for digital infrastructure	Specialist Operations KPIs 2023/24
IMTP Delivery/Assurance progress update	Cymru High Acuity Response Unit (CHARU) report	Environment, Decarbonisation and Sustainability Update August 2024
Waste Management Update - September 2024	Estates condition and backlog maintenance update – September 2024	EMS Operational Transformation Programme
Information Governance Report	Risk Management and Board Assurance Framework Report	Audit Tracker 2.0 - June 2024 (Q1)
Committee Priorities and Cycle Monitoring Report		

COMMITTEE ATTENDANCE

Name	14 MAY 2024	16 JULY 2024	17 SEPT 2024	19 NOV 2024	16 JAN 2025	18 MAR 2025
Joga Singh (Chair)						
Jayne Beeslee (Chair)						
Kevin Davies		Chair				
Bethan Evans						
Peter Curran			Chair			
Chris Turley						
Rachel Marsh	Hugh Bennett	Hugh Bennett	Hugh Bennett			
Lee Brooks						
Liam Williams						
Angie Lewis						
Jonny Sammut						
Trish Mills	Julie Boalch					
Hugh Parry						
Damon Turner						

	Attended
	Deputy attended
	Apologies received
	No longer member



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CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 7 MAY 2024 VIA TEAMS

Meeting started at 09:30

PRESENT:

Ceri Jackson	Non-Executive Director and Interim Vice Chair of the Board (Chaired meeting)
Professor Kevin Davies	Non-Executive Director

IN ATTENDANCE:

Claire Appleton	Head of Putting Things Right
Hugh Bennett	Assistant Director, Commissioning and Performance
Julie Boalch	Head of Risk/Deputy Board Secretary
Jonathan Edwards	Assistant Director of Operations, Resourcing and EMS Coordination
Fflur Jones	Audit Wales, Performance Auditor
Osian Lloyd	Head of Internal Audit, NWSSP
Mark Marsden	Trade Union Partner
Fiona Maclean	Patient Experience and Community Involvement Manager (Left after minute 28/24)
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Duncan Robertson	Assistant Director of Clinical Development (Minute 33/24 only)
Jonny Sammut	Director of Digital Services
Julie Starling	Save a Life Cymru (Left after minute 28/24)
Andy Swinburn	Executive Director of Paramedicine
Lisa Trounce	Business Manager, Corporate Governance (observing)
Liam Williams	Executive Director of Quality and Nursing

Apologies:

Lee Brooks	Executive Director of Operations
Bethan Evans	Non-Executive Director and Chair
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/ Board Secretary

23/24 PROCEDURAL MATTERS

The Chair extended a warm welcome to everyone advising that the meeting was being recorded. Apologies were noted from Bethan Evans, Lee Brooks, Ian James, Rachel Marsh and Trish Mills.

Declarations of Interest

There were no further declarations of interest to those already listed in the Register.

Minutes

The Minutes of the meeting held on 8 February 2024 were confirmed as a correct record.

Action Log

The action log and the Committee Highlight AAA report from the last Quest meeting were considered:

Minute 50/23: Operations Update - *Update on the EMS CSD reconfiguration following the outcome of the new Demand and Capacity review currently underway. The EMSC reconfiguration (connected to the 2019 D&C) has been delayed due to the pandemic, it is now restarted using data from the new review, that is now live. Further information was sought on the EMSC boundaries and what desks are working in each boundary. Suggested that QuEST receive a copy of the entire review once complete (which is the Trust's strategic response to patient safety and will include CSD). It's a key document (inc. slides and a summary). Final draft is expected in January 2024 and suggest inclusion in February 24 meeting.* It was noted that the report wasn't provided to the February meeting as it wasn't available. Furthermore, the initial proposal has been superseded by a revised EMSC leadership structure approved by ELT in January 2024. An update will be provided to the Board in July, and it was agreed that this action was to be closed.

Minute 04/24: Putting Things Right (PTR) Report - *That future PTR reports include presentation of the data from a population point of view per Health Board area, as opposed to simply by Health Board - to put the numbers in context across Health Board. This will be considered by the PTR Team for future reporting.* A meeting has taken place with the NHS Wales Executive Digital Team to discuss the metrics used in the national Beacon Dashboard (Quality Measures) which is under development. The Beacon Dashboard now reports National Reportable Incidents (NRI) data in this format. Information in respect of WAST NRIs will be included from a population perspective in the Quarter 4 PTR Report. Support from Health Informatics will be sourced when feasible to incorporate this approach in all relevant PTR measures, ensuring this aligns to the data sources used nationally. This has been added to the PTR Recovery Plan to include as part of the requests for live BI dashboards drawing from Datix Cymru and Trust systems. Currently the PTR team are pulling a significant amount of core data from these systems manually which is extremely time consuming. Furthermore, the Committee recognised the current capacity issues within the team. Agreed action closed.

Minute 05/24a: MIQPR: *On the content regarding the number of patients where ambulances were cancelled or where it was not possible to provide a response, it was queried whether the placement of this under 'Partnership & System Contribution' was correct. This will be fed back to Hugh Bennett; Andy Swinburn will support as required. For consideration for future reporting.* Hugh Bennett advised this information was in the correct place within the report. Action Closed.

Minute 07/24: Quality Strategy Implementation Update - *The Committee asked that a timeline/timetable of how the revised Quality Strategy would be delivered be provided to the Committee.* A high level outline plan has been developed and will be shared with Committee members by June 2024. Agreed this action would remain on the log with an update at the next meeting.

Minute 09/24: Healthcare Inspectorate Wales Annual Report 22-23. *The Chair advised there had been an increase in the number of safeguarding alerts raised, whilst the report states a significant drop, Liam Williams explained that some of the alerts are coded to the Health Boards and were picked up at Local Authority level. Liam Williams agreed to clarify this point.* Agreed that an update would be provided to the Corporate Governance Team for dissemination to Committee Members in advance of the next meeting. Action to remain open.

Committee AAA report dated 8 February 2024

The Chair drew the Committee's attention to the contents of the AAA report for their information; this highlighted the key points from the Committee's last meeting on 8 February 2024.

RESOLVED: That

- (1) Apologies were recorded for Bethan Evans, Lee Brooks, Rachel Marsh, and Trish Mills.**
- (2) The Minutes of the Open meeting held on 8 February were confirmed as a correct record.**
- (3) Consideration was given to the Action Log and the AAA report as described above.**

24/24 OPERATIONS DIRECTORATE QUARTERLY REPORT – 2024/25 Q1

Jonathan Edwards presented the report and highlighted several key points for the Committee's attention.

The Operations team has continued to work on the Manchester Arena Inquiry. Workshops have been conducted to understand the impact of similar events on our capabilities and capacity to respond if a significant event of this kind were to occur in

Wales. The workshops have informed reports compiled by Judith Bryce's team, focusing on our capability to prepare to respond and the capability of our specialist assets.

As outlined in the report, the Chair of the Inquiry has requested a financial case from all organisations involved in a potential response. Given the sensitive nature of the information and the detailed plans outlined in these papers, discussions will be conducted in closed meeting sessions. A significant amount of work is underway to ensure the Trust's readiness to effectively respond to similar incidents in the future. Welsh Government have been kept informed of progress, and the Trust is on track to present the comprehensive financial case in the coming months.

An update was provided on the Accredited Centre of Excellence (ACE) status with the International Academies of Emergency Dispatch (IAED). It was noted that the Trust has recently fallen below the required 7% threshold for accreditation, as outlined in the report. However, the Trust is actively working with the Academy to ensure that the robust action plan in place will improve the accreditation status. The aim is to transition from the current rate, at just over 8.7% for the first quarter of this year, to meet the required threshold of 7% or below. Jonathan Edwards added that the end of April figures have already shown improvement, with the rate back down to 6%. This is a testament to the hard work of the quality team, who are collaborating closely with the Academy to achieve the accreditation goals. With the concerted effort and collaboration in place, he was confident that the Trust was on track to meet its targets and regain our accreditation status.

The Operations Quality (OQ) Organisational Change Programme (OCP) has reached its conclusion, and the final stages of job evaluations and recruitment have been initiated. Interviews have been arranged for the Locality Manager, OQ position, which will entail some coroner responsibilities, in addition to the Service Manager, OQ role. The Trust is currently awaiting approval on *Trac* for the Support Officer and third Learning & Development Coordinator positions. Furthermore, the Quality Improvement Manager and Quality Audit Manager posts are pending job evaluations. Once these positions are filled, it is anticipated that the directorate will have the necessary capacity to proceed with the required Standard Operating Procedure (SOP) reviews.

The Quality & Support Days have proven invaluable in promoting key indicators and expectations related to various aspects of quality behaviour within the Trust premises and on ambulance vehicles, as well as personal conduct of staff members. These days cover subject areas such as seat belt and safety harness use, Dress Code Policy, Infection Prevention & Control (IP&C), and cultural awareness. They are supported by operational managers/leaders of all grades and serve to enhance visibility to the teams. During each support day, an MS Form is completed by those in attendance to provide assurance of compliance against the requirements. So far, three Quality & Support Days have been conducted, with involvement from all levels of the Operations leadership teams. Themes and trends observed during these days will be collated and presented to the senior leadership team for feedback and action.

In Q4, the NHS 111 Wales call demand increased by 10% compared to Q3 and have continued in recent weeks to experience higher demand compared to much of

December 2023. This level of demand is 14.6% higher than the service is resourced to answer.

Throughout Q4, approximately 10% of staff were abstracted to undertake the new CAS replacement training. Despite these abstractions, the service answered 9% more calls in Q4 than in Q3. This increase in calls answered, despite higher abstractions, can be attributed to the utilisation of agency call handling resources and the implementation of virtual queuing. The number of calls answered in Q4 was 5.6% higher than the funded levels.

Comments:

Members were encouraged to see such a high level of interest in the Community Welfare Responder (CWR) initiative; and were interested to find out how many of the 180 Expressions of Interest have translated into actual volunteers. Jonathan Edwards agreed to provide this information after the meeting.

Following a query in terms of the impact of the Trust losing AACE accreditation, Jonathan Edwards explained that the Trust would lose its status as a centre of excellence if there was not a return to compliance levels within the 3 month period; however, this was unlikely.

Jonny Sammut added there was ongoing work aimed at improving service delivery and efficiency, particularly within the 111 service. The introduction of a Visual IVR (Interactive Voice Response) and potential Artificial Intelligence (AI) driven solutions for tasks like repeat prescriptions can enhance the user experience and contribute to time savings for both callers and operators. These advancements, along with website improvements, demonstrate a proactive approach to leveraging technology to address demand and capacity challenges.

RESOLVED: That the report was received.

25/24 STAFF STORY

Fiona Maclean, Patient Experience and Community Involvement (PECI) Manager, and Julie Starling, Save a Life Cymru, attended to present their Staff Story and recounted how the team actively promote the learning of life saving skills throughout the year, with particular emphasis during its annual campaigns 'Shoctober', 'Restart a Heart' and 'Defibuary'. Through research and engagement, it became evident that many people cannot perform CPR and for some, they were left with symptoms of Post Traumatic Stress Disorder (PTSD); particularly those who may have performed CPR on a loved one. Recognising our duty of care to support both cardiac arrest survivors and family members or laypersons who have performed CPR, the team explored the potential of adopting a post CPR leaflet as developed by Yorkshire Ambulance Service. The Peci team reached out to Save a Life Cymru (SaLC) to explore how this could be progressed in collaboration utilising a digital solution and a Quality Improvement (QI) methodology.

Furthermore, a proposal was put forward to Resuscitation Council UK (RCUK), who have agreed to host a Link Tree on behalf of Wales that will serve as a guide to appropriate support services for individuals and their families in need of support following CPR and cardiac arrest survivor support. This concept will include the Trust, the Health Boards and partners such as General Practitioners (GPs), Emergency Medical Retrieval and Transfer Service (EMRTS), Police and the Fire Service. There will be an opportunity to share good practice with other nations adopting this repository of resources and the project could support other RCUK survivor projects.

An initial pilot of bilingual business cards titled, 'Support for cardiac arrest survivors and CPR providers' will feature a Quick Response (QR) code is planned. This will be developed with engagement through the Trust's People & Community Network, and will signpost users to the RCUK website and provide information on available support services in Wales for both cardiac arrest survivors and bystanders. The cards will be easy to use particularly in time sensitive situations. Funding options are being explored to print the cards and an evaluation of the pilot will inform the plans to expand distribution across Wales and provide cards to all designated touchpoints. Considerations were explored at Committee on digital solutions including automated Short Message Service (SMS), linking to the NHS App and community outreach programmes.

Comments

The Committee were in full support of the project recognising the profound impact that performing CPR can have on individuals, both emotionally and psychologically. Furthermore, the need for support and resources for both survivors and bystanders are crucial in addressing the aftermath of such events. The initiative to provide post-event support through innovative approaches like the post-CPR leaflet and bilingual business cards with QR codes is commendable and underscores the commitment to enhancing the wellbeing of all individuals involved in cardiac arrest situations.

The suggestion of automating a text message post incident to bystanders who have provided CPR was mooted. This automated approach could help ensure that support resources are readily accessible to individuals who may be in need following their involvement in a CPR event. By capturing bystanders' details, such as their telephone numbers, during the incident, it would be possible to set up an automated system to send out supportive text messages with relevant resources and information after the event. This could provide timely assistance and guidance to individuals who may be experiencing emotional or psychological distress following their involvement in the CPR event. Additionally, integrating this automated system with existing support networks or helplines could further enhance the effectiveness of the initiative.

Jonny Sammut added that embedding the support resources for cardiac arrest survivors and CPR providers onto the NHS app would be a positive step forward. Leveraging existing platforms like the NHS app can help increase accessibility to available resources and ensure that they reach a wider audience. Additionally, integrating the support information into widely used platforms can streamline the process for individuals seeking assistance and provide them with easy access to relevant resources when needed. Regarding the use of QR codes, he added they can be an effective way to

quickly link users to online resources and incorporating them into business cards or other materials can make accessing support information more convenient. QR codes are versatile and can be easily scanned using smartphone cameras, making them accessible to a wide range of users.

