Bundle Trust Board (Open Session) 29 November 2024

Agenda attachments

ITEM 00 Cymru Agenda
ITEM 00 Trust Board open Agenda

0 09:30 - OPENING ITEMS

1 Chair's Welcome, Apologies and Quorum

2 Declarations of Interest
ITEM 02 Board Member Register of Interests-Updated 2024.11.28 File replaced

3 Minutes of the Last Meeting & Minutes of the 2024 AGM
- *Minutes of the Last Meeting: 26 September 2024*
- *Minutes of the Annual General Meeting: 27 September 2024*
ITEM 03 2024-09-26 Trust Board Minutes DRAFT
ITEM 03.1 - AGM Minutes -27 September 2024

4 Action Log & Matters Arising:
ITEM 04 Trust Board (Public) Action and Decisions Log

5 09:35 - Chair and Vice Chair's Report
ITEM 05 Chair's and Vice-Chair's Report to Board - November 2024

6 09:45 - Chief Executive's Report
ITEM 06 CEO Report to Trust Board November 2024

7 10:05 - Questions from Members of the Public

8 10:10 - Staff Story - Sian Jones, Education and Training Support Officer
Sian, Education and Development Support Officer within the Education and Development Team, will be sharing her story, touching on her background, her career at WAST and how she has contributed to creating a positive and supportive environment for colleagues. Sian is a highly respected role model and a true ambassador for the administrative and clerical profession, exemplifying the vital role administrators play in connecting teams and ensuring the smooth running of our organisation.

8.1 FOR APPROVAL, ASSURANCE AND DISCUSSION

9 10:30 - Actions to Mitigate Avoidable Patient Harm
ITEM 09 Patient Harm Realtime Mitigations 20241121 (1)
ITEM 09.1 Patient Harm 20241125 FINAL

10 10:50 - Monthly Integrated Quality and Performance Report (MIQPR)
ITEM 10 MIQPR SBAR TB SEPT Oct24
ITEM 10.1 MIQPR TB SEPT OCT 24

11 11:05 - NEPTS Improvement Journey
ITEM 11 NEPTS Report to Board - November 2024
ITEM 11.1 NEPTS Improvement November TB 191124

12 11:15 - Risk Management and Board Assurance Framework
ITEM 12 Executive Summary Risk Management Report Trust Board 291124

12.1 11:25 - COMFORT BREAK

13 11:40 - Financial Performance Month 7
Item 13.2 - Circulated separately by e mail
ITEM 13 Finance Report Month 7 24-25 FINAL
ITEM 13.1 Month 07 2024-25 - Welsh Ambulance Services NHS Trust - Monitoring Return - Final

14 11:50 - Integrated Medium-Term Plan (IMTP)
ITEM 14 241129 - Executive Summary - IMTP Delivery Assurance Report rm (002)
ITEM 14.1 Appendix 3 IMTP 25-28 FPC update Nov 24

15 12:00 - Structured Assessment 2024
ITEM 15 WAST Structured Assessment 2024 Final Report

16 12:15 - Governance Report
ITEM 16 Governance Report - November 2024
ITEM 16.1 Board and Committee Member Representation from Q1 2024-25

17 12:20 - Board Committee Reports:

17.1 QuEST Committee: 5 November 2024
17.2 People and Culture Committee: 14 November 2024
17.2a Health and Well-Being Plan
17.3 Academic Partnership Committee: 18 November 2024
17.4 Finance and Performance Committee:19 November 2024
17.5 Audit, Risk and Assurance Committee: 21 November 2024

ITEM 17 Quest Committee Highlight Report November 2024
ITEM 17.1 Mental Health & Dementia Annual Report 2023-24 - Annex 1
ITEM 17.2 People and Culture Committee Highlight Report 14 November 2024
ITEM 17.2a - Annex to PCC AAA - Health and Wellbeing Plan SBAR
ITEM 17.2b - Annex to PCC AAA - Health and Wellbeing Plan Document
ITEM 17.3 Academic Partnership Committee Report November 2024
ITEM 17.4 Finance and Performance Committee Highlight Report November 2024
ITEM 17.5 ARAC AAA Report November 2024

17.1 CONSENT ITEMS

18 Minutes of Board Committees
18.1 APC - 19 July 2024
18.2 QuEST Committee - 13 August 2024
18.3 People and Culture Committee - 30 August 2024
18.4 ARAC - 12 September 2024
18.5 FPC - 17 September 2024

ITEM 18.1 2024-07-19 APC Open Minutes-Confirmed
ITEM 18.2 2024-08-13 QUEST Open Minutes-Confirmed
ITEM 18.3 2024-08-30 PCC Open MInutes-Confirmed
ITEM 18.4 2024-09-12 ARAC Open Minutes-Confirmed
ITEM 18.5 2024-09-17 FPC Open Minutes-Confirmed

18.1 12:50 - CLOSING ITEMS

19 Reflections and Summary of Decisions/Actions

20 Any Other Business

21 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).

22 Date & Time of the Next Meeting: 30 January 2025, 09:30

23 Acronyms

ITEM 23 Acronyms 2024

Hyd y cyfarfod:	03:25	Statws yr agenda:	BWRDD ADORED YR YMDDIRIEDOLAETH - 29 TACHWEDD 2024				Dyddiad cau ar gyfer papurau: 20 Tachwedd 2024	
Amser	**Munudau a neilltuwyd**	**Agendum**	**Teitl**	**Eitem ar gyfer**	**Cais am eitem gan**	**Fformat**	**Papur a baratowyd gan**	**Eitem wedi'i chyflwyno gan**	**Cydweithwyr i'w cynnwys**
			EITEMAU AGORIADOL						
		1	Croeso 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	
09:30	00:05	3	Camau i Liniaru Niwed Cleifion y gellir ei Osgoi (Adolygu Adrodd) Gweithredu: Yn unol â'r sefyllfa wedi'i diweddaru fel y nodir yn y papur cysylltiedig bod y metrigau o fewn y 'dangosfwrdd lliniaru niwed cleifion' newydd yn parhau i gael eu hadolygu / datblygu. Yn	Cymeradwyaeth	Sefyll	Papur	Ddim yn berthnasol	Cadeirydd	
		4	Cofnodion Gweithredu a Materion sy'n Codi:	Trafodaeth	Sefyll	Papur	Ddim yn berthnasol	Cadeirydd	
09:35	00:10	5	Adroddiad y Cadeirydd a'r Is-gadeirydd	Gwybodaeth	Sefyll	Papur	CorGov	Cadeirydd, Is-gadeirydd	Alex Payne
09:45	00:20	6	Adroddiad y Prif Swyddog Gweithredol	Gwybodaeth	Sefyll	Papur	wyddfa'r Prif Swyddog Gweithredc	Prif Swyddog Gweithredol	Keith Ellingham
10:05	00:05	7	Cwestiynau gan Aelodau'r Cyhoedd	Gwybodaeth	Sefyll	Ar lafar	Partneriaethau	Estelle Hitchon	
10:10	00:20	8	Stori Staff - Sian Jones, Swyddog Cefnogi Addysg a Hyfforddiant	Trafodaeth	Sefyll	Cyflwyniad	Ddim yn berthnasol	Angela Lewis	Sarah Davies
			EITEMAU AT GYFER CYMERADWYAETH, SICRWYDD A THRAFODAETH						
10:30	00:20	9	Cynnydd ar Gamau i Liniaru Niwed Cleifion y Gellir ei Osgoi (Adrodd diwygiedig) Cam Gweithredu: Yn unol â'r sefyllfa ddiweddaraf fel y nodwyd yn y papur cysylltiedig, bod y metrigau yn y 'dangosfwrdd lliniaru niwed i gleifion' newydd yn parhau i gael eu hadolygu / datblygu. Yn ogystal, gofynnwyd i ddiweddariadau yn y dyfodol (gyda'r dangosfwrdd/metrigau newydd) gynnwys dadansoddiad o ble / sut y bydd y camau gweithredu hyn yn cael eu monitro. (Rachel Marsh)	Sicrwydd	Sefyll	Papur	SPP	Jason Killens	Rachel Marsh, Hugh Bennett
10:50	00:15	10	Adroddiad Ansawdd a Pherfformiad Integredig Misol (MIQPR)	Sicrwydd	Sefyll	Papur	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Melanie O'Connor
11:05	00:10	11	Taith gwella NEPTS	Sicrwydd	Ad hoc	Cyflwyniad	Ops	Mark Harris	
11:15	00:10	12	Rheoli Risg a Fframwaith Sicrwydd y Bwrdd	Sicrwydd	Sefyll	Papur	CorGov	Trish Mills	Julie Boalch
11:25	00:15		EGWYL						
11:40	00:10	13	Perfformiad Ariannol Mis 7	Sicrwydd	Sefyll	Papur	FinCor	Chris Turley	Edward Roberts
11:50	00:10	14	Y Cynllun Tymor Canolig Integredig	Sicrwydd	Sefyll	Papur	SPP	Rachel Marsh	Alex Crawford
12:00	00:15	15	Asesiad Strwythuredig 2024	Sicrwydd	CoB	Papur	Archwilio Cymru	Fflur Jones	Trish Mills, Alex Payne
12:15	00:05	16	Adroddiad Llywodraethu	Cadarnhau	Ad hoc	Papur	CorGov	Trish Mills	Alex Payne
		17	Adroddiadau Pwyllgorau'r Bwrdd:	Sicrwydd	Sefyll	Papur	CorGov		
		17.1	08 Hydref 2024: Y Pwyllgor Elusennau	Sicrwydd	Sefyll	Papur	CorGov	Bethan Evans	
		17.2	14 Tachedd 2024: Pwyllgor Pobl a Diwylliant. Cynllun Iechyd a Lles ar gyfer ei gymeradwyo.	Sicrwydd	Sefyll	Papur	CorGov	Ceri Jackson	
12:20	00:30	17.3	18 Tachwedd 2024: Pwyllgor Partneriaeth Academaidd	Sicrwydd	Sefyll	Papur	CorGov	Hannah Rowan	
		17.4	19 Tachwedd 2024: Y Pwyllgor Cyllid a Pherfformiad:	Sicrwydd	Sefyll	Papur	CorGov	Jayne Beeslee	
		17.5	21 Tachwedd 2024: Pwyllgor Archwilio, Risg a Sicrwydd	Sicrwydd	Sefyll	Papur	CorGov	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.						
12:50	00:00	18	Cofnodion Pwyllgorau'r Bwrdd: 18.1 Y Pwyllgor Elusennau - Awst 18.2 Y Pwyllgor QuEST - Awst 18.3 Y Pwyllgor Pobl a Diwylliant - Awst 18.4 APC - Gorffennaf 18.5 FPC - Medi 18.6 ARAC - Medi	Gwybodaeth	Sefyll	Papur	CorGov	Cadeirydd	
			EITEMAU CAU						
		19	Myfyrdodau a Chrynodeb o Benderfyniadau/Camau Gweithredu	Trafodaeth	Sefyll	Ar lafar	Ddim yn berthnasol	Cadeirydd	
		20	Unrhyw Fater Arall	Trafodaeth	Sefyll	Ar lafar	Ddim yn berthnasol	Cadeirydd	
12:50	00:05	21	Gwahardd y wasg ac aelodau'r cyhoedd. Gwahodd y wasg a'r cyhoedd i adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drafod (yn unol ag Adran 1(2) o Ddeddf Cyrff Cyhoeddus (Mynediad i Gyfarfodydd) 1960).	Cymeradwyaeth	Sefyll	Ar lafar	Ddim yn berthnasol	Cadeirydd	
		22	Dyddiad ac Amser y Cyfarfod Nesaf: 30 Ionawr 2025, 09:30	Gwybodaeth	Sefyll	Ar lafar	Ddim yn berthnasol	Cadeirydd	
		23	Acronymau	Gwybodaeth	Sefyll	Papur	Ddim yn berthnasol	Cadeirydd	
12:55	**03:25**		**DIWEDD Y CYFARFOD**						

PRIF GYFLWYNWYR

Enw	Swydd
Jayne Beeslee	Cyfarwyddwr Anweithredol, Cadeirydd FPC
Colin Dennis	Cadeirydd Bwrdd yr Ymddiriedolaeth
Peter Curran	Cadeirydd y Pwyllgor Archwilio, Risg a Sicrwydd a Chyfarwyddwr Anweithredol
Bethan Evans	Cyfarwyddwr Anweithredol, Cadeirydd Quest
Fflur Jones	Archwilio Cymru
Mark Harris	Cyfarwyddwr Cynorthwyol NEPTS
Estelle Hitchon	Cyfarwyddwr Partneriaethau
Ceri Jackson	Cyfarwyddwr Anweithredol, Is-gadeirydd y Bwrdd, Cadeirydd PCC a Chadeirydd y Pwyllgor Elusennau
Jason Killens	Prif Swyddog Gweithredol
Carl Kneeshaw	Cyfarwyddwr Pobl
Rachel Marsh	Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad
Trish Mills	Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd y Bwrdd
Hannah Rowan	Cyfarwyddwr Anweithredol, Cadeirydd APC
Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol

Length of Meeting: =D2:N31ED2:N30	03:25	Agenda Status:	OPEN TRUST BOARD - 29 NOVEMBER 2024					Deadline for Papers: 20 November 2024	
Time	**Mins allotted**	**Agendum**	**Title**	**Item for**	**Item requested by**	**Format**	**Paper prepared by**	**Item presented by**	**Colleagues to cc**
			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: 26 September 2024 Minutes of the Annual General Meeting: 27 September 2024	Approval	Standing	Paper	n/a	Chair	
		4	Action Log & Matters Arising:	Discussion	Standing	Paper	n/a	Chair	
09:35	00:10	5	Chair and Vice Chair's Report	Information	Standing	Paper	CorGov	Chair, Vice Chair	Alex Payne
09:45	00:20	6	Chief Executive's Report	Information	Standing	Paper	CEO Office	CEO	Keith Ellingham
10:05	00:05	7	Questions from Members of the Public	Information	Standing	Verbal	Partnerships	Estelle Hitchon	
10:10	00:20	8	Staff Story - Sian Jones, Education and Training Support Officer	Discussion	Standing	Presentation	n/a	Carl Kneeshaw	Sarah Davies
			FOR APPROVAL, ASSURANCE AND DISCUSSION						
10:30	00:20	9	Actions to Mitigate Avoidable Patient Harm (Revised Reporting) Action: That in line with the updated position as stated in the associated paper that the metrics within the new 'patient harm mitigation dashboard' continue to be reviewed / developed. Additionally, it was asked that for future updates (with the new dashboard/metrics) include a breakdown of where / how these actions will be monitored. (Rachel Marsh)	Assurance	Standing	Paper	SPP	Jason Killens	Rachel Marsh, Hugh Bennett
10:50	00:15	10	Monthly Integrated Quality and Performance Report (MIQPR)	Assurance	Standing	Paper	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Melanie O'Connor
11:05	00:10	11	NEPTS Improvement Journey	Assurance	Ad hoc	Presentation	Ops	Mark Harris	
11:15	00:10	12	Risk Management and Board Assurance Framework	Assurance	Standing	Paper	CorGov	Trish Mills	Julie Boalch
11:25	00:15		COMFORT BREAK						
11:40	00:10	13	Financial Performance Month 7	Assurance	Standing	Paper	FinCor	Chris Turley	Edward Roberts
11:50	00:10	14	Integrated Medium-Term Plan (IMTP)	Assurance	Standing	Paper	SPP	Rachel Marsh	Alex Crawford
12:00	00:15	15	Structured Assessment 2024	Assurance	CoB	Paper	Audit Wales	Fflur Jones	Trish Mills, Alex Payne
12:15	00:05	16	Governance Report	Ratification	Ad hoc	Paper	CorGov	Trish Mills	Alex Payne
12:20	00:30	17	Board Committee Reports:	Assurance	Standing	Paper	CorGov		
		17.1	05 November 2024: QuEST Committee Mental Health and Dementia Annual Report	Assurance	Standing	Paper	CorGov	Bethan Evans	
		17.2	14 November 2024: People and Culture Committee Health and Well-Being Plan - For Approval	Assurance	Standing	Paper	CorGov	Ceri Jackson	
		17.3	18 November 2024: Academic Partnership Committee	Assurance	Standing	Paper	CorGov	Hannah Rowan	
		17.4	19 November 2024: Finance and Performance Committee	Assurance	Standing	Paper	CorGov	Jayne Beeslee	
		17.5	21 November 2024: Audit, Risk and Assurance Committee	Assurance	Standing	Paper	CorGov	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.						
12:50	00:00	18	Minutes of Board Committees: 18.1 APC - 19 July 2024 18.2 QuEST Committee - 13 August 2024 18.3 People and Culture Committee - 30 August 2024 18.4 ARAC - 12 September 2024 18.5 FPC - 17 September 2024	Information	Standing	Paper	CorGov	Chair	
			CLOSING ITEMS						
		19	Reflections and Summary of Decisions/Actions	Discussion	Standing	Verbal	n/a	Chair	
		20	Any Other Business	Discussion	Standing	Verbal	n/a	Chair	
12:50	00:05	21	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	
		22	Date & Time of the Next Meeting: 30 January 2025, 09:30	Information	Standing	Verbal	n/a	Chair	
		23	Acronyms	Information	Standing	Paper	n/a	Chair	
12:55	**03:25**		**CLOSE**						

LEAD PRESENTERS

Name	Position
Jayne Beeslee	Non-Executive Director & Chair of Finance and Performance Committee
Colin Dennis	Chair of the Trust Board
Peter Curran	Non-Executive Director & Chair of the Audit, Risk and Assurance Committee
Bethan Evans	Non Executive Director & Chair of Quality, Patient Experience and Safety Committee
Fflur Jones	Audit Wales
Mark Harris	Assistant Director of Operations, Non-Emergency Patient Transport Service (NEPTS)
Estelle Hitchon	Director of Partnerships and Engagement
Ceri Jackson	Non Executive Director & Vice Chair of the Board, Chair of People and Culture Committee and Chair of Charity Committee
Jason Killens	Chief Executive Officer
Carl Kneeshaw	Director of People
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Hannah Rowan	Non-Executive Director & Chair of Academic Partnership Committee
Chris Turley	Executive Director of Finance and Corporate Resources

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
BEAUMONT-WOOD, Rhiannon	**Non-Executive Director** * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	Dorset Integrated Care Board (NHS Dorset), Non-Executive Director	Financial Interest	May 2023		
		Nursing and Midwifery Council (NMC), Designated Council Member for Wales	Financial Interest	June 2024		
		RBW Executive and Professional Coaching Ltd, Company Director (Company No 14938585) and Shareholder	Financial Interest	June 2023		
		Currently on coaching framework with Health Education and Improvement Wales	Financial Interest	June 2024		
		Registered Nurse (NMC)	Non-Financial Professional	January 1995		
		Registered Specialist Community Public Health Nurse	Non-Financial Professional	September 1996		
		Member of the Royal College of Nursing	Non-Financial Professional	2007		
BEESLEE, Jayne	**Non-Executive Director** * Chair of the Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Employment for interim assignments via Public Sector Resourcing (an agency) regarding the review of major UK government programmes (remunerated net of tax via an Umbrella Company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Member Representative on the UK Civil Service Pension Board	Non-Financial Personal	01 October 2019		
		Governor on the Finance & General Purposes Committee of Cardiff and Vale Further Education College	Non-Financial Personal	01 February 2024		
		Fellow Chartered Institute of Personnel & Development	Non-Financial Personal	01 April 2006		
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, Risk and Assurance Committee * Chair of the Charity 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	31 October 2024	
		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		
DENNIS, Colin	**Chair of Trust Board and Non-Executive Director** * Chair of Remuneration Committee	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		
		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		
EVANS, Bethan	**Non-Executive Director** * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	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		
		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		
		[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	*Directorships*	*12 March 2020*		
		Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022		
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	*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 - Glyncornel 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		
HUTCHINGS, Hayley	**Non-Executive Director** * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee	Employed at Swansea University, Professor of Health Services Research	Financial Interest	17 June 1995		
HITCHON, Estelle	**Director of Partnerships and Engagement**	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024		

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 the People and Culture Committee * Member of the Charity Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee * Member of Remuneration 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**	Honorary Professor - Swansea University	Personal or Departmental Sponsorship	2019		
		Chairperson – Association of Ambulance Chief Executives (AACE)	Non-Financial Professional	September 2024		
		Company Director of the Association of Ambulance Chief Executives (AACE), Co No. (07761209)	Directorships	September 2024		
		Officer of the Order of St John	Any Other Interest	January 2024		
		Member of the Order of St John	Any Other Interest	2009	2024	
KNEESHAW, Carl	**Director of People**	Nil Declaration				
LEWIS, Angela	**Director of Culture Change [12 September 2022]**	Nil Declaration				
MARSH, Rachel	**Executive Director of Strategy, Planning and Performance**	Nil Declaration				
MILLS, Patricia (Trish)	**Director of Corporate Governance/ 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		
SWINBURN, Andrew (Andy)	**Executive Director of Paramedicine**	Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	**Executive Director of Finance and Corporate Resources**	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
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		

MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD, HELD on THURSDAY 26 SEPTEMBER 2024 MEETING HELD IN THE 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
Jayne Beeslee	Non-Executive Director
Lee Brooks	Executive Director of Operations
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director (Virtual)
Fflur Jones	Audit Wales (Virtual)
Estelle Hitchon	Director of Partnerships and Engagement
Ceri Jackson	Vice Chair and Non-Executive Director
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 (Virtual)
Hannah Rowan	Non-Executive Director
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

ATTENDEES:

Lizzie O'Shea	Speaking up Safely Lead Guardian (for item 90/24 only)
Alex Payne	Corporate Governance Manager

BSL INTERPRETERS:

Hayley Brown
Alison Gilchrist

OBSERVER:

Angela Mutlow	Director of Operations, Llais (Voice) Wales

APOLOGIES:

Kevin Davies Non-Executive Director

79/24 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies.

The Chair welcomed all to the meeting especially Angela Mutlow from Llais and to Jayne Beeslee attending her first Trust Board meeting. The apologies of Kevin Davies were recorded for this meeting.

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 Trust's Register of Interests were formally recorded and the apologies of Kevin Davies were noted.

80/24 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 meetings held on 12 July 2024 and 25 July 2024 were presented and confirmed as a correct record.

Action Log:

The Board received the action log:

Action 66/24: *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 advised that there was no immediate release request made; the rationale being that there were longer waiting Amber 1 calls prior to the call going RED. Of note in the event of an immediate Amber release request being made at the time, these would have been made for the calls above this patient. Action closed.

RESOLVED: That

(1) The Minutes of the meetings held on 12 July 2024 and 25 July 2024 were confirmed as a correct record.
(2) The update on the action log as described was noted.

81/24 CHAIR AND VICE CHAIR'S REPORT

The report of the Chair was presented as read. He added there has been a good response to the two vacant Non-Executive Director posts with interviews taking place next week.

The Vice Chair, Ceri Jackson informed the Board she had a very productive and insightful experience with the Vice Chair's Peer group which included visiting various teams within the Trust, meeting with colleagues and understanding their challenges firsthand. The feedback was positive, and the meeting was well-received.

Lee Brooks update on the clinical response model was a particular highlight. It was encouraging that the Chair of the Vice-Chair's peer group has invited further discussions with the Trust in December or January. There were also presentations on mental health and the general transformation journey given by Andy Swinburn and Liam Williams.

RESOLVED: The update was noted.

82/24 CHIEF EXECUTIVE'S UPDATE

In presenting his report, Jason Killens drew the Board's attention to the following: Manchester Arena Inquiry (MAI). Progress against the 68 recommendations, directly or through partnership working, that related to the Trust continued. Lee Brooks provided a very encouraging update on the progress against the recommendations, with many items now completed or nearing completion. The goal of closing the remaining items within the next six months and transitioning to business-as-usual arrangements was ambitious but seemed within reach given the current momentum.

The EMS Coordination Restructure and Reconfiguration was progressing well. The final organisational change document was issued to EMS Coordination colleagues in July 2024, which marked the start of the implementation phase. All aspects of the project were 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.

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.

The official launch of the refreshed Digital Plan for 2024-2029 had been undertaken. The Plan outlined the strategic vision for digital transformation in the Trust 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 the digital journey, offering an engaging and accessible way to understand the plan's impact.

MPOX Preparedness - The Trust has established a dedicated MPOX Task & Finish Group to monitor the emerging global situation. The team's function was to ensure that the response was agile and informed by the latest scientific and public health advice. The group will ensure that our people working in our Contact Centres were apprised 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 were informed and equipped to remain safe while minimising potential exposure to other patients and staff whilst in our care. Liam Williams updated the Board on the actions and initiatives being taken, including training for staff following any significant communicable disease outbreak.

The Trust has had three entries shortlisted for the Patient Experience Network National Awards 2024 Finals in the following categories: 'Partnership Working to Improve the Experience' with our entry title 'A System of Partnership Working' 'Innovative Use of Technology, Social and Digital Media' with our entry title 'Blue Light Hub gaming app' and 'Engaging and Championing the Public' with our entry title 'Championing the Needs of people with a learning disability, when accessing the Trust, through continuous engagement'

Ceri Jackson was interested to learn more about the strategic level of collaboration across Health Boards. Jason Killens advised that Directors were actively participating in national peer groups, engaging in discussions with colleagues from other Health Boards and trusts across Wales. The recent executive-to-executive strategic discussion with Digital Health and Care Wales (DHCW) has opened exciting opportunities for further collaboration. The ongoing engagement discussions with Chief Executives, such as the recent meeting with Betsi Cadwaladr University Health Board has demonstrated a commitment to understanding and supporting local plans.

The Chair sought further information on the use of 111 call handlers in their provision of support to the green category of 999 calls. Lee Brooks provided further insight into the integration of the 111 system with 999 services. The trials and pilots have shown that the 111 non-clinical call handling system can effectively manage some of the green category 999 calls. This approach not only maintained the current flow of activity but also enhanced the ability to meet patient needs more efficiently. This integration frees up clinical resources, allowing them to focus on higher priority cases, thereby improving overall service efficiency.

RESOLVED: That the update was noted.

83/24 QUESTIONS FROM MEMBERS OF THE PUBLIC

Estelle Hitchon confirmed there were no questions and reminded viewers that the Trust Board welcomed questions from members of the public prior to each meeting, for response during the meeting

RESOLVED: The Board noted there were no questions.

84/24 ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM IN THE CONTEXT OF EXTREME AND SUSTAINED PRESSURE ACROSS URGENT AND EMERGENCY CARE

Jason Killens explained that at its July 2022 meeting the 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. The report has now been running for two years. Following a review it has been agreed that future reports will be a one-page Trust Board patient harm mitigations scorecard.

Good progress had been made on the action plan with 12 actions completed, three were currently off target, seven were open/being progressed and five actions were significantly off target. Of the five actions that were significantly off target, three were the responsibility of Health Boards i.e. handover/pathways, and two were the responsibility of the Trust, sickness absence and consult & close.

Key headline patient harm mitigation metrics for August included:

- The Trust was responding to more Red (immediately life threatening) incidents in 8 minutes.

- The levels of avoidable patient harm remained 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.

Peter Curran sought clarity on the reporting process. Jason Killens explained that this dashboard was a comprehensive tool that consolidated key performance indicators from various reports, including the Monthly Integrated Quality Performance Report (MIQPR). This approach helps to provide a clear overview of the critical measures that directly affect patient service efficiency. Rachel Marsh added there was a strong emphasis on refining the indicators to better capture both the successes and areas needing improvement in patient response times. The idea of not only tracking how many patients were reached within eight minutes, but also those who were not, and the potential harm caused by delays was crucial for a more comprehensive understanding of performance.

Damon Turner queried why the shift overruns were categorised under the Amber category, as opposed to Red. Lee Brooks advised that there was a lot of detailed analysis and ongoing investigation to ensure the data accurately reflected the reality of the position. The correlation between handovers, lost hours, and shift overruns was indeed critical, and any associated issues were being addressed to ensure the data was correct.

Jason Killens added that it was proposed to stop presenting the action plan in this forum, as the remaining actions were within the Trust's control and will be managed through the existing governance structures, primarily the Integrated Medium Term Plan (IMTP). This approach would streamline the reporting process and ensure that the focus remained on actionable items within the appropriate governance framework.

The Board discussed the report in further detail and agreed that in line with the updated position as stated in the paper, that the metrics within the new 'patient harm mitigation dashboard' continue to be reviewed / developed. Additionally, it was asked that future updates - with the new dashboard/metrics - included a breakdown of where / how these actions will be monitored.

RESOLVED: The Board

(1) NOTED the continued level of avoidable patient harm in the 999-emergency care pathway.
(2) AGREED the new patient harm mitigations dashboard which would be an evolving document.
(3) NOTED the good progress made on the patient harm mitigations actions that were within the Trust's gift to deliver.
(4) AGREED that the patient harm mitigations action plan will be closed with on-going actions to mitigate harm being undertake through other delivery mechanisms.
(5) CONSIDERED whether there were any further actions available to the Trust to mitigate patient harm.

85/24 JULY/AUGUST 2024 INTEGRATED QUALITY PERFORMANCE REPORT

Rachel Marsh drew attention to the following areas:
There have been some data issues in the following areas: 111, work was ongoing to review the data definition issues. Clinical Quality Indicators, there was ongoing work within the Quality, Patient Safety and Experience (QuEST) Committee to address these indicators. Advanced Paramedic Practitioner (APP) Data: The manual recording process for APPs and their activity data was being addressed by the Digital Team.

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 111 Clinical Assessment System (CAS) system.

Compliance for Statutory and Mandatory training increased to 84.66%, which was just below the 85% target.

Lee Brooks added there has been some improvement in lost hours recently, even though the overall numbers remained high. He highlighted there was a direct correlation between lost capacity and the Trust's ability to respond which was being closely monitored.

Jason Killens added there has been progress in compliance with the STEMI (ST-Elevation Myocardial Infarction) and stroke bundles, notwithstanding the challenges faced during the introduction of the electronic Patient Care Record (ePCR). Andy Swinburn reiterated there had been significant improvements in bundle compliance since the plan was initiated earlier this year. The upward trend in compliance, especially in critical areas like stroke, was very encouraging. The Return of Spontaneous Circulation (ROSC) outcome for August, at 24.2%, was a testament to the positive progress being made.

Jason Killens added that the report saw a clear trend of improvement in reducing the duration of shift overruns. While there was still work to be done, this positive trend indicated that the strategies and efforts in place were starting to make a difference.

Ceri Jackson expressed concern regarding the handover delays at Emergency Departments and especially with winter approaching, sought the Trust's optimism for any improvements going forward. Lee Brooks provided a realistic assessment of the situation. While the downward trend in handover delays during the Summer was promising, the recent reversal and the anticipated pressures of Winter were understandably concerning. He added that the situation was still better compared to the previous winter, with a significant reduction from the 32,000 hours lost in December 2022.

The Chair commented it was clear that the data strongly supported the correlation between handover delays and Red response rates.

RESOLVED: The Trust Board received the July/August 2024 Integrated Quality and Performance Report and were content it provided sufficient assurance.

86/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF)

Trish Mills presented the report which illustrated the most up to date version of the Trust's principal risks, noting that the Audit. Risk and Assurance Committee (ARAC) had reviewed these at its last meeting on 12 September 2024.

Risk 223 (*the Trust's inability to reach patients in the community causing patient harm and death*) and Risk 224 (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*) remained static at the highest score of 25. The score was not based on the volume of cases of catastrophic harm, it was based on any one individual that experienced avoidable harm. These two risks continue to be reviewed dynamically and the scores remain unchanged despite several updates to the controls.

In terms of the other highest scoring risks the Board noted the following:

Risk 160 (*high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service*) was rated 20. Sickness absence remained a key challenge for the Trust and whilst there has been a significant reduction in absence levels, the score remained static as these were higher than desired. 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 were on a downward trajectory

Risk 163 (*Maintaining Effective & Strong Trade Union Partnerships)*. The programme of engagement and relationship building will continue throughout 2024/25. Work was underway to deliver the action plan in partnership. At the People & Culture Committee (PCC) meeting in August 2024, Trade Union partners noted the excellent partnership working at the Trust and recognised the structures were embedding well.

Risk 201 (*A loss of stakeholder confidence that damages the Trust's reputation*) remained static at 20. The current risk score remained at 20 given that many of the mitigations were outside the Trust's control. Whilst the risk remained static, it was inextricably linked to several of the metrics measured and discussed at the PCC.

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)* remained at a score of 20 reflecting the continued challenges across the unscheduled care system.

Furthermore, the Board were advised that 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.

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

Peter Curran endorsed the report adding that the ARAC meeting had been very productive. The alignment of strategic objectives with strategic risks will help in identifying and managing the risks more effectively.

RESOLVED: The Board:

(1) Noted the plans to reposition Risks 223 and 224.
(2) Noted 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.
(3) Noted the closure of Risk 619 from all registers having been fully mitigated.
(4) Received assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.
(5) Noted the ratings and mitigating actions for each principal risk.

87/24 FINANCIAL POSITION FOR MONTH 5, 2023/24

Chris Turley provided key highlights from the report which included:

The Trust was 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 Integrated Medium Term Plan (IMTP), the Trust was currently forecasting to breakeven for the 2024/25 financial year.

Capital expenditure plans were 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 five against a target of £2.828m.

Public Sector Payment Policy was 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.

Risks continue to be reviewed monthly and reported to Welsh Government (WG). It was considered that there were currently no individual high likelihood risks, but these will be reviewed to ensure that the level of likelihood was assessed along with the financial value. The biggest single risk related to the costs associated with the business case submitted in respect of the EMT/Technician level posts. Ongoing discussions continued with the Joint Commissioning Committee (JCC) and WG regarding this funding. Currently the in year risk cost was in the region of £2.6m - £3m.

Peter Curran sought confirmation that costs of the recently agreed 5.5% pay award for NHS staff will be funded by Welsh Government. Chris Turley advised that the funding has been agreed not just for the agreed 5.5% pay award but also for any additional pay points in certain bands.

RESOLVED: The Board

(1) Noted and gained assurance in relation to the Month 5 revenue financial position and performance of the Trust as of 31st August 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 4 & 5 Welsh Government monitoring return submission.

88/24 INTEGRATED MEDIUM TERM PLAN

Rachel Marsh updated the Board on the following:

The Integrated Medium Term Plan (IMTP) for 2024-27 was approved by Trust Board on 28 March 2024 and submitted to Welsh Government (WG) the same day. WG approved the IMTP 2024-27 subject to Accountability Conditions on 9 August 2024. The Accountability Conditions set out the following:

1. Continue with the development of the clinical model, liaising with wider services including Health Boards, to provide the evidence base and impact expected.
2. Continue to derisk the financial assumptions in the plan to secure the organisation's position. and
3. Ensure delivery was maintained against the commitments within the plan, including ensuring the availability of the detail behind the plan was available if needed

The Clinical Model Transformation (CMT) Programme has been formally initiated and the first CMT Programme Board convened on 29 July 2024 to consider updates against the Phase 1 priorities and next steps to embed a robust programme delivery and assurance structure.

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

There was significant progress in linking the actions from the IMTP with the performance measures. While it might not be fully refined yet, was encouraging to see this first attempt to clearly connect performance and action in this report. Furthermore, there had been discussions at the Finance and Performance Committee to consider further refinement of the report.

Ceri Jackson sought assurance about the Trust's capacity and resilience to drive this significant change, especially with the added pressures of operational pressures throughout the Winter. Rachel Marsh commented that the Trust was taking a very proactive approach to managing the workload and priorities within the Trust. She was planning to discuss these issues at the next Strategic Transformation Board meeting whereby any concerns will be discussed, and the plans adjusted as needed. Rachel reinforced the Trust's commitment to supporting its staff through these changes.

The Chair sought further information on the role of the Clinical Navigator and what skill sets they required. Andy Swinburn explained that the role involved scrutinising the calls initially coded by the Medical Priority Dispatch System (MPDS) and assessing which calls truly required an ambulance and which calls might benefit from further assessment or alternative care. This would ensure that resources were used efficiently and that patients received the most appropriate care. The Trust has successfully recruited individuals for this role, with a blend of experienced Nurses and Paramedics both from internal candidates and new external recruits. There was an induction programme which was a crucial step to ensure everyone was well-prepared for their roles.

Following a request from the Chair on further details regarding the Senior Paramedic Role, Andy Swinburn explained that the new role - Senior Advanced Paramedic - was being introduced to provide clinical supervision and leadership for frontline crews, particularly focusing on Advanced Paramedic Practitioners (APP). The individuals stepping into these roles will come from the Trust's existing establishment, ensuring they already have significant experience and familiarity with operations. The main goal was to enhance day-to-day supervision and leadership, helping APPs to perform at their best. This initiative has been approved by the Senior Leadership Team (SLT), and the Trust was now in the process of implementing this role

RESOLVED: The Board

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

89/24 STRATEGIC WORKFORCE PLAN

Angela Lewis advised the Board that the Strategic Workforce Plan (SWP) has been developed over the past six months in conjunction with managers across the Trust and Trade Union (TU) Partners. The aim was 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 aligned with the objectives outlined in these strategic documents and considered how it interlinked specifically with the People and Culture Plan 2023-2026.

The SWP has been designed to be high-level, digestible, and accessible to a wide audience. The goal was to ensure clarity in the Trust's objectives while reassuring the Board that the plan was backed by extensive data and evidence.

The Plan's development involved extensive engagement over six months, both internally and externally. The standard Sixpoint methodology, adopted across NHS Wales, was used. Audit Wales's recommendations from last year's review have been incorporated. The Plan has been reviewed and approved by the Executive Leadership Team (ELT), PCC, and discussed in detail at a partnership forum.

This will be the first organisational specific Strategic Workforce Plan in NHS Wales. While there were many profession specific workforce plans, this plan aimed to address common challenges across the NHS. There was a desire among HR directors to use this plan as a template for developing similar plans across the NHS.

The plan outlines four key objectives, reflecting the broad focus areas. Risks have been referenced, and there was a commitment to keeping the plan relevant, dynamic, and live through the integrated strategic workforce group.

The Chair referred to a graph in the report which showed the destinations of departing employees. Currently, there was a significant gap in understanding where most of these individuals go. Angela Lewis explained that efforts were being made to improve this insight. A new, more user-friendly approach to exit interviews has been introduced to encourage voluntary sharing of departure reasons. This aimed to gather better data on why employees leave and where they go. The goal was to address issues early to prevent employees from leaving.

The Board also noted that numerous employees have been with the Trust for about a year, many of whom were likely in call centres. Angela Lewis advised the Board of the processes involved in welcoming new employees with several induction and retention initiatives ensuring a positive start for new employees.

The Chair asked whether the plan explicitly covered the impact of hybrid working as this was an important aspect to consider, especially regarding retention and support for remote employees. Angela Lewis advised this was a significant consideration for the Trust. She added that regular support and check-ins were crucial for hybrid workers, as their needs differed from those working onsite. The Trust was preparing to present principles of hybrid working to the ELT which will aim to guide leaders in managing hybrid teams effectively without mandating specific practices.