Julie Starling explained that whilst this initiative was primarily aimed at the lay person, expanding the scope of the initiative to include healthcare professionals who may also benefit from access to support resources would be a great idea. Providing avenues for debriefing and accessing support in a way that suits individuals' preferences and needs can be incredibly valuable for promoting wellbeing and resilience in the healthcare workforce. The continued collaboration and knowledge sharing within this group, or similar forums can certainly enhance the project going forward. Building on the insights and suggestions shared here, along with collecting baseline data and refining the project details, will contribute to its success and effectiveness in supporting cardiac arrest survivors and CPR providers.

Liam Williams added that capturing updates through the PEI document on an ongoing basis will help keep stakeholders informed about the progress and developments of the initiative. Once there is significant progress or a substantial evaluation outcome, it would be appropriate to bring it back to Committee as a dedicated item for further discussion and consideration. This approach will help ensure that the project receives the visibility and support it needs to succeed.

Members expressed thanks to Fiona and Julie for sharing this initiative and the recognition and support of bystanders through their often once in a lifetime experience of providing CPR.

The Committee also received a patient story update following Alison Cassidy's patient story at the last meeting and commented on the tracker as an important paper on a difficult story and the learning captured from the discussion.

RESOLVED: The Committee noted the staff story and the patient story update regarding Alison Cassidy.

26/24 PUTTING THINGS RIGHT (PTR) REPORT

Liam Williams presented the report commenting on the progress being made in incident reporting and response to patient complaints, although recognised there is still room for improvement in both areas. There is an upcoming workshop aimed at addressing these issues collectively and finding ways to enhance patient safety and care delivery across the board.

Claire Appleton advised the Committee that the Trust had received two Regulation 28 Reports (prevention of future death) from the Coroners during the period, one joint with Swansea Bay University Health Board resulting from a protracted wait. The Trust is working with the All Wales Tissue Viability Network to determine next steps in

identifying avoidable harm in respect of pressure damage and provide assurance to the Coroner.

Comments:

The Committee discussed the pressure damage issue as a consequence of risks 223 and 224. Recognising these as broader unscheduled care system risks rather than purely organisational risks reflect their significant impact and the need for coordinated efforts across institutions to address them collectively. Julie Boalch advised she has been working with consultants on these two risks, in particular how these two risks are articulated in the future.

Members recognised that the inherent design of ambulances as temporary clinical environments means they may not be equipped to provide extended care, leading to potential issues such as pressure injuries and other complications. Addressing these challenges requires a multifaceted approach, including improving coordination with other healthcare providers, enhancing ambulance design to accommodate longer waits when necessary, and ensuring adequate staffing and resources to provide appropriate care in diverse clinical settings. Liam Williams added there were proactive measures being taken to address tissue viability and reduce the risk of harm from pressure area damage within the ambulance service. The focus on training, equipment provision, and collaborative efforts with organisations like the National Ambulance Service Medical Directors (NASMeD) and Qi guard demonstrates a commitment to improving patient care and safety. By participating in a UK wide workstream, the Trust can gain valuable insights into interventions and treatments across different ambulance services, ultimately contributing to the development of best practices and enhanced patient outcomes. Additionally, leveraging data and stories to raise awareness among the wider public can help foster understanding and support for these critical initiatives.

RESOLVED: The Quality, Patient Experience & Safety Committee received the report for discussion and were satisfied with the assurance given regarding the Trust's Putting Things Right function.

27/24 PUTTING THINGS RIGHT RECOVERY PLAN

Liam Williams introduced the Putting Things Right Recovery Plan which was linked to the recent Joint Investigation Framework Internal Audit and outlined the key improvement actions for the team over the next 12 months to help the Trust meet its targets and ensure patients and families receive the best service from the team. These were:

1. Team wellbeing
2. Complaints
3. Nationally Reportable Incident (NRI) investigations
4. Learning from Events including Welsh Risk Pool
5. Learning from Deaths & Medical Examiner Service Referrals

RESOLVED: The Committee received the report

28/24 PATIENT EXPERIENCE COMMUNITY INVOLVEMENT BI-ANNUAL REPORT

Liam Williams presented the report which detailed the work of the team to capture feedback and experiences, ensuring voices are heard that contribute to improvement in the quality of services and patients' use of them. The impact of the work is supporting discussions on progressing the new clinical model. The work is mapped against the Quality Standards to provide assurance against the Duty of Quality.

He added it was evident from service user feedback that concerns persist around emergency ambulance response delays, reflecting ongoing anxiety and frustrations among service users. Similarly, in Ambulance Care, there is feedback regarding the length of time individuals wait for transportation home after hospital appointments. Despite these challenges, there is a positive note in the feedback, highlighting the professional and compassionate behaviour of staff. This aspect is crucial in instilling confidence among patients and their families in the care and treatment they receive, offering reassurance amidst the challenges faced.

Additionally, during the year the PEGI Work Programme has primarily concentrated on several key areas. Firstly, there has been a focus on promoting Civica, a software solution or platform aimed at enhancing patient experience or streamlining processes. Additionally, efforts have been directed towards expanding the scope of Patient Experience Surveys and increasing returns, indicating a commitment to gathering comprehensive feedback from service users. Furthermore, the team has been proactive in seeking external funding opportunities to support initiatives aimed at improving experiences and outcomes for individuals with learning disabilities. This multifaceted approach underscores the commitment to enhancing overall patient experience and addressing specific needs within the healthcare system.

Comments

Members were keen to understand the impact of Llais Wales (Your voice in health and social care). Liam Williams advised that the Trust is working well with this organisation, particularly around the new clinical model and overall, it seems that there is optimism about the progress and cooperation in this collaboration.

Members recognised the level of ambition and commitment, drawing through focus on continuous improvement and the value of patient experience reporting.

Following a query in terms of the 111 service, Liam Williams reminded Members of improvements and upcoming changes to the healthcare system, particularly in the context of the 111 service. The implementation of a new system is expected to streamline processes and reduce the number of touchpoints for individuals seeking care. Additionally, clinicians within the 111 service will soon have access to the Welsh Clinical Portal, enabling them to make more informed decisions by directly accessing relevant information. These changes are aimed at enhancing efficiency and effectiveness in healthcare delivery.

RESOLVED: The Committee

- (1) Received the report and accepted the assurances that the Trust is meeting its statutory duties/responsibilities to consult, engage and involve the public/patients in its work, and**
- (2) Noted the activities to date and acknowledged that PEGI Reports will be shared publicly through the Trust's People & Community Network.**

29/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT – FEBRUARY/MARCH 2024

Hugh Bennett presented the report and drew attention to the following areas:

1. 999 calls answered have declined to 34 seconds in March not achieving the 6 second target. The 65th and 95th percentile performance; however, is strong.
2. Red 8 minute response times remain of concern at 48.9%; however, this remains consistent across a sustained period.
3. Amber 1 median is 1 hour 22 minutes.
4. Abstraction levels in EMS hit 30% as a benchmark level.
5. 111 abandonment rates increased in March to 11.8%.
6. 111 demand continues to increase, and a Demand & Capacity (D&C) review is required.
7. Re-rostering of NEPTS will be reviewed this year as a key efficiency.
8. 7.67% sickness absence slightly above target in March 2024 compared to 8.50% in February 2024. The 2023/24 target is 6%.

Comments

Members queried when the D&C review will come to fruition, and what it is likely tell us. Hugh Bennett explained that the EMS D&C review is indicating that maintaining the current approach is unsustainable. It aligns with the strategic goal of the Trust to transform the way healthcare services are delivered. Specifically, it highlights the need to move away from the traditional conveyance model, which is costly and ineffective. The review will likely present scenarios that demonstrate the limitations of the current approach and the potential benefits of alternative models.

Members felt it would be beneficial to discuss any progress, lessons learned, or challenges encountered regarding the 'inversion of the triangle' initiative. Andy Swinburn advised there was a shift in focus towards more meaningful measures of performance that align with the new clinical response model. It's important to reassess current performance measures to ensure they remain relevant and aligned with the evolving goals and priorities of the Trust. This could involve updating metrics to reflect changes in processes and priorities, such as prioritising hear and treat options that result in better patient outcomes rather than simply focusing on dispatch times.

The Committee noted there was a recognition of the importance of contextualising data within the MIQPR to better understand the prevalence of certain conditions within

specific populations such as weighting which can be used to balance the representation of different areas, making sure that smaller or more deprived areas are adequately represented in the analysis. While this is a significant undertaking, it could provide valuable insights into the factors influencing demand for ambulance services and help tailor responses accordingly. If there is any progress or updates on this initiative, it may be beneficial to discuss them further offline which the Chair agreed to do with Rachel Marsh to explore how best to incorporate this information into reporting mechanisms.

RESOLVED: The Committee received the Monthly Integrated Quality and Performance report for February/March 2024 and actions being taken and determined that the report provided sufficient assurance

30/24 ANNUAL QUALITY REPORT 2023/24

Liam Williams presented the draft Annual Quality Report 2023/24 ahead of presentation to the Trust Board for approval. This was a comprehensive appraisal which focused on improving quality and the level of harm experienced by our patients. Collaboration across respective leads and NHS bodies undertaken to prepare the report in lieu of firm guidance and strong edicts from Welsh Government which are predicted for the 2024/25 report. Making the report accessible through various formats, including Welsh language and British Sign Language versions, as well as a vlog, demonstrates a commitment to inclusivity and ensuring that the information reaches a wide audience.

Comments

The Committee welcomed the report acknowledging the work of all staff involved in its production. The report read very well, was comprehensive and a clear, succinct reflection on the past year. They also commented on the humanised approach to the report.

Liam Williams added that the team have done a commendable job of framing the report in a way that highlights its impact on the people the Trust serves. Incorporating a patient centric perspective into the forward look section provides a more comprehensive view of the challenges and opportunities ahead. This will align well with the Trust's commitment to improving patient experience and outcomes.

RESOLVED: The Committee endorsed the draft Duty of Quality Annual Report 2023/24 for onward escalation to Trust Board.

31/24 UPDATE ON THE CLINICAL PLAN

Andy Swinburn provided the Committee a presentation on the revision of the Clinical Plan, previously titled the Delivering Clinical Excellence in Wales Clinical Strategy, noting the progress made in the Trust since the original strategy was implemented. The content will be significantly revised with a changing emphasis on how clinical data is used in terms of our ambitions, transforming our service and how patients are managed differently to prevent avoidable harm.

For the internal perspective:

1. Our people: It is crucial for our people to feel a sense of ownership and alignment with the objectives of the Trust. This can be fostered through clear communication, opportunities for input and feedback, recognition of contributions, and ensuring that everyone understands how their role contributes to the overall goals.
2. Board members: It is essential for board members to strike a balance between driving ambitious goals and obtaining necessary assurance. This entails actively participating in strategic discussions, challenging assumptions, ensuring accountability, and maintaining oversight while also supporting innovation and growth initiatives. Effective communication and collaboration among board members are key to achieving this balance.

For the external perspective:

1. Prospective employees: We should aim to excite and enthrall potential candidates about the opportunities and culture within the Trust. This can be achieved through showcasing our innovative projects, highlighting career development prospects, and emphasising the impact individuals can make by joining our team.
2. Our Commissioners: It is crucial to articulate our clinical ambition clearly to our commissioners, demonstrating how we challenge existing norms and strive for excellence in patient care.
3. Wider system colleagues: We need to stimulate interest and open minds among our colleagues in the wider healthcare system. This involves sharing insights, best practices, and success stories to inspire collaboration and drive innovation across organisations.
4. Welsh Government (WG) including 6 Goals influencers: We should illustrate the Trust's reach and possibilities beyond goal 4 to the Welsh Government and influential stakeholders.
5. AACE colleagues: We need to showcase our leadership within the industry to our colleagues in the Association of Ambulance Chief Executives (AACE) and beyond. This involves sharing insights, innovations, and best practices that demonstrate the Trust's thought leadership, expertise, and impact in shaping the future of ambulance services.

Inevitably there will be risks associated with this project going forward:

1. Balancing this year's ambitious agenda with future years' planning: To mitigate this risk, we should adopt a strategic approach that considers both short term objectives and long term goals.
2. Balance between content and brevity: Maintaining a balance between providing comprehensive information and ensuring clarity and conciseness is essential.

3. Balance ambition with reality: While it is important to set ambitious goals, it's equally crucial to ground these aspirations in reality and consider practical constraints such as resource availability, timeline limitations, and potential obstacles.
4. Ensuring we remain sufficiently flexible to recognise the developing picture: In a dynamic environment, it is essential to remain agile and adaptable to respond effectively to changes and emerging opportunities.

The next steps include joint Directorate planning events to devise delivery mechanisms that ensure alignment across teams and formulating reporting routes.

Comments

The Committee held a discussion in terms of how to make the Trust's ambition relevant and gaining buy in from wider stakeholders which would require effective communication and alignment with shared goals and values. They also talked about how to demonstrate value and impact and how to secure sustainable resourcing going forward. Andy Swinburn added that the Trust would need to tailor its communication to the specific interests and priorities of different stakeholders as this would be crucial for gaining their buy in and support. Liam Williams added that positioning the Trust strategically within the framework of the 6 Goals program was a key challenge, but also an opportunity to maximise its contributions and impact. Furthermore, highlighting the comprehensive contribution of the Trust to the health economy is very important, particularly emphasising its role beyond ambulance services.

RESOLVED: The Quality, Patient Experience & Safety Committee received and noted the update on the clinical plan.

32/24 CLINICAL AUDIT PLAN AND ACTION TRACKER (UPDATE) 2023-2024

Duncan Robertson explained that the plan is developed in consultation with the Clinical Intelligence & Assurance Team (CIAT), and senior clinical, and non-clinical managers within the Trust. It is a dynamic document, updated quarterly to reflect those audits that are either planned, currently underway or have been completed.

The Clinical Audit Plan and Action Tracker update for Q4 2023/24 was received with no escalations. 10 audits were completed during the period. 39 out of 46 actions were completed. Results are cascaded to the Trust linking with the Quality Management Group and the Quality Improvement work. Internal Audit have reviewed the Clinical Audit processes to support forward travel.

RESOLVED: The Committee noted the Q4 2023-24 Clinical Audit Plan and Audit Tracker Update.

33/24 SPOTLIGHT ON CLINICAL INDICATORS (CI) – FRACTURED NECK OF FEMUR

The Committee were provided with a presentation by Duncan Robertson which focused on important aspects related to clinical indicators, particularly focusing on Fractured Neck of Femur (#NoF) and pain management, as highlighted in the Internal Audit report on Medicines Management.

The care bundle for measuring patients aged 65 and over with a working diagnosis of a fractured neck of femur includes several components. These components are typically measured to ensure comprehensive care. To achieve compliance with the care bundle for patients with a fractured neck of femur, each criterion of care must be completed:

1. Vital Signs:
 - Respiratory rate
 - Pulse rate
 - Oxygen saturation (SpO2)
 - Blood pressure (BP)
 - Glasgow Coma Scale (GCS)
2. Pain Scores
3. Analgesia

Completing all of these criteria is essential for ensuring comprehensive and effective care for patients with a fractured neck of femur and for achieving compliance with the care bundle.

Due to staff being unfamiliar with the new system, a reduction in Clinical Indicator compliance was noted. Testing of the ePCR user interface will be completed and the establishment of a minimum clinical data set. Work continues with the supplier to complete the required changes which are aimed at improving the usability for clinicians to input data and to improve Clinical Indicator (CI) compliance.

A CI recovery plan has been implemented which includes focussed communication, clinical workshops, implementing the Clinical Supervision Policy, and improvements in technology (AI).

Liam Williams added that whilst it was clear that despite the support provided to our people, there were still challenges in achieving the expected standards in our clinical indicators. While we are undertaking significant efforts to understand the reasons behind this and to improve our care delivery, it remains critical for our staff to ensure accurate and consistent documentation in the ePCR.

The ePCR serves as our primary means of recording the quality of care provided to patients, and therefore, it's essential for our staff to adhere to the established standards when documenting patient care. Consistent and accurate documentation not only reflects the quality of care delivered but also ensures transparency, accountability, and continuity of care.

While we acknowledge the complexities and challenges associated with documentation in a new system, it is imperative that all staff members understand the importance of adhering to documentation standards. This may require ongoing training, support, and reinforcement of best practices to ensure that documentation accurately reflects the care provided and contributes to the improvement of clinical indicators over time.

Duncan Roberston highlighted that transitioning from paper based documentation to electronic patient records represents a significant cultural shift for the Trust. The shift not only involves adapting to new technologies but also changing workflows and documentation practices. It is understandable that this transition comes with a learning curve, and it is essential for the Trust to acknowledge the challenges and continue supporting staff through this process.

Jonny Sammut outlined the importance of the interconnectedness of various initiatives and projects across different areas of the Trust. The convergence of efforts between the clinical indicator recovery plan and the advancements in digital technologies such as Natural Language Processing (NLP), Artificial Intelligence (AI), and Robotic Process Automation (RPA) presents significant opportunities for synergy and collaboration.

The Committee recognised that user friendliness is paramount when it comes to electronic systems used by frontline staff and it is crucial that these systems are intuitive, easy to navigate, and designed with the user's workflow in mind. When staff are focused on providing the best possible treatment to patients, any additional administrative burden or complexity in using electronic systems could be a hindrance.

Liam Williams further commented that the documentation in clinical records plays a critical role in demonstrating the quality of care provided by healthcare professionals, including those in pre-hospital and emergency settings. Coroners rely on these records to assess the care provided and make judgments accordingly. Having robust clinical indicators that accurately measure the quality of care is essential for demonstrating the value and effectiveness of the services provided by ambulance services. While some indicators may be consistent across different ambulance services, others may be unique and specific to the context and needs of the population served.

Comments:

The Committee were assured by the discussion; however, there are still some concerns that need to be addressed. Members were satisfied with the current format and approach as a reasonable course of action going forward.

RESOLVED: The Committee noted the update.

34/24 AUDIT TRACKER AND INTERNAL AUDITS

Alex Payne presented the report indicating there has been excellent engagement across directorates in the recent reporting period, resulting in progress in closing internal audit actions. Specifically, 64 out of 162 internal audit actions have been closed, which accounts for 40% of all internal audit actions. Additionally, 57% of actions due in the quarter were closed during the quarter, which demonstrates progress. Several historical

actions have been revisited with a view to closing these down or revising them acknowledging the passage of time.

For actions relevant to this Committee, 16 out of 35 proposed closures were achieved, representing a 76% closure rate for actions due in the quarter. Regarding external audit actions, 4 out of 12 proposed closures were achieved, accounting for 33%. Revised dates for actions are highlighted on the tracker, and progress continues on developing a SharePoint solution for the audit tracker, with testing underway. Collaborations with Digital Health Care Wales are ongoing to transition from the Excel tracker to the new digital tracker.

Internal Audit Reports:

Julie Boalch advised that these reports had received thorough discussion at the Audit Committee meeting and those discussions had been productive and valuable for addressing any issues identified in the reports.

Serious Adverse Incidents

Liam Williams commented there had been productive engagement between the team and Audit Wales throughout the audit journey. Identified learnings were swiftly incorporated into action plans, including the PTR recovery plan shared earlier in the meeting. The audit highlighted challenges related to capacity and various systems and processes, such as the new DATIX system. These findings align with previous discussions in the Committee and underscore the ongoing efforts to address organisational capacity and operational processes.

No additional Comments were made on the ePCR Clinical Compliance and the Seatbelt Action Plan audits.

RESOLVED: The Committee received and reviewed any Internal Audits and Audit Wales reviews within their remit where relevant. For this meeting these were: -

- (1) Serious Adverse Incidents – Joint Investigation Framework**
- (2) Electronic Patient Clinical Record: Clinical Compliance**
- (3) Seatbelt Action Plan; and**

Monitored management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue).

35/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Julie Boalch updated the Committee on the two corporate risks assigned to the Committee which are rated as high risks and 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. Both risks have been reviewed

in accordance with their schedules and the scores remain static. The theme of these risks ran throughout the agenda items discussed at this meeting and are part of the alert section of this report.

Members were assured that these risks, whilst not moving in score, are dynamically reviewed regularly, and closely monitored at many of the Board's Committees as well as at internal forums. Additionally, the approach to these risks is being considered given that their score has remained catastrophic for a significant period. It was also noted that no new risks had been identified.

RESOLVED: The Committee noted the update.

36/24 POLICIES FOR APPROVAL/ADOPTION

Julie Boalch presented the report advising Members that the policies have been navigated through the appropriate governance routes and that there are no significant issues to escalate to the Committee and asked that the following policies were approved:

1. Consent to Examination and Treatment Policy
2. Management of Controlled Drugs Policy
3. Non Medical Prescribing Policy
4. Premises and Vehicle Cleaning Policy
5. Clinical Supervision Policy (Including Implementation Plan)
6. Dispatch Cross Reference (DCR) Table Policy

Comments

The Committee recognised the work and the progress being made in updating the Trust's entire suite of policies.

Members raised a concern in terms of the reference to a limitation or challenge related to managing volunteers' vehicles within the Premises and Vehicle Cleaning policy. Julie Boalch advised that this concern was addressed in a different Trust document and that it was one on the radar of the Infection Prevention and Control team.

The Committee approved the policies.

RESOLVED: The following policies were approved: Consent to Examination and Treatment Policy, Management of Controlled Drugs Policy, Non Medical Prescribing Policy, Premises and Vehicle Cleaning Policy, Clinical Supervision Policy and the Dispatch Cross Reference (DCR) Table Policy.

37/24 COMMITTEE CYCLE OF BUSINESS AND MONITORING REPORT

Julie Boalch provided Members with the Committee Cycle of Business (CoB) updated following the effectiveness review conducted in Q4 and the Monitoring Report for Q1. Focus will be given to including the Trust's compliance against the Health & Care Quality Standards in the CoB in the coming period. The CoB for 2024/25 was approved.

RESOLVED: The Committee:

(1) Reviewed and approved the 2024/25 cycle of business; and

(2) Noted the cycle of business monitoring document.

38/24 KEY MESSAGES FOR BOARD

Julie Boalch would draft the update which will be presented to the Board via the Committee's AAA highlight report.

39/24 REFLECTIONS & SUMMARY OF DECISIONS & ACTIONS

Members' reflections on the meeting were that good assurance had been received and an appropriate level of discussion had taken place on each of the reports. An appreciation of the staff story was highlighted as an important element of the meeting along with recognition of the social responsibility on the action plan. Members thanked the Chair for stepping in at short notice and for excellent chairing.

Date of Next meeting: 13 August 2024

Meeting concluded at 13:45

CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD AT CARDIFF MRD AND REMOTELY VIA MICROSOFT TEAMS ON 9 MAY 2024

Chair: Ceri Jackson

Members:

Ceri Jackson	Non-Executive Director and Chair
Hannah Rowan	Non-Executive Director
Joga Singh	Non-Executive Director

Prescribed Attendees:

Alex Crawford	Assistant Director of Planning and Transformation
Estelle Hitchon	Director of Partnerships and Engagement
Angie Lewis	Director of People and Culture
Hugh Parry	Trade Union Partner
Sonia Thompson	Assistant Director of Operations, EMS
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Damon Turner	Trade Union Partner

Attendees:

Julie Boalch	Head of Risk/Deputy Board Secretary
Kathryn Cobley	Head of Inclusion and Engagement
Peter Curran	Non-Executive Director (joined during 39/24)
Sarah Davies	People and Culture Directorate Business Manager
Fflur Jones	Audit Wales (joined during 38/24)
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Caroline Jones	Corporate Governance Officer
Matthew Jones	Pembrokeshire Locality Manager
Jo Kelso	Head of Workforce Education & Development
Sara Mills	Head of Culture and OD
Alex Payne	Corporate Governance Manager
Felicity Quance	NWSSP Audit and Assurance
Julie Stokes	Head of People Services
Hayley Jones-Dunne	Organisational Development Manager (observing)

Apologies:

Lee Brooks	Executive Director of Operations
Tim Cahalane	Trade Union Partner
Bethan Evans	Non-Executive Director
Christian Fox	Trade Union Partner
Ian James	Trade Union Partner
Mark Marsden	Trade Union Partner
Trish Mills	Director of Corporate Governance/Board Secretary
Liam Williams	Executive Director of Quality and Nursing

31/24 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the hybrid meeting of the People and Culture Committee noting that this was her first People and Culture Committee as Chair. Apologies were recorded from Bethan Evans, Mark Marsden, Trish Mills, Lee Brooks Christian Fox, Tim Cahalane, Ian James, and Liam Williams, with Julie Boalch, Sonia Thompson, Jonathan Turnbull-Ross, and Hugh Parry attending as deputies.

She congratulated Angie Lewis, Director of People and Culture on winning a leadership award with the International People and Culture Awards 2024 this week, also recognising the effort of the wider People and Culture Directorate within the Trust.

Ceri Jackson welcomed Hayley Jones-Dunne as an observer to the meeting following her recent appointment to the Trust. She also noted that Peter Curran would be joining for parts of the meeting. .

32/24 DECLARATIONS OF INTEREST

No new declarations were made in addition to the standing declarations which were already noted on the Trust Register of interests.

RESOLVED: That no new declarations were received.

33/24 MINUTES OF PREVIOUS MEETING, ACTION LOG AND HIGHLIGHT REPORT

The Minutes of the Open meeting held on 20 February 2024 were considered and agreed as a correct record.

The actions 57/23,11/24(a) and 11/24(b) were agreed complete with explanations against each action in the log.

Ceri Jackson queried if the action Qu01/24 that had been transferred to QuEST had been tabled and it was confirmed it would be picked up for the next meeting of the QuEST Committee. The action was closed.

Ceri spoke of her action (07/24) relating to Equality, Diversity and Inclusion and suggested that the action remain open as additional conversations were still needed with the Governance Team and Kat Copley. Hannah Rowan confirmed that the action related more to practical action than induction guidance.

RESOLVED: That the

- 1) minutes of the meeting held on 20 February 2024 were approved; and**
- 2) Actions as set out above were agreed.**

34/24

DIRECTOR OF PEOPLE AND CULTURE DIRECTORATE UPDATE

Angie Lewis spoke of the positive interactions with colleagues across the organisation over that last couple of months. She highlighted the areas below from her update report:

- Continued progress of the Culture Champions Network and the positive impact on shaping Trust culture; an increased focus on visibility, programme of support and opportunities to empower CCs in their roles.
- Awards with the voices networks advocates.
- Time with Trade Union colleagues and a road trip to North Wales for the partnership session.
- Executive Team 360 process undertaken to continue to develop as a team.
- Clinical transformation workshops with focus on change management and building the change management capability.
- Commitment and endorsement on investigation team to move forward – ready to go to advert for those posts.
- Assurance given on Occupational Health work plan.
- The Roadshows provided an opportunity to engage with colleagues on workplace safety, as well as the positive engagement balanced with realism in relation to the level of change taking place across the Trust.
- Counselling sessions being offered by the Employee Assistance Provider has increased to 8 sessions following a recent retender exercise resulting in the same provider being selected.
- Appointed a full time dedicated Freedom to Speak Up Guardian role from next month.

Hannah Rowan, whilst agreeing that reporting was helpful, sought assurance around the safeguards in place for total anonymity for the new occupational health reporting to ensure trust was maintained. It was confirmed that currently it was only for use in clinical sessions and supervision purposes, with automated questionnaires sent by the Psychologists.

Within the challenges and risks, Angie Lewis referenced the increased workload and significant change across the organisation within the document, however she

agreed to share the level of change happening across the organisation in the next report.

Angie Lewis thanked Hugh Parry as a Trade Union Partner and an incredible Champion for Change, for his involvement and feedback following his attendance at the Change Management Course.

RESOLVED: That the update from the Director of People & Culture was noted.