Hannah Rowan commented there was a recognition of the significant changes in work expectations across generations. Senior decision-makers often belonged to a different generation than the younger workforce who would implement these decisions, and Hannah Rowan was interested to discover what the Trust's plans were in this regard. Angela Lewis explained that the Trust actively discussed generational expectations under the umbrella of Equality, Diversity and Inclusion. Various networks within the Trust were being used to gather diverse perspectives. The Voices Network was demographically diverse and played a crucial role in providing feedback and challenging existing ideas ensuring that a wide range of voices were heard. There was also a strong focus on engaging with the student population, particularly newly qualified paramedics and first-year students; recent interactions with these groups have involved seeking their opinions and encouraging them to challenge the status quo.

RESOLVED: The Board APPROVED the Strategic Workforce Plan and NOTED the workforce risks highlighted in the Plan.

90/24 SPEAKING UP SAFELY UPDATE SEPTEMBER 2024

Angela Lewis advised the Board that Speaking Up Safely (SUS) was instituted to create an alternative and confidential mechanism that allowed 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, who brought a wealth of experience and was keen to build on this to create a safer working environment at the Trust.

Lizzie O'Shea provided the Board with an overview of her role as the Speaking Up Safely Guardian Lead for the Trust. The role was crucial in providing a safe and confidential space for employees to raise concerns. Traditional routes were encouraged, but this role offered an alternative when employees felt unsafe or unsupported.

A secure and confidential database has been established to record data which will help to address any cultural issues within the Trust. Early themes included a fear of raising concerns. While anonymous reporting was still used, there was a shift towards more confidential and open reporting which will help to address deeper concerns and understanding of any organisational issues.

October was dedicated to "Speak Up Month," with the theme "The Power of Listening." Activities included a strong communications plan, a video explaining the initiative, and efforts to engage with employees directly. The direct engagement with employees was essential to build trust and encourage the use of the speaking up service. This included visiting different areas and understanding the challenges faced by employees.

The speaking up initiative affects all Directorates. Leaders were encouraged to host "Listen and Learn" events to gather feedback and understand the cultural climate within their teams. Board Members were encouraged to send a pledge to Lizzie O'Shea to help embed a Speak Up and Listen Up Culture across the Trust.

Ceri Jackson commented that the People and Culture Committee (PCC) has taken assurance from the strong commitment at the senior level, particularly from Lizzie O'Shea.

The Board discussed SUS further and it was asked that guidance be provided to Board Members regarding communication with colleagues / internal stakeholders, to aid any conversations regarding SUS. This will be prepared by the Trust's SUS Lead Guardian and disseminated.

Furthermore, it was agreed that the Trust's SUS Lead Guardian would engage with the Non-Executive Directors regarding additional support which may be required, e.g. a meeting to discuss SUS and how to deliver the pledge committed at the Trust Board and signpost to any relevant training.

Members recognised it was anticipated that the number of reported cases will probably increase, which was a positive indicator of a safe reporting environment. This mirrored the experience in health and safety, where encouraging the reporting of near misses led to an increase in reported incidents.

RESOLVED: The Trust Board

(1) Received assurance on Speaking Up Safely activity from this update.
(2) Supported the continued implementation of Speaking Up Safely by liaising with the Guadian, talking about Speaking Up Safely regularly especially when interacting with staff.
(3) Were asked to encourage for those with teams, leaders to facilitate a listening event in October.
(4) Were encouraged to send a Pledge that can be shared with the organisation in October, with the Speaking Up Safely Guardian regarding how you will help embed a Speak Up and Listen Up culture in your teams.

91/24 WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST – GENERAL SCRUTINY

Jason Killens presented the report which outlined to the Board that on 15 May 2024, 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.

The HSCC provided seven recommendations to the Trust to address the challenges and improve the efficiency and effectiveness of the ambulance service within the healthcare system in Wales.

The Executive Leadership Team will actively monitor the progress of the recommendations and ensure they were 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.

The Chair commented it was pleasing to note it was acknowledged by both politicians and healthcare professionals that the ambulance service can do more than just transport patients to hospitals.

RESOLVED: The Trust Board noted the contents of the Health and Social Care Committee report, its seven recommendations and the action planned in response by the Executive Leadership Team.

92/24 EMS OPERATIONAL TRANSFORMATION PROGRAMME CLOSURE EVALUATION REPORT

Rachel Marsh presented the report which gave assurance to the Board that the Emergency Medical Services (EMS) Operational Transformation Programme has been delivered, closed and evaluated.

Essentially, the EMS Operational Transformation Programme had achieved its planned deliverables; however, the programme has not delivered the planned benefits to the 999 emergency ambulance care pathway. The key reason for not delivering the expected benefits (Red 65% 8 minute performance and Amber 1 median 30 minutes) was the extreme level of handover lost hours.

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, particularly the consult & close rate.

The programme was complex, 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 was further evidence of the Trust's ability to deliver on its plans.

The Finance and Performance Committee (FPC) considered the closure report at its September meeting and 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 was the Clinical Model Transformation Programme.

The Board recognised that despite significant transformation efforts, key performance measures such as eight-minute response times and Amber response times have not shown significant improvement. However, there has been a substantial increase in demand for services. The number of red calls and overall call volume has risen dramatically compared to recent years. This surge in demand highlighted the challenges faced by the service. Without the transformation efforts, there would likely have been a significant decline in performance. The ability to maintain response rates, even if not optimal, in the face of increasing demand was a notable achievement. It was important for the Trust to celebrate the success of sustaining response rates despite the rising demand and challenges which underscored the effectiveness of the transformation work done.

RESOLVED: The Board

(1) Noted the successful delivery of the EMS Operational Transformation Programme.

(2) Noted 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.

93/24 GOVERNANCE REPORT

Trish Mills presented the report and drew the Board's attention the following areas: 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 was a confidential matter. The Board was asked to ratify these decisions:

- On 7 August 2024 the Trust 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.

- On 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 8 December 2023). It was not appropriate to provide further details of this decision in an open forum due to the confidential nature of the case.

It had come to the Trust's 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. 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.

The Executive Leadership Team received a report on the Board Visibility and Engagement Standard Operating Procedure from 1 March to 8 August 2024, with the various respective Board Members' activities. 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 compared favourably to the same period in 2023 where there were only 23 visits, again mostly centred around Cardiff MRD and VPH, but with more visits in Central and West taking place in this period.

RESOLVED: The Board:

(1) RATIFIED the decisions made by Chair's Action on the 07 August and 27 August 2024, respectively.
(2) NOTED the public disclosure of decisions made in closed session.
(3) NOTED the minor changes to the Quality, Patient Experience and Safety and People and Culture Committee Terms of Reference.
(4) NOTED the non-compliance with Standing Order 7.2.7; and
(5) NOTED the report against the Board Visits SOP.

94/24 BOARD COMMITTEE REPORTS

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

Quality, Patient Experience and Safety Committee (QuEST) – 13 August 2024

Bethan Evans, as Chair of the QuEST Committee drew the Board's attention to the following key points:

Handover delays continued to present patient safety risks and extended waits in the community with a deteriorating Red performance being outside of what was acceptable to deliver a safe emergency service. There were 2,159 patients (2,137 in the previous quarter) who had waited over 12 hours to receive a response in Quarter 1, with one patient waiting 50 hours and 20 minutes.

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 easily. Guy had learning difficulties and Linda's concern included the need to ensure that call handlers should bear in mind the experience of vulnerable persons who may not be able to answer questions clearly after calling 999.

The Annual Safeguarding Report 2023/24 was approved and was included with the Trust Board pack of papers. 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.

The Committee acknowledged the contributions of Duncan Robertson, Assistant Director of Clinical Development and Kevin Davies, Non-Executive Director at the QuEST Committee meetings over the past several years.

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 several high-profile NHS inquiries.

The Clinical Audit Internal Audit was received with a rating of reasonable assurance, noting that the matters requiring management attention were being addressed.

In closed session an update on the 111 CAS Replacement Project which went live on 30 April 2024 was provided and assurance given there had been no reported clinical incidents, no serious adverse incidence and no patient experience complaints related to the use of the system.

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 Accident and Emergency 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.

Charity Committee – 22 August 2024

Ceri Jackson provided the following update:

David Hopkins has been appointed as the new Head of Charity and will be in post on 07 October 2024.

A revised visual identity for the Chairty will be developed over the coming months with Trustees being updated on progress in due course.

The Committee heard from Gill Pleming, Head of Service EMSC, who shared her experience of bidding the Zen Rooms in various locations across the Trust.

Remuneration Committee – 29 August 2024

Colin Dennis presented the report as read.

People and Culture Committee – 30 August 2024

Ceri Jackson presented the report and drew the Board's attention to the following areas:

The Workforce Race Equality Standards (WRES) Report for 2024 was taken in private session to protect the privacy of individuals, especially given the small numbers in certain categories which could make the data potentially identifiable.

The Strategic Equality Plan Annual Report 2023/24 and the Gender Pay Gap Report 2023/24 were endorsed for approval by the Trust Board.

Kayleigh Wheeler, Operations Manager Ambulance Care, shared her journey to her current leadership role at the Trust. Kayleigh was focused on amplifying quieter voices within the Trust and addressing issues like bullying and harassment.

The Health and Safety Annual Report 2023/24 was approved. The Committee noted the maturing culture of health and safety and the focused attention the team has had on this throughout the year.

The 2024 NHS Staff Survey will be released shortly. It was noted that concerns had been raised with Health Education and Improvement Wales (HEIW) who oversaw the survey regarding that lack of sufficient time to make meaningful progress on actions since the 2023 results were published.

The partnerships and engagement report was received and welcomed, and this had focused on regional partnership Boards and the Wellbeing of Future Generations Act, aiming to develop well-being objectives.

The Committee commended Angela Lewis, Director of People and Culture on being named as one of the top 30 most influential HR Practitioners in the UK.

Carl Kneeshaw will join the Trust as the Director of People from 1 November 2024 and will start engaging in several key events during October ahead of that date. Angela Lewis will continue in the role of Director of People and Culture until Carl arrived and will then move to 0.6 FTE as the Director of Culture thereafter.

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.

The Committee reviewed the data relating to employee relations cases, sickness and training and the impact that was having on the culture at the Trust.

The Internal Audit on Disciplinary Case Management and The Volunteers Governance Internal Audit was presented, and both received reasonable assurance.

The four risks within the remit of this Committee were reviewed as below:

Risk160 – High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service; whilst it remained at a rating of 20 (5x4) an improvement is beginning to show in specific areas of the business and there were early indications of a positive downward trajectory across the organisation against a backdrop of increasing concerns and disciplinary cases.

Risk 201 – Damage to the Trust's reputation following a loss of stakeholder confidence which remains at a score of 20 (4x5). The risk was inextricably linked to several of the

metrics measured and discussed at PCC.

Risk 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.

Risk 558 - Deterioration of staff health and wellbeing in the face of continued system pressures because of workplace experiences) remains unchanged at a score of 15 (3x5).

The Welsh Language Annual Report 2023/24

The Welsh Language Annual Report 2023/24 was endorsed for approval by the Board. The report was presented bilingually by Melfyn Hughes, Welsh Language Manager, and the breadth and depth of the report was appreciated by members. Trish Mills explained that the introduction of a standards baseline was a new feature for 2024/25 to more objectively report on and increase standards compliance. The Board were interested to know if they could assist in any way to support the cultural change going forward. Bethan Evans commended the work undertaken by Melfyn Hughes to increase the use of Welsh Language across the Trust.

Audit, Risk and Assurance Committee – 12 September 2024

Peter Curran presented the report and updated the Board on the following areas:

The Committee received three Internal Audit reports: Volunteers Governance, Risk Management and the Disciplinary Case Management: Compassionate Practices, all of which were given a reasonable assurance.

The Committee received the Quality and Performance Management Framework.

An update was received on the revised Audit Tracker noting that 36 actions have been closed in the reported quarter.

The Committee received assurance on the progress of the Risk Management Transformation Programme and a prestation which illustrated the next phase of the programme.

In private session the Committee received the counter fraud update and a report on the tenders and single tender waiver requests.

Finance and Performance Committee – 17 September 2024

Peter Curran drew the Board's attention the following areas:

The Board should be aware, as indicated in their documents, that certain Key Performance Indicators were missing from the July/August 2024 Monthly Integrated Quality and Performance Report (MIQPR).

Members reflected that the papers and presentations demonstrated the transparency, good teamwork and integration across all areas and the good progress being made. The Cymru High Acuity Response Unit (CHARU) presentation was particularly welcomed and clear.

Members noted that the financial position for month five demonstrated strong and robust financial management given the challenging financial savings position.

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.

The annual 2023/24 Estates Backlog Maintenance update was received, and this 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.

The Waste Management Update 2023/24 included compliance with changes to waste legislation in Wales (April 2024) which required the Trust to recycle into four segregated waste streams, a move from two previously.

RESOLVED: The Board

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

(2) Approved the Strategic Equality Plan Annual Report 2023/24, the Workforce Equality Monitoring Report 2023/24, the Gender Pay Gap Report 2023/24 and the Welsh Language Annual Report 2023/24.

95/24 MINUTES OF BOARD COMMITTEES AND NHS WALES JOINT COMMITTEE UPDATE REPORTS

The minutes of the following Board Committees were received.

Quality, Patient Experience and Safety) (Quest) Committee: 7 May 2024
People and Culture Committee (PCC): 9 May 2024
Audit, Risk and Assurance Committee (ARAC): 10 July 2024
Finance and Performance Committee (FPC): 16 July 2024

NHS Wales Joint Committee Update Reports.

There were no NHS Wales Joint Committee reports received at this meeting

RESOLVED: That

(1) The minutes of the Quest Committee dated 7 May 2024, PCC dated 9 May 2024, ARAC dated 10 July 2024 and FPC dated 16 July 2024 were received.
(2) The Joint Commissioning Committee meeting dated 21 May 2024 was received.

96/24 ANY OTHER BUSINESS

The Trust Board thanked Kevin Davies, Non-Executive Director for his significant contribution to the Trust over the past nine years. Kevin will leave the Trust Board on the 30 September 2024.

97/24 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 26 SEPTEMBER 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 26 September 2024.

Date of next Open meeting: 29 November 2024.

Meeting closed at 12:20

MINUTES OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST
ANNUAL GENERAL MEETING 2024
Meeting held on **27 September 2024 at 09:30**
Held via Zoom and Facebook

The following were in attendance:

Colin Dennis	Chair of the Trust Board
Jason Killens	Chief Executive
Simon Amphlett	Specialist Clinical Lead for Mental Health
Lee Brooks	Executive Director of Operations
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Ceri Jackson	Vice Chair and Non-Executive Director
Angie Lewis	Director of People and Culture
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Edward O'Brian	Palliative Care Paramedic
Hugh Parry	Tarde Union Partner
Alex Payne	Corporate Governance Manager
Hannah Rowan	Non-Executive Director
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Directo of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

1. Chair's Welcome

1.1 The Chair, Colin Dennis welcomed all to the Meeting and gave an outline of the agenda. He reminded attendees that it was an open meeting, and any questions from the public were welcomed.

1.2 The Minutes of the meeting held on 27 September 2023 were confirmed as a correct record and approved by the Trust Board Members.

1.3 The Chair added that the 2023/24 Annual Report and Accounts were available as part of the presentation pack.

2. Annual Report and Accounts Overview

Chris Turley provided an overview and gave more details on the areas below:

2.1 The draft accounts had been formally submitted to Audit Wales on 3 May 2024 with all statutory financial duties being met and in line with the revised timescales for 2023/24.

2.2 A retained surplus for the year of £0.085m was achieved and was effectively a balanced position.

2.3 An unqualified and clean audit opinion was issued on the accounts by Audit Wales and were not subjected to any other regulatory opinion.

2.4 A detailed breakdown of all the income for the year was provided.

2.5 From a revenue spend perspective, the vast majority (71%) was on staff costs, details of the remainder were given in a graphical presentation.

2.6 The Trust achieved Public Sector Payments Policy (PSPP) of 96.4% within 30 days against the 95% target.

2.7 Capital expenditure (£25.301m) – most of the capital was spent on the Fleet (54%) with other expenditure on Estates (12%), Equipment (4%) and Digital and ICT (30%)

3. Chief Executive's year in review

3.1 The Chief Executive, Jason Killens opened by thanking on behalf of the Executive Leadership Team, all staff for their sterling work over the past year.

3.2 During the past year the Trust had faced several challenges which had impacted on performance, and this was illustrated in more detail by way of a PowerPoint presentation.

3.3 In terms of highlights from the performance outputs of last year Lee Brooks, the Executive Director of Operations, provided a presentation which included detail on the following areas:

3.4 Non-Emergency Patient transport Services (NEPTS). The demand for NEPTS had been higher than 999 Emergency Medical Services. The Trust had achieved its main 30 minute inbound renal target for every month in 202324, and overall NEPTS performance had been stable.

3.5 In terms of the 111 service. The Trust achieved the call abandonment rate target for six months during last year and the clinician call back target was achieved for all 12 months for the highest priority calls.

3.6 With regards to the 999 service, 65% of 999 calls were answered within two seconds throughout the year. It was noted that 95% of 999 calls were answered within 45 seconds. The median call pick up time remained consistently around 2/3 seconds.

3.7 Response to 999 calls. The Trust was expected to reach 65% of Red calls within eight minutes, however this target was not met for last year, but there has been more consistency in performance over the last year compared to the year before.

3.8 Red Performance: Although the 65% target has not been achieved, the Trust has responded to more patients within eight minutes. There has been an increase of 13% from the previous year to responses within eight minutes.

3.9 The Trust has made significant strides in improving service quality. The dedication and hard work staff, especially under pressure, was truly commendable. Enhancements in staff attendance, better roster creation, and a focused dispatch approach were all crucial elements that contributed to this progress.

3.10 It was clear that hospital handover delays were a significant challenge, impacting the Trust's efficiency and patient care. Losing between 20,000 and 25,000 hours of response capacity each month was substantial. The correlation between lost capacity and Amber median response times highlighted the urgency of addressing this issue.

The Executive Director of Quality and Nursing, Liam Williams continued the presentation from the patient safety and concerns perspective:

3.11 A new Duty of Quality Statutory Guidance and Quality Standards 2023 was introduced, and the Trust continued to be assessed against the 12 Health and Care Quality Standards as a result. The Trust was making significant steps towards in improving service delivery and the Team was proactively evaluating these standards both in advance of and during the reporting year.

3.12 The Trust recognised that it did not always get things right and continued to embrace the Duty Of Candour with full commitment. The Trust was committed to improving its services and ensuring transparency and accountability through the Duty of Candour. The organisation continued to build trust within the community through engagement with community groups and schools to gather feedback to understand their needs and perceptions.

3.13 The Trust has been enhancing its Quality Impact Assessments (QIA) and ensuring transparency through various Annual Reports. The Duty of Quality Annual Report for 2023/24 was a valuable resource for anyone interested in understanding the Trust's commitment to quality and transparency.

3.14 Delays in transferring patients to the Emergency Department (ED) have a major impact on the Trust's ability to respond to new emergencies. There were 72,000 patients waiting over an hour outside the ED last year.

3.15 The Trust was unable to send ambulances to around 108,000 patients, leading some patients to seek healthcare on their own.

3.16 The Trust received over 400 Coroner requests and were committed to providing clarity to families and working closely with partners to address these issues and prevent future harm. As a result of these Coroner requests, the Trust received nine Regulation 28 notices where improvements were needed to prevent future deaths.

3.17 The number of cases referred to the Public Service Ombudsman had decreased to 36. This reduction was a testament to the dedication and effectiveness of the "Putting Things Right" team.

Andy Swinburn, Executive Director of Paramedicine, continued the presentation highlighting the following areas particularly focused around Clinical Indicators:

3.18 Key Clinical Indicators like the Return of Spontaneous Circulation (ROSC) and the care packages for stroke patients were measured through performance metrics. These metrics were crucial for assessing the effectiveness of interventions and ensuring high-quality patient care. The accurate documentation on the Electronic patient care record (ePCR) was essential for capturing this information and measuring performance. This data not only helped in tracking progress but also in identifying areas for improvement.

3.19 The Clinical Indicator Improvement Plan was starting to show positive results; enhancing the ePCR to prompt accurate documentation and increasing communication with clinicians had proven to be excellent strategies.

Angela Lewis, Director of People and Culture, continued the presentation highlighting the following areas:

3.20 During the last year, the Advanced Paramedic Practitioner (APP) workforce has doubled which was a significant achievement and a crucial step towards enhancing the service capabilities.

3.21 The efforts in staff retention were paying off, with reduced turnover rates. The Trust was focussed on understanding why colleagues decided to leave and investing in induction and onboarding for new staff ensuring a safe and supportive work environment. There were regular check-ins and additional support during the first year in helping new staff feel valued and integrated.

3.22 There has been a positive impact of the use of absence management strategies. There has been a reduction in sickness absence with approximately 25% of staff taking no sick leave at all. The Trust continues to equip managers with the skills to support unwell staff and bring them back to work at the right time.

3.23 There was an increase in Emergency Medical Service ambulance production hours, going from just over 110,000 hours in March 2022 to 119,000 hours by the end of March 2023.

3.24 The Trust welcomed 84 newly qualified Paramedics, along with 94 new colleagues to the Emergency Medical Service Coordination service, 78 to the 111 service, and 51 to the Ambulance Care Team.

3.25 In terms of completion of Personal Appraisal and Development Reviews (PADR), the year end figure of 78% failed to achieve the target of 85%, however there was an improvement on the 72.1% compliance figure of 2022/23.

Chris Turley, Executive Director of Finance and Corporate Resources, continued the presentation highlighting the following areas from a Value and Sustainability in Capital Development perspective:

3.26 It was pleasing to inform the meeting of the achievements to date with small investments, especially within the larger context of NHS Wales' budget. The Trust was focusing on sustainability with a commitment to the Decarbonisation Action Plan which was crucial for the long-term environmental impact.

3.27 The Trust was using as effectively as it could, the funds from the Welsh Government to focus on retrofitting and decarbonisation efforts. Backlog maintenance had been reduced by over two-thirds in the last five to six years

which was a significant achievement. The Trust was committed to making its Estate more environmentally friendly by addressing maintenance issues which will improve the sustainability of operations and enhance the safety and well-being of everyone who uses the facilities.

3.28 From revenue funding, there has been some smaller-scale improvements, with minor improvement across a range of the Trust's Estate which have significantly enhanced the working environment for staff. The maintaining and improving of the 120 to 130 sites across Wales was no small feat, especially with the variety in size and configuration.

3.29 There has been positive progress in reducing emissions, especially with a 20% reduction related to fossil fuel heating, lighting, and utilities.

Andy Swinburn, Executive Director of Paramedicine, continued the presentation highlighting the following areas focusing in getting the patients the right care in the right place:

3.30 The Trust was expanding its approach to clinical care beyond just emergency ambulance services response. Its ambition was to manage more patients without deploying an emergency ambulance, therefore ensuring that resources were available for those who were the most critically ill.

3.31 In terms of Consult and Close, managing patients remotely on the phone where they do not need an emergency ambulance and where other Healthcare pathways might be better suited for their presenting complaint, the Trust achieved the target of 15%. This approach has helped in efficiently utilising emergency resources and ensures that patients receive the most appropriate care for their needs.

3.32 The Trust also looks at the number of patients that have been directed to other parts of the Healthcare System instead of the Emergency Department (ED). By diverting patients to alternative care pathways, the Trust was optimising the use of emergency resources and improving overall system efficiency which can significantly reduce ED delays and enhance patient outcomes.

Trish Mills, Director of Corporate Governance/Board Secretary, continued the presentation highlighting the following areas focusing on the Trust's Accountability Report:

3.33 The Accountability Report highlighted the pivotal roles and responsibilities of the Chair, Colin Dennis, and the Accountable Officer and Chief Executive, Jason

Killens, and provides transparency and insight into how decisions were made and implemented by the Trust.

3.34 There was a strong commitment to excellence and quality which has been shown through the detailed work of the Committees and Advisory Group. Robust and structured annual reviews of the Board's effectiveness have been conducted, demonstrating a dedication to continuous improvement and accountability.

3.35 The Trust Board and its Committees have been diligent in holding all their scheduled meetings and development sessions for the 2023/24 financial year. These meetings were all quorate which was essential for effective governance and decision-making.

3.36 The Accountability Report also included details about the Board's membership, its declarations of interests, and Members' remuneration which was illustrated in the section under the Remuneration Report.

3.37 The Head of Internal Audit's opinion for 2023/24 provided a reasonable assurance on the Trust's governance and risk arrangements. Furthermore, the positive Structured Assessment from Audit Wales underscored the improvements in the governance framework and the effective oversight of Board and Committee operations.

3.38 In terms of the Staff Report, this highlighted the comprehensive efforts the Trust was making to foster a safe and inclusive work environment. Initiatives like speaking up safely, active bystander and allyship training, and focusing on equality, diversity, and inclusion continued to be developed to create a supportive workplace culture.

4. Spotlight on Palliative Care

A presentation the took place which spotlighted the work being undertaken on Palliative Care and this was given by Ed O'Brian Palliative Care Paramedic:

4.1 Education: The Trust provided comprehensive end-of-life care training for all new starters, regardless of their role or clinical grade. This ensured that everyone was well-prepared to manage these sensitive situations with the utmost care and compassion. The Trust collaborated with Universities such as Swansea University to develop placements for student Paramedics which gave them valuable experience with specialist palliative care teams before they even start working on the road. E-learning and Continuous Professional

Development (CPD) sessions had been introduced in conjunction with Hospices and Palliative Medicine Doctors.

4.2 Non-Emergency Patient Transport Services, End of Life Care (NEPTS): The End of Life Care Rapid Transport Service has been an incredibly compassionate and essential initiative. This allows healthcare professionals to book an ambulance for patients who wish to be in their preferred place of death, such as a hospice, is a profound way to honour their final wishes and provide comfort during such a critical time. Facilitating 5,000 journeys since its introduction in 2017 was a testament to the service's impact.

4.3 Just in Case Medications: A full range of Just in Case medications were carried on every emergency vehicle in the Trust. These medications were crucial for urgent symptom control, helping to reduce distress and avoid unnecessary Emergency Department admissions. Having access to these medications ensures that Paramedics can provide immediate and effective care, which was especially important in managing symptoms and improving patient comfort.

4.4 Wish Ambulance: The Wish Ambulance service allows volunteer clinicians from any grade within the Trust to support terminally ill patients by fulfilling their final wishes. These wishes can be anything meaningful to the patients, such as visiting the beach one last time. The service is provided throughout Wales and is highly valued for the joy and comfort it brings to patients in their final days.

4.5 Rotational Palliative Care Paramedics: The rotational palliative care paramedics programme, introduced by the Trust, involved a 50/50 split in duties. These Paramedics spend half their time collaborating with a specialist palliative care team, providing an urgent rapid response capability that was previously unavailable. This collaboration not only enhances the specialist teams' responsiveness but also allows paramedics to gain valuable knowledge, confidence, and skills in palliative and end-of-life care.

4.6 In Wales, a four-year data analysis revealed that 9% of 999 incidents each year involved patients with palliative conditions in their last year of life. Of these patients, 90% needed to access 999 services during their final year, with each patient calling for emergency assistance at least twice on average. The data also showed that 22% of palliative care patients accessed 999 services in their last two days of life, and 32% did so in their last 7days. This underscores the critical role the Trust plays in supporting patients in crisis during their final days.

4.7 The growing pool of rotational palliative care paramedics, who have gained enhanced knowledge, skills, and confidence through their work with specialist palliative care teams, has enabled the trial of a rapid response service.

4.8 The palliative care paramedics are an additional resource, staffing a dedicated car that supplements the existing emergency ambulance fleet. This allows for targeted responses to palliative and end-of-life care calls without reducing the availability of regular emergency vehicles.

4.9 Following an analysis of the first 200 incidents managed by palliative care paramedics from the dedicated response car, it was found that 88% of these patients avoided emergency department admissions.

5. Spotlight on Mental Health

The Executive Director of Quality and Nursing, Liam Williams, introduced Simon Amphlett, Specialist Clinical lead for Mental Health who provided a presentation with a spotlight in Mental Health:

5.1 The Trust responded to over 30,000 Mental Health related 999 calls during last year.

5.2 The number of Mental Health Practitioners has continued to grow in the Trust, they have a significant impact on the number of consult and close calls of 41%.

5.3 The Trust has received international recognition for improvement in services for patients living with dementia.

5.4 Going forward it was hoped to deliver the service further and increase coverage by expanding the hours of support to 24/7. Furthermore, the Trust was looking to expand Mental Health Response Vehicles (MHRV) across Wales.

5.5 Between January and March of this year, 74% of cases were closed with treatment on the scene, and only 19% of patients needed to be conveyed to the ED.

5.6 The Trust conveyed 7% of callers to Mental Health Services, primarily for inpatient care. The remaining calls were managed by signposting patients to appropriate services, arranging follow-ups with services they were already connected to, or providing urgent support for the patients and their families as needed.

5.7 The projects to date have been a tremendous success, demonstrating the power of partnerships across organisations to overcome barriers and achieve significant outcomes. For Mental Health patients, who often face long waits and psychological hardships while awaiting treatment, the introduction of MHRV

and practices within the Clinical Support Desk (CSD) has been transformative. Having Mental Health Practitioners in the control room has significantly boosted the confidence of control room staff when handling calls involving Mental Health patients.

6. Forward Look

Rachel Marsh, Executive Director of Strategy, Planning and Performance, provided a presentation on the Forward Look:

6.1 The Long-Term Strategy, "Delivering Excellence," published in 2019, outlined the ambition to transform from a traditional ambulance and transport service into a trusted provider of high-quality care. This strategy would ensure that all patients received the right care or advice in the right place, every time. The presentations from Ed and Simon today have highlighted how this ambition was being realised, highlighting the progress and commitment to delivering exceptional care.

6.2 The Integrated Medium Term Plan (IMTP) has been approved by Welsh Government. This was a three-year roadmap designed to guide the Trust towards its long-term ambitions. The plan outlined the specific steps and initiatives to be undertaken over the next three years, ensuring progress towards becoming a trusted provider of high quality care.

6.3 The Welsh Government's expectations were a key part of the IMTP, but it was also a crucial guide for the Trust. As the plan is developed, great importance on listening to the voices of patients is placed. The Trust's website contains extensive information about patient feedback and their suggestions for service improvements. The Trust also considers the insights and feedback from colleagues, the intentions of Commissioners, and the strategic direction set by the Welsh Government. All these elements were carefully integrated to ensure the plan was comprehensive and aligned with the needs and expectations of everyone involved.

6.4 This year's focus was on transforming the way the Trust delivers care to patients and addressing areas where the service needs improvement. The Trust recognises the importance of enhancing the working environments, as staff were crucial to delivering high quality care. Additionally, creating a sustainable organisation was a key priority, not only from a financial standpoint but also from an environmental perspective.

6.5 In the past, ambulance services were viewed as three distinct entities: the 999 emergency services, the 111 Non-Emergency services, and the ambulance care

services. However, the Trust was now expanding its offerings to include a digital arm and a growing Remote Integrated Care Service. This includes having clinicians in the contact centres who can work with patients remotely, providing excellent care and support. This integrated approach allows the Trust to offer a more comprehensive and cohesive service to patients.

6.6 The Trust was aiming to become more clinically focused as an organisation. This year, the Trust has recruited 28 Clinical Navigators, a new role where experienced staff will screen the majority of our 999 calls early on. Currently, non-clinician call handlers take these calls, but the Clinical Navigators will add clinical decision-making and insight right from the start, ensuring patients were directed to the appropriate care pathway.

6.7 Focusing on our people and creating a great working environment was a key priority. This includes training culture champions and supporting change agents to drive cultural transformation. The Trust has established "Voices Networks" where staff can discuss issues that matter to them. There were also Chief Executive Roadshows twice a year to listen to staff feedback and there are initiatives in place to ensure staff feel safe to report any issues or concerns.

6.8 There was progress in enhancing capacity within the Trust and this included the re-banding of Technicians into a Band 5 Role. This change not only recognises their skills and contributions but also aims to ensure that the available capacity was used effectively.

6.9 The Trust will be developing the capability of its leaders and managers by introducing a new development framework called the WAST way. This Framework aims to enhance leadership skills and ensure that leaders were well-equipped to drive the Trust forward, fostering a culture of continuous improvement and excellence.

6.10 A programme has been in place for the past couple of years to ensure financial stability, and this work will continue. This includes optimising staff rosters in the 111 and NEPTS services to ensure coverage aligned with demand. Additionally, last year's review of administrative functions has led to recommendations that will be implemented this year to improve efficiency. This year, the focus will be on refreshing the Decarbonisation Action Plan and developing strategies to adapt to climate change.

6.11 Other initiatives and plans being worked on included: The Strategic Workforce Plan recently approved by the Board which aims to ensure the Trust has the right people in place to meet future needs. The Digital Plan: this was launched last week, which focuses on leveraging technology to improve services and

patient care. The Quality and Clinical Plan was being refreshed to ensure it remained relevant and effective. There were ongoing Improvements to the Estate and Fleet to update facilities and innovate fleet solutions to enhance service delivery. There was strong engagement with commissioners, Welsh Government, Health Boards, the public, and staff to ensure plans were comprehensive and inclusive.

7. Financial Plan and Budget

Chris Turley, Executive Director of Finance and Corporate Resources, highlighted the following areas:

7.1 The Trust Board approved and submitted a balanced financial plan and budget in March 2024.

7.2 The Trust has consistently maintained financial balance and was forecasted to continue doing so through the 2024/25 financial year. There were, however, always risks and assumptions that need to be managed, especially through the winter and the latter half of the year.

8. Questions from the public

The Director of Partnerships and Engagement, Estelle Hitchon advised that no questions had been put forward to the Trust. She added that for anyone interested, to check the website and social media for details about the next and future meetings of the Trust Board and how to submit questions.

9. Closure

The Chair extended his thanks to Alex Payne and the Governance Team, as well as everyone working behind the scenes. Organising these events involved considerable effort, and their hard work today in managing and supporting the technology has been invaluable. A significant thank you also goes to all Executive colleagues who have contributed to today's discussions. Their participation and insights were greatly appreciated. He also thanked all members of the public who had attended.

Meeting closed at 11:00 am

ACTION LOG
WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
84/24	26 September 2024	Actions to Mitigate Avoidable Patient Harm (Revised Reporting)	That in line with the updated position as stated in the associated paper that the metrics within the new 'patient harm mitigation dashboard' continue to be reviewed / developed. Additionally, it was asked that future updates (with the new dashboard/metrics) include a breakdown of where / how these actions will be monitored.	Rachel Marsh	29 November 2024	Update for 29 November 2024 Verbal Update	Open
90/24	26 September 2024	Speaking Up Safely Update - September 2024	It was asked that guidance be provided to Board members regarding communication with colleagues / internal stakeholders, to aid any conversations regarding Speaking Up Safely. This will be prepared by the Trust's Speak Up Safely Lead Guardian and disseminated.	Angela Lewis (Lizzie O'Shea)	29 November 2024	Update for 29 November 2024 2 x Spotlight pieces completed; NEDs one to be used as the basis for the meeting scheduled to take place on 5th December	Complete
90/24a	26 September 2024	Speaking Up Safely Update - September 2024	The Trust's Speak Up Safely Lead Guardian will engage with the non-executive directors regarding additional support which may be required, e.g. a meeting to discuss speaking up safely and how to deliver the pledge committed at the Trust Board and signpost to training the relevant training videos on speaking up safely.	Angela Lewis (Lizzie O'Shea)	29 November 2024	Update for 29 November 2024 Meeting with NEDs scheduled for 5th December (earlier date of 13th November postponed due to venue issues); video sent	Complete

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

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

CHAIR AND VICE-CHAIR'S REPORT

MEETING	Trust Board
DATE	29 November 2024
EXECUTIVE	Colin Dennis, Chair of the Trust Board Ceri Jackson, Vice Chair of the Trust Board
AUTHOR	Alex Payne, Corporate Governance Manager
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

CHAIR'S REPORT

1. Since the last meeting the Trust Board has welcomed two Non-Executive Directors on the Trust Board. Hayley Hutchings and Rhiannon Beaumont-Wood began their appointments on the 11 November 2024, and I extend a warm welcome to them both for their first meeting of the Trust Board in November 2024.

2. The Board held a Board Development Day on the 24 October where it received presentations from peers in three international ambulance sectors across Australia, Canada and the United States of America. These sessions were particularly useful in improving our understanding of how ambulance practices vary across the World and the respective challenges that are faced.

3. Additionally, the Trust held its 2024 Annual General Meeting (AGM) on the 27 September 2024, the day after the last Board meeting. At the AGM the Trust presented its Annual Report and Accounts from the 2023/24 financial year and gave a summary of the year-end financial position.

4. At the AGM, the Trust Executive Leadership Team reflected on performance throughout 2023/24, and we heard from colleagues in the Trust delivering initiatives around palliative care and mental health; both of which were very informative. The recording of the 2024 AGM meeting is available to view here.

5. Since our last meeting I have been busy, with the following activity: -
   - Regular meetings and briefings with Jason Killens, Chief Executive, and other Executives;
   - An engagement meeting with the Trust's external audit Engagement Director in Audit Wales;
   - An engagement meeting with the Trust's Head of Internal Audit;
   - Regular meetings with Ceri Jackson, Vice-Chair;
   - Attended the Ambulance Leadership Forum on the 08 October;
   - Attended three of the seven Chief Executive Roadshows in October;
   - Attended the NHS Wales Chairs' Peer Group meeting in October;
   - Attended the annual Wales NHS Confederation annual dinner & reception 5th Nov. Attended by the Cab Sec, NHS Wales Chairs, UK NHS Confederation leaders and other guests;
   - Attended the Trust's annual 'WAST Awards' on the 12 November;
   - Observed the People and Culture Committee meeting on the 14 November;
   - Attended the AACE Chairs and AACE Council meeting;
   - Attended the monthly Cabinet Secretary's NHS Chairs & Trusts performance review meetings;
   - Begun induction activity with Rhiannon Beaumont-Wood and Hayley Hutchings;
   - Panel membership of the WAST Live events;
   - Routine meetings with non-executive director colleagues;
   - Attended the regular WASPT Joint Chairs meetings;
   - Routine meetings with Trade Union colleagues.

VICE-CHAIR'S REPORT

6. I have continued to engage closely with the Director of Partnerships and Engagement on the visual identity for the Welsh Ambulance Services Charity. On the 08 October, the Trust held a workshop with the appointed design agency – Savage and Gray – to review the proposed visuals/branding. In consultation with Trade Union colleagues and the Trust's Communications Team, the Charity Committee members have made a recommendation to the sole Corporate Trustee of the Charity, for approval. This is before the Trustee at its meeting on the 29 November.