35/24

OPERATIONS QUARTERLY REPORT

Sonia Thompson drew out pertinent aspects for Members, which included:

- Relief planning has been extended following a successful first stage pilot from 5 to 6 weeks' notice. The move was expected to improve the working experience of our people.
- The Emergency Medical Service Coordination restructure had been agreed in principle to increase management and leadership support capacity and career development opportunities.
- Quality and Support days had been held promoting culture and behaviours with key areas such as seatbelt and safety harness use, process, and policy; all providing opportunities to have conversations with operational managers. Themes and trends data would be gathered from these sessions.
- End of Shift Overruns (EoS) – whilst the holding area has been lost at the Grange University Hospital, new premises were being sought. Despite that there is a reduced average EoS overrun length reducing to a lower level than the previous 15 months.
- Operations staff encouraged to drop into culture workshops which utilise the Cultural Early Warning Score tools to facilitate feedback from staff on their experiences and expectations.
- Clinical Assessment Software replacement project for NHS 111 went live successfully on 30 April 2024 and a major achievement for the Trust and all involved.

Members congratulated the team on the CAS work, for achieving so much whilst under pressure; whilst Damon Turner recognised the positive impact the relief planning and reduction in overruns had on staff, the latter of which were at lower levels than in the previous month

Hannah Rowan queried if the resource in NHS 111 would be reviewed to match the demand with Sonia Thompson confirming that some demand and capacity modelling would need to be undertaken which was incorporated in the IMTP and that conversations were ongoing.

RESOLVED: That the Operations Quarterly Report was noted.

STAFF STORY – A VIEW OF FRONTLINE LEADERSHIP

Matthew T Jones, Locality Manager in Pembrokeshire, attended the meeting to share his learning on the work he had undertaken on attendance and sickness absence. Matt started as a student Paramedic in 2010 and worked in Surrey for a year before returning to join the Trust in Pembrokeshire in 2013. He became a Clinical Team Leader in 2019 and then acted up as a Locality Manager during the pandemic. He was appointed permanently in May 2020 and transitioned into the Duty Operations Manager (DOM) role, and then substantively as a Locality Manager.

Matt had faced some challenges in leading a team that he used to work within as a colleague, in dealing with high sickness rates, outdated Stations, and had concerns regarding the support available to colleagues off long term. 'Chat with Matt' sessions were set up to discuss key issues such as sexual safety, sickness, handover delays, overruns, and an opportunity to explain things to staff. For example, the national Managing Attendance at Work Policy and delivering it locally and making the most of the People and Culture Plan as a guide to support staff and to have open and honest conversations. There was a clear need for change with abstraction rates.

Matt adopted a new system on O365 Microsoft Planner to track and manage staff absences and other operational matters. He said it was very intuitive and visual and helped him and the DOMs to provide timely and appropriate support to staff, linking in with Information Governance colleagues to ensure that data protection requirements were considered. A year on from using the system, it was clear when staff have received welfare calls, occupational health referrals etc and it intuitively tracks staff to enable customisation in the way absence is managed. The capability to attach long term sick records, e-files, staff information, time and date stamp of actions, letters to be sent out or supportive actions due, was invaluable. The results and benefits have been realised as a whole system change building a team back from 25% sickness to 7% and improving PADR completion rates.

Angie Lewis and Jason Killens visited Pembrokeshire Station and saw this in action, acknowledging that a lot had been achieved in a short space of time and most of it done in house by Matt and his team. Station facilities were improved by creating quiet rooms for staff to reflect and relax. He said he did this with very little money and with the help of the Estates Team and the staff themselves.

Matt's reflections of this activity included: having a safe space to learn from mistakes in the beginning of the project, linking into the People & Culture (P&C) Plan, that it is an excellent example of how a whole team in EMS has been involved in supporting staff back into work following a period of absence, and the work that has been done to support staff in complex cases and the innovation and creative thinking demonstrated by our people.

The Committee reflected how impressed they were with this innovation and creative thinking, whole scale support for staff and managing absence and whether this approach could be adopted nationally across EMS.

Hugh Parry suggested that it could be appropriate for operational colleagues in the North to engage with Matt to learn from his system and understand whether it could be applied. Damon Turner added that he was impressed by the system demonstrated and acknowledged Matt's honesty and can-do attitude. Matt responded that he would be happy to discuss his approach with others and noted that he had good working relationships with Trade Union representatives in his area.

Matt confirmed he had two supportive managers who were enthusiastic about his project in response to a question asked if there was more that the Trust could have done to support him. Matt continued by saying there were mistakes early on relating to information governance, which had been a learning curve and had been resolved. Joga Singh asked for discussions outside the meeting to ensure all records linked back centrally on individual personnel files.

Angie commended Matt for his great leadership from the front line, noting that the system and tools were great; however, it was the passion, commitment, and desire to help staff have a positive working experience which came through. The Trust was keen to keep shining a light where great practice was happening, learning, and evolving. Angie advised that she would take forward actions associated with this practice and consideration of extending it across the Trust.

37/24

NHS STAFF SURVEY RESULTS

The Committee received insights from NHS Staff Survey and Angie Lewis presented a focus on the issues of stress and burnout in the workplace as indicated by the survey results. There are links between addressing these issues with our overarching People & Culture ambitions, and in context of the Health and Wellbeing Plan. The data would be used to improve employee experience and organisational culture. The results would increase awareness of these issues and assist in developing meaningful actions against to address stress and burnout.

It was noted that the more detailed Directorate information that was due to be received from Health Education and Improvement Wales (HEIW) at the end of April had only recently been obtained. Work would now commence with Directorate Leads and TU Partners to share the richness of the data following completion of the necessary analysis.

The poor response rate was commented on and although similar to those of other UK ambulance services, with no single factor determining the lack of response, it was hoped for a higher response rate next time. Angie felt that demonstrating to our people that management is listening and learning, and that action was being

taken was important. There is a hope that future survey responses will increase in line with other NHS bodies in Wales.

Hugh Parry asked if there was any possibility of using Continuing Professional Development (CPD) hours to complete the survey. Angie Lewis confirmed that issues around incentivising and CPD were being discussed Nationally and the outcome would be fed back once known.

Ceri Jackson commented on the depth of the feedback and the insights that were now helping to move the Trust forward and confirmed that the NHS Staff Survey results and associated action plan is a priority for the Trust Board. The importance of engaging with Trade Union colleagues and staff networks to promote completion of the Survey was noted.

RESOLVED: That the report was noted and commented on.

38/24

PEOPLE AND CULTURE PLAN METRICS UPDATE

The Committee received a paper on the People and Culture Plan Metrics, including quantitative data that highlighted achievements and challenges related to the plan, such as the international award for culture, the work on change management, and the dedicated Investigation Team. Angie Lewis also mentioned positive trends, such as reduced turnover, sick absence (the best it has been for a while), and MIST compliance capability, as well as areas of concern, such as stress and burnout. More detailed information would be shared in the next Committee meeting.

It was recognised that a potential gap was not sharing the progress of the “you said we did” to ensure people across the organisation were aware of what was being done in different areas.

The downward trend in turnover was not uniform across the Trust with upward trends evident in both Allied Health Professional (AHP) and Nursing and Midwifery groups. This highlighted the challenges specific to nursing retention and it was recognised there was a UK shortfall in nursing, which could be attributed to the wealth of opportunity. Jonathan Turnbull-Ross proposed that the organisation should thoroughly explore the potential of nursing roles within the Trust. This opportunity is particularly exciting given the current demands on urgent and emergency care systems. Additionally, it would be valuable to compare this opportunity with other offers available. It was noted that a retention lead, funded by HEIW, had recently been appointed within the Trust.

An organisational change process was ongoing in the Quality and Nursing Directorate, with the final structure due to be released shortly, which would grow opportunities for nursing and enable more capacity for nursing leadership.

Joga Singh sighted the importance of capturing the exit interview data to understand the reasons for people leaving. Angie Lewis confirmed that a full moving on process across the organisation was about to be rolled out and recognised that moving on for opportunity or development was positive.

An increase in people coming forward to raise a concern showed the behind-the-scenes work was having an impact.

Deep Dive

A deep dive on the disciplinary processes and the compassionate practices approach was presented to Committee. The highlights included the increase in workload due to the rise in cases related to sexual safety and inappropriate behaviour having been reported, and the efforts to reduce the duration and harm of disciplinary cases.

The introduction of three independent investigators on a fixed term basis and the importance of decision-making officers having the capacity and pace to deal with cases was recognised, and it was hoped that once the benefit was realised that the post may be considered as a permanent post. Concern was raised regarding the harm caused by suspensions and the need to improve in that area.

Hugh Parry asked that the lessons learned and an action plan following disciplinary cases should be an automatic process to limit the damage, hurt and trust within the employee-employer relationship.

Joga referenced the timings of investigations and Chris Turley assured Committee that the Counter Fraud team do link in with People and Culture colleagues which would assist in the timings of some investigations. Angie Lewis agreed to segregate the cases where there was police involvement to provide a level of assurance in terms of the time taken to deal with cases.

RESOLVED: That the report was received and commented on.

39/24

WORKFORCE SCORECARD AND MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

The Scorecard referenced in more detail some of the key objective metrics which are required to be reported on as part of the Integrated Medium Term Plan and Monthly Integrated Quality and Performance Report.

There was acknowledgement on the sustained improvement made on sickness absence, compliance for statutory and mandatory training and PADR compliance.

Jo Kelso recognised that people were prioritising the elements of training that kept them safe and legal; however it was noted that the Trust needed to ensure staff had the opportunity to become compliant with all competencies. There was work ongoing to improve the quality of the learning and to make it more engaging. Hannah Rowan referred to some specific challenges she had faced and asked that the functionality of the platform be looked at together with possibility of adding transcripts.

Hannah posed questions relating to the drop in apprenticeships in progress and if that was due to a change in policy. Jo Kelso explained the reasons for the change in statistics mainly due to EMT1s finishing studies and becoming EMT2s with some generalised housekeeping too.

Hannah also queried if the increase in instances of violence and aggression (V&A) were due to better reporting or an actual increase in instances.

Jonathan Turnbull-Ross confirmed in regard to V&A it was likely to relate to how the Trust was connecting with the workforce and the culture locally with much effort being focused on what is and what is not acceptable in the workplace. There had been a relaunch of the anti-violence collaborative at an all-Wales level. He also referred to an analysis paper which would be brought the next meeting.

Joga Singh commented on the upward trend of PADRs and also asked about the job evaluation process. It was noted that any staff member could ask for a job evaluation subject to the description being older than six months with clear differences set out between the old and new role. There was a formal structured approach to review jobs roles.

RESOLVED: That the report was received and reported performance and associated actions were commented on.

MIQPR

The Monthly Integrated Quality and Performance Report ("MIQPR") showed that continued system pressures including handover delays remained a significant pressure on our people. The Trust continued to work on actions within its control to mitigate avoidable patient harm. The Trust lost almost 23,500 hours to handover in March which is difficult to compensate for. The 2024/25 budget included further investment in activities designed to shift demand left and mitigate the impact of handover lost hours.

Demand in NHS 111 coupled with the decrease in the number of call handlers commissioned would have an impact on staff wellbeing. There was acknowledgement on the sustained improvement made on sickness absence; however, there was work to be done. Committee were assured that there was a

dynamic plan in place on areas such as Muscular Skeletal issues, Manual Handling and Mental Health that remain a priority given the challenging 6% sickness absence target.

Whilst sickness absence figures were aligned to that of other ambulance services, within NHS Wales the Trust was an outlier.

Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance remained stable with oncology remaining above target and renal performance achieving its target.

RESOLVED: That the report was considered.

40/24

HEALTH AND SAFETY REPORT

Committee were assured on the Health & Safety (H&S) Report which several positive aspects such as high compliance rates for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations reporting demonstrated a grip of control and flows of work within the Trust.

A low number of RIDDOR incidents were reported in Quarter 4. There remain areas of concern in relation to mandatory training and increasing instances of violence and aggression. There is ongoing work and initiatives to address these issues such as the Right Care Right Person with the Police in the coming 12-24 months on the association of Mental Health with incidents of violence and aggression. Several highlights included:

- An IOSH article on H&S in December 2023 on the Trust's efforts.
- The Head of H&S has been invited to join an editorial board.
- The CEO has been invited to discuss learning with Blue Light partners across the UK.
- The H&S Annual report will be presented to the next meeting.

The Committee discussed in detail the concerns raised by staff relating to diesel fumes, recognising that this was a complex issue with no immediate resolution. Trade Union Partners raised this as an issue for discussion and confirmed the number of concerns had increased with staff complaining of feeling unwell whilst on shift. An internal audit had been included in the annual audit plan to be completed in the next quarter.

Jonathan Turnbull-Ross advised that the Trust has undertaken diesel monitoring and has a repeat exercise planned for the next quarter. They are also looking to commission some static site monitoring and have introduced a diesel data vault to capture incidents and outcomes, to improve the monitoring and reporting within the Trust. He acknowledged that diesel fumes are a significant concern and a hazard

for the people affected and that they are working with the industry and procurement services to find a solution.

Estelle Hitchon agreed to work with the Trade Union Partners and Jonathan Turnbull-Ross to agree some communications to be issued to our people around work ongoing in response to the diesel fumes issue, as it was acknowledged that there could be a communication gap.

The Committee noted that the Health & Safety Committee (H&SC) would continue discussions in relation to diesel fumes and undertake monitoring within the next quarter as a priority area for the Trust. This would continue to be monitored at Committee through the H&SC AAA report and the Health and Safety updates, in addition to receipt of the internal audit report when it is available. Ceri Jackson stated her confidence that the Trust Board were sighted on the issues with diesel fumes and that the Committee would continue to monitor the position through the reporting mechanisms indicated.

RESOLVED: That the

- 1) Contents of the report were noted; and**
- 2) Health and Safety Committee would continue discussions in relation to diesel fumes with the AAA report informing Committee in addition to receipt of the internal audit report.**

41/24

STAFF DEVELOPMENT OUTLINE PLAN

Jo Kelso presented the report acknowledging it was a deliverable of the People & Culture plan to categorise professions into job families to provide a clear route of how individuals could progress, which aimed to provide equity in development opportunities for our people to undertake their roles and benefit from progression opportunities.

Mapping was underway on professions and roles and would define skills and competencies and create a progression diagram tapping into external best practice in this area.

It was noted that the recent admin review had shaped this work together with the service review which was ongoing.

Members fully supported the work and were keen for a communications plan to be put in place for staff to raise awareness.

RESOLVED: That the report was noted and supported.

42/24

RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

The report provided an overview of the risks relevant to the Committee's remit together with the two highest scoring risks; Risk 223: The Trust's inability to reach patients in the community causing patient harm and death and Risk 224: Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service, which sit within the oversight of the Quality, Safety and Patient Experience Committee which impact every area of the Trust.

The four risks within the remit of this Committee were reviewed as below:

160 – High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service remained at a rating of 20 (5x4). Committee acknowledged that elements of the risk had been discussed throughout the agenda including controls, mitigations and additional actions being taken.

163 – Maintaining effective and strong Trade Union partnerships remained at a score of 16 (4x4). The risk was presented in detail to the Welsh Ambulance Services Partnership Forum for the first time in May 2024 recognising this was a dynamic risk.

201 was discussed as a separate agenda item

Risk 558 (deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences) remained unchanged at a score of 15 (3x5).

Each risk had been reviewed in accordance with their review timetable with updates being presented to the Board meeting at the end of May.

RESOLVED: That Members considered and discussed the report.

43/24

DEEP DIVE ON REPUTATIONAL RISK 201

Committee received a short presentation on risk 201- Damage to the Trust's reputation following a loss of stakeholder confidence which remained at a score of 20 (4x5). Estelle Hitchon advised that what others think of the Trust was often grounded in perception rather than fact. The risk was inextricably linked to several of the metrics measured at PCC and was not solely related to performance and would include key issues such as the impact of diesel fumes, for example, which was discussed at length during the meeting. The latest reputation audit closed in May 2024 and evidence showed there was more work to do to understand our service offer.

The qualitative feedback was being thematically reviewed and triangulated against intelligence from the ELT 360 and stakeholder engagement. This would inform the revised influencing plan. To continue to mitigate the risk is to position and promote the Trust as a credible 'system voice', shape the media narrative and political engagement, formal and informal engagement with key stakeholders, internal communications in light of the strategy, engaging the Board, senior leaders and TUPs on their influencing role. Building confidence, improving performance and patient experience would lead to enhanced morale and improved cultural climate.

The recent reputational audit, commissioned by the Board to understand the Trust's reputation among key stakeholders including staff, partners, politicians, media, patients and focus groups had closed, and Estelle shared some findings with Committee. Whilst fewer responses had been received than for the previous audit, there was rich feedback in the free text opportunities given to stakeholders. With people asked to say what services the Trust provides, 111 was barely mentioned, which may be down to a communications gap, which would need to be reviewed and addressed.

Key findings showed the Trust's strengths in clinical performance, innovation, and staff engagement, as well as the challenges in communicating its vision, strategy, and role in the wider system.

The recommendations included developing a clear narrative and brand identity, enhancing the Trust's digital presence and media relations, and engaging more proactively with stakeholders and the public.

RESOLVED: That the

1) ongoing risk was being reviewed; and

2) the audit findings would be examined and action taken as identified.

44/24

AUDIT TRACKER AND INTERNAL AUDIT REPORTS

The report provided the Committee with the current position with respect to management actions for audits within the purview of the Committee, in addition to the wider progress in quarter.

Excellent engagement with Directorates on the revised Tracker 2.0 resulting in 14 internal audit actions related to Committee closed in quarter. Of the actions due in quarter, nine action due dates had been moved and none had a third revised date. The external audit actions remain open where there have been changes in due dates or proposed by the Director.

Work was still ongoing to develop Tracker 3.0, the Sharepoint solution, with Digital Health and Care Wales colleagues for which testing was now in progress.

The Seatbelt Action Plan final Internal Audit Report was included which had been considered by Audit and QUEST recently.

RESOLVED: That

- 1) the actions contained in the Tracker were noted; and**
- 2) The Seatbelt Action Plan final Internal Audit Report was received.**

45/24 POLICIES FOR APPROVAL: HOMEWORKING POLICY

The Committee were pleased to approve the Homeworking Policy v3.5 which was a slightly amended version to that approved at the last meeting and acknowledged that the Exit Interview Policy had been reclassified as a Standard Operating Procedure.

RESOLVED:

- 1) Homeworking Policy v3.5 was approved;**
- 2) acknowledged that the Exit Interview Policy had been reclassified as a Standard Operating Procedure; and**

46/24 COMMITTEE CYCLE OF BUSINESS 2024/25 & MONITORING REPORT

Members received the Committee Cycle of Business (CoB)_updated following the effectiveness review conducted in Q4 along with the Q1 Monitoring Report. The CoB for 2024/25 was presented to the Committee for approval.

The cycle had been developed with direct correlation to the duties as set out in the Terms of Reference allowing Members to review the appropriateness of the proposed reports and their frequency.

The cycle for the Committee was a maturing document which would grow organically over the coming year.

RESOLVED: That

- 1) The 2024/25 cycle of business was reviewed and approved; and**
- 2) The cycle of business monitoring document was noted.**

47/24 WASPT HIGHLIGHT REPORT (INCLUDING ANNUAL REPORT)

The WASPT highlight report was received following their meeting on 19 February 2024, with no specific issues escalated. A verbal update noted from the 2 May 2024 meeting was provided acknowledging that whilst there were open and constructive discussions it had been a challenging meeting.

Focus on the nature of the issue being raised and ensuring this was done in the

right forum was a key issue with a resolution to meet and progress this.

The Committee Members praised the work of the WASPT team, expressed their support for the partnership approach, and asked questions about the data quality, the feedback mechanisms, and the future plans for the WASPT.

The annual report was received which highlighted the progress being made which would be presented to Trust Board for endorsement and awareness.

Work around walking in each other's shoes was being progressed with potential for Non Executive Directors to be involved in that space, to understand the Trade Union perspective. Hannah Rowan expressed her interest in being involved in this.

RESOLVED: That the WASPT highlight report was received.

48/24 CONSENT ITEMS

The Staff Story Driver Diagram together with the Committee Highlight Report of 20 February 2024 were received for information.

49/24 KEY MESSAGES FOR BOARD

Any messages for Trust Board would be included in the highlight report from the Committee.

50/24 ANY OTHER BUSINESS

Members welcomed Ceri as the Chair for her first meeting and thanked her for reviewing timings throughout the meeting.

51/24 DATE OF NEXT MEETING

The next meeting is scheduled for the 30 August 2024.



WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT, RISK AND ASSURANCE COMMITTEE OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST HELD ON WEDNESDAY 10 JULY 2024 VIA TEAMS

Meeting Commenced at 09:00

PRESENT:

Peter Curran	Non-Executive Director and Committee Chair
Ceri Jackson	Non-Executive Director and Vice Chair of the Trust Board
Joga Singh	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk/Deputy Board Secretary
Christian Fox	Trade Union Partner
Jill Gill	Head of Financial Accounting
Jason Killens	Chief Executive Officer
Angela Lewis	Director of People and Culture
Osian Lloyd	Head of Internal Audit, NWSSP
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Steve Owen	Corporate Governance Officer
Madrún Parry-Jones	Finance Graduate (Observer)
Alex Payne	Corporate Governance Manager
Yvonne Thomas	Audit Wales
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing
Carl Window	Local Counter Fraud Manager

APOLOGIES:

Judith Bryce	Assistant Director of Operations
Kevin Davies	Non-Executive Director
Fflur Jones	Audit Wales

35/24 PROCEDURAL MATTERS

The Chair welcomed all to the meeting noting the apologies of Judith Bryce, Kevin Davies and Fflur Jones.

Minutes:

The Minutes of the Audit Committee meeting held on 7 June 2024 were approved.

Committee Highlight Report

The Committee highlight report of 7 June 2024 was received for information.

RESOLVED: The Committee.

(1) Noted the apologies of Judith Bryce, Kevin Davies and Fflur Jones.

(2) Approved the Minutes of 7 June 2024.

(3) Received the Committee Highlight report of 7 June 2024

36/24 2023-24 ANNUAL ACCOUNTS AND ANNUAL REPORT

2023-24 Annual Audited Accounts

Chris Turley presented the Committee with the final audited accounts for 2023/24 noting that they have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the *European Union, in accordance with HM Treasury's FReM by the Welsh Ambulance Services NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed. The following areas were highlighted:

1. Draft accounts were submitted by the Trust on 03 May 2024, in line with the timescales for 2023-24.
2. There was a retained surplus of £0.085m for the 2023/24 financial year which was comprised of; total Income of £306.835m, and net Expenditure of £306.750m. There was an increase of income from patient care activities last year of £8.8m, and an increase in total income of £10.4m. The increase from last year of total net expenditure was also c£10.4m.
3. The Trust had met its financial duty to break even over the three years 2021/2022 to

2023/2024.

4. Expended Capital Investment funds of £25.301m (including IFRS16 leases funding), thereby utilising 100% of the Trust's Welsh Government set Capital Expenditure Limit.
5. The Trust had achieved the Public Sector Payments Policy (PSPP) of 96.4% within 30 days against the 95% target.
6. The financial statements were free of material misstatements; there were a number of corrected and a very small number of agreed uncorrected misstatements. The corrected misstatements were reflected in the accounts and all misstatements reported within the auditors ISA 260 report. None of the corrected misstatements affected the disclosed surplus of £0.085m.

Audit Report, 2023-24 Accounts (Inc. Letter of Representation)

Yvonne Thomas, on behalf of Audit Wales (AW), provided their report (ISA 260) that indicated it was the intention of the Auditor General for Wales to issue an unqualified certificate and report on the 2023/24 financial statements, citing that they provided a true and fair view of the Trust's finances in the 2023/24 financial year.

In terms of significant issues, as detailed on page six, two misstatements were identified which remain uncorrected. These do not impact the Trust's retained surplus position for the year-end, nor do they affect the audit opinion. Yvonne Thomas took the opportunity to thank Chris Turley, Jill Gill, and the wider Finance Team for their co-operation in completing the audit.

Comments:

The Committee recognised the very high standards set in completing the accounts and understood that the list of adjusted items likely stood out because of these high standards. However, in the context of a budget exceeding £300m, the number of adjustments was relatively low. Although there was no performance measure in the report, Members were confident that it would reflect positively.

Members also understood that the Finance Team were committed to continual improvement and performance. Regarding the two uncorrected misstatements, the Committee accepted the position regarding the misstatements not being material and that they did not affect the final position. The Committee were content to endorse the 2023/24 Annual Accounts and recommend for Trust Board approval, and to recommend that the

Letter of Representation as described in the AW report be signed by the Trust's Chair and Chief Executive Officer.

In his closing remarks, the Chair received final assurance from Yvonne Thomas that there was nothing else she would like to bring to the Committee's attention that has not already been disclosed and reported in the ISA 260.

2023-24 Annual Report

Trish Mills explained that the Annual Report had been prepared in accordance with Welsh Government's 2023-24 Manual for Accounts. Previous iterations of this report have been circulated to the Board for review and comment. Audit Wales and the Welsh Government have reviewed the report, and any feedback and comments have been addressed.

A Task and Finish Group was formed to produce the Annual Report. Trish Mills extended her thanks to Julie Boalch and Alex Payne for leading this group. Additionally, Trish Mills appreciated the close liaison and support from the Strategy, Planning and Performance Team and the Quality Team, as well as contributions from other members of the group, including Finance, People & Culture, and Communications.

Trish Mills further added that the requirement for an annual Duty of Quality Report was re-established this year as part of the Duty of Quality requirements under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. While key elements of quality were contained in both parts of the annual report, there was a separate Duty of Quality report for endorsement by the Committee, which Liam Williams would present. It was important for the Task and Finish Group to include quality representation to ensure consistency of messaging and avoid duplication across the reports.

The Annual Report was divided into two parts, as usual. Part one - the Performance Report - reviewed the Trust's performance for 2023-24, providing an overview of its long-term strategy and the Integrated Medium-Term Plan (IMTP) for 2023-24. It also covered performance across four quadrants: Our Patients, Our People, Finance and Value, and Partnerships and System Contributions. The second section of the first part offered a more detailed integrated delivery and performance analysis.

Part two of the Annual Report – the Accountability Report - included the Directors' Report, the Statement of Accounting Officers' Responsibilities, and the Governance Statement. Additionally, it contained a remuneration table that had been reviewed by the

Remuneration Committee. This report was also audited by Audit Wales and contained the staff report. Key disclosure statements were contained in the Accountability Report, in particular at page 100, which was the Statement of Directors' Responsibilities in respect of the accounts, which will be signed by order of the Board and will be finalised on Friday after the Board meeting.

Comments:

The Committee thanked all concerned for this commendable piece of work, and acknowledged the assurance provided within it. It was further recognised that the Finance & Performance Committee received regular updates on many of the elements included in the report, especially regarding the Integrated Medium Term Plan (IMTP) and performance updates. These updates ensured regular scrutiny throughout the year.

Members appreciated the reflection from an equality and EDI (Equality, Diversity, and Inclusion) perspective, particularly regarding the protected characteristics of the Equality Act 2010, which listed the types of discrimination. It was important for the Trust to consider and reflect on its work over the past 12 months in this area. For instance, there was limited coverage on BAME (Black, Asian, and Minority Ethnic) issues in the report, while areas like learning disabilities and dementia were more prominently featured. This reflection highlighted both significant progress and potential gaps that the Trust may need to address moving forward.

While the current Annual Report was excellent and a significant achievement, this consideration suggested areas for potential improvement in future reports. Trish Mills added that integrating the Strategic Equality Plan into the Task and Finish Group for next year's Annual Report was an excellent opportunity to highlight the Trust's commitment to advancing equality and diversity. Focusing on this area will enhance the comprehensive nature of next year's report and demonstrate the Trust's dedication to these important initiatives.

Following a query in terms of how the Well-being of Future Generations (Wales) Act 2015 would feature going forward, Trish Mills added that integrating the objectives of the Act into the IMTP was crucial, and it would be a focus for the 2024/25 reporting. Even though the Trust was not yet classified as a public body under which this Act applies, aligning its actions with the principles of the Act allowed the Trust to showcase commitment to sustainable practices and long-term thinking. This expansion in next year's report will provide a more comprehensive view of how the Trust will be contributing to the well-being of future generations.