7. Since our last meeting I have been busy with the following activity: -
   - Attended the Trust's AGM on the 27 September;
   - Attended the Vice-Chair's Peer Group meeting on the 02 October;
   - Attended the Bids Panel on the 07 October;
   - Chaired the Charity Committee on the 08 October;
   - Attended the Charity Visual Identity Workshop on the 08 October;
   - Attended the Wrexham and Llandudno Roadshows on 14 October;
   - Attended the Cardiff Roadshow on 17th October;

- Attended the Board Development Day on the 24 October;
- Attended the Independent Member Digital Network on 30 October;
- Met with the Chief Executive and Freedom to Speak Up Lead Guadian regarding Freedom to Speak Up progress
- Attended the People and Culture Directorate Business Meeting
- Attended the Quality, Patient Experience and Safety Committee;
- Attended the Welsh NHS Confederation Annual Conference and Exhibition and chaired a breakfast session on the 06 November;
- Attended the Trust's 'Leadership Symposium' event on the 11 November;
- Attended the Trust's annual 'WAST Awards' on the 12 November;
- Attended the Vice-Chair's Peer Group meeting on the 13 November;
- Chaired the People and Culture Committee on the 14 November;
- Attended the Academic Partnership Committee on the 18 November;
- Joint visit with Hywel Dda Vice Chair to Glangwilli Emergency Department, met ambulance staff and visited Delta Centre, Llanelli.
- Attended the Audit, Risk and Assurance Committee on the 21 November;
- Attended the WAST Live events;
- Routine meetings with non-executive director colleagues.

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: NOVEMBER 2024

MEETING	Trust Board
DATE	29th November 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 the 26th of September 2024. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

RECOMMENDATION

That Trust Board note the contents of this report.

KEY ISSUES/IMPLICATIONS

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

REPORT APPROVAL ROUTE

The Trust Board meeting held on 29th November 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 26th September 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 conducted the CEO staff roadshows starting in Wrexham and concluding in Cwmbran. These roadshows allowed me to engage directly with staff, listen to their concerns, share organisational updates, and reinforce the vision and goals of WAST. The roadshows were well-received and fostered a sense of unity and motivation among the staff.
- I attended the Windsor Leadership program. This prestigious leadership development program brought together senior leaders from various sectors to share experiences, enhance leadership skills, and foster a network of support.
- I attended the Workplace Sexual Harassment Conference in Cardiff hosted by Welsh Government for senior public sector leaders. The conference addressed critical issues related to workplace sexual harassment, prevention strategies, and support mechanisms for affected individuals. My attendance underscored WAST's commitment to creating a safe and respectful work environment for all employees.
- I attended the NHS Wales Awards in Cardiff. This event celebrated the outstanding achievements and innovations within the NHS in Wales. I had the honour of recognising and congratulating the award recipients, highlighting the exceptional work being done to improve healthcare services.
- As the new Chair of the Association of Ambulance Chief Executives (AACE), I participated in the ALF Conference 2024 virtually. The conference provided a platform for leaders in the ambulance service to discuss the latest advancements, challenges, and strategies in the field. I engaged in insightful

discussions and gained valuable insights to drive improvements within WAST and across the wider ambulance service community.

- I participated in the WAST Senior Leadership Team Joint Development Day. This day was dedicated to strategic planning, team-building activities, and discussions on key priorities for the organisation. I emphasised the importance of collaboration and alignment among the senior leadership team to achieve WAST's objectives.
- We hosted the latest in our series of WAST Leadership Symposiums. This event brought together leaders from across our organisation to share insights, experiences, and best practices in leadership. 7
- I had follow-up meetings with the CEOs of Hywel Dda University Health Board, Aneurin Bevan University Health Board, and Cwm Taff University Health Board to discuss ongoing collaborations and address key issues impacting our respective organisations. 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

Grenfell Inquiry Report

1. The EPRR team have undertaken a review of the two Grenfell Inquiry reports to assess the recommendations that have been presented and compare the recommendations to the Manchester Arena Inquiry recommendations. The review found no additional actions that the Trust should consider, and that the recommendations from Grenfell mirrored the recommendations from MAI complimenting the work that has already been undertaken on the MAI. The output has been considered by the Executive Leadership Team and subsequently submitted to commissioners.

Powys Major Incident Train Crash

2. WAST declared a Major Incident on 21 October 2024 for a train crash at Stay Little (Talerddig) Powys. The crash involved two passenger trains; initial reports indicated a high number of patients. WAST declared a level 5 Major Incident and mobilised over 20 resources to the scene including EMRTS and HART. As the incident progressed and more information was available from the scene, it became apparent that the patient numbers were not as high as first thought and some resources were stood down. WAST treated 15 casualties the majority of which were minor injury patients with 1 deceased patient on scene. An internal debrief has been held and WAST has hosted the multiagency debrief. Both reports are being collated, but initial lessons identified include the difficulties of the rural location getting the relevant commanders to the scene and the need to activate the TCG and SCG promptly. There are some synergies with some recommendations made to commissioners following our work focussed on the MAI.

Clinical Services Model Implementation

3. Further development of our Clinical Services Model commenced on 18 November with the introduction of the Clinical Navigator role. The Clinical Navigators will begin with some tasks currently performed by the Clinical Support Desk. The start of December will see the start of the phased deployment of Green and then Amber 2 calls being flowed via Rapid Clinical Screening. A management cell will be in place over the key dates to oversee the implementation and early assess impacts.

Temporary Loss of 111 Telephony Systems

4. On Tuesday 29 October, there was a temporary loss of telephony and IT systems within 111 at Snowden House. This outage lasted for approximately 5 minutes. It was as a result of an engineer error while doing preparatory work for other changes. The outage has been fully reviewed and there was no patient harm as a result. The interruption was short-lived, and no escalation or declaration of an incident was required.

FINANCE AND CORPORATE RESOURCES

Finance

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

6. Two of the agreed objectives for the finance team for the 2024/25 financial year continue to be rolled out and include:

    - Developing our digitalisation of WAST financial performance and monitoring for budget holders using dashboards and Qliksense tools
    - Developing a programme of enhanced finance training for budget holders and non-finance managers, with this also running in parallel to the above where documentation has been shared with all budget holders

7. Finance Team has commenced their participation in the NHS Wales Finance Academy programme (called Finance Operating Model) to review all job families to ensure future proofing of services and delivery. The first programme

commenced in October 2024 for the job family of 'Finance Business Partnering and Management Accounts'. A detailed review has been undertaken on the Capital expenditure plans, forecasting year-end expenditure to ensure the Trust can achieve its statutory duties. This has involved detailed discussions across the directorates and realignment of our CEL with the Welsh Government. A detailed update on this was presented and discussed at F&PC on 19th November.

8. 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.

9. The Trust as part of the wider NHS Wales consortium, recently successfully migrated the Oracle system from the previous Cardiff-based data centre to a cloud-based infrastructure.

10. An Independent Examination of the 2023/24 Charitable Funds accounts is due to commence at the beginning of December with the aim of the audited accounts being presented to the Charity Committee in January's meeting.

Capital Development

11. 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 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. The Project Team, supported by NWSSP is doing everything within their ability to expedite this as quickly as possible.

12. Llangunnor CCC – Phase 1 has now completed, with Phase 2 starting on 4th November. Dyfed Powys Police partners are progressing relevant actions within the organisation to facilitate the enabling works, which involves WAST staff vacating currently used areas to allow for movement of DPP staff. This project is anticipated to be complete by the end of the financial year.

13. North Wales CCC estate – The North Wales CCC Project Board continues to oversee this work. The tender process has now closed, and final evaluation is taking place. It is anticipated that the business case for the full scheme will be submitted through the relevant internal governance processes through November, with the contract awarded by the end of November. The programme of works currently estimates that the project can be complete by the end of the financial year.

14. Monmouth Ambulance Station – The Project Board has now signed off plans for the station. The pre-planning application has been submitted to the Local Authority and the team awaits further advice on the full planning application. In the meantime, detailed specifications are in development, in line with the allocated budget, and in anticipation of a tender process.

15. 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 the whole 2nd floor of 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 half of a floor within Matrix House which will not be sufficient to accommodate Thanet House staff. Work has been completed to explore an alternative option which will need to be considered as part of the 2025/26 discretionary capital prioritisation process. In the interim, the Trust has extended the current lease to ensure that services can be maintained.

16. Bangor Fleet Workshop – The project focusses on establishing a revised location for the Fleet Workshop within the Bangor area. Discussions are ongoing regarding a site in the Bangor area, with designs developed and negotiations ongoing regarding potential fit out costs. 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.

17. Decarbonisation/EFAB – three of the four 2024/25 schemes have now started, with the fourth at Newtown in the contract award stage. All projects will be complete by the end of the financial year.

18. Infrastructure for placement of hybrid and full electric vehicles – work is ongoing to further develop the charging infrastructure requirements to support the commissioning of new HART and Single Responder Vehicles (SRV) hybrid and full electric vehicles. 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. Scoping work is currently taking place for Welshpool, Beacon House, Newport, Wrexham and Rhyl. It is anticipated that a further number of sites may be required, but the focus is currently on identifying where charging capacity exists to place new vehicles.

Progressing Bids for All Wales Capital Programme funding support

19. Swansea Ambulance Station – This scheme has now been re-highlighted to the 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. Further investment in fees will be required to progress this project to the next stage.

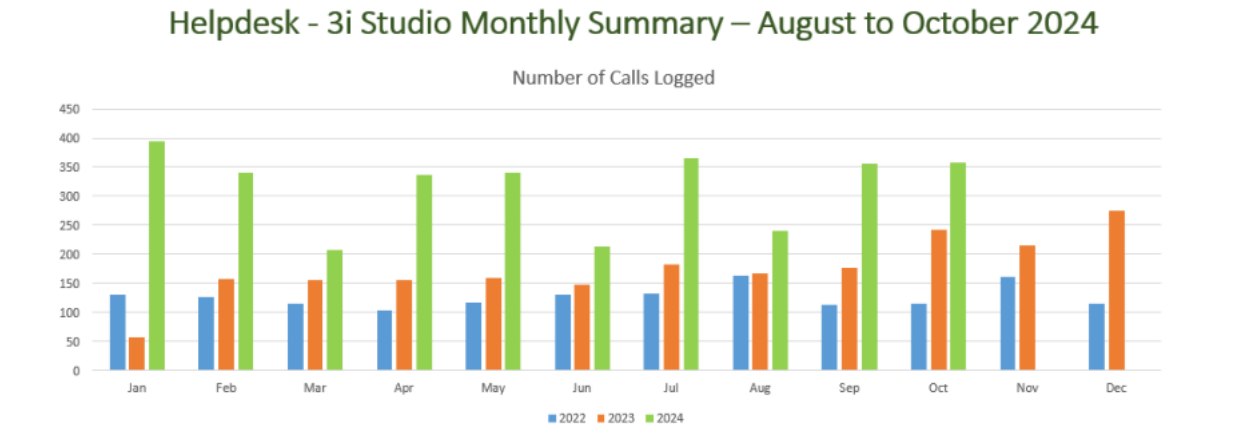
20. Newport Ambulance Station – This scheme was also included as part of the All-Wales Capital prioritisation process. Noting that the outcome of the AWC exercise is not yet known, work continues on the project start-up elements including the development of the Project Initiation Document and Terms of Reference. The scope of the project has been defined and will inform site searches if funding is made available.

21. 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

22. The new Estates, Environmental & Facilities Management Policy was presented to the policy group on 23rd October. The policy was well received but requires minor amendments prior to being resubmitted for approval by the end of November.

23. The latest quarterly stats in relation to the Estates helpdesk and issues resolution is provided below, for information.



August 2024 Summary

240 Helpdesk Jobs in total -
- Estates Helpdesk Team 29.
- Maintenance Officer 5.
- Access Cards 33.
- Environmental & sustainability 8.

September 2024 Summary

356 Helpdesk Jobs in total -
- Estates Helpdesk Team 24.
- Maintenance Officer 48.
- Access Cards 125.
- Environmental & sustainability 12.

October 2024 Summary

358 Helpdesk Jobs in total -
- Estates Helpdesk Team 20.
- Maintenance Officer 39.
- Access Cards 96.
- Environmental & sustainability 35.

24. A range of estates and environmental compliance stats continue to be reported through and escalated where appropriate, with increased reporting of such issues through to F&PC. This includes in relation to fire safety, asbestos and legionella, health &safety and planned maintenance. This also includes updates against recently introduced new changes to both the NHS Wales energy contracts and new waste legislation, alongside any issues or challenges the Trust, and other NHS organisations in Wales may be experiencing in relation to these.

Fleet

25. The final element of the 2022/23 programme (2023/24 element), which included some agreed and planned carry-over of monies into the last financial year by WG, is now complete.

26. The 2024/25 Trust Board approved the 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.

27. The results of that prioritisation process are that the Trust will replace 72 vehicles, and orders have been placed for the entire 72:

- 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
- 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
- 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
- The recommendation to award a contract for the conversion of the Solo Response type vehicles was approved by the Trust Board and the

successful supplier is now in place for a 3-year contract period with options to extend if desired
- 2 replacement support vehicles, which are BEVs have been ordered with delivery is imminent

CORPORATE GOVERNANCE

28. The 2024 Structured Assessment work with Audit Wales has concluded with a positive report presented to the Audit, Risk and Assurance Committee and the board in November.

29. The directorate organisational change process is progressing well which has led to the appointment of a new Head of Compliance & Assurance. Transitional arrangements are underway to reflect the two service lines outlined in the new structure.

30. The Covid-19 Inquiry Chair, Baroness Hallett, announced Module 10 on 17 September 2024 which will consider the impact on society and will be the final investigation of the UK Covid-19 Inquiry. The public hearing for this module is due to take place in early 2026 and it is unlikely that there will be Core Participants for this module due to its wide-ranging nature.

31. The Risk Management Transformation Programme direction of travel was presented to and endorsed by the Audit, Risk and Assurance Committee in September. The next phase of this planned work includes the development of risk appetite statements with the Board and the design of the new strategic BAF.

32. A revised Policy work plan is due to be approved the Audit, Risk and Assurance Committee in November which builds on the significant work undertaken since the end of the pandemic to refresh and bring the Trust's Policies up to date.

33. During September, the Trust's Welsh Language Standards Annual Report 2023/24 was approved by the Board and published on our website. The introduction of a standards baseline is a new feature for 2024/25 to more objectively report on and increase standards compliance relating to Correspondence, Producing and Publishing Documents, Signs and Notices, and Reception Services. In November, the Trust's new Welsh Language Policy which promotes the Welsh language and ensures compliance with the Welsh Language Standards together with delivery of the More Than Just Words Action Plan was approved following Trust wide consultation.

34. The Trust welcomes two new Non-Executive Directors who have been appointed effective 11 November 2024 – Professor Hayley Hutchings and Rhiannon Beaumont-Wood. Their respective biographies are available on the Trust Board Members webpage. I extend a warm welcome to Hayley and

Rhiannon ahead of their attendance at the meeting of the Trust Board on 29th November 2024.

35. The corporate governance team have been the recipients of two awards in November for their excellent work and support of the Trust. The first was the Chief Executive Award for Outstanding Leadership and Management which was awarded to Julie Boalch, Assistant Director of Corporate Governance and Risk at the Leadership Symposium, and the second was the Chief Executive's Award at the WAST Awards for the Team as a whole.

STRATEGY, PLANNING AND TRANSFORMATION

36. The Planning Team is working hard now to develop the next iteration of the Trust's IMTP for 2025-28. We have held a Collaborative Planning event with internal and external stakeholders and have been working with directorates and transformation programme leads to identify key priorities for the next 3 years. The Team will be working with the Board at the end of November and early December to bring the culmination of work to date to help guide the strategic priorities for the Trust in its next IMTP, against the backdrop of a dynamic socio-economic and political backdrop for the NHS in Wales and the UK.

37. The Clinical Model Transformation (CMT) programme continues to build momentum, with several key milestones achieved ahead of winter. Delivery and assurance arrangements are embedded effectively, operating on a six-weekly business cycle aligned with the Strategic Transformation Board. At the November CMT Board meeting, the first draft of the Programme Definition Document (PDD) was presented, a critical milestone in establishing the foundation for programme delivery. Feedback is being actively sought, and final approval is anticipated at the December Board meeting.

38. There has been notable progress on the implementation of Rapid Clinical Screening, with go-live readiness confirmed for the first phase on 18th November. This marks the first step in transitioning to a clinically prioritised emergency response model that incorporates Rapid Clinical Screening for 999 calls. It aims to ensure that emergency cases are accurately prioritised based on clinical need, providing timely responses where critical, while also connecting patients to appropriate remote or community care pathways as needed. Subsequent phases will progress under the governance of the Call Flow Implementation Group, supported by Executive oversight.

39. The first Mental Health Response Vehicle (MHRV) went live in early November, operating across the Southeast region. In its initial weeks, the MHRV has demonstrated positive outcomes, supported multiple incidents and showcasing the potential of this innovative service to address mental health emergencies effectively.

40. Within the Remote Integrated Care space, a streamlined process for transferring patient records between 111 and 999 services has been successfully embedded into business-as-usual since September. This improvement enables 111 Call Handlers to electronically transfer patient records to the EMS Coordinator, eliminating the need for verbal relays and reducing average handling time by approximately 50 seconds for this call cohort. Hywel Dda Health Board has agreed to trial a 24/7 model of care in collaboration with WAST, testing remote clinician processes for managing complex patients. Additionally, early positive feedback from a Luscii test of change with BCU highlights the potential for remote monitoring to enhance clinical decision-making and outcomes.

41. The programme is also advancing its evaluation and benefits realisation approach, with approval secured for the independent evaluation specification and the development of logic-benefits maps for each workstream. This structured approach will ensure tangible and measurable outcomes are achieved across the transformation portfolio.

42. Work to support the evolution of the Trust's clinical services model is gathering pace, particularly in respect of stakeholder engagement, and the workstream to focus on this exclusively now meets on a weekly basis to support the engagement process, including stakeholder, patient and staff-facing engagement. The Programme Engagement Plan (PEP) continues to be refined, and key collateral is being developed. Engagement has continued with our critical stakeholders including the Welsh Government, Commissioners & Llais over recent months. In November the JCC endorsed the implementation of Rapid Clinical Screening in readiness for a phased implementation from December onwards. A decision has been made by the programme to temporarily 'pause' wider engagement with non-critical stakeholders to ensure discussions occur in an appropriate sequence. Proactive PR has been telling the story of the new approaches taken to provide the right care, in the right place, every time, including the technology ('Luscii') delivering care closer to home and the mental health response vehicle providing a more-rounded care approach to people in crisis, reducing avoidable hospital admissions. Feedback from patients, staff and stakeholders will be gathered and analysed to inform future engagement and help adapt services to better meet the needs of the people of Wales, now and in the future.

43. The Planning Team also continues to engage with Health Board strategic change projects and programmes around Wales, but also around some of the work required within national programmes (such as Six Goals) and clinical networks. Many programmes are progressing steadily, with further updates to the Board as they become available. We will also soon be welcoming a new role into the Planning Team to take a lead on supporting this national work and the work of the Integrated Strategic Planning & Development Group.

44. Commissioning: continue to support the interface with the new JCC. Current focus on progress against this year's commissioning intentions. We are about to start a dialogue with JCC on next year's draft commissioning intentions and we are specifically working with them on what is referred to as "Rec4", which is a possible enhanced rural model operating in North Powys and South Gwynedd, connected to the wider EMRTS review.

45. Performance: the Trust has recently had an internal audit of its Quality & Performance Management Framework with reasonable assurance as the outcome.

46. Transformation: The team continues to support the very fast-paced CMT programme, in particular, work on benefits mapping, a collaborative and independent evaluation of the programme and the metrics required to support the operational go-live. We are also supporting transformation work in other parts of the business e.g. the imminent re-roster of NEPTS transport and work on 111 rosters.

47. Forecasting & Modelling: currently supporting the CMT Programme by updating the 2023 EMS D&C with more specific modelling on RICS. We are also working on predicting 111 performance over the winter period, along with a range of other modelling pieces of work requested by the Trust.

CLINICAL DIRECTORATE

NHS Wales Awards Success

48. Individuals from the Clinical Directorate formed an integral part of the two project teams that were successful in winning not one but two NHS Wales Awards at the annual ceremony held on the 24th of October 2024. Here their excellent work was showcased and their contribution to improving services and patient care across Wales celebrated.

49. Firstly, the winning project and receiving the NHS Wales Effective Care Award was the 'Effective Introduction of Penthrox Pain Relief' which involved, but is not limited to, introducing inhaled analgesia for all CFRs within a governed clinical framework. The project was managed using PRINCE2 methodology with a project lead and senior responsible officer and addressing legal financial, environmental, logistical and training aspects for over 600 volunteers, all of which are underpinned by the continued focus on improving patient care and supporting volunteers.

50. Secondly, the winning project and receiving the NHS Wales Safe Care Award was the 'Maternity and Neonatal Safety Support Programme' which involved work centred around improving a variety of aspects of neonatal thermoregulation.

Power BI Training

51. Various members from across the Clinical Directorate have been undertaking a 2-day introduction to Power BI training course which allows individuals and teams to get up and running with Microsoft's influential Business Intelligence tool. Over the two days, attendees have learnt how to create and format visuals, create charts, KPIs and custom visuals, as well as receiving an introduction to creating maps in Power BI. Power BI offers a wealth of potential and will increase and enhance the directorate's ability to develop and publish reports over a variety of areas.

New Appointments

52. Many changes have been seen within the Clinical Development team which is now led by Jonathan Chippendale, who was successful in obtaining the position of Assistant Director of Clinical Development on a 12 month secondment, following Duncan Robertson's appointment as Chief Paramedic in SCAS. Jonathan is now joined by the recently appointed Consultant Paramedic Urgent Care, Kerry Robertshaw and two new Professional Development Leads for Advanced Practice, Ed Harry and Hannah Lowther. The Trust's first lead pharmacist will also join the team at the end of November, as well as Huw Jackson having been recently appointed as the Head of Medicines Management.

53. Subsequently, taking up the post of Health Board Clinical Lead for Powys within Clinical Delivery is Tomos Turner, Senior Paramedic who was successful in securing the role following a competitive recruitment process. Tomos is also joined by Shaun Jones-Booth, the directorate's newest Health Board Clinical Lead in North Wales.

Launch of New Clinical Navigator Role

54. An excellent example of collaborative working across the organisation and progression with the Trust's clinical model transformation is the introduction of the new Clinical Navigator role within EMSC, which the Clinical and Operations Directorates worked closely together to define and develop. Launching this month and as part of the evolving Clinical Services Model, the role of Clinical Navigator will provide remote clinical support, conduct high acuity live reviews and queue safety. Training began for 19 individuals on 4 November with further training scheduled for later in the year. The introduction of this role is set to transform Emergency Response, elevate patient care and streamline operations.

DIGITAL SERVICES

Mobile Data Vehicle Solution

55. Installation of the new Mobile Data Vehicle Solution (MDVS) has successfully concluded with the focus now on consolidating the systems and migrating it into business as usual. In support a staff MDVS User Survey was conducted with the results reviewed with five key themes emerging, these being; Navigation Routing; Alerts; Voice Accept; Access to Crew Responder Information and NEPT Run Orders, with each having a plan in place to address.

56. Following the MDVS rollout to all operational vehicles, a staff survey was shared with all users. The feedback gathered raised 5 main issues that are have plans in place to be addressed and where possible resolved. In support of this Survey, the Ambulance Radio Programme (ARP) attended the CEO Roadshows and key Ambulance Stations plus hospitals in order to directly liaise with operational MDVS users. ARP have reported that these engagement events have been extremely successful with over 174 points of interest identified.

ICT

57. Over the past couple of months, significant progress has been made in advancing WAST's infrastructure and service capabilities. A new dedicated test system has been established to support the ongoing development of the 111 Clinical Assessment Service (CAS) system. In addition, an integration with the Welsh Demographics Service (WDS) has been completed, allowing the 111 system to look up patients' NHS numbers and GP details. This integration not only enhances the accuracy of statistical reporting but also lays the groundwork for future connections with other NHS systems.

58. At the same time, considerable work has been undertaken to improve the resilience of the WAST network. Key initiatives include:

    - **Upgraded Internet Links**: We've upgraded the internet at our Vantage Point House, moving from the Public Sector Broadband Aggregation (PSBA) to a new 1Gb Virgin connection. This change boosts our bandwidth from 400Mb to 1000Mb and reduces reliance on PSBA for our critical cloud-based services. A similar upgrade is underway in our North location, though it's not yet complete
    - **Enhanced Telephony Resilience**: A second Non-PSBA network (business continuity) has been implemented to link all the main call centres (999 & 111), improving the resilience of telephony services, including both incoming and outgoing calls. This network is in addition to PSBA and is not a replacement
    - **999 Telephony System Upgrade**: Extensive preparation and testing have been carried out in readiness for the major upgrade to the 999

telephony system, which is scheduled to go live on 12th November. This upgrade aims to improve the efficiency and reliability of call handling

59. Additionally, WAST ICT continues to work closely with other Welsh health boards on two innovative pilot projects:

    - End-of-Life Care System: A new system has been developed to provide terminally ill patients with specific instructions for end-of-life care, ensuring they receive appropriate and compassionate support
    - Remote Stroke Triaging System: This system allows specialist stroke clinicians to remotely triage suspected stroke patients via video consultation, enabling faster diagnosis and more timely treatment

ePCR Update

60. In response to recent issues identified on WAST Live regarding the capturing of diagnostic ECGs (DECGs), we have implemented a new procedure. Collaborating closely with our TerraPACE suppliers, we enhanced the system functionality to address cases where the connection between the Corpuls device and the electronic Patient Care Record (ePCR) is not established, or when the DECG is not visible in the DECG tab on ePCR following connection. A new feature within the application has been introduced, allowing users to capture the DECG image directly. This image can then be easily shared with the receiving pPCI centre, from within the DECG page thereby reducing the need to navigate to other areas within ePCR, ensuring continuity of diagnostic information and supporting timely patient care.

61. Work has commenced to implement Individual Clinician Metric Reporting. Current limitations within ePCR prevent individual reporting; by introducing clinician identification within key areas, we aim to provide meaningful data. This new approach aims to identify specific barriers and provide actionable insights into clinician performance, supporting improved ePCR completion and overall data quality.

62. We now have a valuable opportunity to evaluate and enhance the TerraPACE application, aiming to make it more streamlined and user-friendly. Initial discussions have begun with our suppliers to explore potential improvements that will optimise the application's functionality, ease of use, and overall effectiveness for our users. This proactive review will support more efficient workflows and improve the user experience for staff engaging with the system.

Insight & Data Services

63. Insight & Data Services (the team previously known as Health Informatics) is made up of four function areas: Data & Analytics; Records Services; Information Governance; and Data Applications.

64. For the past 9 months, Data & Analytics have been working on a reporting modernisation effort, migrating the entirety of WAST's Qlik reporting over to PowerBI to centralise insights, upgrade the technology, and improve security. This work is almost complete, with Qlik shortly to be decommissioned. Additionally, PowerBI training has been offered across the organisation with uptake from more than 120 colleagues so far, and a "playlist" of training videos is being made available via the Intranet. Focus now shifts to supporting the Clinical Model Transformation and the reporting amendments for the imminent 999 Telephony upgrade.

65. Records Services have witnessed a significant increase in the volume of incoming requests for records over the past few years, and so following additional investment, will be onboarding two new Records Officers before January to support with the caseload. This will create capacity within the team to focus back on records management efforts as well as records requests and progress our improvement plan.

66. Information Governance have recently welcomed two new Data Protection Compliance Managers to WAST, doubling the size of the team at a crucial and exciting time as WAST strive to transform and innovate through better use of technology and data. The current focus of the team is the IG Toolkit Improvement Plan – actions which need to be completed by the end of November in order to demonstrate a position of "minimum standards met" or face consequences of non-compliance. Additionally, the team continue to lead conversations regarding data linkage for better patient outcomes – working with DHCW IG specialists to determine the legal basis and purpose for such data sharing.

67. The Data Applications team is responsible for both the 111 Wales website and the Directory of Services (DOS) are supporting the Clinical Model Transformation programme through the Digital Front End and RICS workstreams and currently working with SROs on requirements. In parallel, the team are continuously enhancing the core functionality of these applications, for example, the DOS is now able to surface information on the increasing number of GP surgeries offering MIU capabilities across Wales (although are still awaiting the data flow from Health Boards before making this live), which will shortly enable clinicians and 111 Wales users to access this emerging pathway.

PARTNERSHIPS AND ENGAGEMENT

68. Work to support the evolution of the clinical model is gathering pace, particularly in respect of stakeholder engagement, and the workstream to focus on this exclusively now meets on a weekly basis to support the engagement

process. More on this is contained in the section dedicated to clinical model transformation elsewhere in the report.

69. With WAST now under the auspices of the Wellbeing of Future Generations Act, the Trust must publish wellbeing objectives that are designed to maximise its contribution to achieving each of the wellbeing goals. A cross-service task and finish group has been established, chaired by the Director of Partnerships and Engagement, and meets on a fortnightly basis to develop and agree said objectives, which must be published by 31 March 2025, after which the Trust must take all reasonable steps in exercising its functions to meet those objectives, as well as publish annual reports on its progress towards them.

70. The Trust's first Head of Charity took up post in October. David Hopkins, formerly Fundraising and Development Manager at National Youth Arts Wales, is responsible for the day-to-day management of the Welsh Ambulance Services Charity, including the optimisation of income streams to deliver more benefit for staff, patients and communities across Wales. David's first task has been to develop the charity's 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.

71. More than 200 guests gathered at the International Convention Centre in Newport in mid-November for the Trust's annual celebration of its staff and volunteers. More than 300 nominations were received for this year's WAST Awards, where His Majesty the King's representative in Gwent, the Lord-Lieutenant, was also in attendance. It was the ninth annual WAST Awards managed and delivered by the Communications Team, which also event manages the hat-trick of annual Long Service Awards.

72. With the busy winter period approaching, the team has developed its annual winter plan which sets out how it will communicate and engage with its people and patients to help manage operational demand, encourage appropriate use of NHS services, appeal to the public to protect themselves (vaccinations, etc.) and respect emergency workers, and messaging began in earnest for Halloween and Bonfire Night. The plan also details how the Trust is testing new approaches to delivering care over the winter to reduce harm and improve patient experience.

QUALITY SAFETY AND PATIENT EXPERIENCE DIRECTORATE

CARE PLANNING AND CONNECTING SUPPORT CYMRU

73. The Welsh Ambulance Services University NHS Trust, working with the Small Business Research Initiative (SBRI) Centre of Excellence, is expanding its use of new technology to deliver care closer to a patient's home through the innovative application of remote technology.

74. The ‘Luscii’ app captures a patient’s vital signs, including heart rate and blood oxygen levels, and data is sent in real-time to the ambulance control room, where remote care clinicians determine the appropriate next steps in care planning. This technology has been used predominantly in care homes over the last few months and is now being expanded into use in the community and importantly how information is being uploaded to the ‘Luscii’ app itself and by who.

75. By exploring and safely expanding the use of this technology from care homes to wider community use cases, it is hoped that the Trust can continue to fulfil the ambition of providing the right care or advice, in the right place, every time; transforming the way emergency and urgent care is delivered in Wales.

PATIENT EXPERIENCE NETWORK NATIONAL AWARDS (PENNA)

76. Following the announcement that three of our entries were finalists at the 2024 PENNA awards (held on 3 October 2024) we were delighted that our work with children and young people in developing the blue light app was runner-up in the category of ‘Innovative use of technology/social and digital media’.

77. The app has five interactive games, and a sixth covering cardiopulmonary resuscitation (CPR) is due to be included soon.

PROFESSOINAL ACCREDITATION

78. The 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 LEADING SAFELY

79. Following a request from the Quality Improvement, Governance and Risk Directors (QIGARD) Strategic Advisor, the Trust’s Deputy Head of Health and Safety has delivered two development sessions to English ambulance service executives and their teams on the approach taken by the Welsh Ambulance Services University NHS Trust to health, safety, and welfare across all aspects of the service.

CEO HEALTH AND SAFETY PODCAST

80. On 24 September 2024, I delivered a podcast to Safety, Health Practitioner (SHP) on our perspective of effective health and safety. SHP is a renowned international platform providing a wealth of information for health and safety professionals.

PEOPLE AND CULTURE DIRECTORATE

81. As we continue to prioritise inclusion and diversity, we're pleased to share that our inclusive recruitment initiative is underway within the Digital Team who are recruiting into 30+ vacancies. Recruiting managers have attended training to mitigate against unconscious bias in the recruitment process and positively, the initiative has led to increased interest from our Black, Asian and Minority Ethnic communities. Colleagues were available to answer questions, and a helpful demonstration of the TRAC recruitment system was provided.

82. We celebrated Black History Month in October, promoting articles and films produced for NHS staff to celebrate the contribution of our Black colleagues to healthcare services, with emphasis on the Windrush Generation. The work of Race Council Cymru over the past 30 years was celebrated and as part of our Strategic Equality Plan objectives, we are seeking to partner with Race Council Cymru to explore further how we can increase diversity and design equitable services.

83. 'Our WAST Way' Leadership Framework is a key step toward embedding compassionate, inclusive, and collaborative leadership at all levels of WAST. We've made good progress, drafting behaviours that define good leadership across roles, drawing on NHS and ambulance sector research, cultural review recommendations, and best practices. To date, we've engaged over 100 stakeholders, including leaders, managers and TU partners, to refine these behaviours. Following recent ELT approval, we are moving to the next phase: developing learning pathways tailored to each leadership level. A dedicated employee group will support this work to ensure these pathways address the varied needs of our teams.

84. Our Culture Champions network is growing, now with 147 members (68% Operational, 32% Corporate). To support them, we've put several key elements in place:
    - Clear Role & Onboarding: 8 welcome sessions have been held to introduce new Champions to their role.
    - Ongoing Development: Most recently, the "Demystifying Culture" and "Speaking Up Safely" sessions.
    - Resource Toolkit: Our new bi-monthly Spotlight Mini-Series provides easy, on-the-go resources.
    - Engagement: Champions have participated in NHS Staff Survey drop-ins and events.
    - Recognition & Feedback: Over 65 "SHOUT-OUT" posts helping Champions to recognise colleague contributions.
    - This structured approach is helping our Culture Champions make a meaningful impact across the organisation.

85. The People Services team are engaging in the formal evaluation process of the Compassionate Practices work. The evaluation will also include contributions from colleagues and TU partners across WAST to obtain feedback and insights on avoidable harm in relation to Employee Relations Processes.

86. We're pleased to report a further reduction in sickness absence to 7.43% in September compared to 8.86% for the same time last year. The team is continuing to support colleagues with managing attendance and building strong working relationships across the Trust to get the best outcomes for colleagues and the organisation.

87. Aligned with our commitment to improving colleagues' digital experience at WAST, the Workforce Systems (ESR) team has been updating and providing new ESR guidance and video training support materials on SIREN to provide instant ESR 'troubleshooting' assistance to colleagues. A recent ESR audit indicates that WAST is doing well against benchmark standards set by BPA/Shared Services and are continuing to make system improvements.

88. The Strategic Workforce Plan 2024-2030 has been published on Siren and the WAST website in English and Welsh (Nov 24). It will also be published on Health Education Improvement Wales Observatory shortly. We will be the first organisation to have published their SWFP in The Observatory

89. We've made positive progress in embedding change management principles across WAST, focussing on growing our Change Community and implementing a supportive framework for our Clinical Model Transformation programme. We're equipping colleagues with the tools and confidence to manage change effectively, aligning this work with our cultural transformation and leadership development agendas to ensure lasting impact.

90. The Education and Development team, in collaboration with Clinical and Operations colleagues, have launched the new Emergency Ambulance Practitioner programme and Band 4 Emergency Medical Technician education programme.

91. We're proud to celebrate Catherine Wynn Lloyd, OD Support Officer, who won the Money Works Workplace Champion Award for her initiatives on financial wellbeing. Additionally, one of our EMTs was named Higher Apprentice of the Year at the Skills Academy Wales Annual Awards, marking the Trust's third consecutive win.

92. The Education and Development team, in collaboration with Clinical colleagues, recently picked up two Awards for their outstanding work around Thermoregulation and the Newborn. They are also shortlisted for two prestigious global awards: the Learning Technologies Best Blended Learning

Programme and the Learning Awards Best People Development Programme. We wish them the best of luck in the upcoming announcements!

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

AGENDA ITEM No	9
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	29th November 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. At its September 2024 meeting Trust Board received a closure report for the patient mitigations action plan and agreed to receive just the patient harm scorecard going forward.
3. The Trust continues to take many actions to mitigate patient harm, at a strategic, tactical and operational level, which are reported through to committees and Trust Board in a variety of reports e.g. IMTP Assurance Report, Monthly Integrated Quality & Performance Report, QuEST committee agendas etc.
4. Appendix 1 contains the patient harm mitigations one page scorecard.
5. Key headline patient harm mitigation metrics for October 2024 include:-
    - The Trust continues to respond to more red (immediately life threatening) incidents in 8 minutes;
    - Produced 98% of its EMS rosters (unit hours production), achieving the 95% benchmark;
    - But lost 25% of its conveying production to hospital handover lost hours, a level of loss that it cannot offset through its own improvement actions;

- Leading to avoidable patient harm remain unacceptably high, making the Clinical Model Transformation programme a strategic imperative.

RECOMMENDATION: The Trust Board is asked to:

(1) NOTE the continued level of avoidable patient harm in the 999-emergency care pathway.

(2) NOTE the strategic imperative of delivering the Clinical Model Transformation programme.

KEY ISSUES/IMPLICATIONS
As outlined in the Executive Summary above.

REPORT APPROVAL ROUTE	
Date	**Meeting**
21 Nov-24	**CEO, Executive Director of Operations & Executive Director of Strategy, Planning & Performance**
29 Nov-24	**Trust Board**

REPORT APPENDICES			
Appendix 1 – Patient Harm Mitigations 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. 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.
2. This report provides Trust Board with a patient harm mitigations dashboard.

BACKGROUND

3. 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.
4. At its September 2024 meeting Trust Board received a closure report for the patient mitigations action plan and agreed to receive just the patient harm scorecard going forward.
5. The Trust continues to take many actions to mitigate patient harm, at a strategic, tactical and operational level, which are reported through to committees and Trust Board in a variety of reports e.g. IMTP Assurance Report, Monthly Integrated Quality & Performance Report, QuEST committee agendas etc.

ASSESSMENT

Patient Harm Metrics

6. *Appendix 1* contains a simplified patient harm mitigations dashboard. These metrics indicate continuing levels of unacceptable patient harm:

    - 555 patients were estimated to have come to severe harm outside EDs in October 2024 due to extended handover times;
    - 14 patient safety incidents were referred to health boards under the Joint Investigation Framework; and
    - 10,867 patients cancelled their call, or the Trust could not send a resource to them, with an estimated half of these patients turning up elsewhere in the unscheduled care system e.g. "walk ins".

Patient Harm Mitigation Metrics

6. The dashboard also contains a range of patient harm mitigation metrics. These metrics indicate that the Trust is delivering good performance on the things that it can control, but that hospital handover levels are offsetting these improvements:-

    - In October 2024 2,723 red (immediately life threatening) incidents were reached in 8 minutes, materially above the two-year average of 2,246 incidents;
    - 98% of its EMS rosters (unit hours production) were delivered in October 2024, exceeding the 95% benchmark;
    - But the Trust lost 25% of its conveying production to hospital handover lost hours.

7. The continuing levels of hospital handover lost hours and avoidable patient harm make it an imperative to continue at pace with the Clinical Model Transformation Programme.

RECOMMENDATIONS: The Trust Board is asked to: -

(1) NOTE the continued level of avoidable patient harm in the 999-emergency care pathway.

(2) NOTE the strategic imperative of delivering the Clinical Model Transformation programme.

Patient Harm Mitigation Indicators Dashboard

Top Monthly Indicators	Target 2024/25	Sep-24	Oct-24	2 Year Average	RAG
Our Patients					
Volume of Red Responded Incidents in 8 Minutes	↑	2,528	2,723	2,246	G
Volume of Amber 1 Responded Incidents	↑	10,322	10,966	11,379	R
Can't Send & Cancelled by Patient Volumes	↓	9,440	10,867	8,960	A
Our People					
Sickness Absence *(all staff)*	6.0%	7.43%	N/A	8.44%	R
Number of Shift Overruns	↓	3,870	3,646	3,848	A
Total EMS Resource (all types) UHP	95%	95%	98%	95.29%	G
Value					
% of Conveying Production Lost Due to Handover Lost Hours	7.81%	24.8%	24.8%	25.4%	R
% of 111 Demand Referred to ED	↓	15.75%	16.11%	13.63%	R
% of EMS Demand Conveyed to ED	↓	34.68%	33.33%	36.41%	G
Average Jobs per Shift (All Vehicles)	↑	2.29	2.25	2.33	R

Top Monthly Indicators	Target 2024/25	Sep-24	Oct-24	2 Year Average	RAG
Partnerships / System Contribution					
Successful Consult & Close Outcome	17.0%	N/A	N/A	13.42%	
% of EMS Verified Demand Accessing SDECs	↑	0.12%	0.14%	0.15%	R
Number of Handover Lost Hours	7,500	20,693	21,880	22,462	R
Number of Patient Handovers > 1 hour	0	5,665	6,168	6,028	R
Number of Patient Handovers > 4 hour	0	1,760	1,878	1,941	R
Immediate Released (Red) Declined	0	6	8	13	R
Immediate Released (Amber 1) Declined	0	355	438	300	R
Patients Estimated to be coming to Severe Harm (from long ED wait)	0	510	555	543	R
Joint Investigation Framework Incidents Referred to Health Boards	0	16	14	13	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)

AGENDA ITEM No	**10**
OPEN	**OPEN**
No of ANNEXES ATTACHED	**1**

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – September/October 2024

MEETING	Trust Board
DATE	29th November 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 **September/October 2024.**

2. The report aims to provide an integrated view of quality & performance, so is made available to all three committees, to give that overview, with more specific and detailed reports supplementing it. Whilst giving an integrated overview, each slide contains an icon denoting the lead committee for each set of indicators. All indicators are for this committee.

3. Data quality issues have been identified and are being addressed within 111, APPs and throughout the quality indicators with the result that there are a number of Board approved metrics which are not available at this time.

4. The response times to 999 callers remains a key concern with red 8-minute performance at 50.40 % in October 2024 and Amber 1 median at 1 hour and 46 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 (93% in October, just short of achieving benchmark) and fully rolling out the Cymru High Acuity Response Unit (CHARU) service (84% in October, highest achieved to date);

whilst also undertaking more transformative actions through the Clinical Model Transformation (CMT) Programme.

5. The Trust lost 21,880 hours to handover in October 2024. This level of lost capacity is difficult to compensate for, despite all the actions being taken by the Trust.

6. 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.

7. 111 call handling performance has stabilised post-delivery of the new 111 CAS and is improving, achieving the 5% abandonment rate in October 2024. 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 and sickness absence. The Trust anticipates that staff in post will be restored to commissioned levels by November 2024.

8. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance is unstable, with oncology remaining above target, however, renal performance dropping below target for the first time since March 2020. Both the NET Centre and NEPTS transport are due to be re-rostered in 2024/25 (on target), a key efficiency.

9. 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 7.43% in September 2024 maintaining 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. EMS abstractions were marginally above the 30% benchmark in October 2024 at 30.82%.

10. 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, in particular, remote clinical screening (RCS).

RECOMMENDATION: Trust Board is asked to: -Consider the September/October 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
21.11.24 Assistant Director Strategy, Planning & Performance 27.11.24 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 **September/October 2024.**

2. The report aims to provide an integrated view of quality & performance, so is made available to all three committees, to give that overview, with more specific and detailed reports supplementing it. Whilst giving an integrated overview, each slide contains an icon denoting the lead committee for each set of indicators:-

All indicators are for this committee.

BACKGROUND

3. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus: -

   - Our Patients (Quality, Safety and Patient Experience);
   - Our People;
   - Finance and Value; and
   - Partnerships and System Contribution

4. 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

5. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.

6. **999** call answering times declined in October with the 95th percentile at 25 seconds, compared to 18 seconds in September 2024. The 65th percentile and median performance remain consistently good in October 2024.

7. **111 call answering performance has improved over recent weeks,** and the call abandonment performance was at 5% in October, achieving the 5% target. 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 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%).

8. 111 demand in October 2024 was 0.8% higher than during October 2023, resuming the longer term upward trend. 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.

9. **111 Clinical response:** clinical ring back times for patients with the highest priority remained above target at 100%. One response time for lower priority calls also achieved the target this month, recording 91.6% and 87.0% for P2CT and P3CT respectively.

10. **Ambulance Response** (safety / patient experience): the red 8-minute response performance for October 2024 was 50.40%, 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 October was 1 hour 46 minutes and the Amber 1 95th percentile was 7 hours 43 minutes. These long response times have a direct impact on outcomes for many patients.

11. 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.

12. 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. The Trust achieved an 84% CHARU UHP in Oct-24, matching the highest it has achieved last month and is now seeking to close the remain gap through the recruitment of fully qualified paramedics.

13. 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. 21,880 hours were lost during October 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 above its two-year average figure (7,779). 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.

14. **Ambulance Care (Patient Experience)**: Oncology performance in October 2024 was 73.32%, hitting the 70% target. Renal performance dropped below target at 68.73%. Advanced discharge & transfer journey performance decreased compared to the previous month to 81% and remains below the 95% target. Overall demand for NEPTS continues to increase and is now above 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).

15. **National Reportable Incidents (NRIs) / Concerns Response**: the Trust reported four NRI's to the NHS Executive in October 2024, a decrease from the six reported in September 2024; and 14 serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In October 2024 complaint response times improved to 65%, an improvement on the 46% recorded in September 2024, but remaining below the 75% target, with cases remaining complex.

16. **Clinical outcomes**: The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 88.6% in October 2024, remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system and this improvement is being seen clearly in most of the clinical indicators. The return to spontaneous circulation (ROSC) compliance rate decreased to 16.8% in October 2024 compared to 19.4% in September 2024.

17. The Trust is now able to report on call to door times for Stroke and STEMI patients. For October 2024, these highlight call to hospital door times of two

hours and 37 minutes for stroke patients and two hours and thirty-two 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.

18. In October 2024, 10,867 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 806 callers. The Trust believes that 50% of this combined number is unmet demand and is likely to be presenting 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)

19. **Hours Produced**: The Trust produced 124,337 Ambulance Response unit hours in October 2024 and delivered an emergency ambulance unit hours production (UHP) of 93%, dropping just below the 95% target.

20. **Response Abstractions:** EMS abstraction levels increased to 30.82% in October 2024, just above the 30% benchmark figure. Response sickness abstractions stood at 7.60% (benchmark 5.99%).

21. **Trust sickness absence:** the Trust's overall sickness percentage was 7.43% in September 2024, a decrease on the 7.52% recorded in August 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 7.43% is above the 2023/24 IMTP ambition of 6%.

22. **Staff training and PADRs:** PADR rates did not achieve the 85% target in October 2024 but have been remaining consistent (77.22%). Compliance for Statutory and Mandatory training decreased slightly to 83.35%, just shy of the 85% target.

23. **People & Culture Plan**: the Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working, and the introduction of a staff pulse survey tool. The Executive Leadership Team undertook another round of a pan-Wales of CEO Roadshows in October 2024 and collection of feedback is underway.

Finance & Value

24. **Financial Balance**: the reported outturn performance at Month 7 is a surplus of £42k and the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

Partnerships & System Contribution

25. We are not able to 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.

26. 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

27. 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 unstable due to high demand and increased system pressures with one headline metric remaining above target and one dropping below for the first time since 2020.

RECOMMENDATIONS

Trust Board is asked to: Consider the September/October 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

September/October 2024

Annex 1 – Top Indicator Dashboard

GIG CYMRU NHS WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
University NHS Trust

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

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard

Top Monthly Indicators	Target 2024/25	Sep-24	Oct-24	2 Year Average	RAG
Our Patients					
Timeliness Indicators					
NHS111 Call Handling Abandonment Rates	< 5%	7.0%	5.0%	10.9%	G
111 Clinical Triage Call Back Time (P1)	90%	99.1%	100.0%	98.4%	G
999 Call Answer Times 95th Percentile	00:06	00:18	00:25	00:19	R
999 Red Response within 8 minutes	65%	49.0%	50.4%	49.2%	R
999 Amber 1 Median	00:18	01:43	01:43	01:23	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	75.3%	73.3%	72.4%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	82.1%	80.6%	81.7%	A
Clinical Outcomes / Quality Indicators					
Return of Spontaneous Circulation (ROSC)	Increasing Trend	19.4%	16.8%	18.6%	G
Stroke Patients with Appropriate Care	95%	89.9%	88.6%	79.3%	A
Stroke Call to Hospital Door Times	Reduction Trend	02:34	02:37	9.6%	A
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	70.0%	60.2%	47.7%	R
National Reportable Incidents reports (NRI)		6	4	4	
Can't Send & Cancelled by Patient Volumes	Reduction Trend	9,440	10,867	9,010	A
Concerns Response within 30 Days	75%	46.00%	65.0%	44.5%	R
Enactment of the Duty of Candour Total		6	7	4	
Our People					
Capacity					
Hours Produced for Emergency Ambulances	95-100%	95%	93%	90%	A

Top Monthly Indicators	Target 2024/25	Sep-24	Oct-24	2 Year Average	RAG
Health & Well-being					
Sickness Absence *(all staff)*	6.0%	7.43%	N/A	8.03%	A
Mental Health Absence Rates	Reduction Trend	2.59%	N/A	2.23%	A
Staff Turnover Rate	Reduction Trend	8.21%	8.02%	9.00%	G
Statutory & Mandatory Training	>85%	83.79%	83.35%	75.48%	A
PADR/Medical Appraisal	>85%	75.89%	77.22%	73.22%	A
Number of Shift Overruns	Reduction Trend	3,870	3,646	3,662	R
Inclusion & Engagement / Culture					
NEPTS % of Total Calls Answered in Welsh	Increasing Trend	2.2%	1.9%	1.6%	G
Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100.00%	100.00%	100%	G
EMS Utilisation Metric (CHARU)	Increasing Trend	26.8%	27.3%	27%	A
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.29	2.25	2.33	R
NEPTS on the Day Cancellations	Reduction Trend	13.1%	13.9%	13%	R
Partnerships / System Contribution					
Inverting the Triangle					
Successful Consult & Close Outcome	17.0%	9.7%	N/A	13.3%	
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	11.44%	11.51%	11.3%	G
Number of Handover Lost Hours	7,500	20,693	21,880	22,461	R
NHS111					
NHS111 Dental Calls	Increasing Trend	N/A	N/A	6,741	
Consult & Close Volumes by NHS111	Increasing Trend	N/A	N/A	987	

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

(Responsible Officer: Lee Brooks)

Abandonment Rate G

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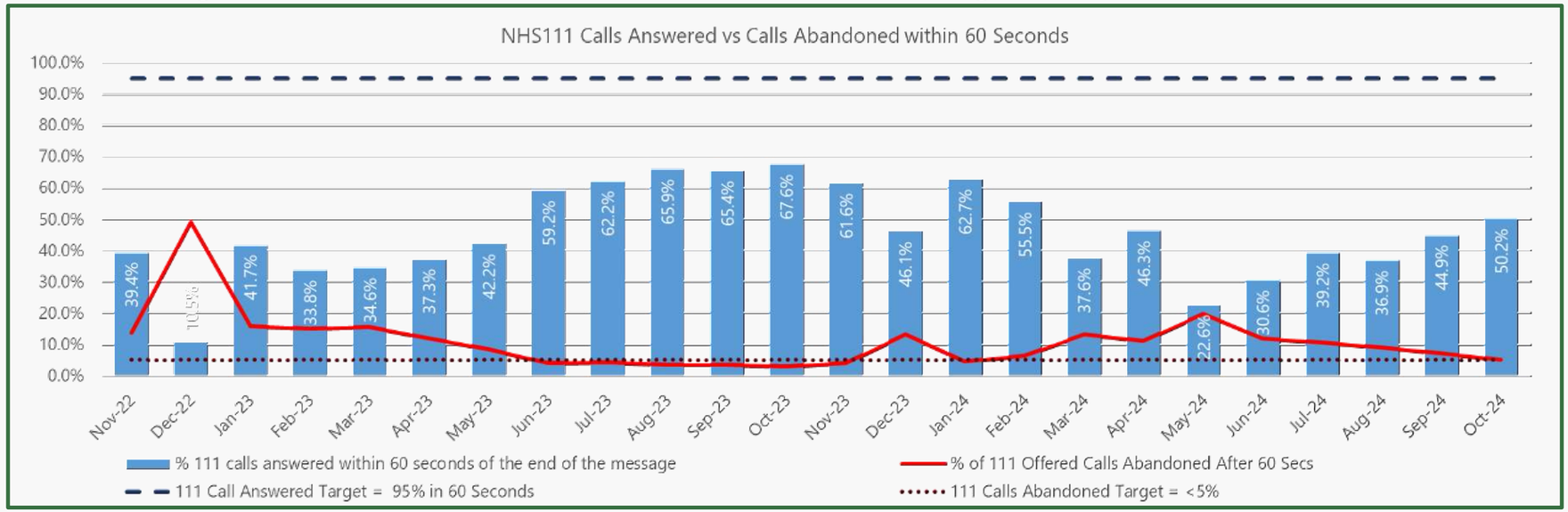
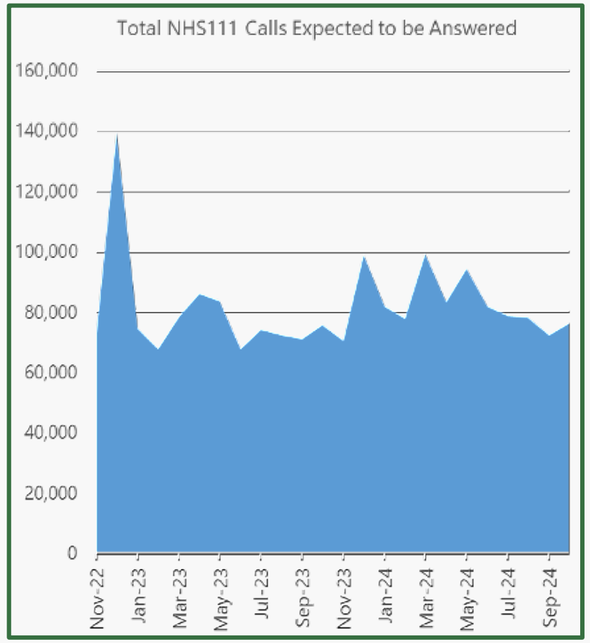
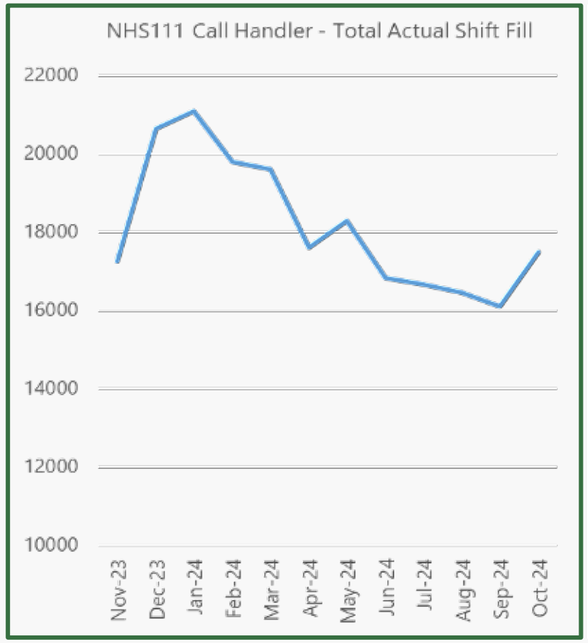
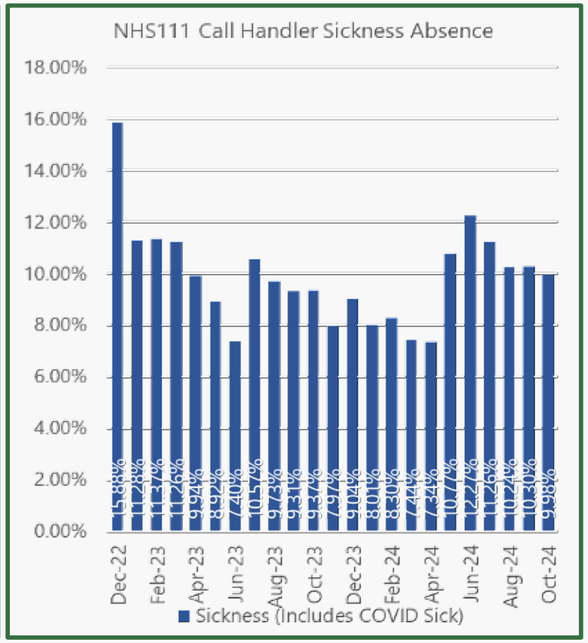
Influencing Factors – Demand and Call Handling Hours Produced









Analysis

The 111-call abandonment rate improved from 7% in September 2024 to 5% in October 2024, achieving the 5% target for the first time in 9 months. The percentage of 111 calls answered within 60 seconds improved, from 44.9% in September 2024 to 50.2 % in October 2024, but continues to remain below the 95% target.

Performance declined during the middle part of the year, due mainly to the introduction of the new 111CAS system, which went live on 30th April 2024. In the run up to this implementation staff were abstracted for training, recruitment was paused and after go-live, staff were familiarising themselves with the system, all of which had an impact on efficiency. Since that time there has been a steady improvement in performance.

Remedial Plans and Actions

Key actions include:

- With cohorts starting over the summer the plan is to be at commissioned levels by November, a slip from the previous August deadline;
- Further action is being undertaken to try and improve the call handling position across the Winter months;
- 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 as the new system beds in and with the recruitment of additional staff, performance will continue to improve; however, there are risks including demand, levels of commissioned call handers 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)

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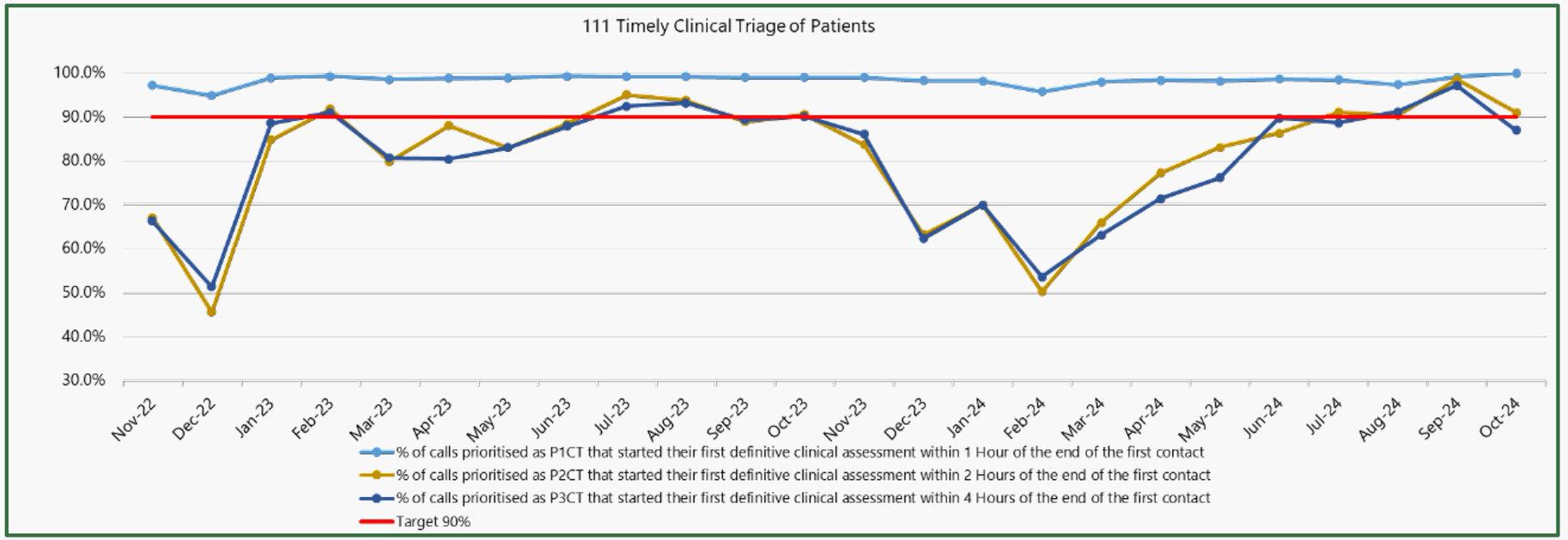
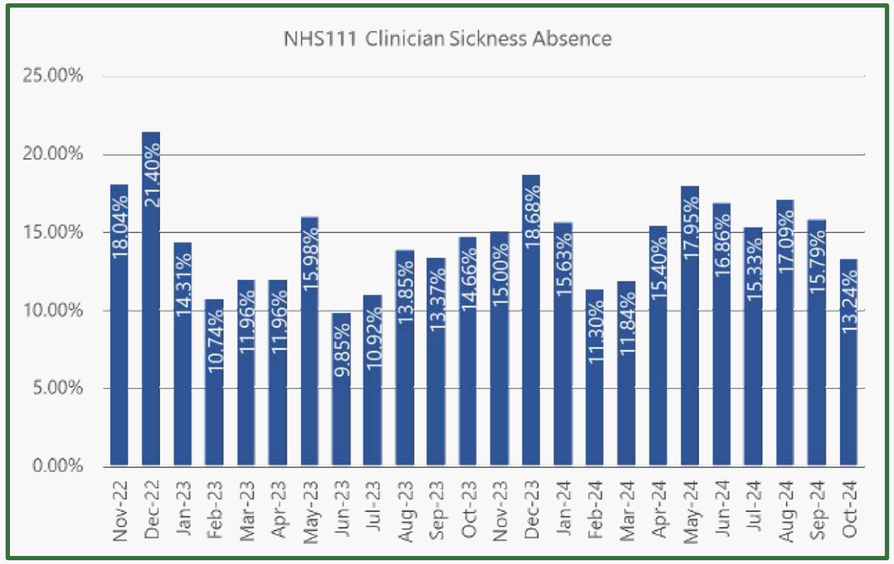
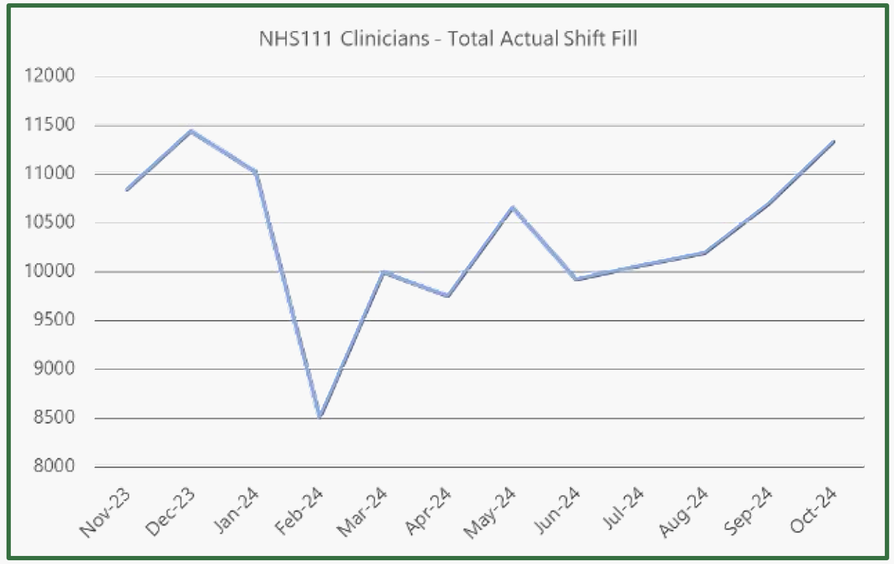
NB: Data quality issues have been identified in 111. These are currently being addressed.







Analysis

The highest priority calls, P1CT, achieved the 90% target, recording 100% in October 2024.

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

Numbers of clinician hours produced increased again in October 2024 for the fourth month in a row to 11,328. Clinician sickness absence also improved during the month to 13.24%.

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. Welsh Government have asked that WAST model call handling performance through the winter. This is not the same as clinician performance but should provide useful intelligence on what the Trust may achieve for clinical triage performance.

Our Patients: Quality, Safety & Patient Experience
999 Call Performance Indicators

(Responsible Officer: Lee Brooks)

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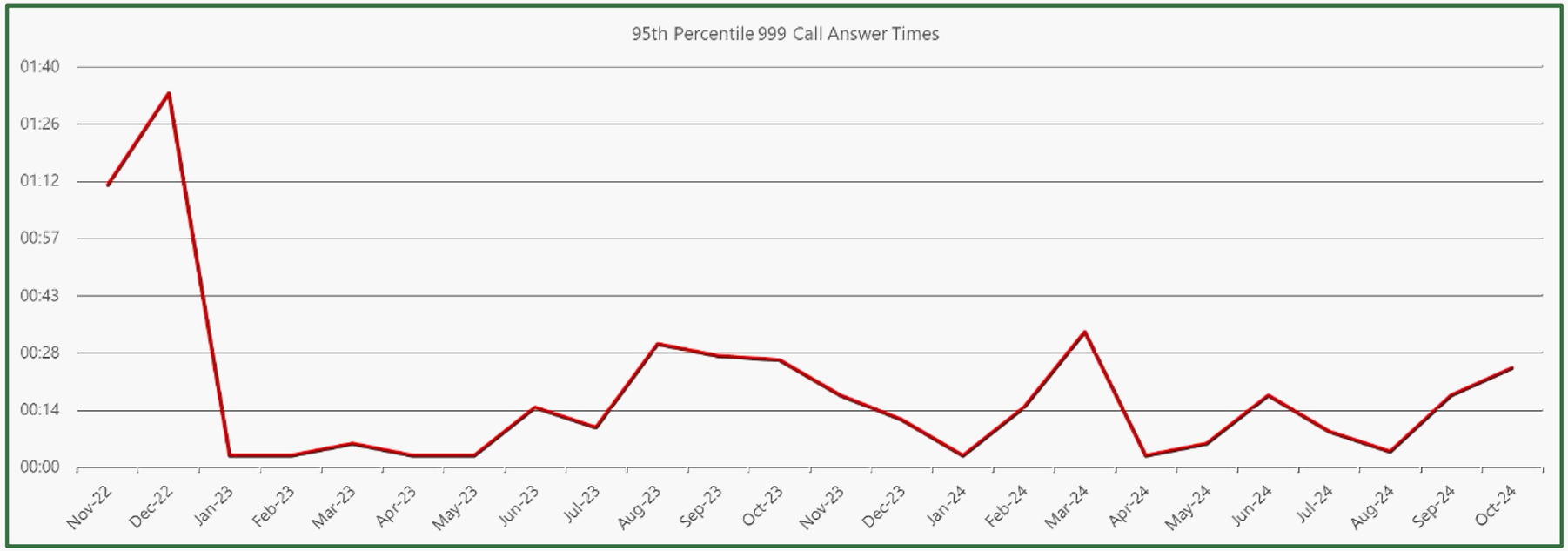
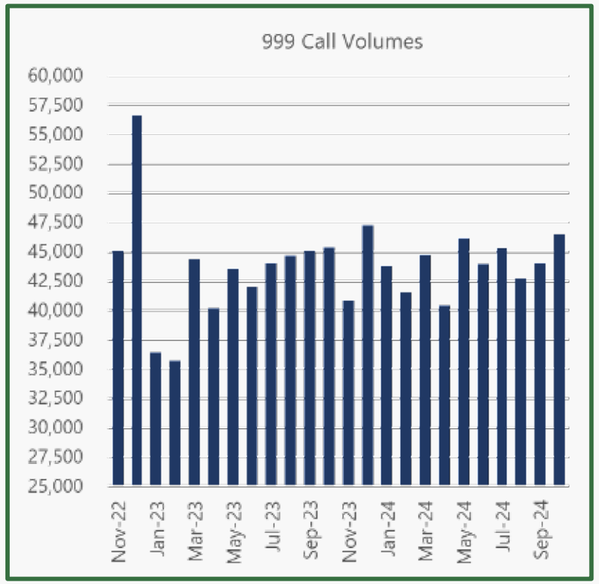
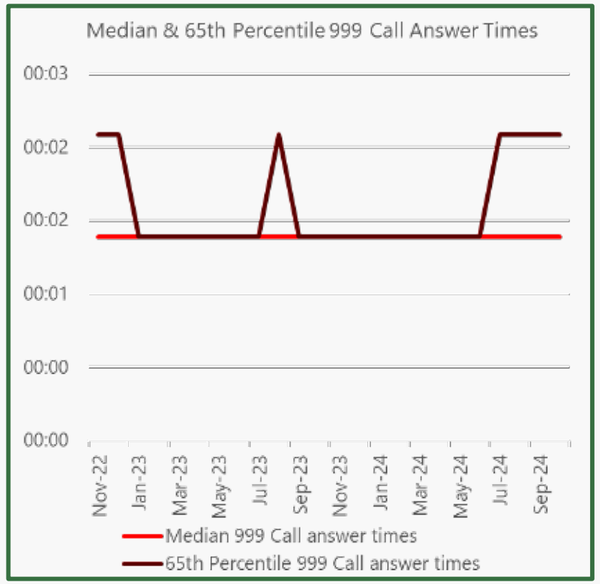
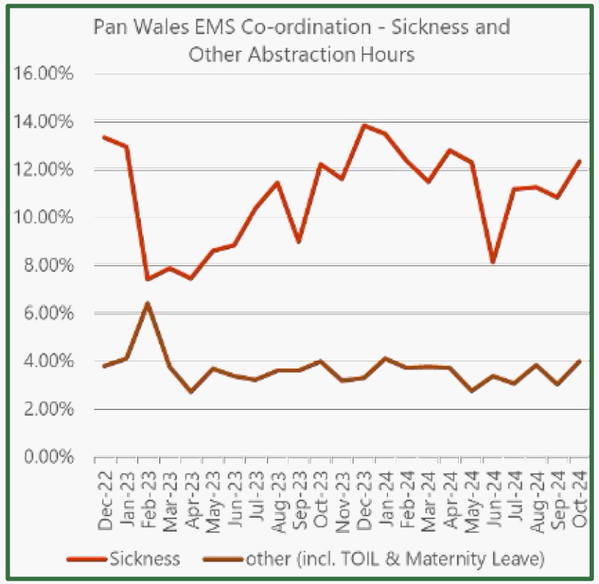
Influencing Factors – Demand and Hours Produced









Analysis

The 95th percentile 999 call answering performance did not achieve the 6 second target (00:25) in October 2024; however, the median call answer time for the 999-service remains consistently good at 2 seconds in October 2024.

There was an increase in demand in October 2024 to 46,444 calls from 44,000 in September 2024.

Sickness levels saw an increase from 10.82% in September 2024 to 12.34% in October 2024.

Remedial Plans and Actions

- Over establishment has been approved for EMSC by the Executive Director of Operations with call takers currently above establishment (105.76 FTEs v 122 WTEs).
- Will continue to overrecruit for the next few months (as approved by the ADO and the EDoOps) into the winter months which will also support potential losses from the Bryn Tirion move to ty Elwy.
- Further recruitment drives in all three centres are planned for November, January & March with 12 per cohort.

A transformation programme is nearing conclusion (changes go live in Nov-24):

- **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)

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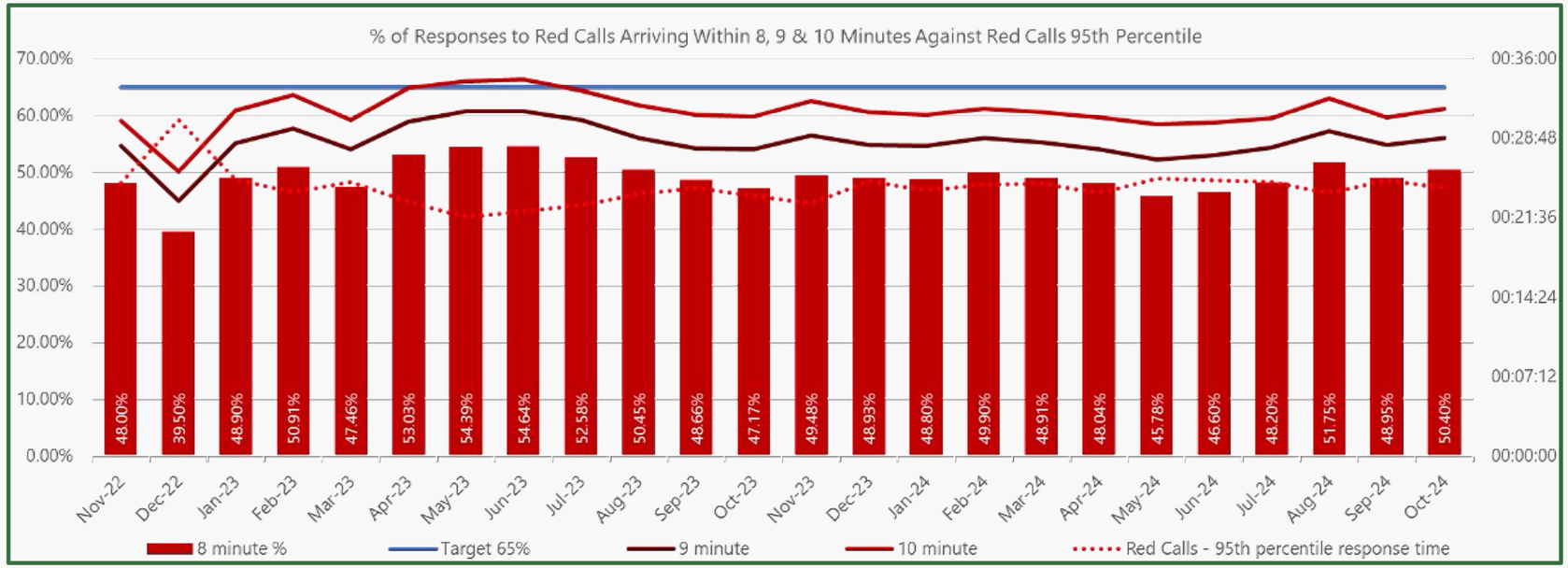

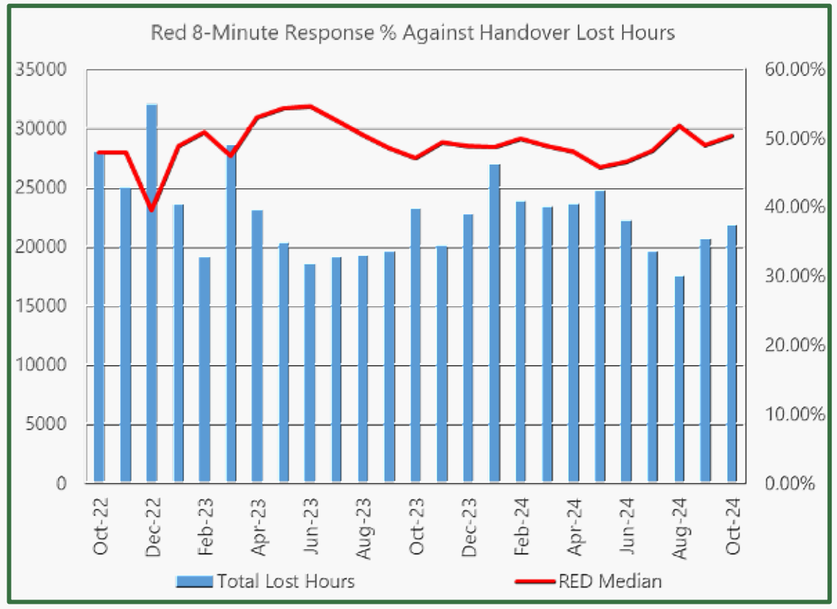

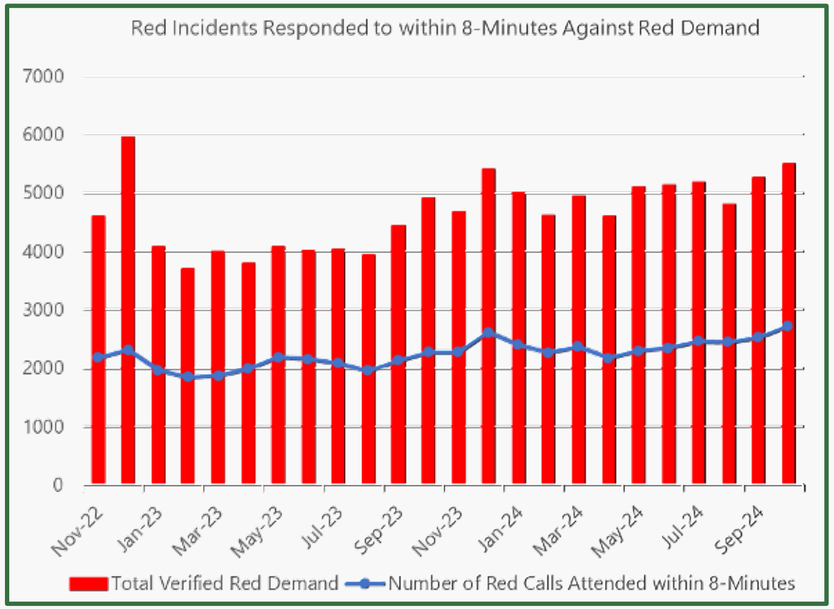

Analysis

Red 8-minute performance continues to remain below the 65% target increasing marginally during October 2024 to 50.4%.