RESOLVED: The 2023/24 Annual Accounts and the 2023/24 Annual Report were endorsed for approval by the Trust Board and the Letter of Representation was approved for signature by the Trust's Chair and Chief Executive.

37/24 2023/24 DUTY OF QUALITY ANNUAL REPORT

Liam Williams presented the report as read, highlighting that the annual report provided a comprehensive overview of the care provided both at a system level and to some extent at the Trust level. It also outlined the journey ahead for the next year, offering insights into the challenges the Trust anticipated in maintaining quality and safety for patients over the coming months.

As this was the first report, it was understood that Welsh Government may provide more structured guidance next year. This could involve reviewing best practices and providing clearer directives, which would help the Trust achieve greater consistency in reporting.

Liam Williams advised the Committee it was important to highlight that the report has undergone thorough review within various groups in the Trust, including the Executive Leadership Team and the Quality, Patient Safety and Experience (Quest) Committee. Notably, Welsh Government did not issue prescriptive instructions in terms of the reporting structure, which provided the Trust with some flexibility in its creation. This freedom has been positive for the team, allowing it to celebrate and present the work in a more meaningful way.

One of the team's key priorities was to ensure the report was accessible and not merely a document that goes through electronic governance processes. The Team aimed for it to be a living document that truly reflected the Trust's efforts and challenges. Liam Williams was keen to point out that the team had succeeded in bringing quality to life in this report, effectively showcasing the excellent work undertaken while also addressing significant challenges such as patient harm and safety issues.

In terms of external assurance, Liam Williams further advised the Committee that following approval by the Board, the report will be submitted to Welsh Government, and it was anticipated that feedback may be received through that channel. It was also likely that the Chief Nurse and Chief Medical Officer would have specific insights and perspectives on the content presented.

Comments

The Committee were advised by Ceri Jackson that the report received positive feedback from the Quest Committee, particularly regarding its approach and the incorporation of lived experiences. This recognition from Committee Members was valuable as it indicated that the Trust's efforts to make the report accessible and reflective of stakeholders' experiences have been successful.

Members also heard from Joga Singh, who found it to be a positive and informative read, especially given that he was not on the Quest Committee and does not regularly see this type of content. He added that the structure and layout of the report made it clear and accessible while providing substantial information. Including patient stories and perspectives from staff beyond the executive level was important as it was not just about presenting opinions; it was about sharing real life experiences and showcasing the breadth of meaningful work being done across the Trust.

The Committee were content to endorse the report for Trust Board approval.

RESOLVED: The 2023/24 Duty of Quality Annual report was endorsed by the Committee for Trust Board approval.

38/24 FURTHER AMENDMENT TO THE SCHEME OF RESERVATION & DELEGATION (SoRD) OF POWERS

Trish Mills advised there had been some recent adjustments to the Scheme of Reservation, particularly around the approval of tenders and quotations. These changes have been reviewed by the Committee, which endorsed them with the intention of clarifying and consolidating information.

Most of the changes pertained to delegations within the Trust's authority (tables A and B), while those reserved to the Board remain unchanged as prescribed. One notable update was the delegation to the Director of People and Culture, with a note added to specify it would apply to the Director of People once the role was filled, ensuring continuity.

Trish Mills was seeking endorsement of these amendments for Board approval this month. Additionally, the Committee were asked to note the withdrawal of Governance Practice Note 005 which provided guidance on the delegation of board approved awards which would be more effectively incorporated into the Scheme of Reservation and Delegation (SoRD) as notes and footnotes.

The Committee endorsed the changes to the SoRD of Powers and recommended their approval to the Board. They also noted the withdrawal of Governance Practice Note 005.

RESOLVED: The Committee:

- (1) Endorsed the amendments to the Scheme of Reservation and Delegation of Powers and recommended their approval to the Board.**

- (2) **Noted the withdrawal of Governance Practice Note 005 that was approved by this Committee on 30 April 2024.**

39/24 REFLECTIONS & SUMMARY OF DECISIONS AND ACTIONS

The Chair commented that the Committee had efficiently gone through a significant amount of work today, a testament to the high quality of the reports produced.

He emphasised three key points from the discussion. Firstly, the quality of the reports highlighted the extensive effort invested by the teams involved, which deserved recognition. Secondly, the effective monitoring and scrutiny arrangements throughout the year have undoubtedly facilitated the current review process, making it smoother and more efficient. Thirdly, he noted a commendable spirit of collaboration between internal teams and audit colleagues. While auditors provided external scrutiny and professional checks, there was a palpable sense of constructive partnership in the interactions. This collaborative approach not only enhanced adherence to standards like the Future Generations Act but also reflected positively on the confidence external stakeholders have in the Trust. It was essential to remain focused on continuous improvement and maintain this momentum and commitment to excellence going forward.

RESOLVED: The above was noted.

Meeting concluded at: 09:55

Date of Next Meeting: 12 September 2024

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 16 JULY 2024 VIA TEAMS

Meeting started at 09:30

PRESENT:

Joga Singh	Non-Executive Director and Chair of Committee
Peter Curran	Non-Executive Director
Professor Kevin Davies	Non-Executive Director
Bethan Evans	Non-Executive Director

IN ATTENDANCE:

Hugh Bennett	Assistant Director Commissioning and Performance
Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Angela Lewis	Director of People and Culture
Osian Lloyd	Head of Internal Audit
Trish Mills	Director of Corporate Governance/Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner (Left meeting during Item 60/24)
Alex Payne	Corporate Governance Manager
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

Apologies

Rachel Marsh	Executive Director of Strategy, Planning and Performance

51/24 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's Register of Interests.

Minutes

The minutes of the open session held on 14 May 2024 were considered by the Committee and confirmed as a correct record.

Action Log

Minute 36/24: Digital report: The Committee asked that the next update provide details with progress on staff ICT training. *The following was taken from the action log update: May Numbers: Low NEPTS uptake due to early deployment in the vehicle cohort impacted the original number that we provided. Looking at the current dashboard, this is showing the % increase in May and June, ending June at 64%. Second Issue: Uptake appears low due to reliance on staff self-certification. No automated system to track training completion, requiring manual confirmation in ESR. Following investigation, the actual training completion is very likely higher, as indicated by few user error incidents. - We are looking at options to track completion better.* Action Closed.

Minute 38/24: Information Governance Toolkit: *To provide enhanced reporting on the toolkit for the next report, and potentially to include a Gantt Chart. The report was on the agenda.* Action Closed.

Minute 48/24: Financial Sustainability Programme Update: *The Committee asked that consideration be given in terms of how the report is presented going forward; with details regarding the extrapolation of the efficiencies and savings differences and to be clear on the level of recurrent savings versus non-recurrent. Chris Turley added this would be part of his financial update.* Action Closed.

This Action Item was transferred from the People and Culture Committee (PCC): *Cymru High Activity Response Unit Report. Cymru High Activity Response Unit Report (continued deployment of CHARU, aiming to illustrate progress, activity and deployment) Deferred from May meeting due to some challenges with data and the HI Team (Action Transferred from PCC: Andy Swinburn agreed to take a paper to the Quest Committee around the continued deployment of Charu, aiming to illustrate progress, activity and deployment) Note: This item has been transferred to the FPC following discussion at the Quest ASM on 28 May 2024.* Item deferred to 17 September FPC meeting; Lee Brooks will provide the update. Action to remain open.

RESOLVED: The

- (1) Minutes of the meeting held on 14 May 2024 were confirmed as a correct record; and**
- (2) The Action log was considered and updated as described above.**

Lee Brooks updated the Committee on the following points:

1. Manchester Arena Inquiry - Work on the recommendations has continued with the Capability to Prepare, Capability to Respond and Capability of Specialist Assets papers completed. To date, 30 of 68 recommendations have been completed with 20 of those outstanding requiring investment to progress.
2. Operational effectiveness – The Trust has aimed to enhance operational efficiency by addressing key areas such as mobilisation times, time spent on scene, clinician travelling unavailability, and multiple auto-allocations. The focus of the work was to emphasise the need for a system-focused approach and the implementation of a live dashboard for dynamic efficiency management. The plan included identifying stakeholders, discussing strategies, and documenting an action plan, along with the development of new measures specific to the key areas of the job cycle time that required improvement.
3. The Trust went into remediation with the International Academies of Emergency Despatch (IAED) for the Medical Priority Despatch System (MPDS) following Quarter 4. An action plan has been approved and was submitted to the IAED as per its Remediation Policy. The Trust was required to fall within the specified thresholds of compliance to come out of remediation status. So far for Quarter 1, the Trust has reported compliance within the accreditation threshold, which bodes well for the Trust well to come out of remediation following Quarter 1.
4. The Organisational Change Policy (OCP) consultation for Emergency Medical Services Coordination (EMSC) commenced on Friday 10 May 2024 and was due to conclude on 7 June 2024. In consultation with Trade Union Partners, this was extended for two weeks and therefore closed on 21 June 2024. There were a range of questions raised during the formal consultation period and the formal response to those questions was being finalised.
5. While it was noted that the level of investigation of over two hour end of shift overruns has continued to improve, along with the uptake of utilising the options available to reduce the end of shift overruns, work has progressed on several initiatives to further reduce end of shift overruns to support the wellbeing of staff. Despite the continued level of handover delays, the average length of overrun has remained at levels lower than 12-15 months ago.
6. The 2023/24 Financial Savings Plan (FSP) concluded successfully with original savings assumptions mainly achieved and overtime allocation following suit. In 2024/25, Quarter 1, has been overachieved to date and a performance report reviewing the progress will be submitted to the Senior Operations Team (SOT) on

26 July 2024. The report will incorporate the overtime allocation and savings targets for the full financial year.

7. The 111 Clinical Assessment Software (CAS) replacement system was fully implemented on the expected date of 30 April 2024 and the old system has been taken out of service. Early indications show that more calls were being handled without clinical intervention and there has been a reduction in the time a patient waited for a clinical assessment. The average time speaking to a call handler has returned to similar levels as before as has the average time waiting for the 111 calls to be answered. There were expected to be further clinical and operational improvements to the system throughout the financial year which will be scoped and implemented.

Comments:

Following a query on the benefits to staff of teams-based working Lee Brooks commented that the Trust was considering adopting the London Ambulance Service (LAS) teams-based working model (if doable), which could significantly enhance both the welfare of staff and the operational capabilities of the Trust. By fostering better communication, improving resource management, and providing a supportive work environment, such a model can address many of the challenges faced in high pressure, dynamic settings. A visit to the LAS would likely provide valuable insights and practical examples of these benefits in action.

Members queried if there were, from the shift overruns, any cost implications albeit there were factors outside of the Trust's control. Lee Brooks explained that the cost was quantifiable and was being monitored, with the Trust spending less than it has previously. One of the issues was rural crew change overs; the Trust was aiming to promote and utilise the opportunity, particularly for rural crews, to facilitate alternative crew changeovers. Furthermore, Damon Turner added it was important to note that there were other occurrences outside of the financial example, such as staff taking time back as time off in lieu. This created a performance issue later for the Trust, adding to the problem. Additionally, there was the impact on staff morale to consider.

The Committee asked, in terms of the element that was directly attributable to the handover delays, things that were outside of the Trust's control, was that figure used strategically to indicate how it was impacting on the Trust. Lee Brooks added that in the past, the Trust has produced reports on the costs of handover delays and utilised that data in its dialogue and correspondence with commissioners.

In terms of Coroners responses, it was queried if there were any signs of improvement in this area. Lee Brooks explained that the Quality Team has distributed a number of statements for others to finalise, particularly for cases that were less complex and more directly attributable to handover delays. This process was definitely improving and would give the Trust an opportunity to test its potential moving forward. As people gradually filled positions and stability was achieved, it would provide the Trust with a great opportunity to assess the potential for either recovery or maintaining the current standing.

Members recognised that there were pockets of poor culture among EMS staff that required addressing. They questioned whether there was a pattern or trend to these issues or if these pockets were disparate. Lee Brooks explained that the reason this issue was mentioned was due to the number of investigations currently underway. These have increased and were remaining relatively high, which had been anticipated. The Trust was seeing the consequences of the work done to date, where staff feel more comfortable coming forward about their experiences at work. There appears to be an emerging theme around behaviours, which aligned with the ongoing cultural work. There was a correlation between these efforts and the number of issues being reported. Ideally, the Trust had hoped to see a plateau in the number of new issues.

RESOLVED: The update was noted.

53/24 FINANCIAL POSITION FOR MONTH THREE 24/25

Chris Turley gave a presentation on the Month three financial position of the Trust and drew attention to the following areas:

1. The month three reports were submitted to Welsh Government at 12pm, Thursday 11 July 2024;
2. The cumulative year to date (at Month three end of June 2024) revenue financial position reported was an underspend against budget of £0.029m;
3. The Income and Expenditure forecast for 2024/25 was one of breakeven;
4. The Capital plan was being progressed and current planned expenditure of £19.622m was forecast to be fully spent by the end of the financial year, this however did not currently include an additional £0.635m to address backlog maintenance issues, funding for which was confirmed by WG in early July;
5. In line with the financial savings plans that supported the Integrated Medium Term Plan (IMTP), gross savings of £1.967m has been achieved against a year-to-date target of £1.704m;
6. Public Sector Payment Policy was on track with cumulative performance to month three, against a target of 95%, of 97.5% for the number of non-NHS invoices paid within 30 days.
7. In terms of the financial performance by Directorate, most directorates were in line with the budget plan for month three.
8. At Month three, the key assumptions underpinning the year-to-date financial performance, remained broadly in line with that within the 31 March approved IMTP/Trust Board financial plan and budget set.