Red 10-minute performance for October 2024 was 61.2%, 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 October 2024 being 11.8% higher than that seen in October 2023. As red demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for October 2024 of 2,723, being 19.5% higher than the figure for October 2023, and the highest figure yet recorded. 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 21,880 lost hours in October 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 during November (linked to above).
- 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
- 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 winter has now been completed.

Our Patients: Quality, Safety & Patient Experience
Amber Performance Indicators

(Responsible Officer: Lee Brooks)

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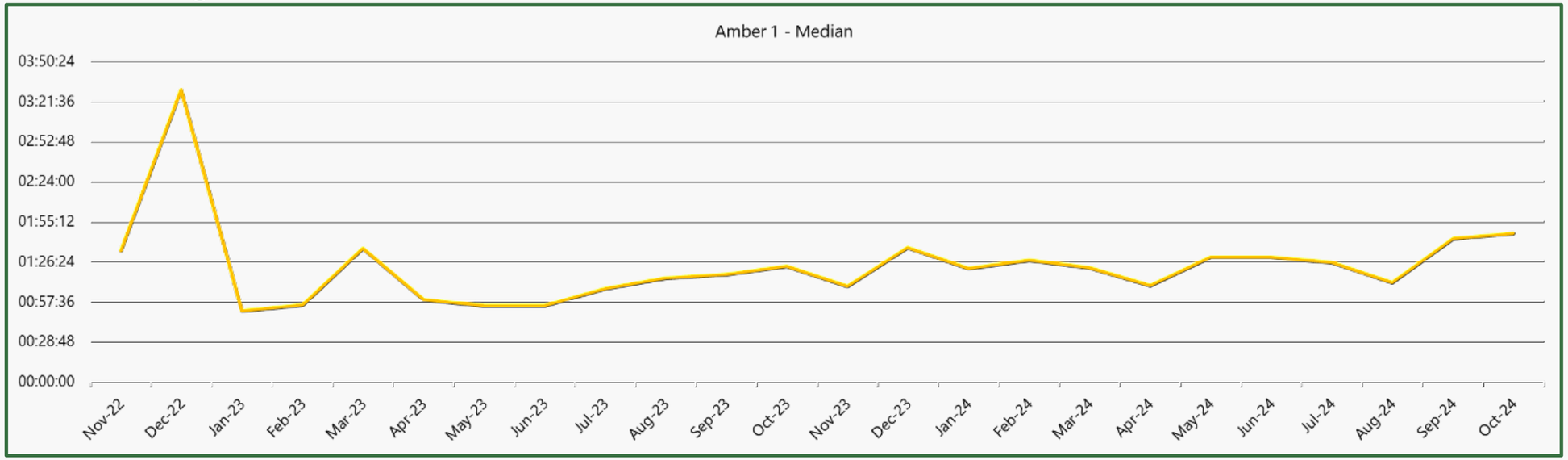
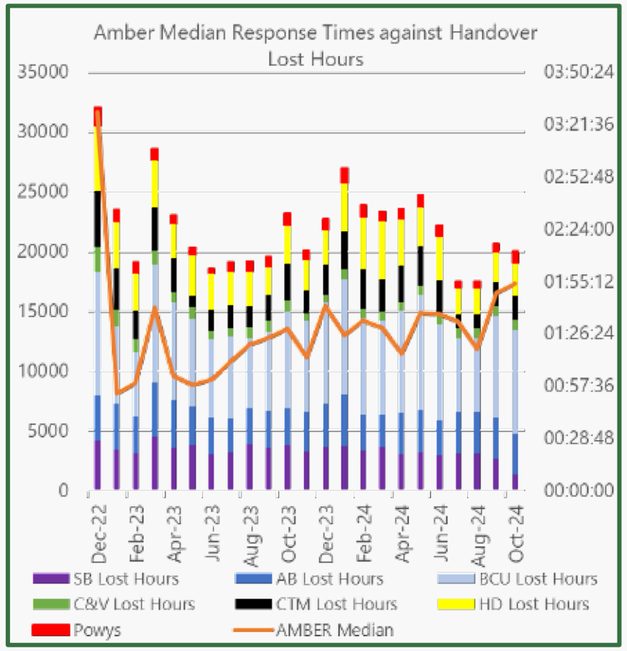
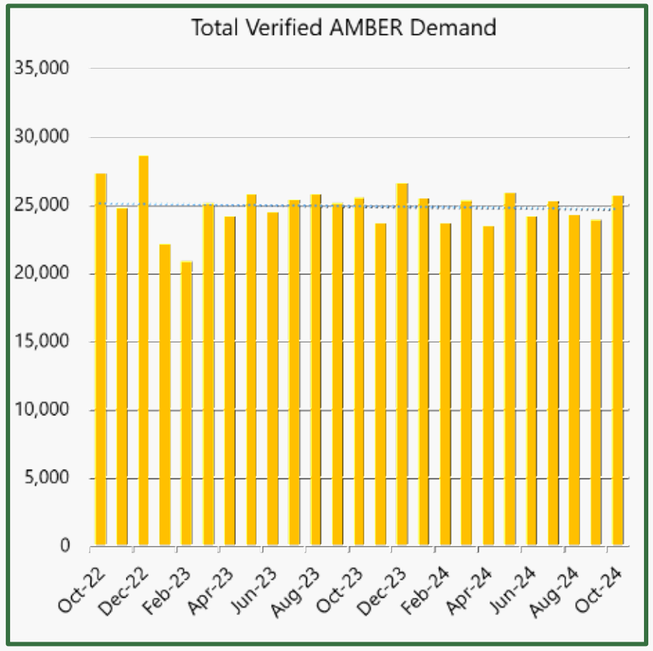
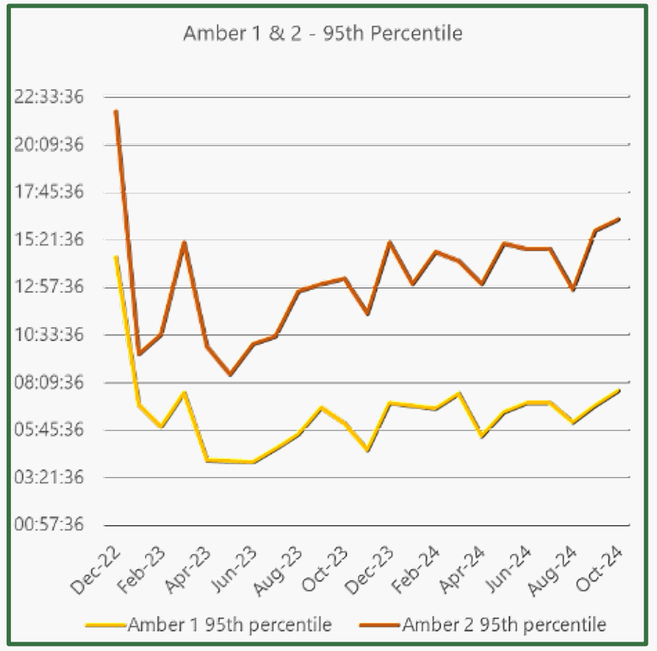
Influencing Factors – Demand, Hours Produced and Hours Lost









Analysis

The Amber 1 median performance time increased during October 2024 to 1 hour 46 minutes compared to 1 hour 43 minutes in September 2024. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95th percentile also increased during October 2024 to 7 hours 43 minutes, up from 6 hours 59 minutes in September 2024. This time remains far too long and remained above the 2-year average figure of 6 hours 35 minutes.

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

Remedial Plans and Actions

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

Expected Performance Trajectory

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

Our Patients: Quality, Safety & Patient Experience

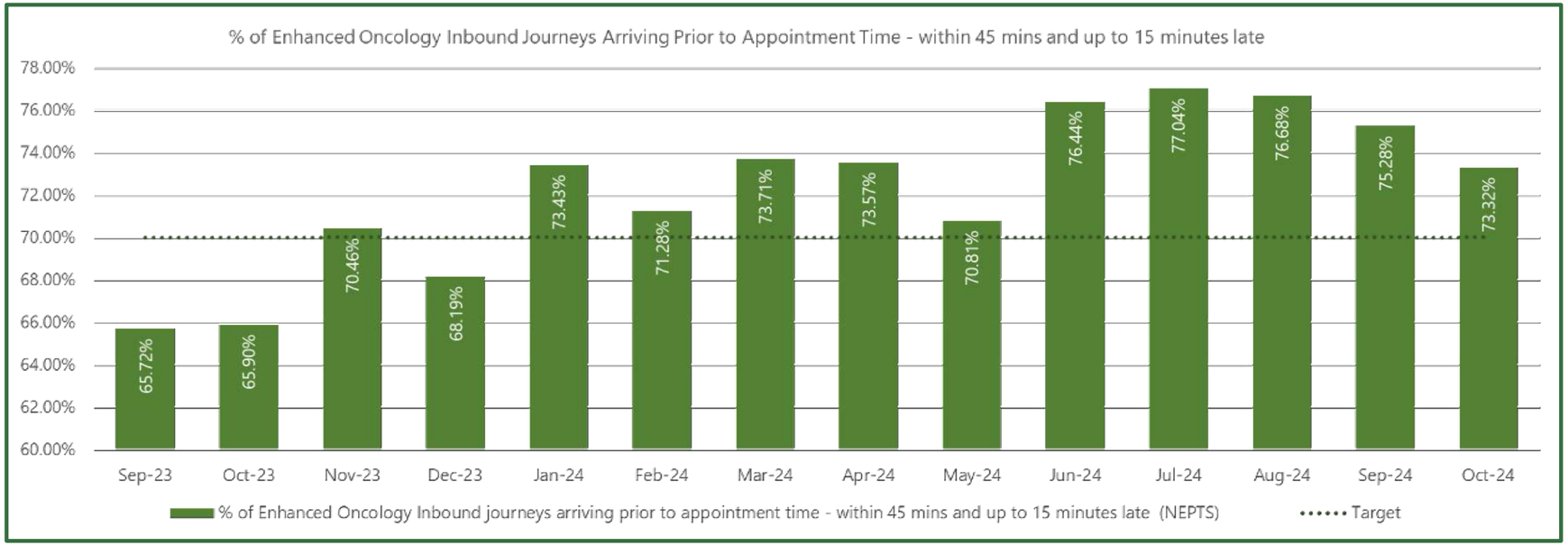
Patient Experience – Influencing Ambulance Care Indicators

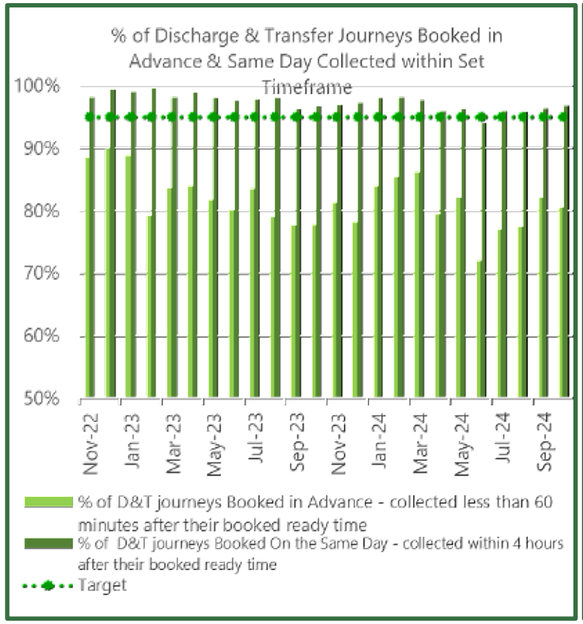
(Responsible Officer: Lee Brooks)

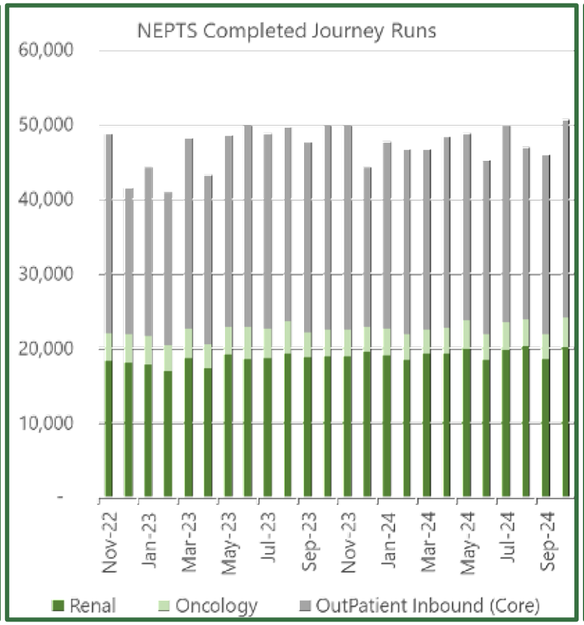
D&T	Oncology	Welsh Calls
A	G	G

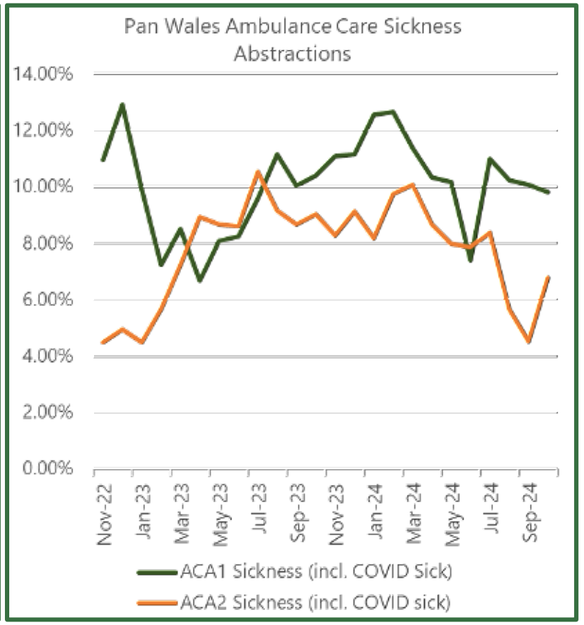
FPC

CI









Analysis

73.32% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time, achieving the 70% target for the tenth 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 81% in October 2024, and a slight decrease from the 82% in September 2024.

Enhanced Renal journeys, decreased to 68.7%, which therefore did not achieve the agreed performance standard (70%) for the first time since March 2020 due to increased demand and increased system pressures, which are now above pre-pandemic levels.

Call volumes answered increased further in October 2024 to 20,465 compared to 17,662 in September 2024; however, the average speed of call answering improved from 4 minutes 55 seconds in September to 1 minutes 11 seconds in October.

Both ACA1 And ACA2 sickness remain above the 5.99% target, attaining 9.82% and 6.78% in October 2024, respectively.

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

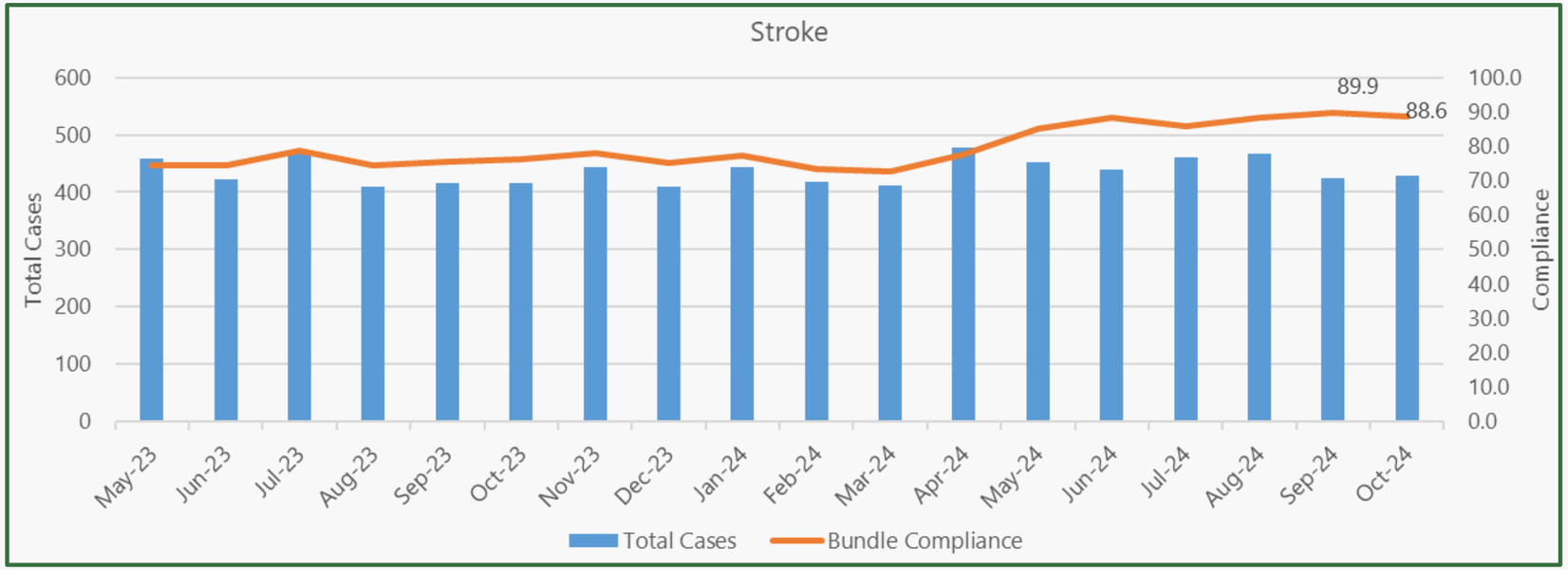
Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, ST-elevation myocardial infarction (STEMI) with Appropriate Care

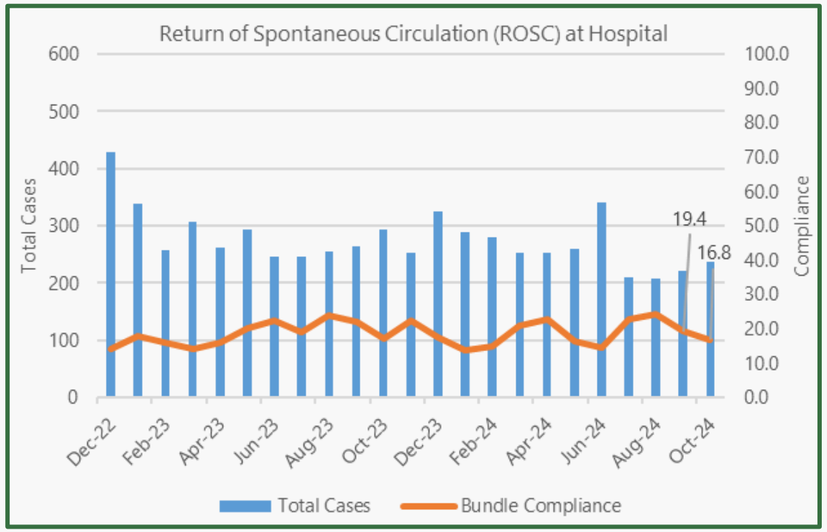
Stroke	ROSC	STEMI
A	G	R

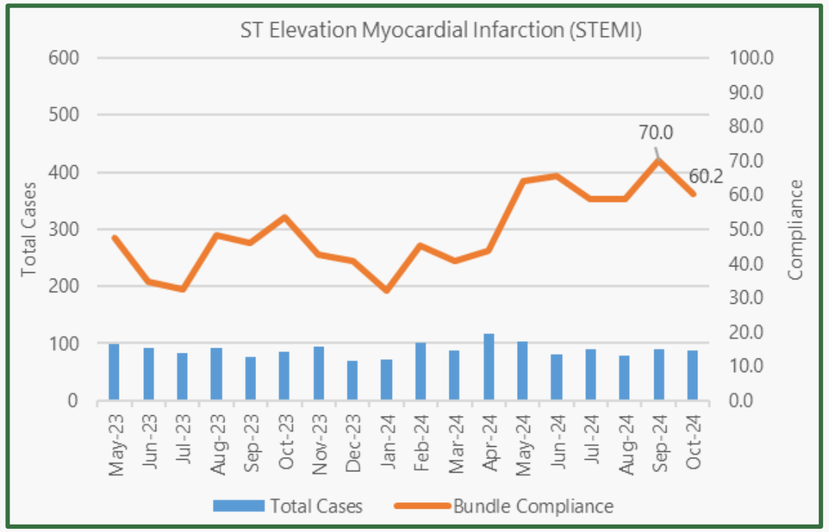
Self-Assessment: Strength of Internal Control: Moderate

QUEST

(Responsible Officer: Andy Swinburn)







Analysis

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

Stroke – 88.6%, a slight decrease from 89.9% in September. 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 interventions, e.g. A FAST infographic used on the iPad lock screen.

STEMI (heart attack) – 60.2%, a decrease from 70.0% in September. There was an improvement in documenting the administration of Aspirin, but a decrease in other criteria. User Interface changes for justified exceptions with GTN to improve electronic Patient Clinical Record completion and compliance will be implemented in November. A 'nudge' to improve compliance to Aspirin and GTN was implemented at the end of October.

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 16.8%, a decrease from 19.4% in September. An update was made to the ROSC coding scripting which affected the data from July 2024. This resulted in a step change with August being the highest since ePCR was implemented. A decrease has been seen in the last two months due to normal variability.

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 are multifactorial and as such it is not possible to identify the specific element.

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 the next ePCR update scheduled for Spring 2025 and the impact will be monitored.

Our Patients: Quality, Safety & Patient Experience
Clinical Indicators

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

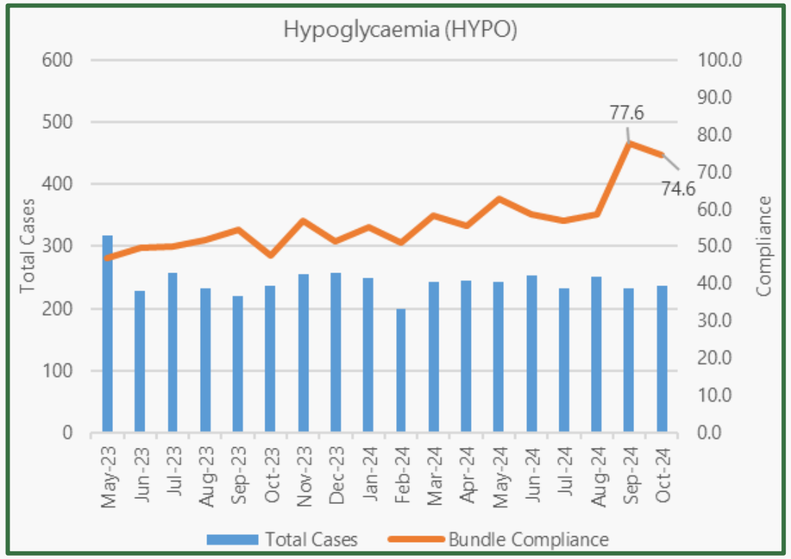
Call to Door

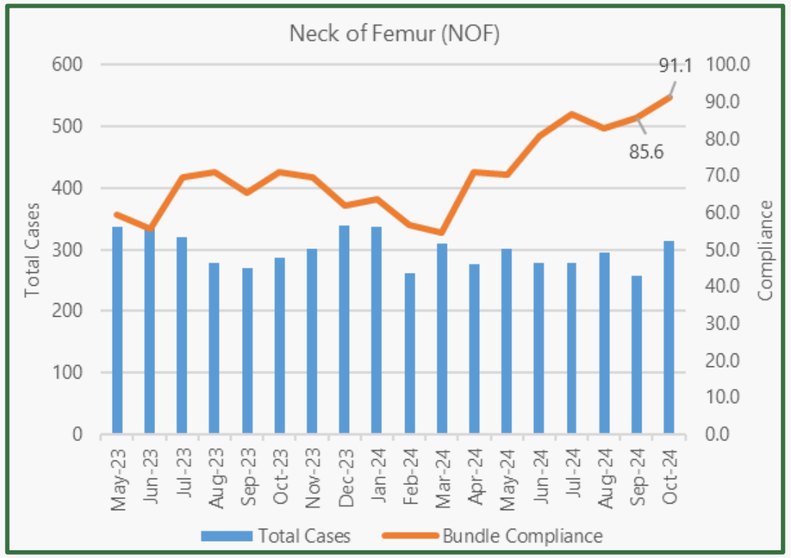
A

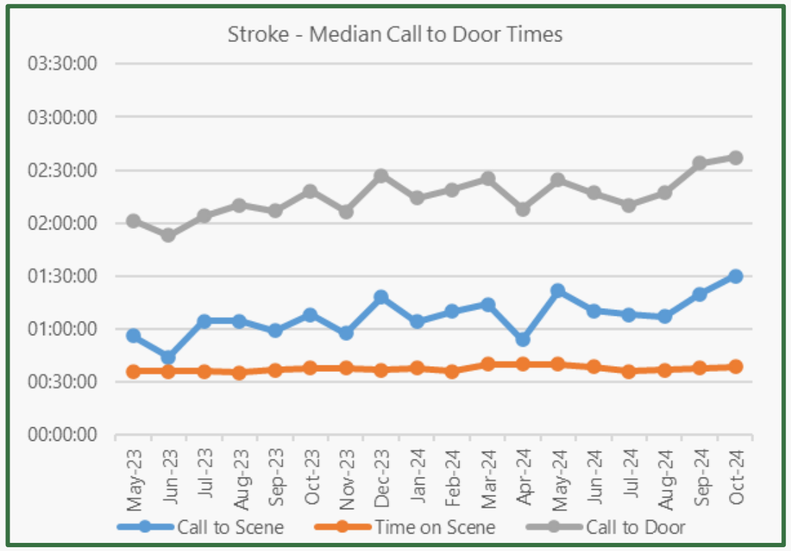
Self-Assessment: Strength of Internal Control: Moderate

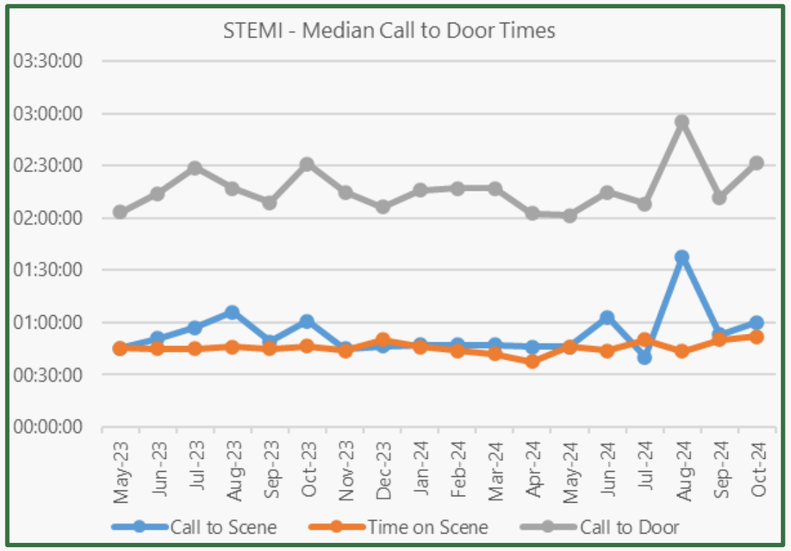
QUEST

(Responsible Officer: Andy Swinburn)









Analysis

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

Hypoglycaemia (diabetic patients with low blood glucose) – 74.6%, a slight decrease from 77.6% % in September. There has been a 3% reduction in documenting pre & post treatment blood glucose checks which impacted on the bundle compliance. CI improvement work continues which includes ePCR UI changes for documenting non-diabetic patients with a low blood glucose level.

Fractured Neck of Femur (hip fracture) – 91.1%, an increase from 85.6 % in September. 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 **October analgesia being 98%**, the highest since the electronic Patient Clinical Record was implemented.

Call to door times for Stroke and STEMI – the data has returned to a more consistent level for STEMI following the anomalies noted for August across WAST which were due to two incidents with a significantly extended incident cycle time. Extended call to scene times for both stroke and STEMI during October have impacted on the call to door times.

Remedial Plans and Actions

A recovery plan implemented since April 2024 to improve compliance has:

- Focussed on communication with clinicians to use the bespoke electronic Patient Clinical Record fields (in addition to the narrative).
- Provided weekly non-compliant data to support Senior Paramedics conversations with clinicians to improve compliance.
- Promoted Clinical Indicators, care bundles and electronic Patient Clinical Record completion at Health Board area focussed workshops.
- Supported a review of scripting used for reports.
- Supported further use of the 'nudge' tool with those for Aspirin & GTN with STEMI, and aspects of ROSC implemented at the end of October.

Expected Performance Trajectory

As a result of the work from the CI Recovery Group T&F group and the ongoing improvement interventions, a continued increase in compliance rates is expected and will be monitored by the Clinical Intelligence & Assurance Group.

Our Patients: Quality, Safety & Patient Experience
Patient National Reportable Incidents & Patient Concerns
Responses Indicators

(Responsible Officer: Liam Williams)

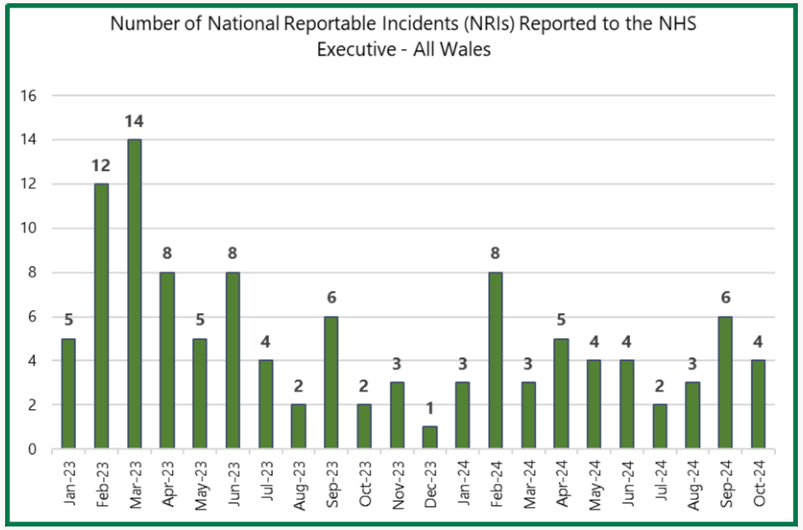
Concerns.

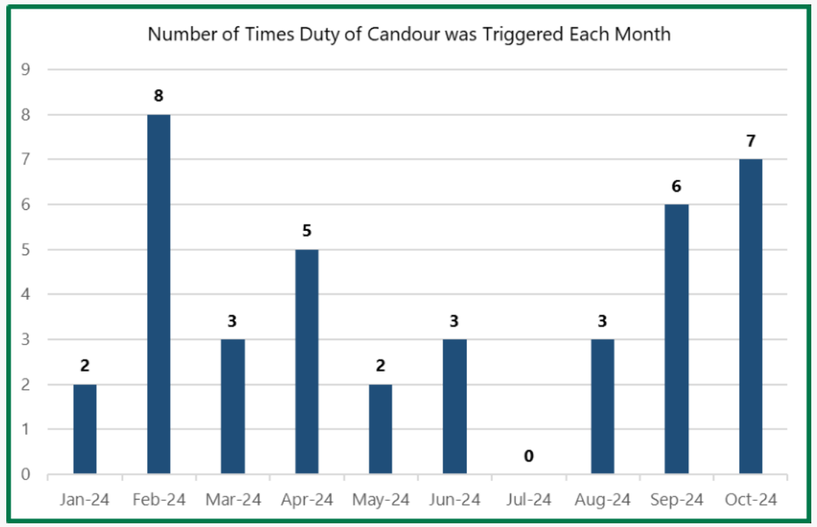
R

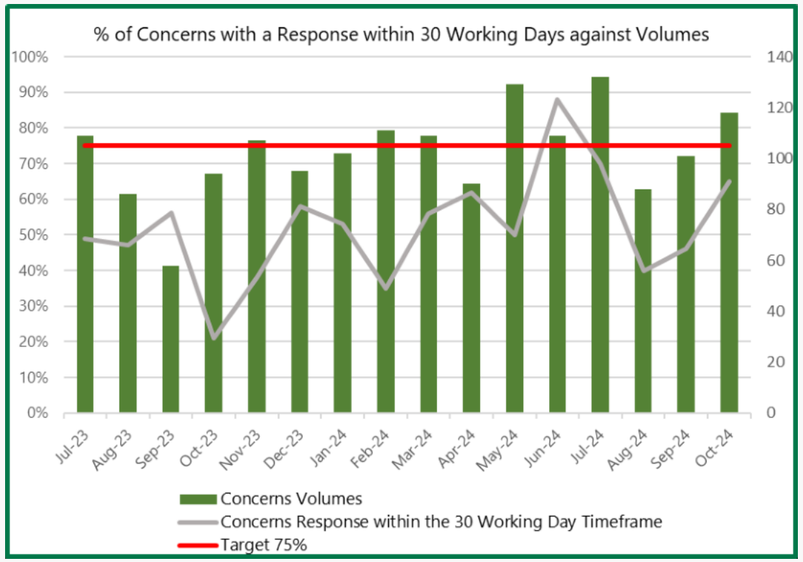
Self-Assessment: Strength of Internal Control: Moderate

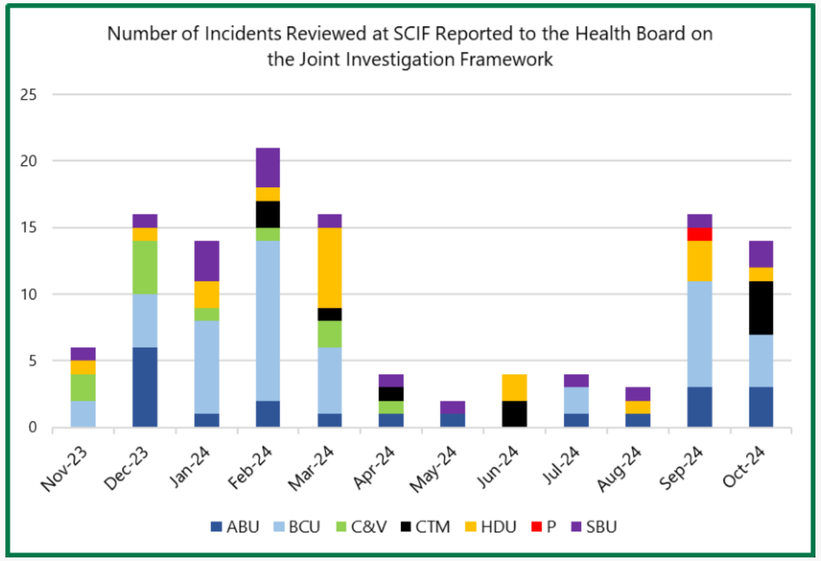
QUEST

Health & Care Standard
Health - Safe Care / Timely Care









Analysis

The Trusts response to achieving 75%, 30 working day compliance has seen an improvement, increasing from 46% in September to 65% in October. This has been due to the teams focus on resolving long-standing complaints and the total number of open cases.

4 NRI's were reported to the NHS Wales Executive in the previous month.

Duty of Candour Regulations (2023): An "in-person" notification is made when the Trust becomes aware of notifiable adverse outcomes. 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. A 100% attempt to contact patients and families was achieved during October 2024.

Remedial Plans and Actions

- Recruitment to the full PTR establishment is completed.
- Continued improvement in achieving objectives within the Putting Things Right Recovery plan have been achieved in October 2024.
- The Family and Relations team will continue to focus on closing open cases along with identification of areas of improvement for concerns that missed 30-day compliance by 2 days.
- The PTR team has established "live call taking" which has seen an improvement in the 5-day acknowledgement, and improved customer service for our families and patients.

Expected Performance Trajectory

The PTR Department will, over the coming months, continue to focus on ensuring that recent improvements in the timeliness of complaint responses are sustainable and that we reduce the longest waiting complaints.

Full establishment and return of staff from sickness within the Patient Safety Team, has seen improvement in the timeliness in identification of NRI's, closure of NRI's and identification of moderate incidents requiring 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

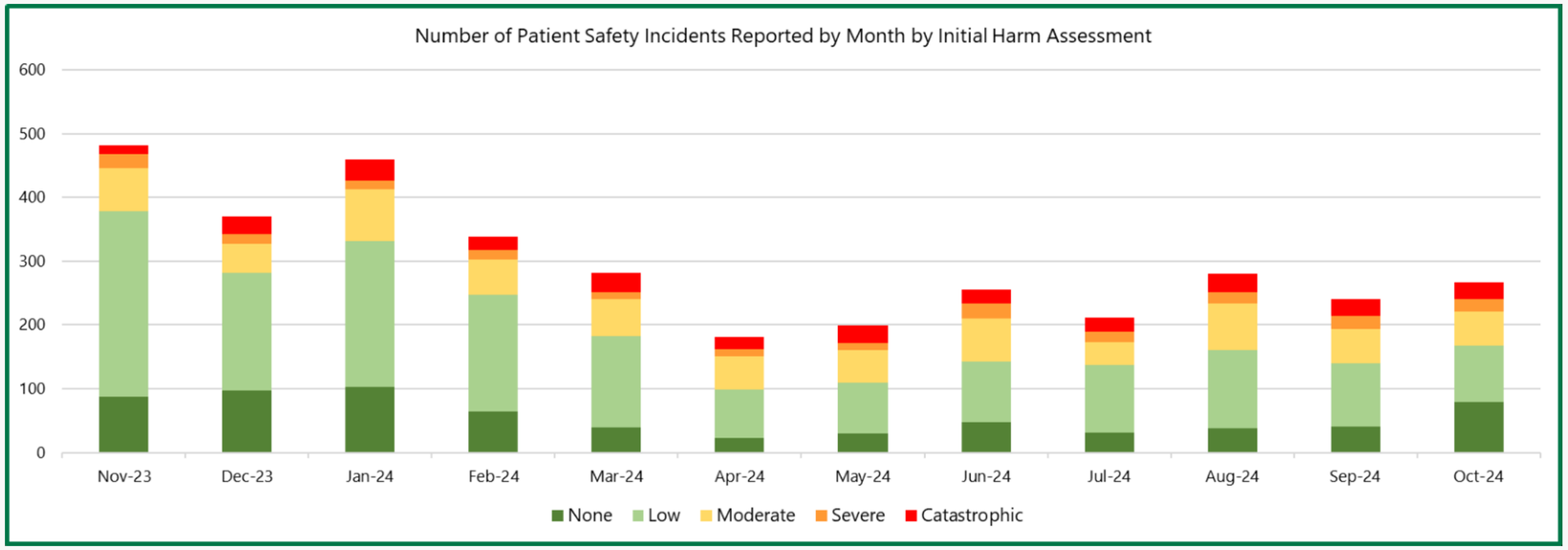
Our Patients: Quality, Safety & Patient Experience
Patient & People Safety Indicators

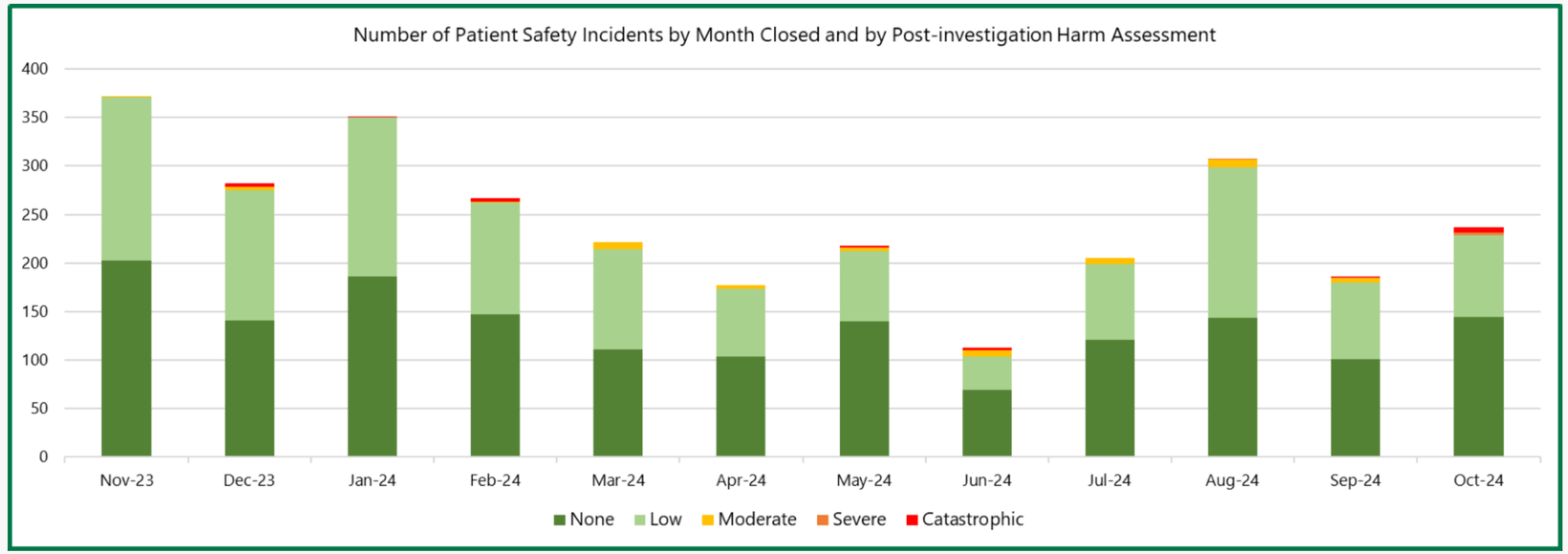
(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health – Safe Care





Analysis

An increase in incident reporting during October 2024 compared to September 2024 is observed across incidents where the harm grading is none, moderate and catastrophic with a minor decrease in harm reported as low and severe. 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) however the introduction of the Rejection SOP by the Quality Team has reduced the risk of duplication. Incident volumes include those reported internally by WAST staff but also those reported by Health Board colleagues about WAST services or care.

Harm levels for October 2024 were: -

- No harm or hazard - 79
- Low - 88
- Moderate - 54
- Severe harm - 19
- Catastrophic/Death - 26

This is an improved trajectory on September 2024. The patient safety team will continue to support the service areas, to improve the timeliness to closing of moderate and above patient safety incidents.

Remedial Plans and Actions

- The PTR team continue to focus on the priorities outlined in the departmental Recovery Plan to improve the Trusts position and performance across a number of quality metrics and Tier 1 targets.
- Work is progressing in respect of the development of dashboards and the aggregation of data 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.

Data source: Datix

Our Patients: Quality, Safety & Patient Experience
Coroners, Mortality and Ombudsmen Indicators

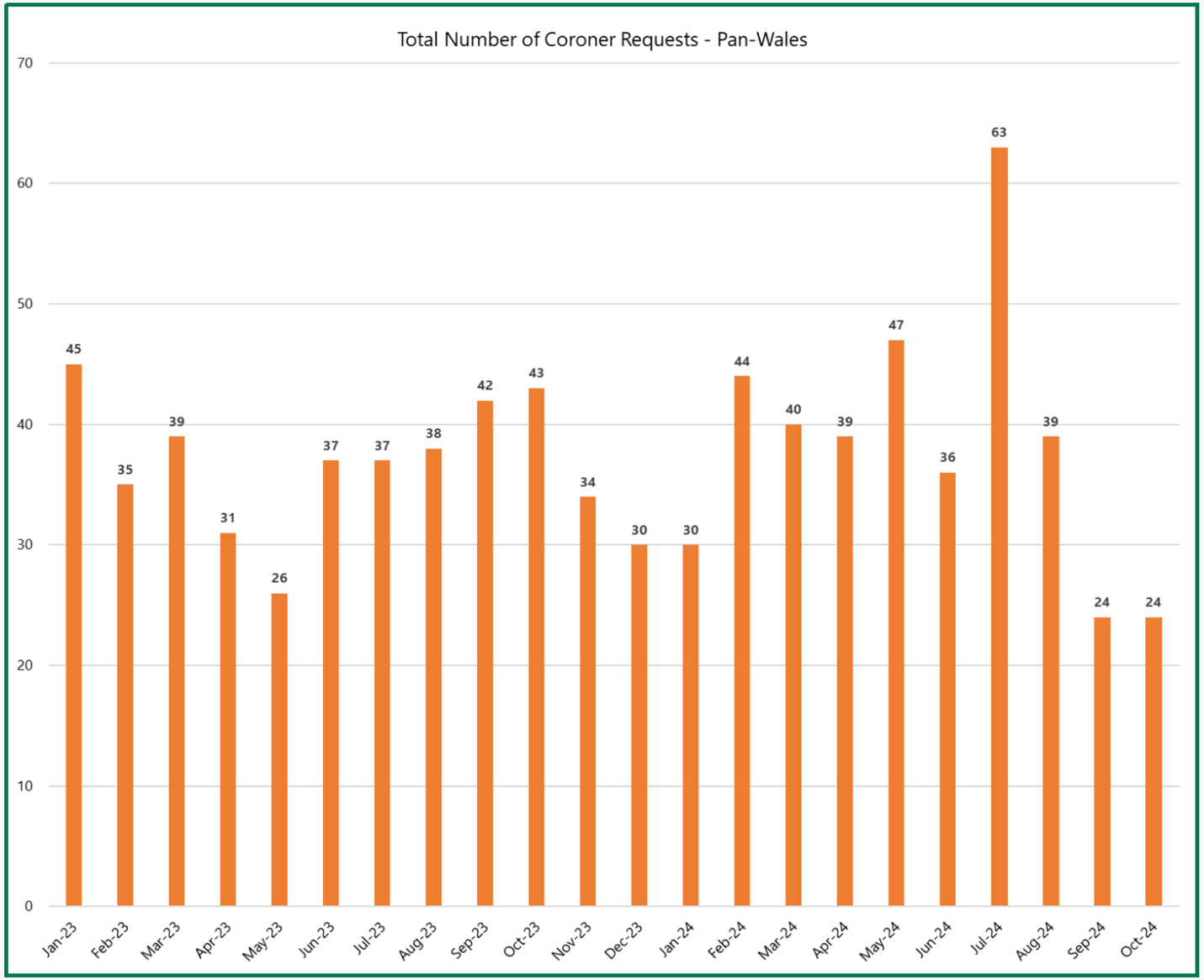
(Responsible Officer: Liam Williams)

Coroners Self-Assessment: Strength of Internal Control: Moderate

Mortality Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health – Safe Care



Analysis

The number of coroners requests in October 2024 has been similar to September 2024 and a reduction in comparison to the last 15 months. However, the complexity of the cases remains high, with multiple statements and actions per approach.

The introduction of a dedicated Coroner's coordinator within the Operations Quality Team, has allowed for cross working, and a central point of access for the legal services team, which in turn has seen improvement in the quality in preparing regulation 28/learning statements. During October 2 Regulation 28 reports were received.

Mortality - Since September 2024, the Trust has started to receive cases from the medical examiner in relation to community deaths. The patient safety team, have completed a significant number of Level 1 mortality reviews, which is achieved by triaging cases on a weekly basis. The process is now embedded within both teams.

In October 2024, the first ME learning panel took place which was equivalent to the level 2 MDT screening panel outlined in the national Mortality Review Framework. During October 2 Public Interest Ombudsman Draft Reports were received from the PSOW. Public Interest Reports have not been received in relation to the Trust previously.

Remedial Plans and Actions

- As captured in the PTR recovery plan, the Ombudsman work has been moved from the Legal Services team to the family and relations team.
- Learning from Events (LFER's) has also been moved from the legal services team to the patient safety team.
- The legal services team will continue to develop robust processes with the operations quality team to continue to provide timely responses to coroners and explore opportunities for learning to prevent Regulation 28 reports.
- Mortality - The PTR team are continuing to work with our digital, Datix and once for Wales colleagues, to develop reporting metrics, capturing themes and trends in relation to learning from deaths.

Expected Performance Trajectory

With the Medical Examiners Service becoming a legislative body from September 2024, it is likely that the number of patients who die within the community and are referred to the Coroner will rise, thus there is the possibility of increased numbers of statement requests being sent to the legal services team. The removal of the Ombudsman and LFER's to other teams within the PTR function, has mitigated the risk of missing coroners' deadlines.

Mortality Reviews Data source: Internal Web Application

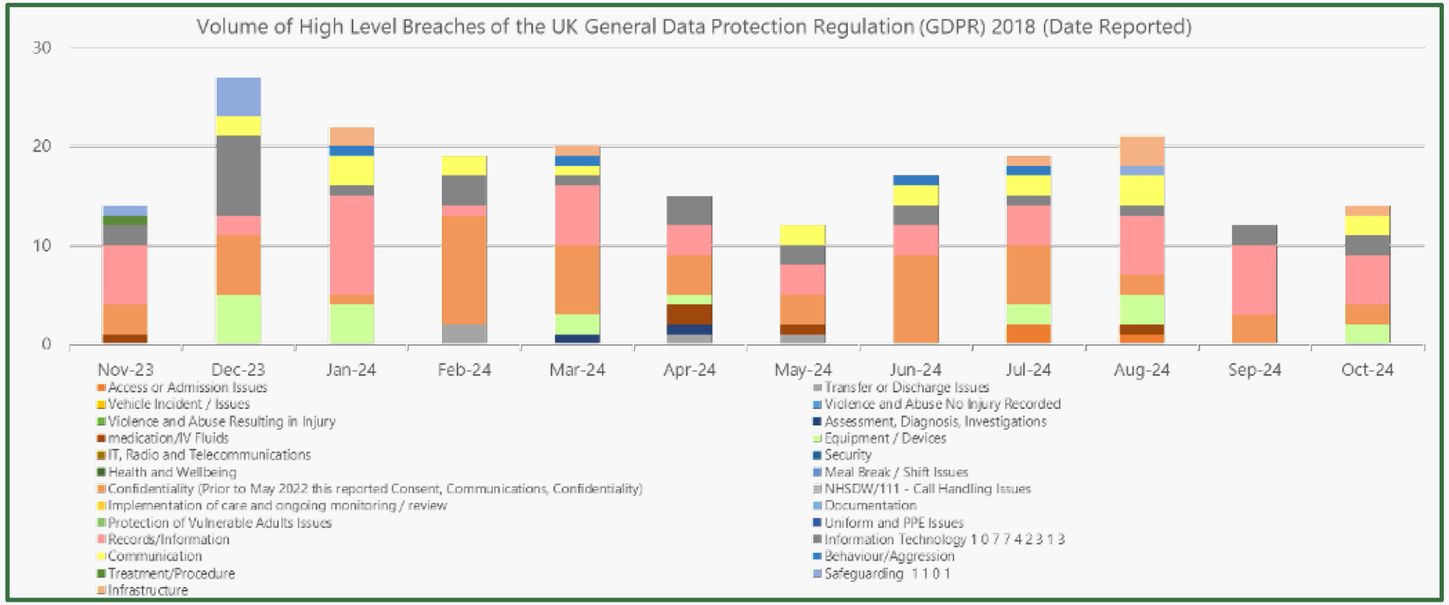
Our Patients: Quality, Safety & Patient Experience Safeguarding, Data Governance & Public Engagement Indicators

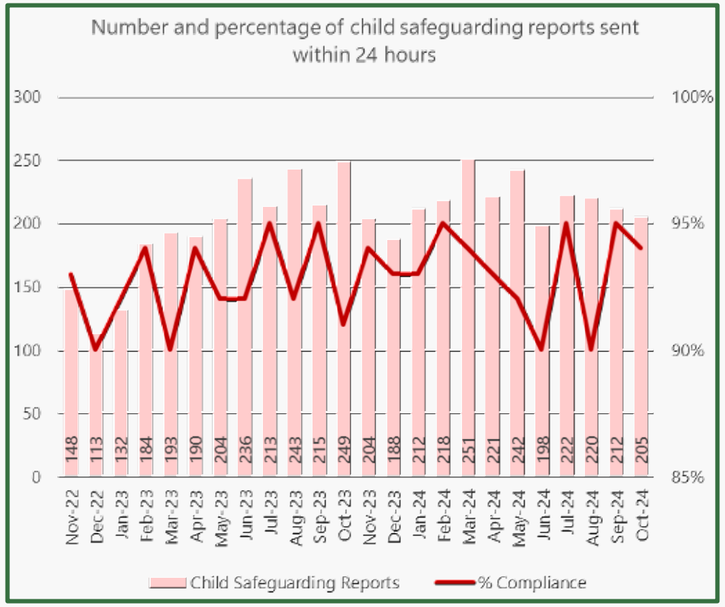
(Responsible Officers: Jonny Sammut & Liam Williams)

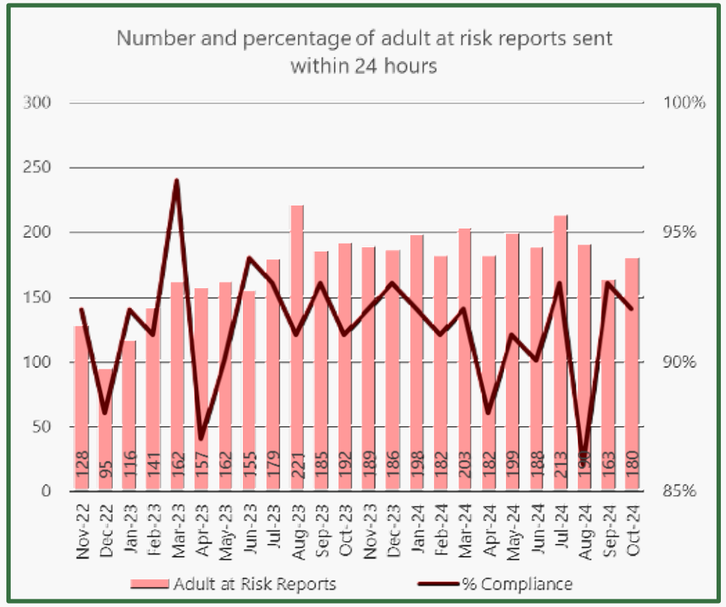
Self-Assessment: Strength of Internal Control: Strong

PCC

Health & Care Standard
Health – Safe Care







Analysis

Safeguarding: In quarter 2 of 2024/25 WAST colleagues submitted a total of 533 Adult at Risk Reports, 93% of these were processed within 24 hours. Whilst the Trust does not report on Adult Need for Care & Support reports (wellbeing); 1,709 reports were shared with local authorities across Wales during this reporting period. There have been 637 Child Safeguarding Reports submitted in quarter 2, 93% of these were processed within 24 hours.

Data Governance: In October 2024, there were 14 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 14 breaches, 5 related to Records/Information, 2 Information Technology, 2 Communication, 2 Equipment/Devices, 2 IG/Confidentiality, and 1 Infrastructure.

Public Engagement: During September, PECI attended 15 community engagement opportunities, engaging with approximately 1,628 people. This included attending the Cardiff 999 Emergency Services Day and North Wales Police Open Day. This month we also attended the Cardiff Metropolitan University and University of Cardiff Student Fresher Fayres. At these events we were able to talk to young adults about their experiences of using the service as well as promoting the safe and appropriate use of services, promote the NHS 111 Wales service and the Press 2 option for people struggling with their mental health. We continued to engage with colleagues from Llais and attended 2 meetings with regional branches.

Remedial Plans and Actions

Safeguarding: The Trust manages all safeguarding reports digitally via Doc-works Scribe and regular monitoring of the system by the Safeguarding Team . Therefore, identifying any problems with delayed reports with appropriate action taken to support WAST colleagues with using the systems. Only minimal paper safeguarding reports are now received, they are used as a back-up. The Safeguarding Team monitor any paper reports received and provide direct feedback to colleagues to improve practice.

Data Governance: During the reporting period, of the 14-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 where applicable.

Public Engagement: The PECI 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. We are actively working with colleagues across the Trust in a number of different departments to try and agree on solutions that would allow us to directly contact more patients to ask for feedback about their experiences with us.

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 30 November 2024. The status of the Action Plan is reported to and monitored by IGSG. Resource capacity has recently increased in the team which will further aid in ensuring compliance and building on current controls, managing trends and resolving reported incidents.

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

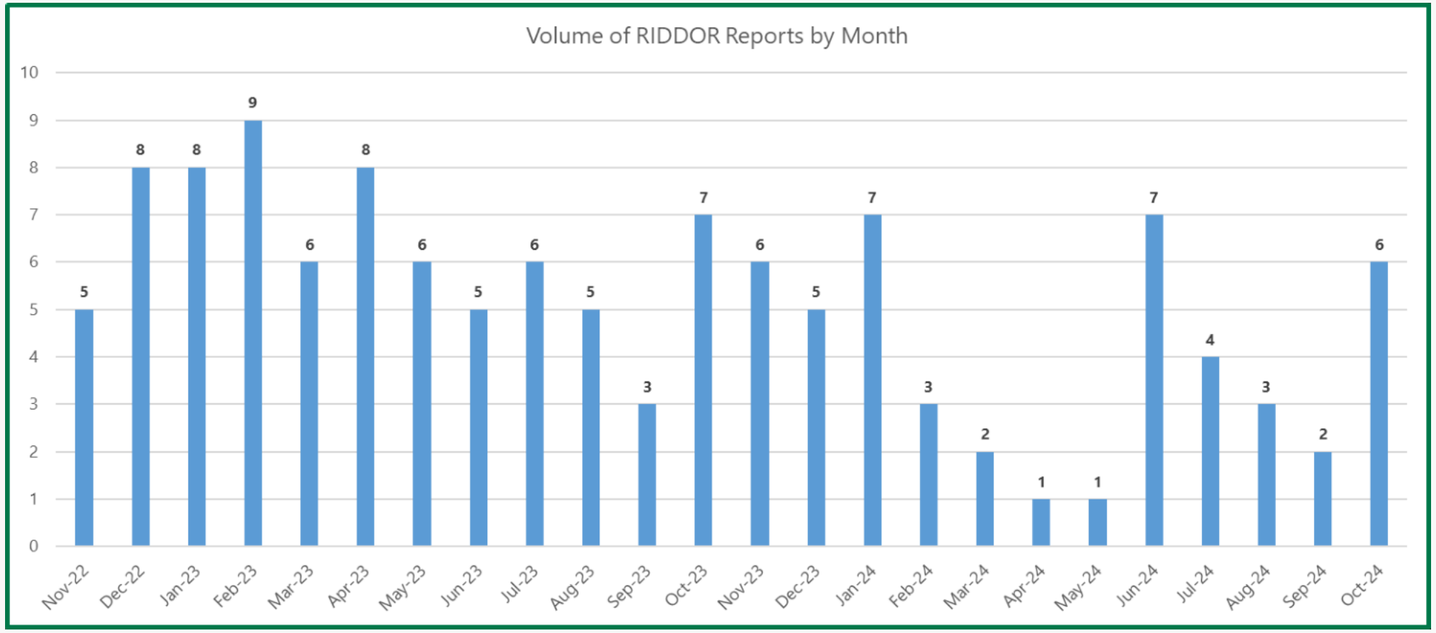
Our Patients: Quality, Safety & Patient Experience
Health & Safety (RIDDORS) Indicators

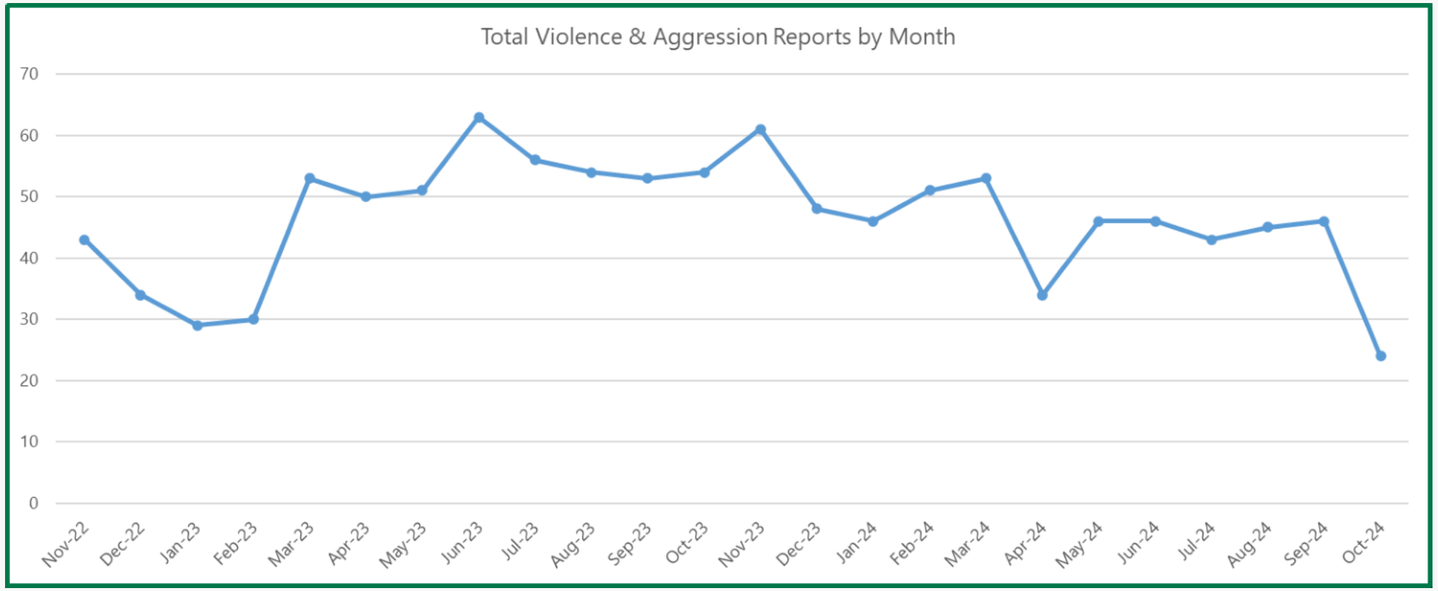
(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care





Analysis

RIDDOR: There were 11 incidents requiring reporting under RIDDOR during Quarter 2 2024. All were as a result of being unable to perform their normal duties for more than 7 days. Two RIDDOR's were submitted outside of HSE requirements due to handler delays

Additionally, changes to RIDDOR reporting increased the scope of requirements impacting on reporting times due to the time taken to communicate with staff ahead of submission.

Slips and Trips(6 RIDDORS) and Manual Handling Patients (3 RIDDORS) continue to be the most consistent theme for RIDDOR submissions.

Violence and Aggression: A total of 134 incidents have been reported of V&A in Quarter 2 2024.

8 Physical Assaults on staff were reported during the quarter with 126 incidents of verbal abuse.

26 incidents were reported as Moderate in harm; 29 noted as low harm and 3 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 function.

Remedial Plans and Actions

RIDDOR: The vacant administrative role within the department has been filled and the new member of staff commenced duties in September 2024. They will be assisting in the collection of the information required for RIDDOR reporting to improve reporting times and data quality.

The DSE/Manual Handling Advisor is completing their findings into the manual handling injuries within the Trust, and these will be compiled within a paper to be processed through Trust governance routes detailing trending, causation analysis and recommendations for improvements.

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, 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

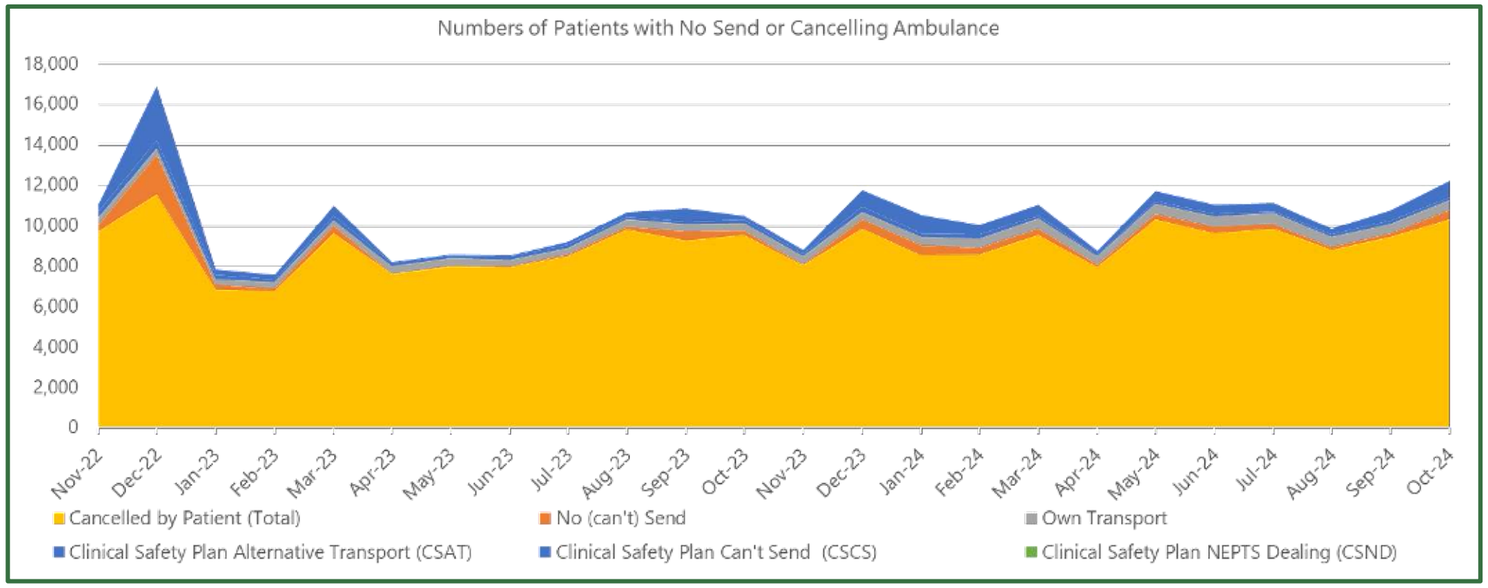
RIDDOR: The number of manual handling injuries is sustained whilst moving patients is currently static with an average of 12 being reported each month.

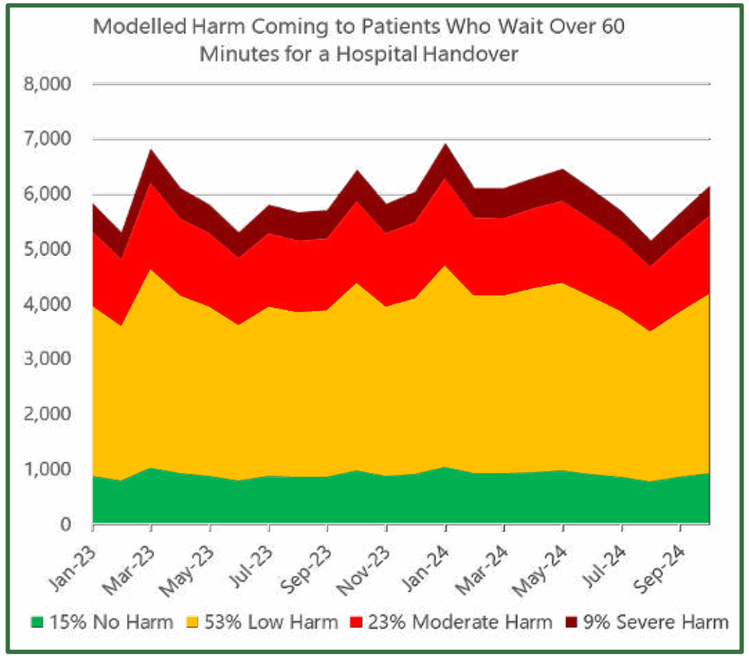
Violence and Aggression: Whilst there has been a downward trend in V&A incidents the current performance remains steady in terms of numbers. The majority of incidents recorded are verbal in nature arising from our call centres.

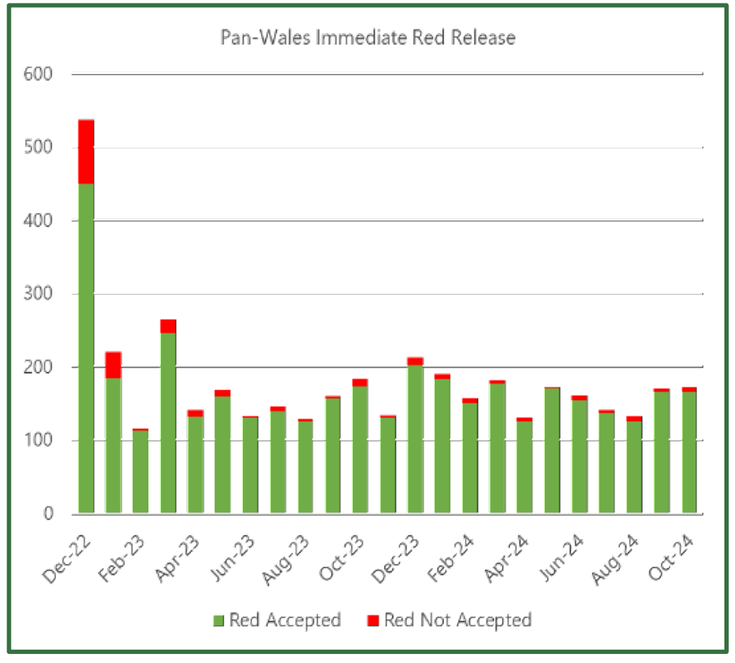
Data source: Datix

Our Patients: Quality, Safety & Patient Experience
Potential Patient Harm Indicators

(Responsible Officer: Andy Swinburn) A FPC







Analysis

In October 2024, 156 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 806 were stopped due to CSP 'Can't Send' options. In addition, 10,320 ambulances were cancelled by patients (including patients refusing treatment at scene) an increase from the 9,421 in September 2024.

There were 755 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in October 2024. Of these 165 were accepted and released in the Red category, with 8 not being accepted. Further to this, 144 ambulances were released to respond to Amber 1 calls, but 438 were not.

The graph in the bottom left shows that in October 2024 of the 6,168 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% (925 patients) would experience no harm, 53% (3,269 patients) would experience low harm, 23% (1,418 patients) would experience moderate harm and 9% (555 patients) would experience severe harm.

In October 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

September 2024		
NEPTS (161 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	82
Were you happy with the transport you received?	85	94
999 (23 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	54
The 999-call taker who answered your call explained what was going to happen next.	85	60
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	53
The length of time I waited for an ambulance to arrive was acceptable.	85	50
111 (18 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	65
Did you follow the advice given to you by NHS 111 Wales?	85	88
Would you consider using NHS 111 Wales again?	85	64
WAST Overall - Friends & Family Test How was your overall experience with the service today?	Ranked from very poor to very good.	
o Ambulance care	91.91% Good	3.68% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	60.00% Good	26.67% Poor
o EMS (including CSD)	43.48% Good	43.48% Poor
o NHS 111 Wales Online	57.89% Good	21.05% 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=94).

Two questions within the 999-section failed to achieve the benchmark, these being 'The 999-call taker who answered your call was reassuring' (n=54) and 'You felt confident in the call taker ability to manage your call and provide appropriate advice?' (n=53), whilst within 111 only one question 'Did you follow the advice given to you by NHS 111 Wales' achieved the benchmark (85) with 88, however the other questions failed to achieve the benchmark.

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.

•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

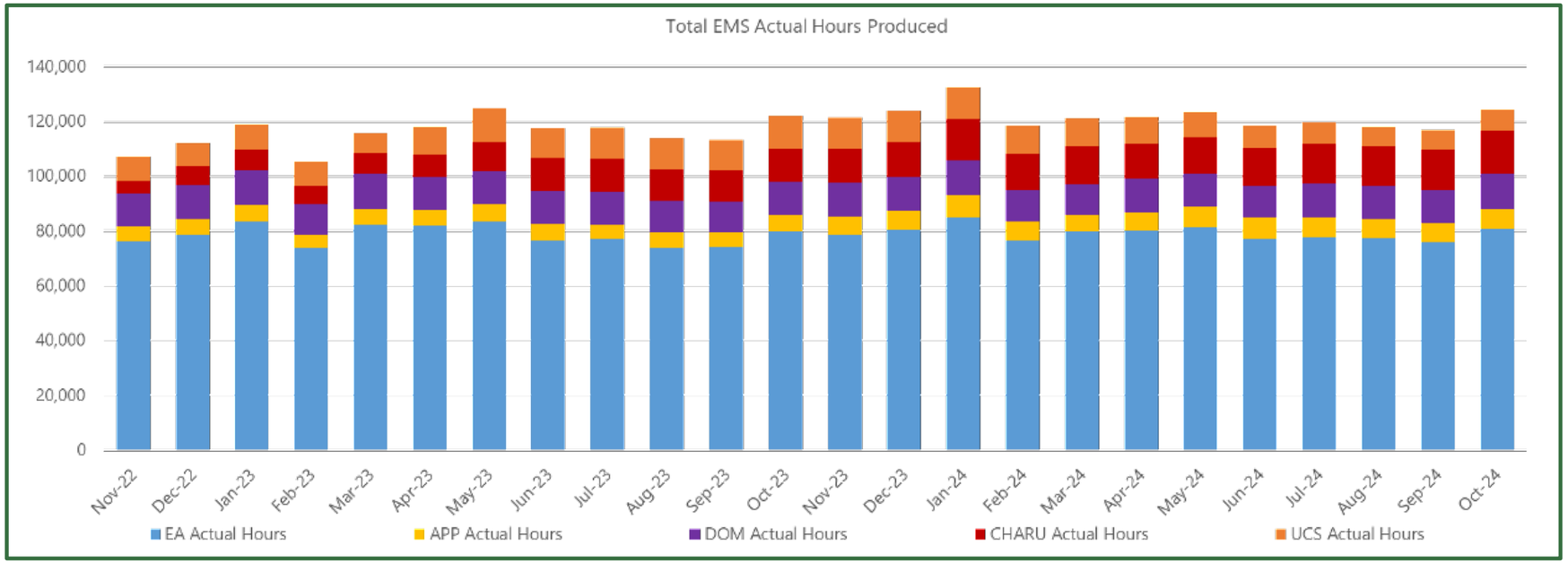
An overall aim of increasing visibility of experience surveys and maximising opportunities to capture patient experience data.

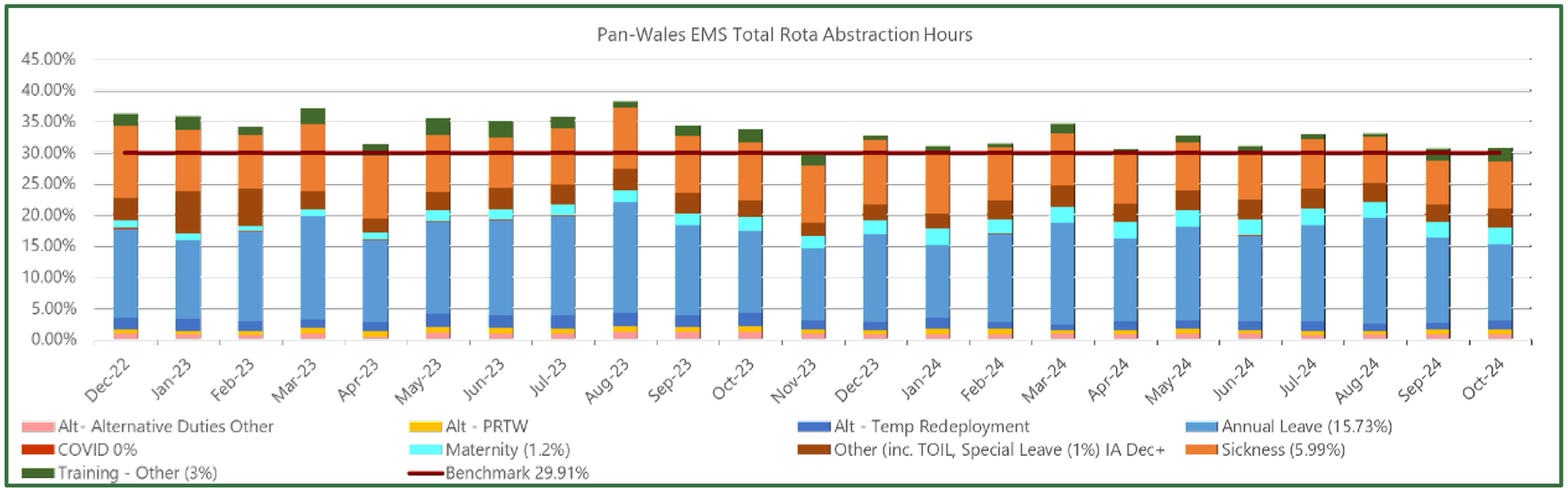
Our People
Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production	Abstractions
A	A

CI PCC FPC





Analysis

The total EMS hours produced is a key metric for patient safety. The Trust produced 124,337 hours during October 2024, an increase compared to the 122,046 hours produced during October 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. October 2024, saw a total EMS abstractions (excluding Induction Training) of 30.82%. This was a minimal increase on the 30.72% recorded in September 2024. The highest proportion of abstractions was due to annual leave at 12.19% followed by sickness at 7.60%.

Emergency Ambulance Unit Hours Production (UHP) achieved 93% in October 2024 which equated to 80,580 Actual Hours.