9. An update was given on the total assessed risks being reported at Month three and given it was only Month three, there was a balanced IMTP and the risks recorded were all categorised as low or (1) medium risk. However these need to be captured and continually monitored. Now included in the risks was a medium risk around the funding of EMT re-banding, the Trust was in the process of finalising a business case to submit to WG / commissioners for this; further updates will be provided in future months.
10. Members were shown a slide which illustrated the current savings schemes for month three and this also now included the split of recurrent and non-recurrent savings
11. Work continued around the Financial Sustainability Programme including the launch of the Siren page with a number of other objectives set for 2024/25. One area of focus is on the plans around increasing commercial activity.
12. Capital funding at Month three has been confirmed as £19.622m of which £5.455m was via discretionary capital funding with £14.167 via All Wales Capital Funding. (it does not doesn't include the Estates backlog funding confirmed in early July). The breakdown of the month three confirmed All Wales Capital funding now included that which is being funded for the fleet replacement programme in 2024/25. It should be noted that the amount provided was circa half (52.6%) of the amount requested via the submitted BJC (£24.388m), therefore further urgent prioritisation works has now taken place and confirmed via the relevant governance groups.

Comments:

The Committee noted it was helpful to see the savings breakdown in terms of recurrent and non-recurrent savings. Recurrent savings were those permanently delivered within a particular budget area, while nonrecurrent savings were one-offs that cannot be saved going forward. It was encouraging that over 50% of the total was recurrent, which helped to minimise risk. However, a key point about the non-recurrent savings was that developing them into recurrent savings was crucial. There was a nuanced category between recurrent and nonrecurrent savings, particularly with vacancies in corporate functions, where savings arose from gaps in employment but were variable and not fully recurrent. The year-to-date overachievement in savings was more in the recurrent savings area, suggesting a good outlook for future financial sustainability. Nonrecurrent savings were where any underachievement was likely to occur, but efforts were ongoing to manage this effectively.

Regarding the additional £0.635 million capital funding allocated to address backlog issues, the key question posed by Members was whether this amount allowed the Trust to perform extra maintenance or if it served more as a budget-relieving benefit. Chris Turley explained that the additional £0.635 million was additional capital funding. Welsh Government had asked NHS organisations in Wales to submit a range of schemes that could be progressed as capital spend this financial year, for estate backlog maintenance.

The Trust submitted a list of needed maintenance projects, and the first three or four of these projects were supported.

Members asked that given the insufficient funding to replace vehicles and the resulting increased maintenance costs, whether the current budget and forecast outturn accounted for the likely implications of these additional maintenance expenses. Chris Turley explained that in terms of the bottom line forecast for this financial year, it did include the increasing costs of fleet vehicle maintenance, some elements of which were likely to be over and above that identified within the 2024/25 financial plan, which in itself identified a reasonable cost pressure for this. The Trust would however also need to consider these costs in next year's budget, as there were offsets this year to manage some of these expenses.

Angela Lewis advised the Committee that regular quarterly updates to the Executive Leadership Team (ELT) were provided on the recruitment control panel process. For the committee's information, 614 roles have been reviewed in this quarterly period. It was important to remember that this recruitment control process was not necessarily about freezing positions but about cost avoidance. This has been achieved through internal processes creating internal opportunities and using fixed-term contracts where appropriate. Additionally, there has been a need to fill some posts quickly, particularly digital roles, balancing the need for efficiency with necessary recruitment.

RESOLVED: That the Finance & Performance Committee noted the Month three update.

54/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT INCLUDING ANNUAL REVIEW OF METRICS

Hugh Bennett provided the Committee with an update on the following points:

1. 111 call answering performance has improved over recent weeks, although the call abandonment performance was at 11.9% in June and off target (5%). One of the key issues has been the reduction of call handling staff in post as recruitment was paused during preparation for the new CAS system. Recruitment was now underway and it was anticipated that the full complement of funded staff will be in post by September. It should be noted that the Trust is anticipating a reduction in the commissioned level of call handler FTEs next year compared to last year (-4%).
2. 111 Clinical response: clinical ring back times for patients with the highest priority remained above target at 98.7%. Response times for lower priority calls, although remaining below target, have improved significantly over the past three months, with P2CT and P3CT calls achieving 83.7% and 85.5% respectively in June 2024. This was despite continued high levels of clinician sickness absence, which was at 16.86% in June 2024.
3. Ambulance Response (safety / patient experience): the red 8-minute response performance for June 2024 was 46.6%, remaining below the 65% target; however, the

Trust was reaching more red patients in 8 minutes, but the denominator (demand) has also grown. The Amber 1 median in June was 1 hour 29 minutes and the Amber 1 95th percentile was 7 hours 6 minutes.

4. The one area of particular focus for recruitment was Cymru High Acuity Response Unit (CHARU) with the Trust looking to recruit up to the modelled 153 Full Time Equivalents; and connected to this a focus on CHARU productivity, with on-going analysis work on their contribution.
5. The extreme level of lost hours to handover outside Emergency Departments remained the critical component of long waiting times and patient safety incidents. 22,229 hours were lost during June 2024. Cardiff & Vale's handover lost hours continued to remain low, due to an organisational focus within the Health Board. While some small improvements have been seen in other health boards in recent months, Betsi Cadwaladr University Health Board remained significantly high and above its two year average figure (8,001).
6. Oncology performance in June 2024 was 76%, achieving the 70% target. Renal performance also remained above target at 72%. Advanced discharge & transfer journey performance decreased compared to the previous month to 72% and remained below the 95% target. Overall demand for Non Emergency Patient Transfer Services (NEPTS) continued to increase but remained below pre-pandemic levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which included delivering a range of efficiencies and improvements, for example: aligning clinic patient ready times to ambulance availability and addressing oncology performance. The Trust was expecting to re-roster NEPTS transport in 2024/25 which would better align capacity with demand patterns.
7. National Reportable Incidents (NRIs) / Concerns Response: the Trust reported four NRI's to the NHS Executive in June 2024, an increase from the one reported in May 2024; and three serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In June 2024 complaint response times improved to 88%, an improvement on the 50% recorded in May 2024, and achieving the 75% target, however, cases remaining complex. The Trust was currently recruiting to a new structure for the Putting Things Right (PTR) team, which will increase capacity and leadership, including a new Head of Service, who has now arrived.
8. In June 2024, 9,737 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of the Clinical Safety Plan levels to approximately 488 callers. The Trust believed that 50% of this combined number is unmet demand and was likely to be showing up elsewhere in the system.
9. Trust sickness absence: the Trust's overall sickness percentage was 7.55% in May 2024, a minimal increase on the 7.56% recorded in May 2024. Actions within the IMTP concentrated on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The 7.58% was above the 2023/24 IMTP ambition of 6% but was a good improvement.

10. Staff training and Personal Appraisal Development Review (PADR) rates did not achieve the 85% target in June 2024, but have been steadily improving (77.53%). Compliance for Statutory and Mandatory training increased to 84.05%.

Overall, most performance metrics were stable, and ambulance care was performing well, meeting key metrics above target. The Trust was doing everything within its power to maintain this performance. However, the high level of demand, particularly for red calls, and the extended handover times were significant challenges that impact on the Trust's ability to deliver the level of patient safety and outcomes aimed for.

Comments:

The Committee recognised that the Trust was doing everything within its power to manage the situation. However, the high level of demand, particularly for red calls, and the handover delays remained significant challenges.

Annual review of Metrics.

Hugh Bennett in providing the update advised the Committee that ELT had reviewed and considered information provided by the Performance team on potential areas of change. The only change was to the falls metric.

The following observations were made:

1. WG or Commissioner Targets: All WG or commissioner targets were included in the MIQPR key metrics, with no additional metrics needing to be added from that perspective.
2. Operational Highlights: The team highlighted some areas of the Trust's business that were not routinely highlighted through the MIQPR, such as volunteer contributions, fleet, capital and estates, mental health, falls, digital, and research. However, the ELT felt that these were too operational and not required at a Board level. Information on these issues was provided through other channels and reports at regular intervals, ensuring the Board and Committees remain aware.
3. Focus on Outcome Measures: There was an ongoing need to improve the focus on outcome measures as opposed to input or process measures. This was difficult to achieve at present due to limited linked data. However, it was agreed that an indicator on the length of lie for falls would be developed as a proxy for outcomes.
4. Duty of Quality Metrics: Potential metrics associated with the Duty of Quality will be developed over the next year in parallel with those being developed nationally.
5. Operational Metrics: While there was a general sense that many MIQPR metrics were operational, it was agreed that a smaller number of metrics related to the Trust's strategic ambition would be highlighted in a visual report provided twice a year.

6. Evolution of Clinical Model: As the clinical model evolves, some metrics currently included in the MIQPR may change over the course of the year. This will require consideration by commissioners and was currently under discussion.

The Committee recognised that the Trust Board would receive an update on the metrics at its next meeting.

RESOLVED: The Committee

- (1) Considered the May/June 2024 Integrated Quality and Performance Report and actions being taken and determined it provided sufficient assurance.**
- (2) Received the annual review of metrics and endorsed them for Board approval.**

55/24 DIGITAL REPORTING

Jonny Sammut explained that this was the regular digital report. Before delving into the details of it, he highlighted two changes this cycle:

1. ICT System Score: The Committee will notice that the report now included this year's and the previous financial year's results. This was beneficial as it provided a baseline of performance comparison between the two years.
2. Key Projects: The report now outlined some of the key projects under each of the new strategic pillars, offering a clearer view of progress and priorities in the digital domain.

In terms of highlights from the report the Committee were updated on the following points:

3. Data & Analytics metrics, the average turnaround time for non-trivial data requests saw a record spike in March 2024 due to the pressures of demand and the commencement of the "pause & improve" initiative, whereby the team operated with a "pause" on all new non-essential requests for a period of six weeks, focusing instead on the 111 Clinical Assessment Software (CAS) replacement programme along with a small list of other key priorities and improvements.
4. Records Requests continued to be received at a sustained high level – progressing the trend of Q4 2023/24. Investment has been received which will allow the Health Informatics Team to increase the number of Records Officers from 1.8 Whole Time Equivalents (WTE) to 3.8, and recruitment process has commenced. However, due to long term sickness within the Records team, compliance to the target was at risk, and many broader records management activities are currently on hold.
5. The ICT System Availability Metrics showed that almost all systems exceeded the 99.99% industry standard of availability or 'up-time' in Q4 of 2023/24 and Q1 of

2024/25 so far. This was in all areas except for the Ambulance Care CAD – Cleric, where for a short period on 17 April the South East region was not able to radio NEPTS vehicles due to an issue with call sign visibility in the LifeX system. However, this still resulted in more than 99.9% availability for the month.

6. The Drones initiative has seen the Drone Wales Highway Project commence in Q1 2024/25.
7. *111 Wales Website*: Initial work was underway on defining the scope for a short-term solution for this winter and a long-term strategic solution to develop the 111 Wales website. A cross-Directorate group will now develop a business case.
8. The PowerBI migration initiative was the ongoing effort of transitioning reporting and dashboards from Qlik to PowerBI to help modernise, streamline and secure the Trust's intelligence. This had a deadline of September due to licencing constraints with QlikSense, but this timeline was at risk due to the Data & Analytics team's effort being diverted to (and sustained on) the 111 CAS implementation.
9. The installation of the Mobile Data Vehicle Solution across the existing EMS & Ambulance Care fleet was now complete. There was successful installation of 501 EMS vehicles and 256 Ambulance Care vehicles - a huge milestone for the project, and the result of great collaboration between Digital, Operations and Fleet.

Comments:

The Committee asked whether there were any barriers to the success of the Drone initiative and whether there were any legal requirements. Johnny Sammut advised that there was a legal requirement to retain a visual line of sight of drones. To address this, the Future Flights Programme had been implemented. This programme aimed to provide sufficient evidence that the Trust can operate drones safely beyond the visual line of sight, ensuring compliance with regulatory requirements and enhancing the operational capabilities of the drone initiative.

It was queried in terms of records requests, why it was high and was there a reason for this. Jonny Sammut explained there was no particular trend, it was just a higher hunger for data but not of a trend and was just a sustained pattern of data enquiries.

RESOLVED: The Committee noted the report and the trends in metrics.

56/24 INTEGRATED MEDIUM TERM PLAN (IMTP) DELIVERY/ASSURANCE - PROGRESS UPDATE

Hugh Bennett updated the Committee on the headlines from the report:

The only deliverable significantly off track (Red) continued to be the introduction of Independent Prescribing as a core requirement within the Advanced Paramedic Practitioners (APP) job description. Independent Prescribing was included within the

generic job description for APPs and will subsequently need to be incorporated into the academic education plan for new and existing APPs.

The Trust will continue to deliver core business and tactical change and service improvement through existing forums such as the Senior Leadership Team/Assistant Directors Leadership Team, and Corporate Boards, with assurance through traditional delegation of authority through hierarchy.

The update included a focus on the clinical model transformation and provided an update on the changes to the governance around the IMTP delivery structures. The Committee took assurance from the detail regarding the revised structures, which consolidated the existing programme structures into a broader programme, framed around the revised clinical transformation model. This structure included five constituent elements and aimed to streamline efforts and improve outcomes. The only deliverable significantly off-track was the introduction of the independent prescribing as a core requirement within the Advanced Paramedic Practitioners' job description and the associated challenges around implementation.

Comments:

Kevin Davies commented on the IMTP delivery / assurance report, specifically addressing the red rating for independent prescribing for APPs. He highlighted the exponential rise in prescribing opportunities and capabilities against community demand. Kevin pointed out that the challenge was not solely organisational but also involved external factors, such as the availability of supervisory support and training placements for APPs. He emphasised the importance of understanding the context behind the red rating, suggesting that the underlying reasons were broader than just an organisational challenge.

Trish Mills highlighted the shift in focus of the Strategic Transformation Board towards transformation and noted the alignment with the Quality and Performance Management Framework (QPMF). Furthermore, the integration of Local Directorate Plans into the QPMF was crucial for ensuring that local efforts contributed effectively to broader enabling programs. She added that the Audit, Risk, and Assurance Committee would be reviewing the implementation of the QPMF in-year. And finally, the contributions of Alex Crawford and Heather Holden in developing the revised structure this was acknowledged. They have simplified a complex process whilst ensuring it is accessible / presentable.