In October 2024 CHARU UHP was 84% 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
A

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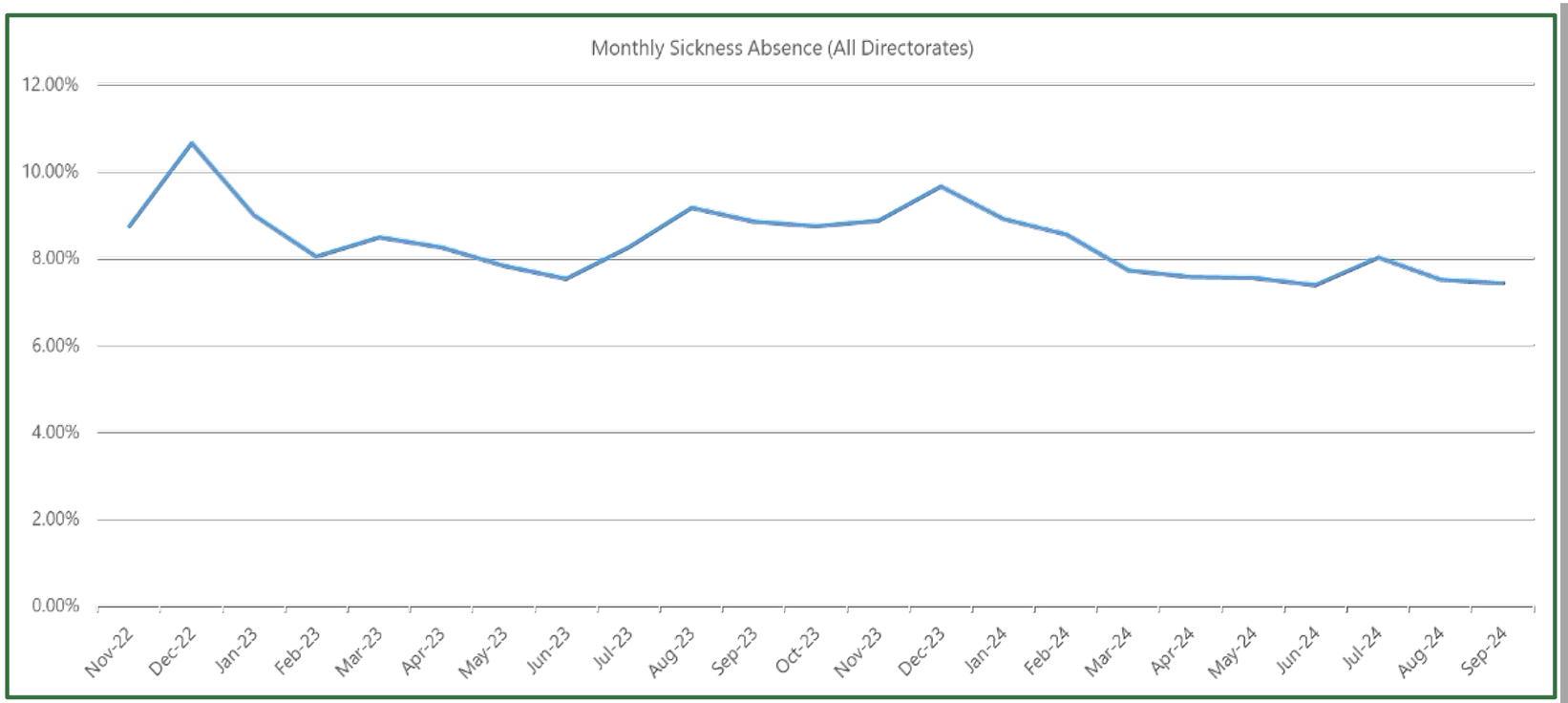
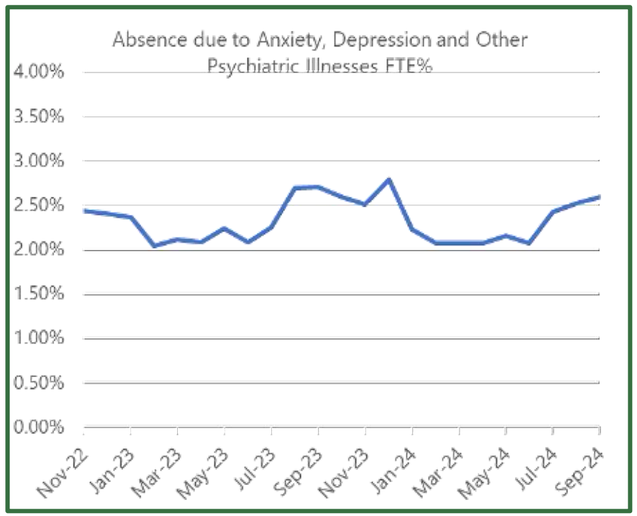
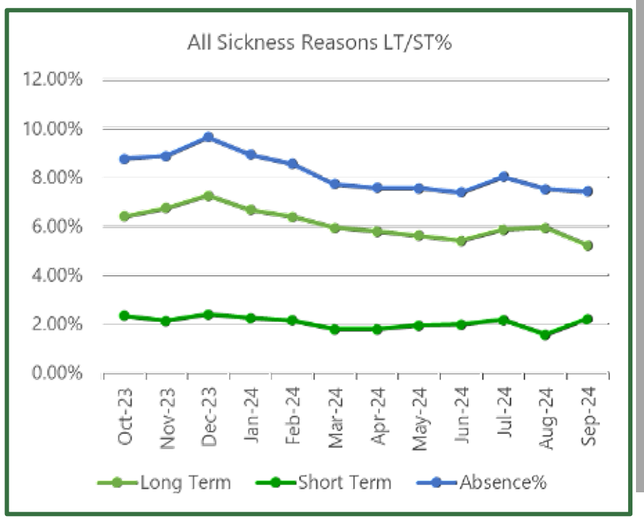




Average working days lost per FTE (Annual)	
18.64 days	
Single month Absence %	
7.43%	
Long Term	**Short Term**
5.22%	2.21%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
2.59%	0.90%

September 2024



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

Analysis

There was a slight decrease in overall sickness absence rates between August 2024 and September 2024, dropping from 7.52% to 7.43%. Long term absence also decreased from 5.95% in August 2024 to 5.22 % in September 2024, while short-term absence increased slightly to 2.21% in September from August 2024 (1.57%).

The highest reasons for absence in September 2024 were Anxiety/ Stress/ Depression, back problems, other musculoskeletal problems and cold, cough, flu/influenza. Absence due to Mental Health increased from 2.52% in September 2024 to 2.59% in September 2024.

From the start of the flu campaign until end of Oct-24, 1035 flu vaccines have now been administered by our WAST OH / Peer Vaccinators. 749 were given to WAST employed staff with 91 WAST staff also confirming they have received the flu vaccine elsewhere i.e. GP / Pharmacy, therefore, 19.1% of the WAST workforce has now been vaccinated. A further 130 WAST staff have completed our Microsoft Form to state they wish to opt-out from having the flu vaccine this year.

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.
- Communications will continue to drive and promote the Flu Campaign to engage with the highest number of staff possible. Many events have been attended by Occupational Health / Peer Vaccinators so far and there are still several key events upcoming where Vaccinators will be available to further promote the flu vaccine.

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.

Our People
Capacity - Turnover

(Responsible Officer: Angela Lewis)

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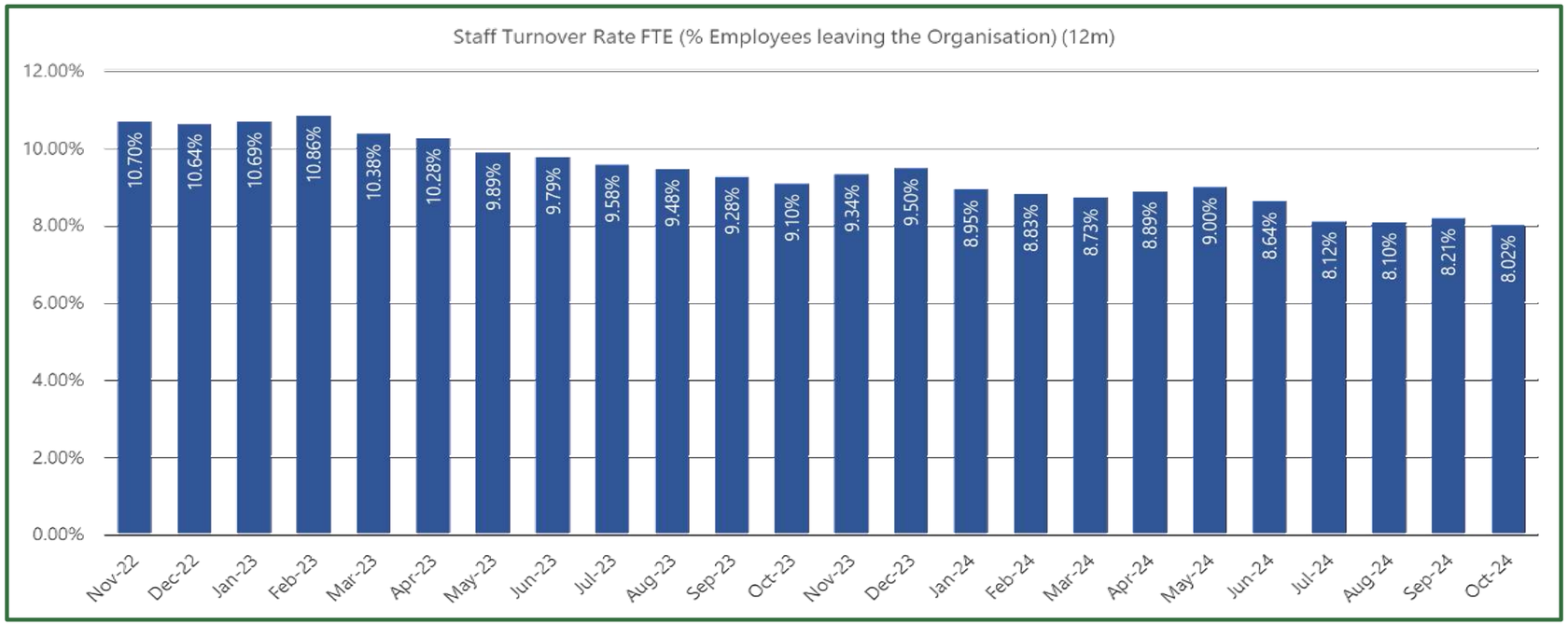

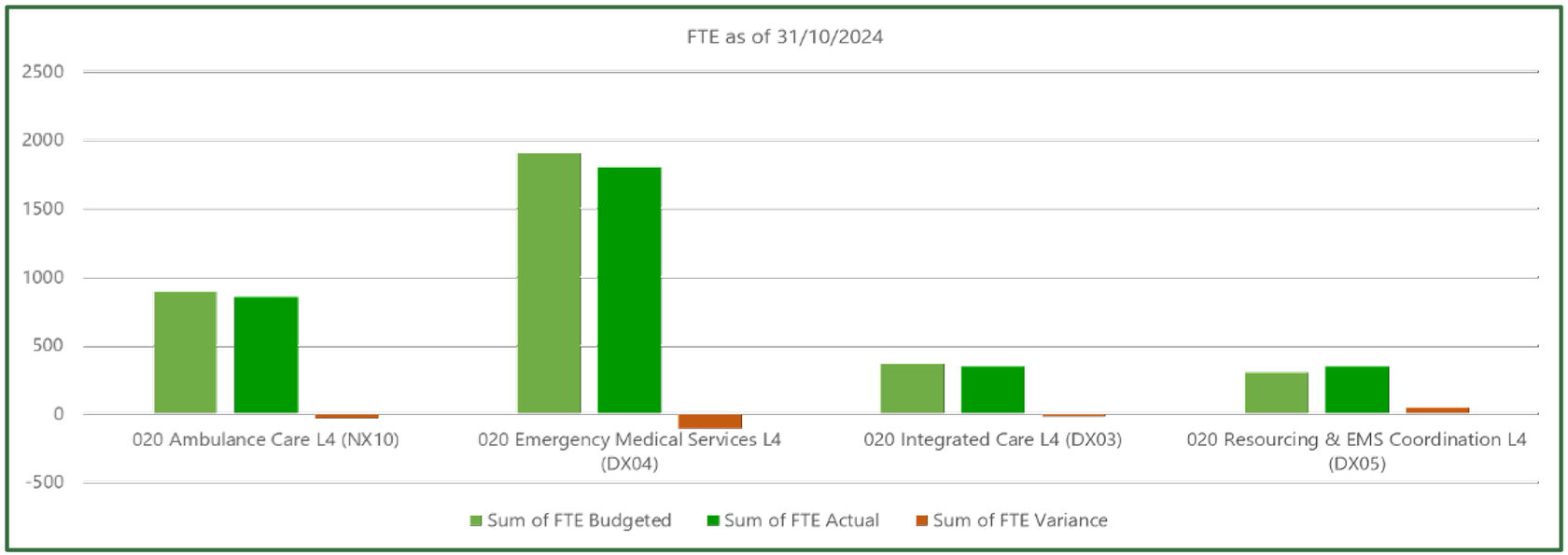

Analysis

Staff turnover rates in October 2024 were 8.02%, a slight decrease from the 8.21% recorded in September 2024. October saw 26 leavers (23.89 FTE). Turnover in months at the end of the quarter are generally higher. This was balanced with 58 joiners (55.30 FTE) in October, of those leaving, the group with the greatest number were Ambulance Care Assistant or Patient Transport Service Drivers (6 people).

Due to staff sickness and staff changes our occupational health waiting times have slightly increased. Currently colleagues are waiting around 29 working days. KPI that this is achieved 80% of the time. 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

- Improved data collection through Our MI system (Opas G2). The (All Wales) decision has been made to extend the contract with Civica for 1 year (as opposed to 2 years) for our MI system, Opas G2.
- Work is ongoing to standardise reporting with Health Board colleagues, however, in addition to this we have internal customised reports, to identify themes and trends.
- The Health and Wellbeing strategy for 2025/29 is out for consultation.

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 A

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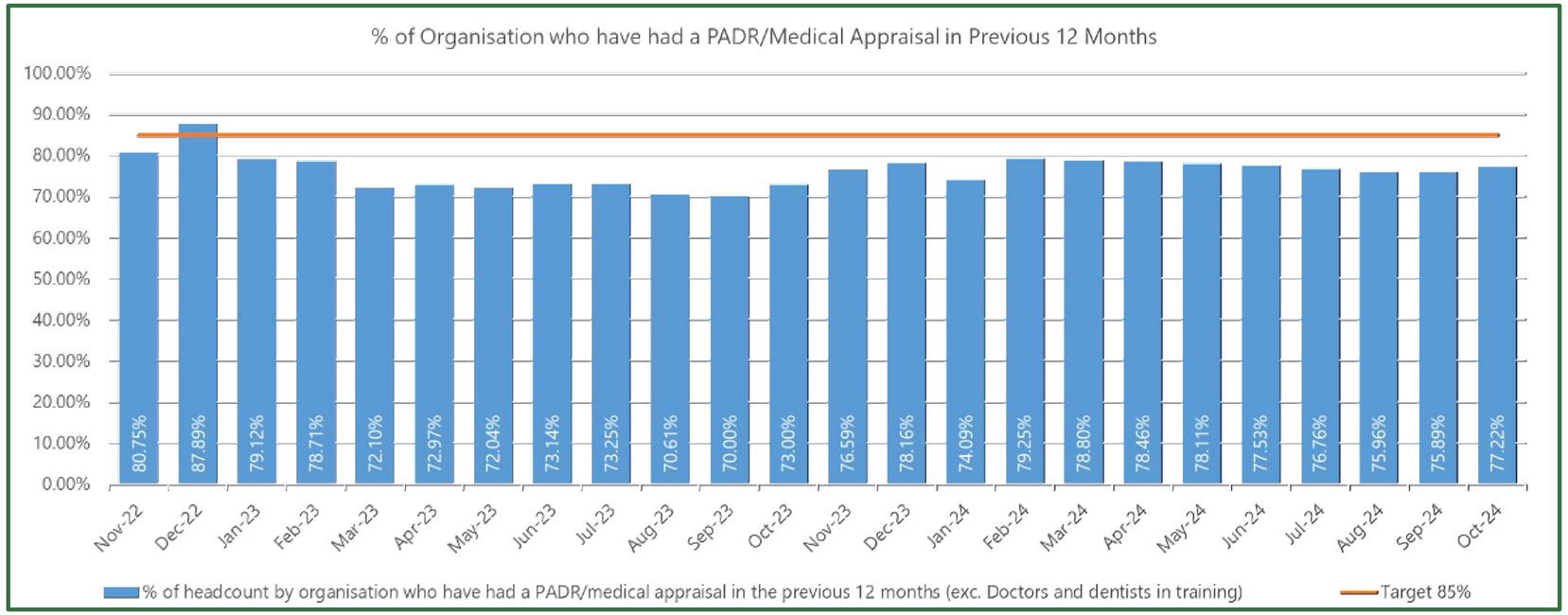
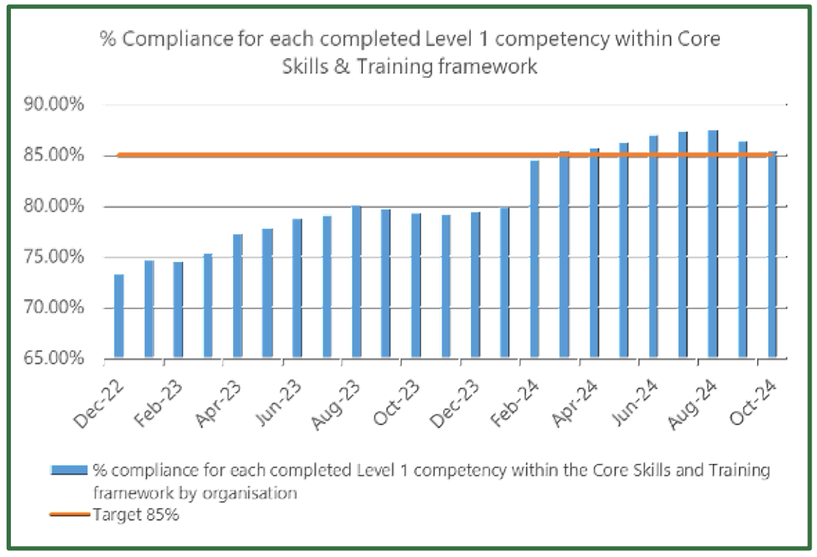
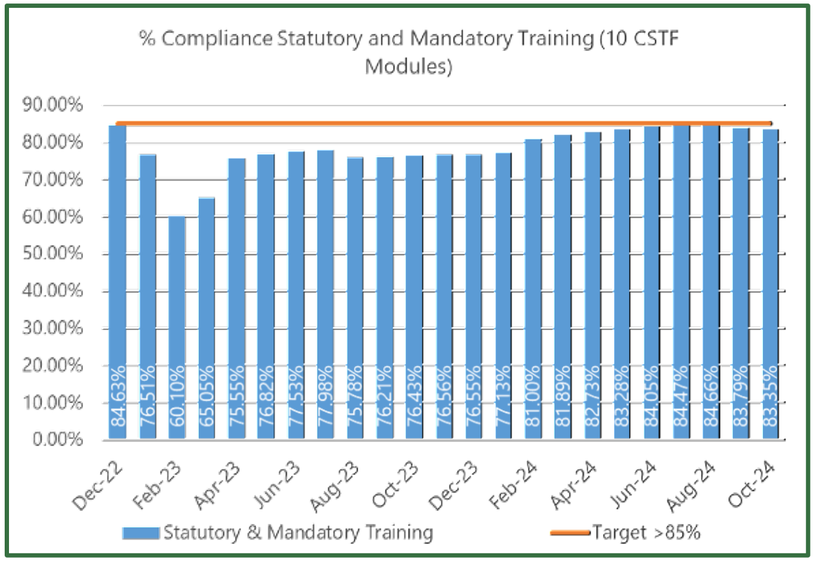
Health & Care Standard Health – Staff & Resources

Self-Assessment: Strength of Internal Control: Strong







Analysis

PADR rates increased from 75.89% in September 2024 to 77.25% in October 2024 but remain below the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In October 2024 Statutory & Mandatory Training rates reported a combined compliance of 83.35%; which is the second time in 2 continuous months that here has been a decline. However, only Dementia Awareness (95.18%), Moving & Handling (92.97%) and Safeguarding Adults (85.39%), achieved the 85% target. Equality & Diversity (81.28%), Fire Safety (79.15%), Information Governance (76.62%), Paul Ridd (72.33%), Violence Against Women, Domestic Abuse & Sexual Violence (71.56%), Fraud Awareness (68.88%) and Welsh Language Awareness (66.54%) 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:

Skills and training Framework	NHS Wales Minimum Renewal Standard
Equality, Diveristy & 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	Yearly
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
Enviroment, Waste and Energy (Admin & Clerical Staff only)	Yearly
Duty of Quality	3 years
Fraud Awareness	3 years
Prevent Awareness	No Renewal

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, 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 environment enabling easier access to these reportable competencies.

Expected Performance Trajectory

Performance is improving as compliance has risen.

Data source: ESR

Our People
Health and Well-being – Shift Overruns

(Responsible Officer: Angela Lewis)

Overruns R

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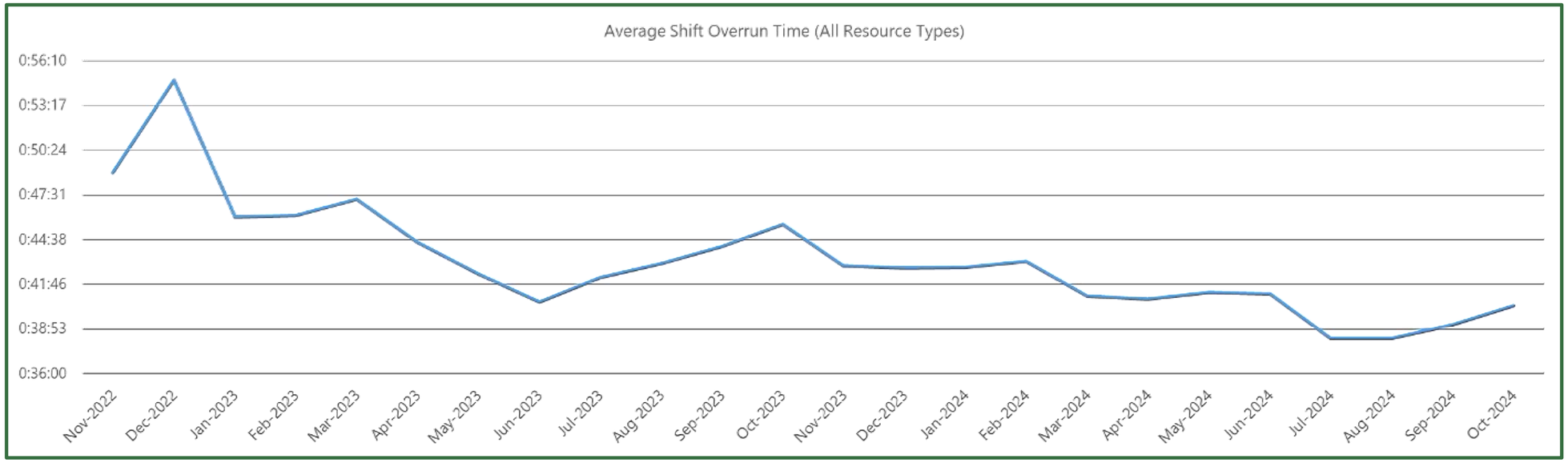
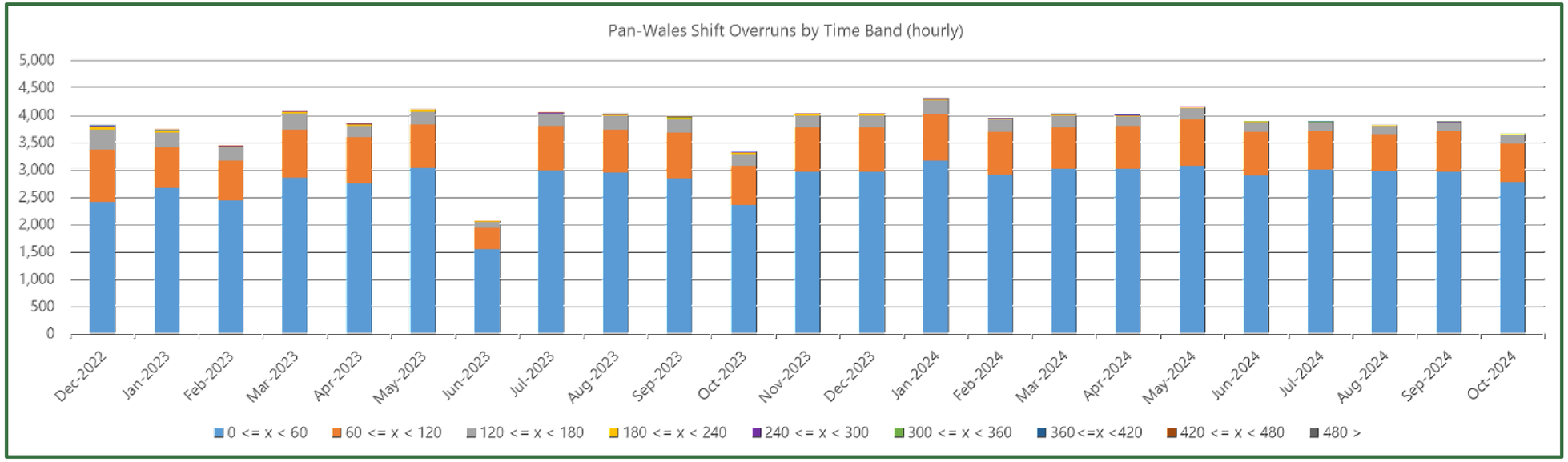




Analysis

The average overrun figure for October 2024 was 40 minutes and 22 seconds, a minimal increase from September 2024 (00:39:07). 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 75.5% of the total. 19.6% fall within the 61 to 120-minute category, 4.9% in the 121 to 180-minute category, 0.4% in the 181 to 240-minute category and 0.2% 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

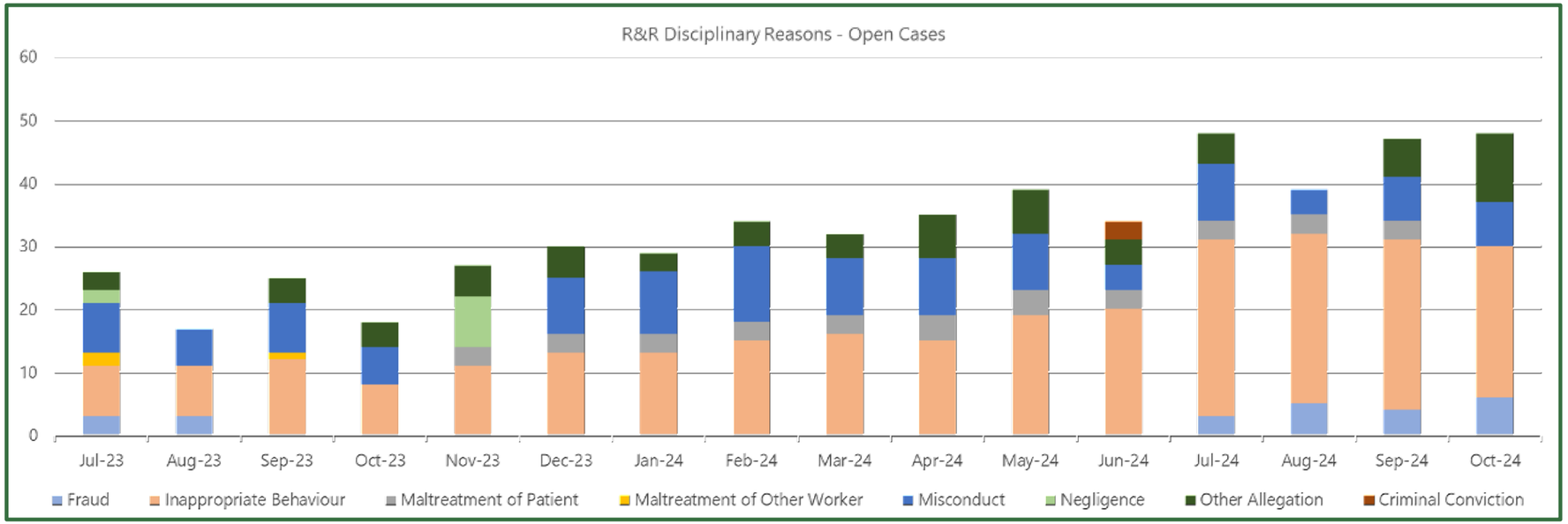
Overruns correlate with handover lost hours. As we have moved out of winter both levels had started to drop. We may expect this to stabilise before moving into higher levels again next winter.

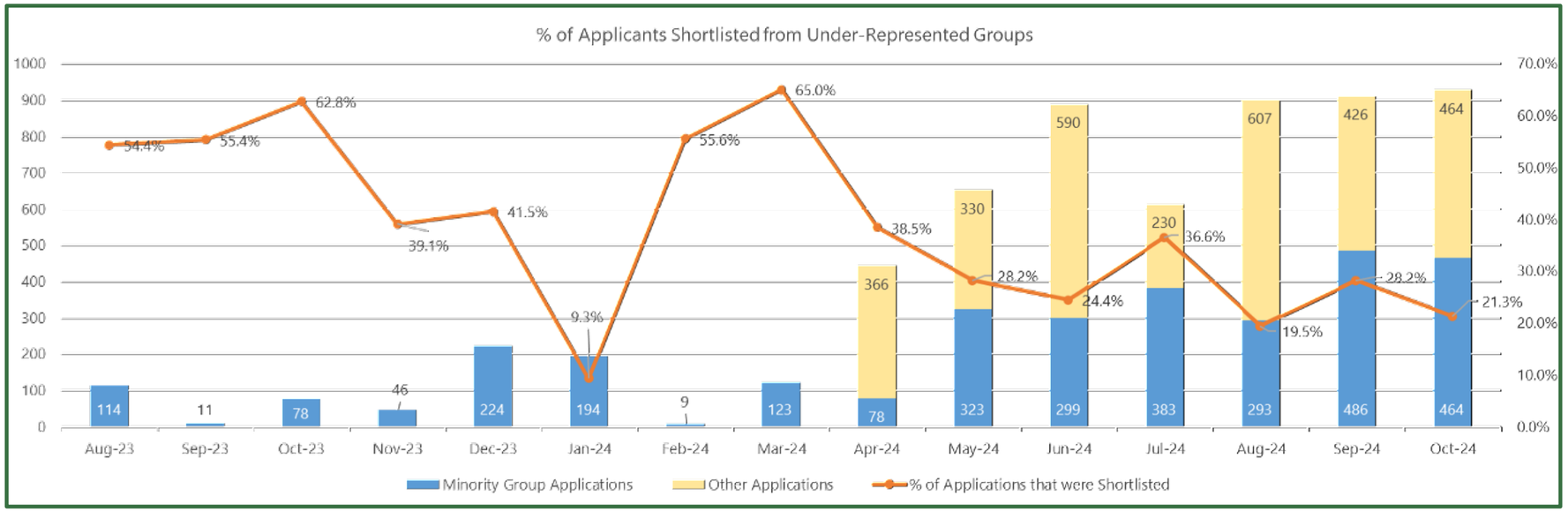
Our People
Culture – Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups

(Responsible Officer: Angela Lewis)

Self-Assessment: Strength of Internal Control: Moderate

PCC





Analysis

There were 48 open formal disciplinary cases recorded at the end of October 2024, which was the highest number seen over the past 12 months; an increase compared to 47 in September 2024. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by misconduct.

There were 11 open formal Respect and Resolution cases submitted by employees in October 2024, two less than in September 2024. These are a mixture of both Respect and Resolution Grievances and Dignity at work.

The bottom graph shows that in October 2024, 815 job applications were processed, and 292 interviews were planned.

Of the 815 applications, a total of 351 were from under-represented groups with 186 in the category of Ethnicity, 79 within Disability and 86 within Sexual Orientation.

In October 2024, 28.8% (n=101) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was an increase from the 21.3% in September 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. One workshops has taken place, with a second to take place in Nov-24 to recruit for Black, Asian and Ethnically diverse applicants into our digital roles.
Unconscious bias training is also being undertaken my managers in the Digital directorate to assist with recruitment.

Expected Performance Trajectory

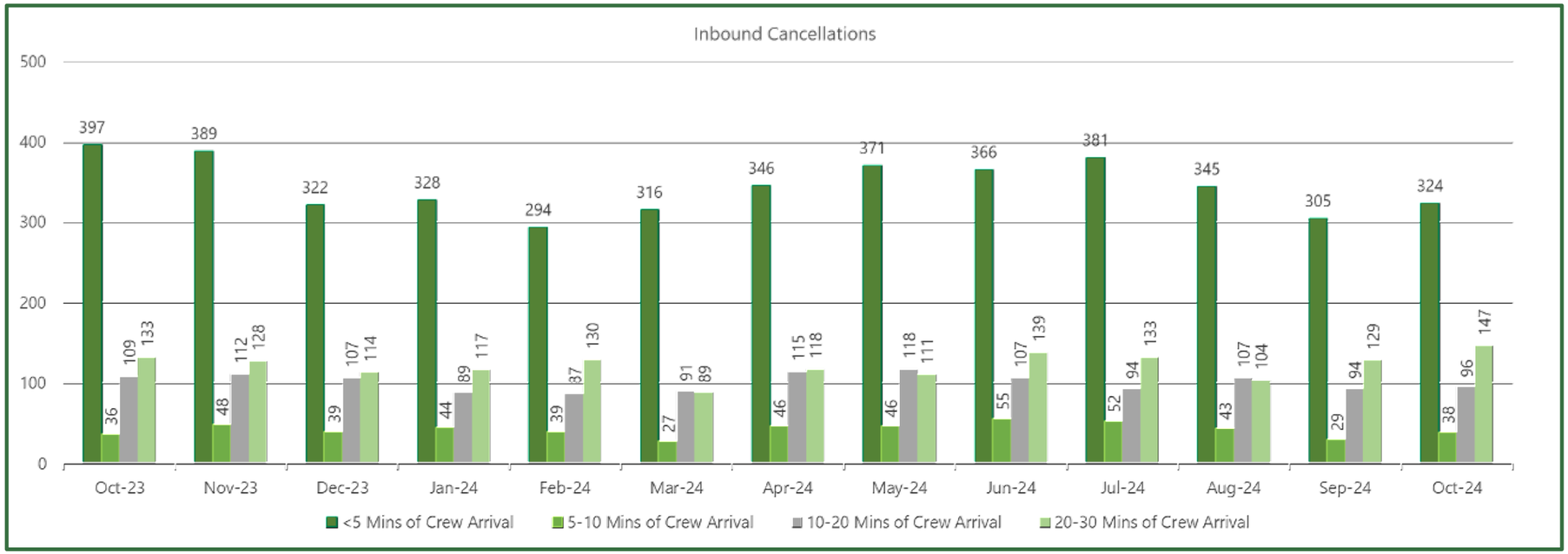
Continue to monitor levels, no trajectory for this measure.

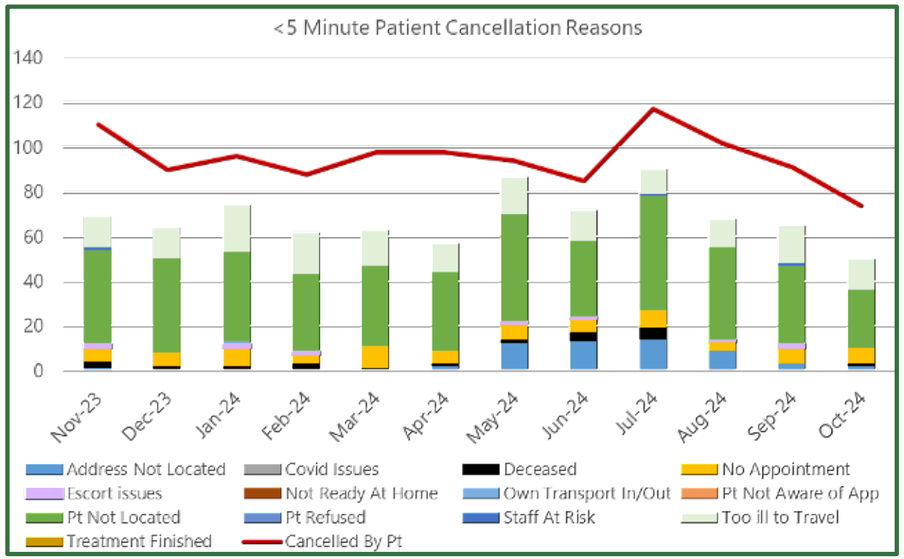
Finance, Resources and Value
Value: Ambulance Care Indicators

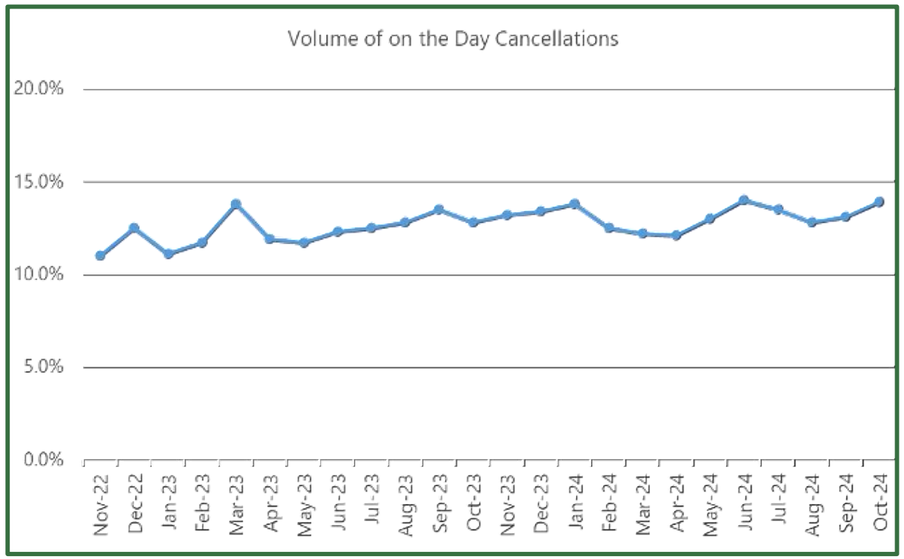
(Responsible Officer: Lee Brooks)

Cancellations
G

FPC







Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw an increase in October 2024 to 324, compared to 305 in September 2024. The total number of cancellations within 30 minutes increased from 557 in September 2024 to 605 in October 2024.

In October 2024 there were 74 travel bookings cancelled by patients, decreasing from 91 in September 2024.

The other top reasons for less than 5-minute cancellations included: 26 patients not located, 14 unwell/too ill to travel and 7 no appointment.

Same day cancellations increased slightly in October to 13.9% from September 2024 (13.1%).

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. 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.