RESOLVED: The Committee:

- (1) Noted the revised arrangements for IMTP delivery and assurance.**
- (2) Noted the IMTP 2024-27 Q1 position.**

Jonny Sammut provided an overview of the report and drew attention to the following points:

1. The purpose of this update was to present the Refreshed Digital Plan to the Finance & Performance Committee, for endorsement for Board approval.
2. The Digital Plan emphasised using digital tools to improve responsiveness and patient safety, such as employing predictive analytics and digital platforms to streamline patient flow and decision-making. Furthermore, it aimed for better integration across primary, secondary, and tertiary care, leveraging real-time data and telehealth solutions to enhance care coordination, reduce bottlenecks, and improve overall service delivery.
3. Following a comprehensive review of digital demand and global sector benchmarking, the plan was produced using a VMOST (Vision, Mission, Objectives, Strategies, Tactics) framework.
4. There have been two updates and improvements to the plan. Enhanced Narrative on System and Partnership Work: There has been an addition of improved narrative that focused on system and partnership work within the wider health system. This likely meant that the documentation now better explains how the Trust collaborated and integrated with other entities in the health system. A FAQ Guide Development which following a useful trade union session, has been implemented. This guide will supplement the go-live communications package and address key topics, including artificial intelligence (AI). The aim was to provide clear answers and guidance on FAQ's that may arise, particularly in relation to AI and possibly other areas of interest or concern.
5. This plan was designed to be agile and dynamic in nature, with actions for years 2-5 to evolve as it progressed, with the year one projects outlined in the plan document as part of the commencement of this digital journey.
6. A "rich picture" has also been developed, with the aim of bringing to life the digital vision and how this will look and feel for the Trust. This picture was currently in final stages of design and will supplement the plan as it was published.
7. The Equality Impact Assessment was included for review by the Committee.
8. Pending endorsement by the Finance and Performance Committee & Trust Board, the plan will be officially launched in August 2024

Comments:

The Chair commented that Ceri Jackson as the Digital Lead firmly endorsed the plan which the Committee also endorsed.

Following a query in terms of whether the investment was secure and, in the budget, and deliverable, Jonny Sammut confirmed that was the case, and was comfortable it was deliverable with a slight risk on recruitment which was being managed.

RESOLVED: That the Committee endorsed the digital plan for Board approval.

58/24 INFORMATION GOVERNANCE REPORTING

Jonny Sammut drew the Committee's attention to the following areas:

1. Information Governance (IG) Toolkit 23/24: The IG Toolkit for 2023/24 was submitted on time with some areas exceeding the minimum expectations standard (namely: Business Continuity, Breach response & monitoring, and Leadership oversight). However, provisional results show that the Trust did not meet the minimum expectations across a significant number of categories in the Toolkit, including Information Governance training compliance, and so was showing an overall "Standards Not Met" position.
2. IG Training: the Trust was not compliant with its mandatory IG training requirements and missed the 75% target (as it was) in 2023/24. The target has increased to a minimum of 85% across the Trust for 2024/25.
3. Meeting Etiquette: A Task and Finish Group (TFG) has been established by the Information Governance Steering Group (IGSG) to ensure the Trust has articulated its approach to, and expectations for, staff regarding meeting conduct, etiquette, and use of technology to record and support virtual meetings.

Comments:

The Committee Chair asked if there were any sanctions imposed on failing to meet the statutory mandatory target. Jonny Sammut confirmed that the Confidentiality Advisory Group was involved in reviewing approvals. They have taken a stance on ensuring that mandatory training requirements were met. There was a clear deadline set for November 2024 to ensure that all necessary training was completed, and standards were met.

In summary, while reminders and notifications were being sent out, Jonny Sammut emphasised it was crucial to confirm any sanctions for non-compliance, ensure specific targets for Directorates were clear, and consider additional enforcement measures to meet mandatory training standards effectively by the November deadline.

RESOLVED: The Committee received the report.

59/24 ANNUAL EMERGENCY PLANNING AND RESILIENCE REPORTS

Lee Brooks provided an update to the Committee on the following reports:

Business Continuity Annual Report 2023/24

The Business Continuity (BC) Annual Report was provided to Committee for assurance and information on all BC related activity for the previous year as part of Committee's work plan. This report highlights that although the Trust met its obligations under the Civil Contingency Act 2004, there were challenges within this area to ensure cross directorate working is achieved.

The report detailed the new BC structure that will be introduced to allow for more robust senior management overview of the BC planning within the Trust, with the Assistant Directors Leadership Team (ADLT) providing support and direction for BC planning, to reiterate the importance of BC and embed BC across all areas of the Trust.

The introduction of the new structure will not alter the current BC plans in place and therefore the Trust's adherence to the Civil Contingency Act will remain unchanged, but it will build and strengthen the BC planning across all departments of the Trust. Additionally, new BC software was currently in a procurement process following the prioritisation of funding by the Trust. This would also strengthen and support BC reporting and planning for all directorates.

NHS Emergency Planning Annual Report for Welsh Government 2023-24

On an annual basis the Trust was required to provide assurance to Welsh Government that it has plans in place to meet its obligations under the Civil Contingencies Act 2004.

This year's return looked at the activities across 2023 and included activities up to May 2024. The Trust was asked to give assurance against five key areas within the report:

- Mitigation, where possible, for the risks identified within the National Security Risk Register (NSRA).
- Having robust emergency plans in place for major incidents including our response to Chemical Biological Radiological Nuclear (CBRN), terrorist attacks, major power outages, high consequence infectious diseases and cyber-attacks.
- Having appropriate business continuity arrangements in place.
- Regular testing of emergency plans through training and exercising.
- Ensuring staff were appropriately trained in command and control processes and maintain their skills and knowledge.

The Trust has been able to provide good assurance, although capability gaps were found through the Manchester Arena Inquiry work. The Trust has also highlighted those areas that will continue to remain challenging without the additional funding set out through the MAI recommendations being progressed by commissioners.

Comments:

The Committee asked if there was any shared learning that the Trust took advantage of and was there any feedback from WG. Lee Brooks commented that the Trust has the

opportunity to engage in shared learning through various mechanisms. This included participating in platforms such as the UK Ambulance platform and Joint Emergency Services Group (JESC) meetings. These platforms provided a venue for sharing best practices, lessons learned, and improvement strategies with other organisations. Lee Brooks indicated that WG consolidated feedback and learning into an all-Wales return, which was a broader summary of findings and recommendations from across Wales. The Trust has not received any negative feedback from WG in the past. This suggested that the Trust's performance and compliance has been satisfactory or that any issues have been addressed effectively.

Incident Response Plan (IRP)

Lee Brooks advised the Committee that the IRP set out the framework for the Trust to respond to a range of incidents within Wales, including major, mass casualty incidents and incidents which required a specialist response. The plan was subject to annual review. The key principles of the IRP have not altered in this annual update. The previous V2.0 of the IRP was rewritten in October to consider the recommendations from the Manchester Arena Inquiry and to reflect learning from internal debriefs.

Since the rewrite of the IRP, in April 2024, the Ten Second Triage (TST) and Major Incident Triage Tool (MITT) algorithms went live across the UK and needed to be reflected in a new version of the IRP.

RESOLVED: The Committee

- (1) Received the Business Continuity Annual Report 2023/24, the Annual Emergency Planning Report (inc. self-assessment against WG Framework) and endorsed for Board Approval.**
- (2) Received the Incident Response Plan for assurance.**

60/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

Julie Boalch explained that the purpose of the report was to provide assurance in respect of the management of the Trust's principal risks, specifically those that were relevant to the Committee's remit for oversight and additionally the Trust's two highest scoring risks which are assigned to the Quality, Safety & Patient Experience Committee (QuEST) for oversight: Risks 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), remain static at the highest score of 25.

Key highlights:

A detailed discussion took place at the May Board in relation to Risk 424 (Resource availability (revenue, capital, and staff capacity) to deliver the organisation's Integrated

Medium-Term Plan (IMTP)) which has reduced in score to 12 (3x4) and which was closely linked with Risk 139 Failure to Deliver our Statutory Financial Duties.

Two risks have achieved their target score and have been de-escalated to the Directorate Risk Registers (DRR) for monitoring. These were Risk 543 (Major disruptive incident resulting in a loss of critical IT systems) from 15 (3x5) to 10 (2x5) and Risk 283 (Failure to implement the EMS Operational Transformation Programmes) from 12 (3x4) to 8 (2x4).

Two new risks have been assessed and approved for inclusion on the Corporate Risk Register and Board Assurance Framework (BAF); these were Risks 542 (Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan) at a score of 16 (4x4) and Risk 623 (Failure to comply with Data Protection Legislation) at a score of 15 (3x5).

A summary of these risks was set out in Annex 1 with a detailed description contained within the BAF in Annex 4. The more detailed description contained within 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. This will assist Members in evaluating current risk ratings supported by the frameworks in Annex 2 of the report.

Comments:

Chris Turley commented that the decarbonisation risk was complex with many facets. This complexity made it challenging to capture and detail all aspects effectively in risk assessments. It was a Trust-wide responsibility, as decarbonisation was a broad issue affecting various parts of the Trust. The risk has been assessed and scored at a certain level, reflecting the current understanding and management of the risk. The risk will continue to be monitored to ensure that the management strategies remain effective and that any changes in the risk profile were promptly addressed.

In addressing Risk 542 and its implications regarding non-organisational compliance due to system-wide failures, Trish Mills commented that by splitting the BAF document, similar to the approach taken with Risks 223 and 224, this would distinguish between what can be managed internally and what needs to be monitored externally. This would help in clearly delineating responsibilities and expectations. Trish Mills indicated that the Trust was developing a new strategic BAF. This new framework will better reflect and address the risks, including those related to external factors.

Jonny Sammut updated on Risk 623 and drew several key aspects related to recruitment, data protection, and data sharing agreements.

RESOLVED: The Committee took assurance from the update given the relevant risks and noted the contents of the report.

61/24 COMMITTEE HIGHLIGHT REPORT

The 14 May 2024 highlight report was received.

RESOLVED: The Committee received the 14 May 2024 highlight report

62/24 CYCLE OF BUSINESS MONITORING REPORT AND COMMITTEE PRIORITIES

Trish Mills commented that while it was important to note there were two deferred items, none of these were currently placing any significant risks. Additionally, the priorities were progressing as planned and remained on track.

RESOLVED: The Committee noted the update.

63/24 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

Trish Mills commented on the succinctness and quality of reports.

Meeting concluded at 11:55

Date of Next Meeting: 17 September 2024.

ACRONYMS BUSTER

ABBREVIATION	TERM
AAA	Alert, Assure, Advise Report
ACA1/2	Ambulance Care Assistant
ADLT	Assistant Directors' Leadership Team
AfC	Agenda for Change
AGM	Annual General Meeting
AMR	Antimicrobial Resistance
APC	Academic Partnership Committee
APPs	Advanced Paramedic Practitioners
AQIs	Ambulance Quality Indicators
ARAC	Audit, Risk and Assurance Committee
BAF	Board Assurance Framework
CAS	Clinical Assessment System
CASC	Chief Ambulance Services Commissioner
CC	Charity Committee
CCC	Clinical Contact Centres
CFRs	Community First Responders
CHARU	Cymru High Acuity Response Unit
CIAT	Clinical Intelligence and Assurance Team
COPI	Control of Patient Information Regulations
COSHH	Control of Substances Hazardous to Health
CPD	Continual Professional Development
CPR	Cardiopulmonary Resuscitation
CRR	Corporate Risk Register
CQGG	Clinical Quality Governance Group
CSD	Clinical Support Desk
DAP	Decarbonisation Action Plan
CTP	Clinical Transformation Programme
EASC	Emergency Ambulance Services Committee
EDs	Emergency Departments
EMS	Emergency Medical Service
EMT	Emergency Medical Technician
ELT	Executive Leadership Team

ACRONYMS BUSTER

ABBREVIATION	TERM
ePCR	Electronic Patient Care Record
EPRR	Emergency Preparedness Resilience and Response
ESR	Electronic Staff Record
HART	Hazardous Area Response Team
HIW	Health Inspectorate Wales
FPC	Finance and Performance Committee
FReM	Government Financial Reporting Manual
FTE	Full-time Equivalent
HSE	Health and Safety Executive
ICAP	Integrated Commissioning Action Plan
ICO	Information Commissioner's Office
IMTP	Integrated Medium-Term Plan
IPC	Infection Prevention Control
IRP	Incident Response Plan
JCC	Joint Commissioning Committee
JESIP	Joint Emergency Services Interoperability Principles
JIF	Joint Investigations Framework
JOL	Joint Organisational Learning
LCFS	Local Counter Fraud Service
LRF	Local Resilience Forum/Fora
MACA	Military Aid to Civil Authorities
MAI	Manchester Arena Inquiry
MDS	Minimum Data Set
MIQPR	Monthly Integrated Quality and Performance Report
NEPTS	Non-Emergency Patient Transport Service
NHSDW	NHS Direct Wales
NQP	Newly Qualified Paramedic
NRIs	National Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
PADRs	Performance and Development Reviews
PCC	People and Culture Committee
PECI	Patient Experience and Community Involvement

ACRONYMS BUSTER

ABBREVIATION	TERM
PPE	Personal Protective Equipment
PSOW	Public Service Ombudsman for Wales
QIA	Quality Impact Assessment
QMG	Quality Management Group
QuEST	Quality, Patient Experience and Safety Committee
Q1, Q2, Q3, Q4	Quarter (of the financial year)
RC	Remuneration Committee
REAP	Resource Escalation Action Plan
RRB	Regional Partnership Boards
RIF	Regional Integration Fund
ROSC	Return of spontaneous circulation from cardiac arrest
SDECs	Same Day Emergency Care Centres
SI	Statutory Instrument
SORT	Specialist Operational Response Team
STB	Strategic Transformation Board
STEMI	ST segment elevation myocardial infarction
The Trust	Welsh Ambulance Services NHS Trust
TRiM	Trauma and Risk Management
UCS	Urgent Care Service
UTS	University Trust Status
WASPT	Welsh Ambulance Services Partnership Team
WHSCC	Welsh Health Specialised Services Committee
WTEs	Whole-time equivalents