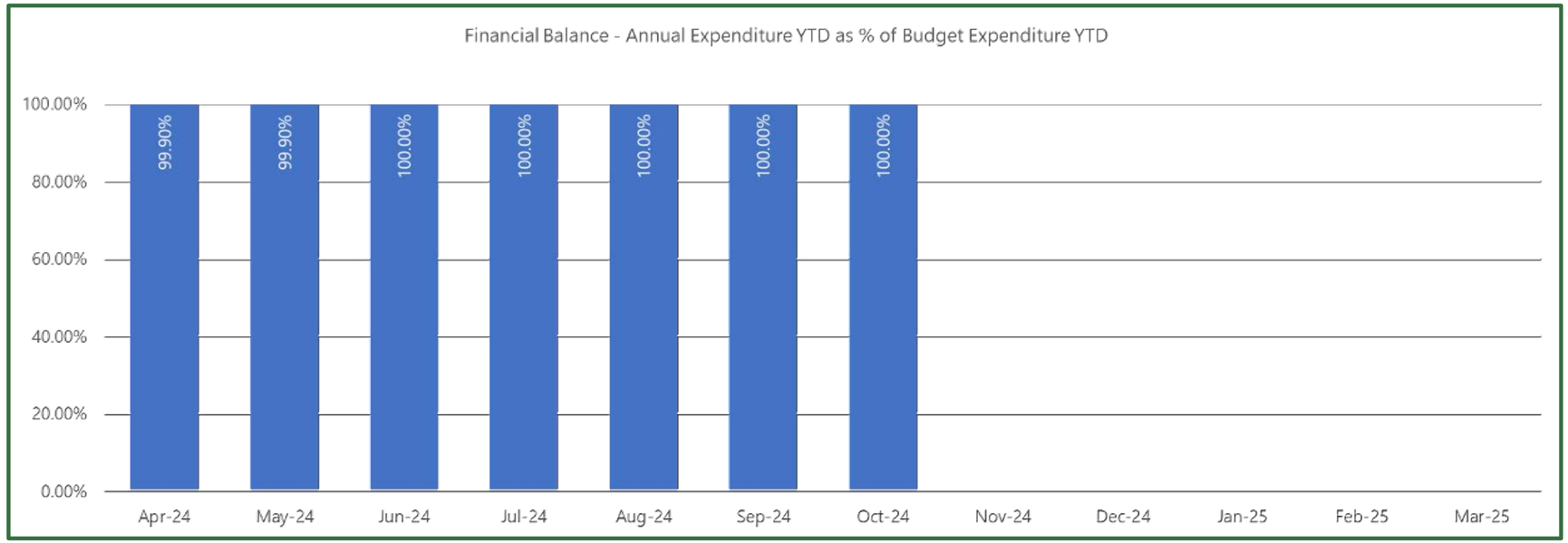
**Please note that MDTs do not appear to provide specific cancellation reasons for either inbound or outbound journeys. There are at present multiple and duplicated reasons both crews, control and the liaison desk can select.*

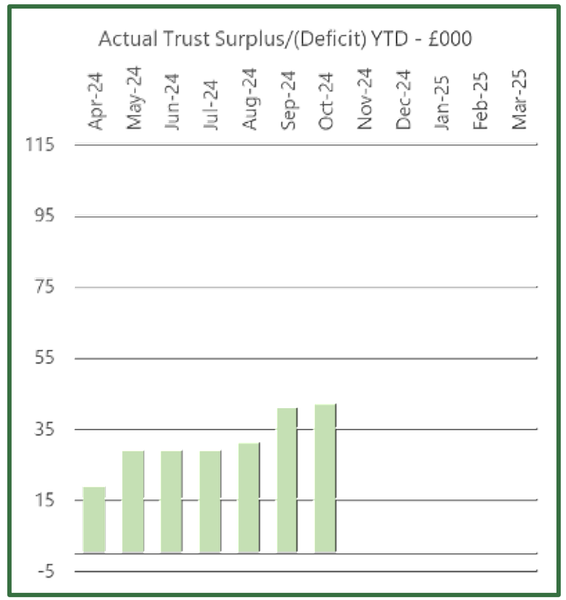
Finance, Resources and Value
Value - Finance Indicators

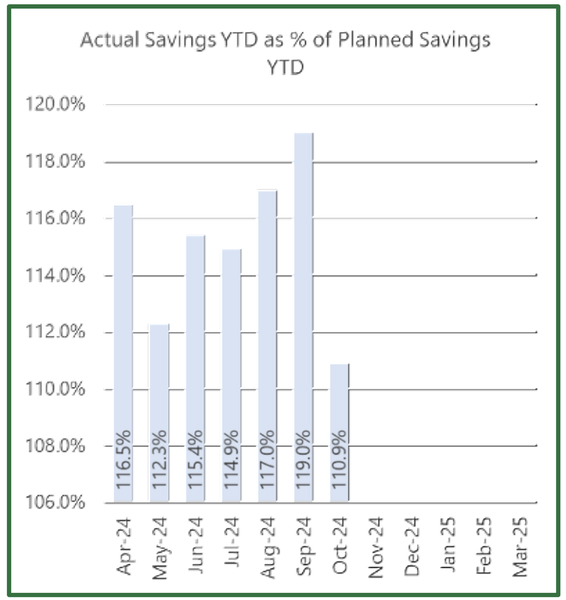
(Responsible Officer: Chris Turley)

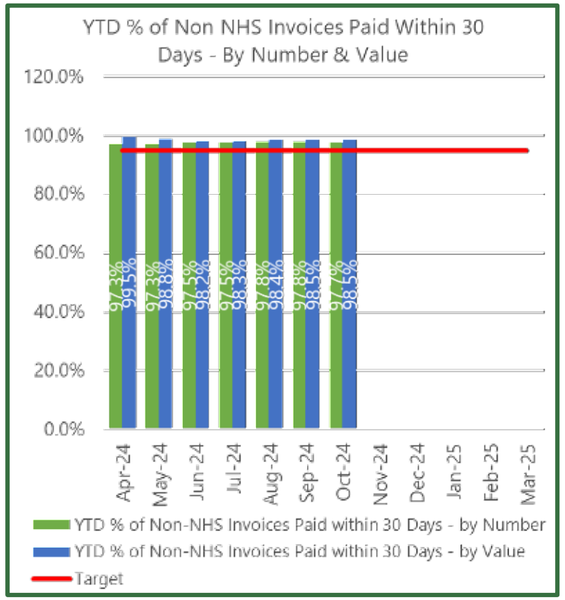
G

FPC









Analysis

The reported outturn performance at Month 7 is a surplus of £42k.

For Month 7 the Trust is reporting planned savings of £4.124m and actual savings of £4.575m (an achievement rate of 110.9%).

The Trust's cumulative performance against PSPP as at Month 7 is 97.7% against a target of 95%.

At Month 7 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

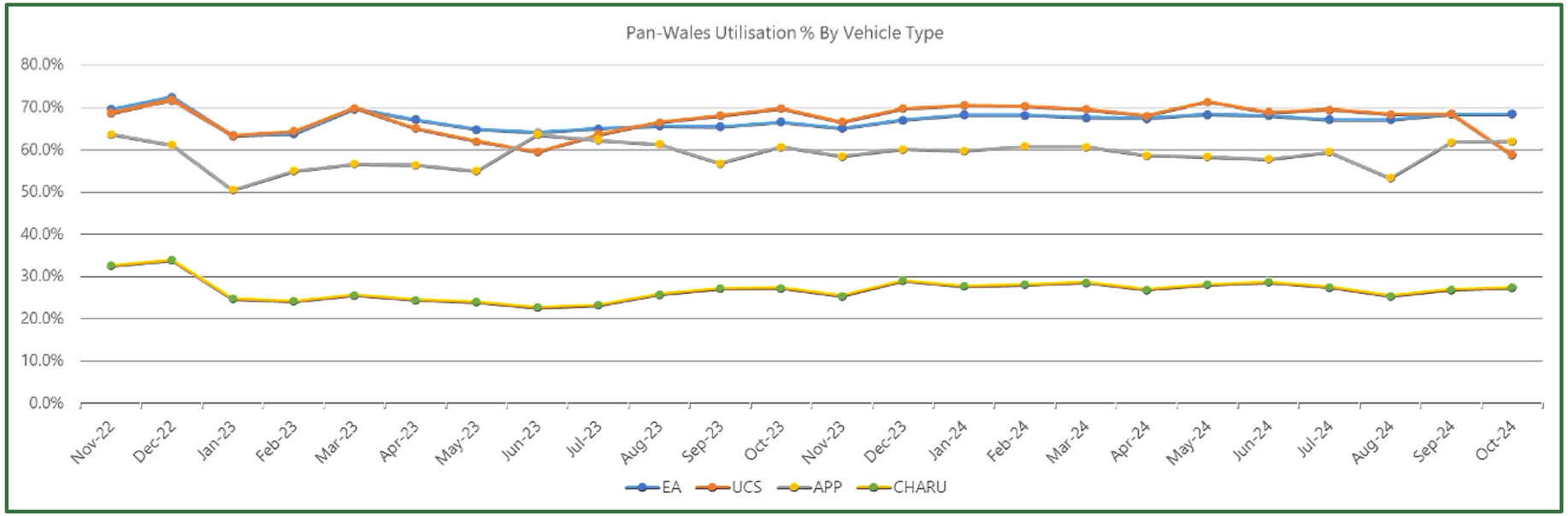
The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2024/25 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver a planned level of savings in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

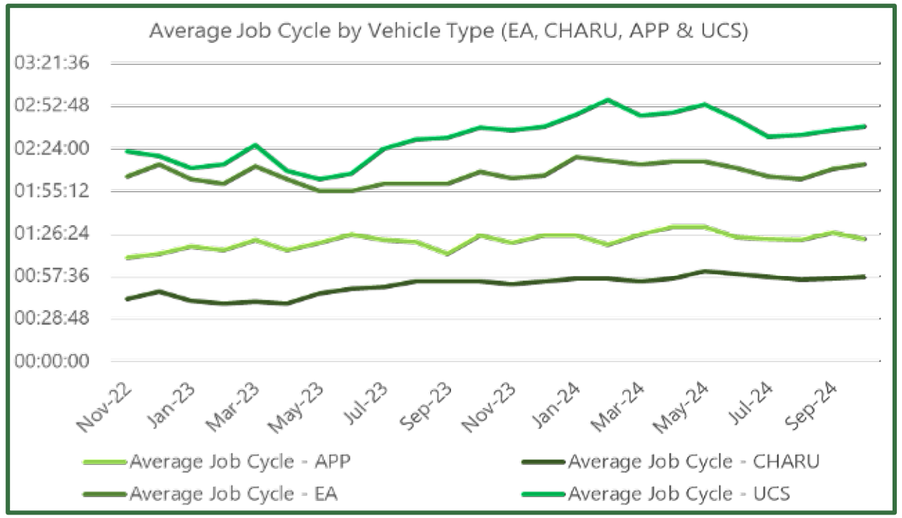
Finance, Resources and Value
EMS Utilisation & Average Job/Shift Times

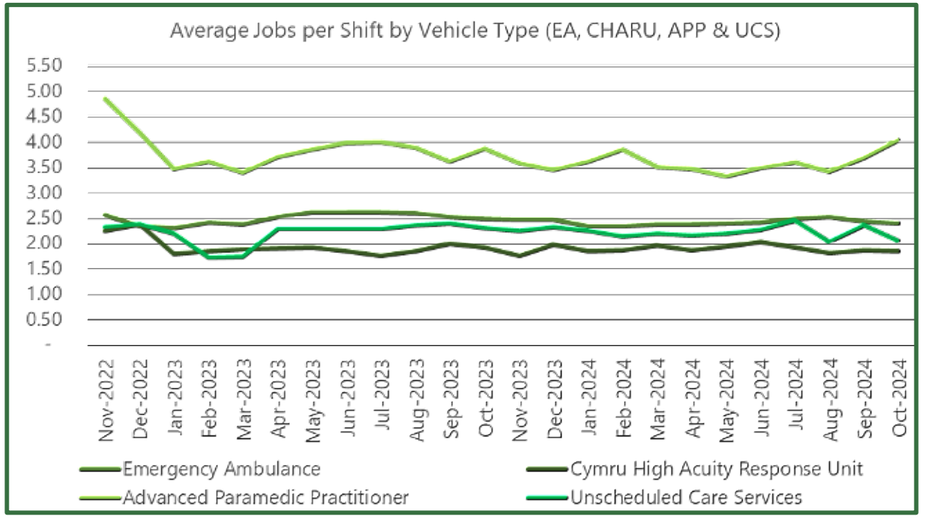
(Responsible Officer: Lee Brooks)

Jobs Per Shift	CHARU Utilisation	FPC
R	A	

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







Analysis

Pan Wales Utilisation metrics in October 2024 were 57.4% for all vehicles types, decreasing slightly from 57.9% in September 2024. EA was the highest rate during the month at 68.4%, which has 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 increased in three categories in October 2024, 57 minutes for CHARU, 2 hours and 39 minutes for UCS and EAs to 2 hours 13 minutes. APPs decreased to 1 hour, 23 minutes.

Overall average jobs per shift was 2.25 in October 2024, indicating a slight decrease from September 2024 (2.29). EAs averaged 2.40 jobs per shift and UCS crews 2.05 jobs per shift This is more than what would be ideal and a product of handover delays.
APPs attended on average 4.04 jobs per shift and CHARU's 1.84 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.

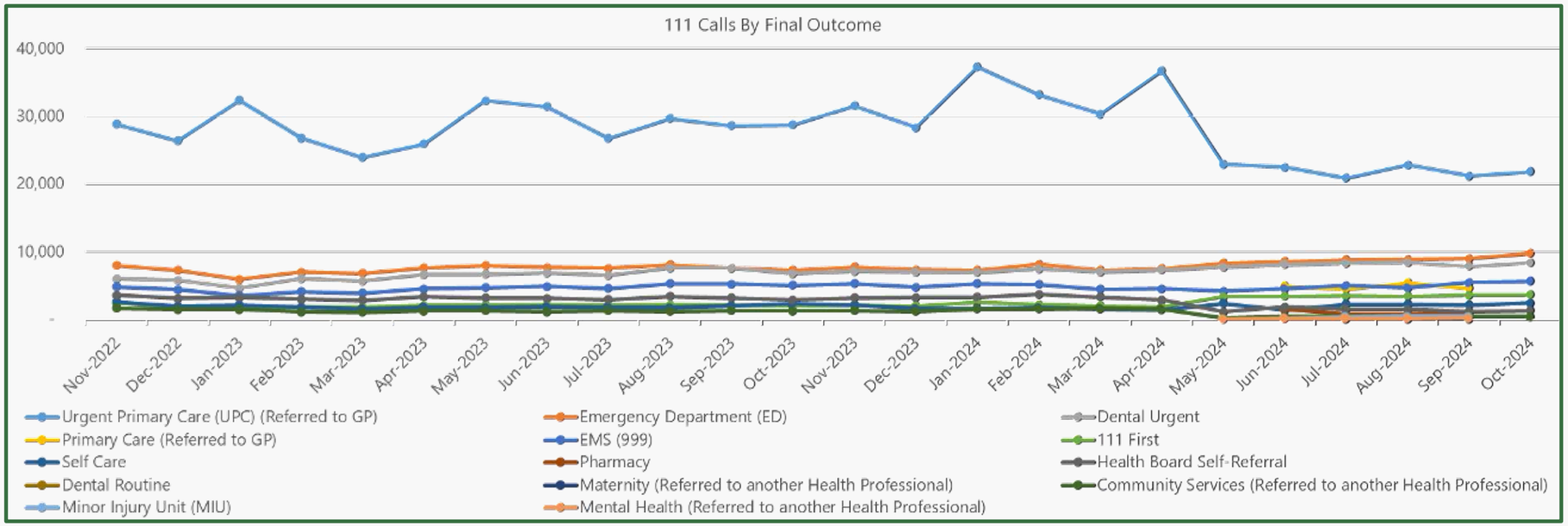
Expected Performance Trajectory

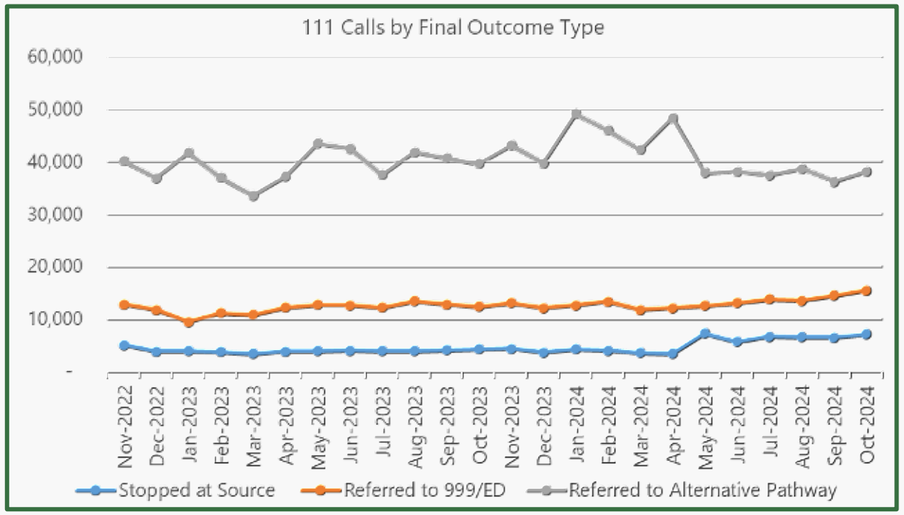
The Trust's ability to reduce the high utilisation rates for EAs and UCS is a product of handover, which it does not control. The Trust would expect an increase in APP and CHARU utilisation during 2024/25 linked to the remedial actions identified above.

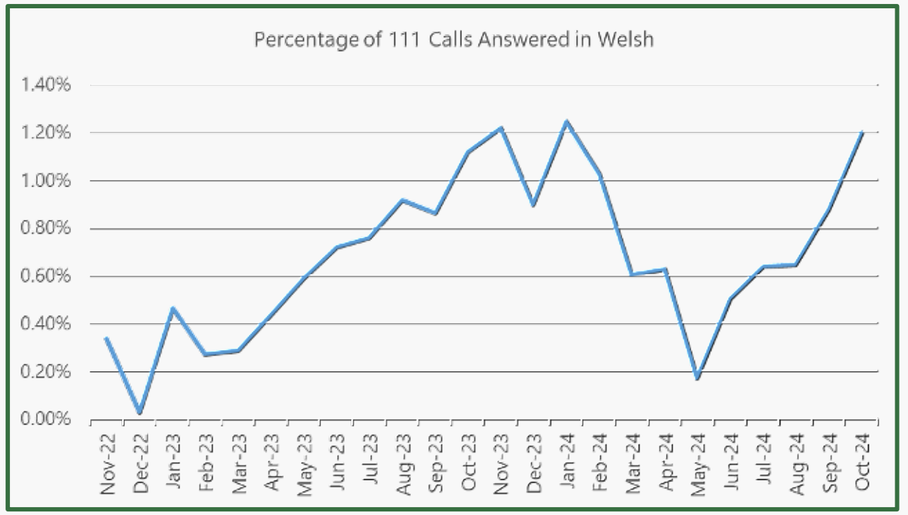
Partnerships / System Contribution
NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators
Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

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







Analysis

During October 2024, 60,779 calls were allocated into the 14 categories displayed in the graph opposite, an increase compared to the 57,093 seen during September 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 35.96% of all calls during October 2024, but there has been a material drop since the implementation of new 111CAS.

As the bottom left graph highlights, in October 2024, 7,092 calls were 'Stopped at Source', with no onward referral, an increase from the 6,434 in September 2024. 15,479 calls were referred to 999/ED in October, an increase from the 14,450 in September.

The percentage of 111 calls answered in Welsh increased from 0.88% in September 2024 to 1.20% in October 2024. This equated to 68% 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.

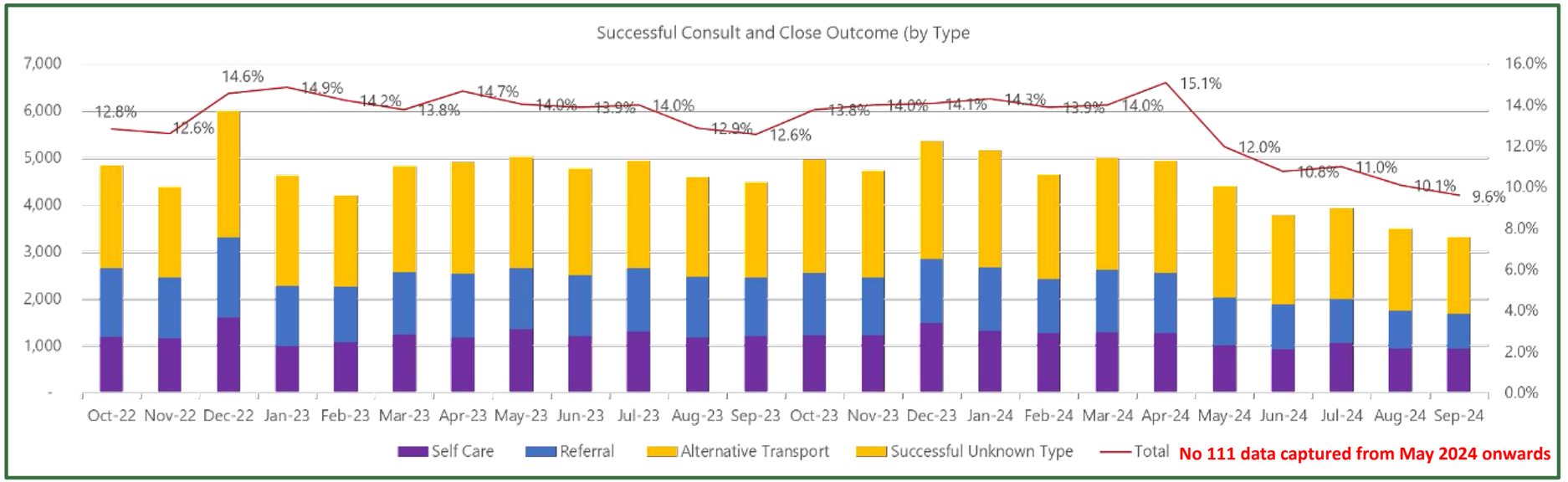
Partnerships / System Contribution
Consult & Close Indicators

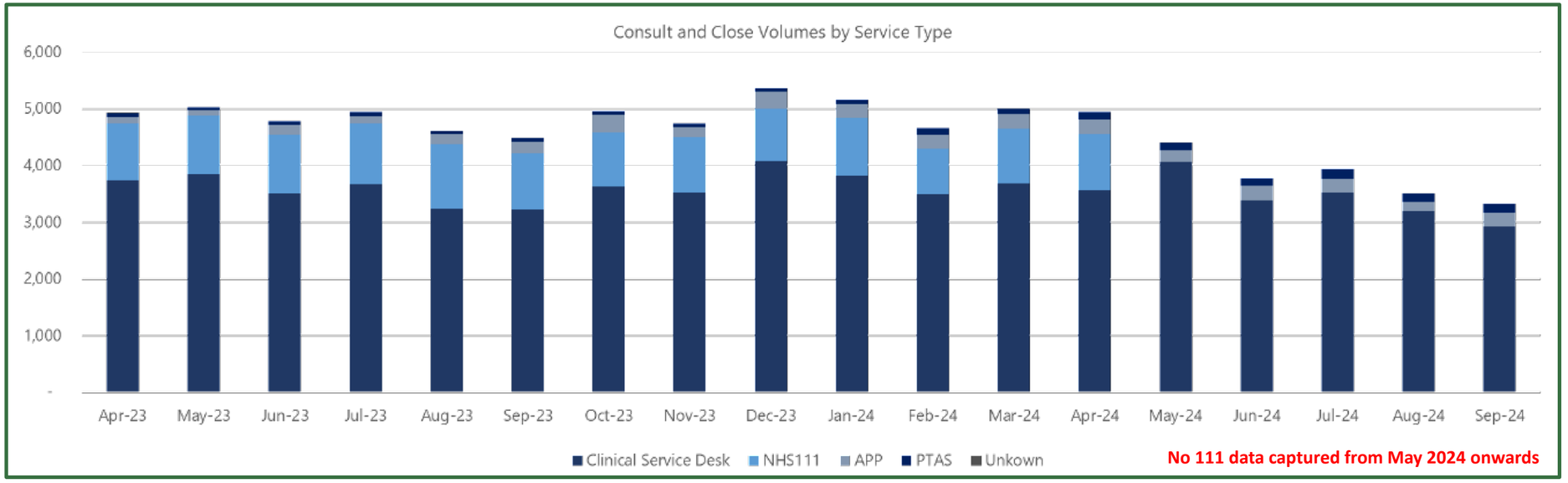
(Responsible Officer: Lee Brooks)

C&C Outcomes

FPC

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





No additional analysis possible given no 111 data is currently available on these metrics.

Partnerships / System Contribution
Conveyance to ED Indicators

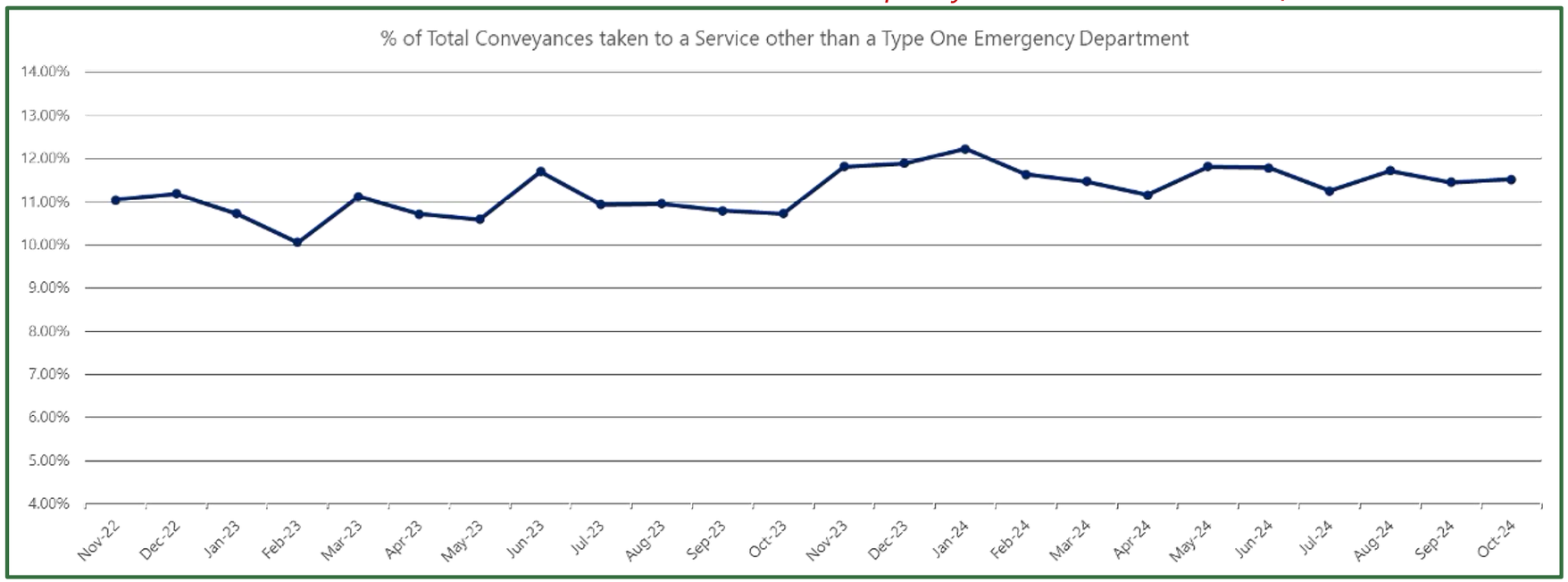
(Responsible Officer: Andy Swinburn)

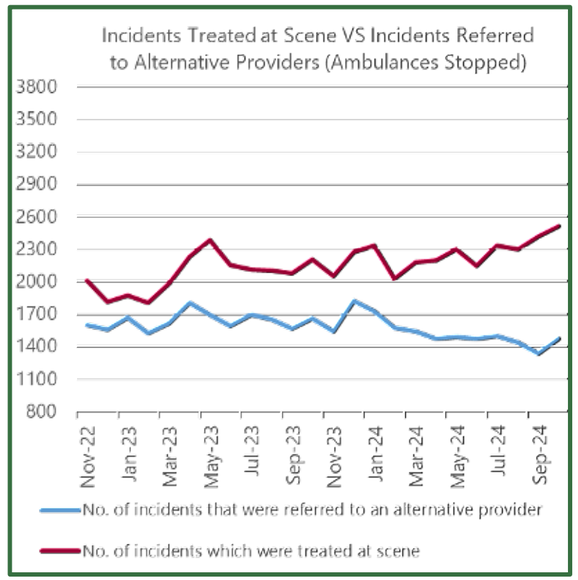
Conveyances
G

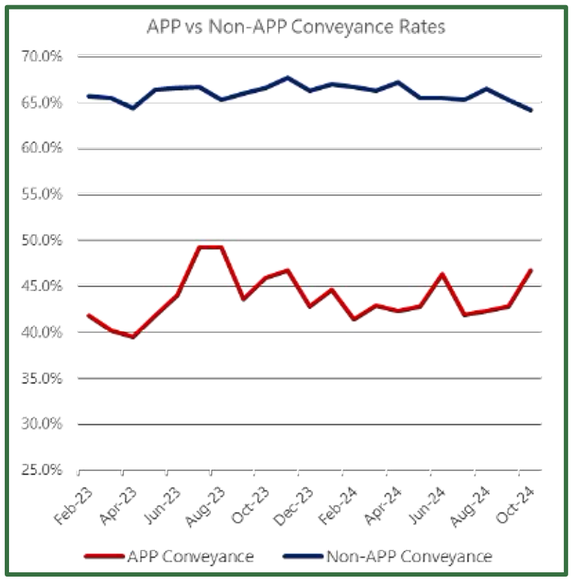
FPC

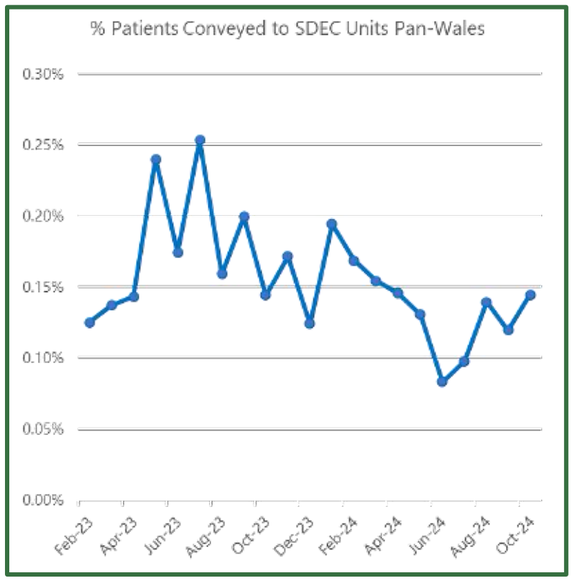
Ministerial Measure

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









Analysis

In October 2024 11.51% of patients (1,559) were conveyed to a service other than a Type One ED, while 33.3% 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 increased slightly, from 3,753 in September 2024 to 3,753982 in October 2024.

The APP conveyance rate was 46.6% in October 2024 and continues to experience a generally increasing trend since March 2023; whilst the DCR table highlights by code the incidents where the preferred response should be an APP (if available). Pilot schemes are in place to clinically dispatch advanced and enhanced clinical resource to safely manage care closer to home, 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 contribution to the SDEC strategy the 6 goals programme with HB actions around reporting measures from referral and bedding of SDECs in times of escalation. It should be noted that WAST data reflects a direct referral to an SDEC where some HB models require a conveyance to ED initially and then streaming to SDEC on this basis.
- Further investment in the APP workforce in 2024/25 (+32 APPs).
- Formal education support and induction package for APPs agreed trust-wide.
- Embedding the Urgent Care response within the Clinical Model Transformation, tasking optimisation (alongside HB partners if available), scheduling care and APP development and workforce.
- Inclusion of specific Frailty and Falls workstream within Urgent Care Response Service with involvement in the review of the All Wales Falls Response Framework alongside NHS Executive Colleagues.

Expected Performance Trajectory

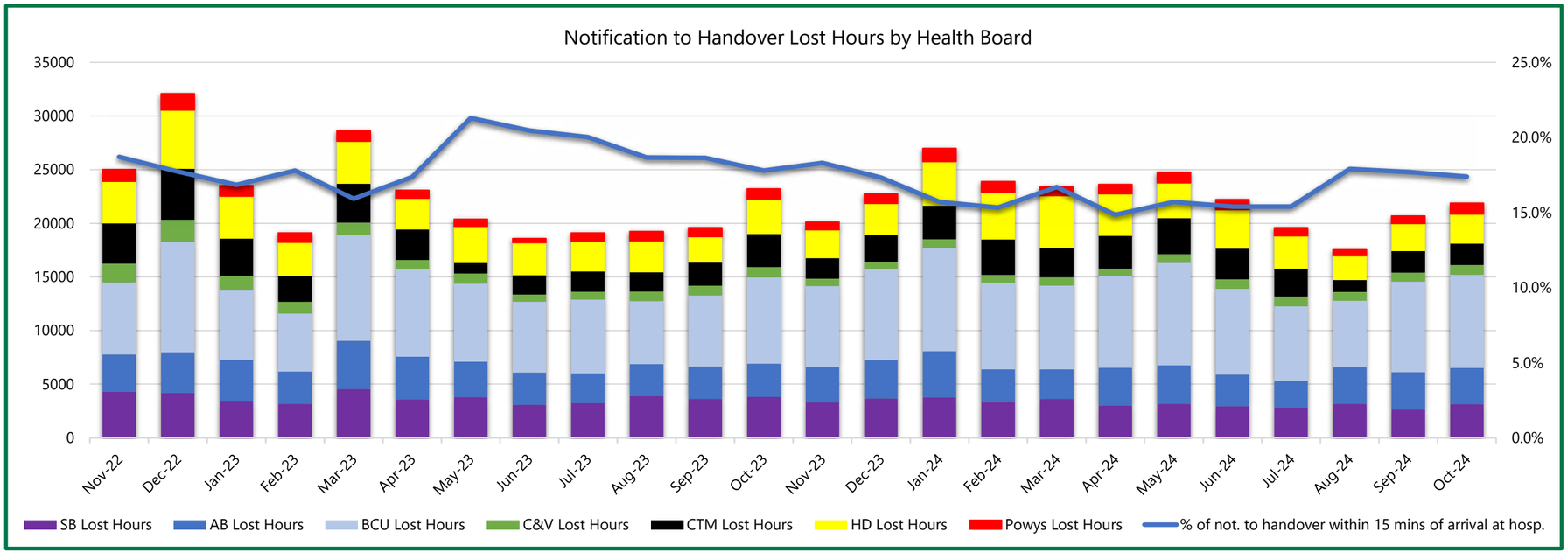
The 2023 EMS Demand & Capacity Review (strategic) models various future states. The modelled scenarios indicate that the Trust will need to evolve its clinical model with health boards also significantly reducing handover e.g. 12,000 hours or 7,500 hours, alongside varying levels of investment. Seasonal modelling continues to be undertaken.

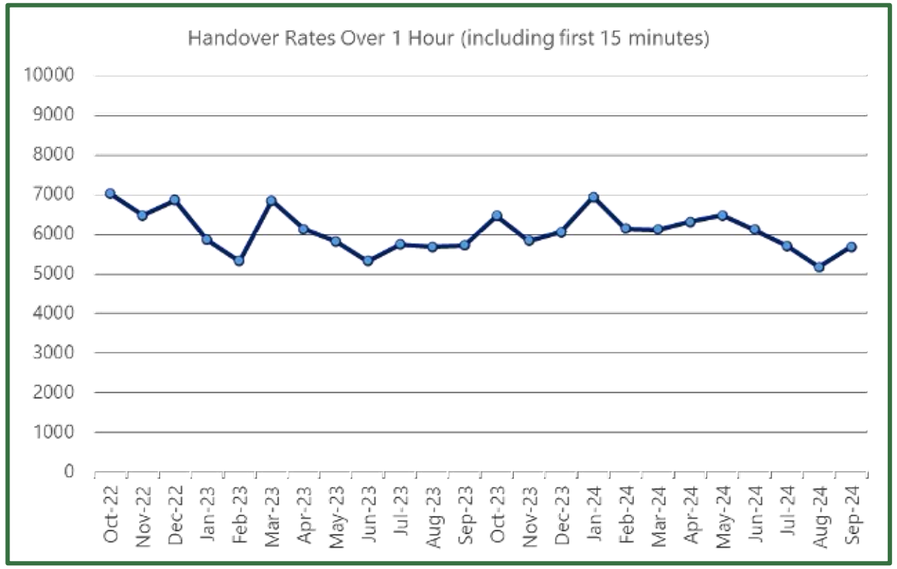
Partnerships / System Contribution Handover Indicators

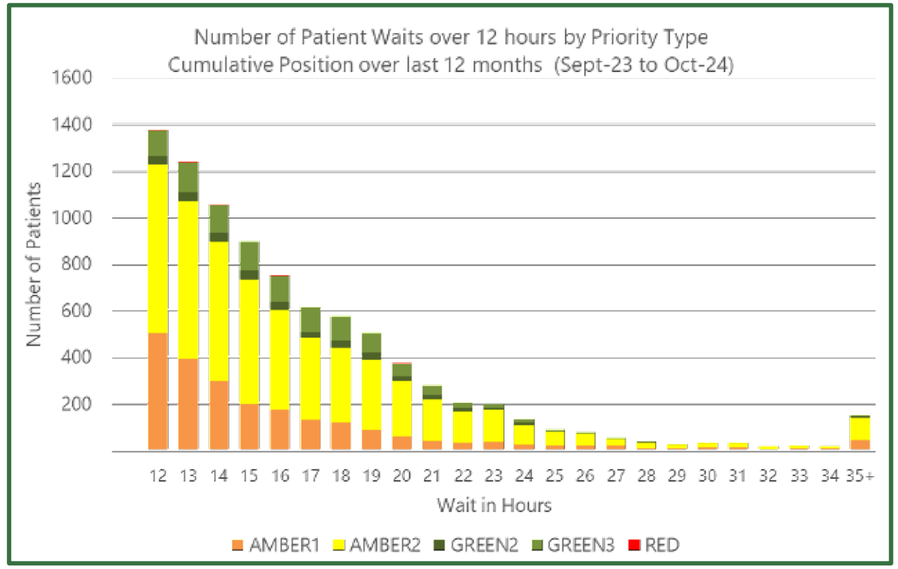
(Responsible Officer: Health Boards)

Lost Hours R

CI QUEST







Analysis

267,490 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Nov-23 to Oct-24), compared to 271,609 hours over the same timeframe the previous year. There were 21,880 hours lost in October 2024, which is 5.8% lower than the 23,222 hours lost during October 2023.

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

- Maelor General Hospital (BCUHB) at 3,317 lost hours
- Grange University Hospital (ABUHB) at 3,214 lost hours
- Morriston Hospital (SBUHB) at 3,091 lost hours
- Ysbyty Glan Clwyd Hospital (BCUHB) at 2,643 lost hours

Notification to handover lost hours averaged 706 hours per day during October 2024 compared to 690 hours per day in September 2024.

In October 2024, the Trust could have responded to approximately 5,644 more patients if handovers were reduced, which highlights the impact these numbers are still having on the service.

In October 2024, 796 patients waited over 12 hours for an ambulance response. In October 2024 85 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

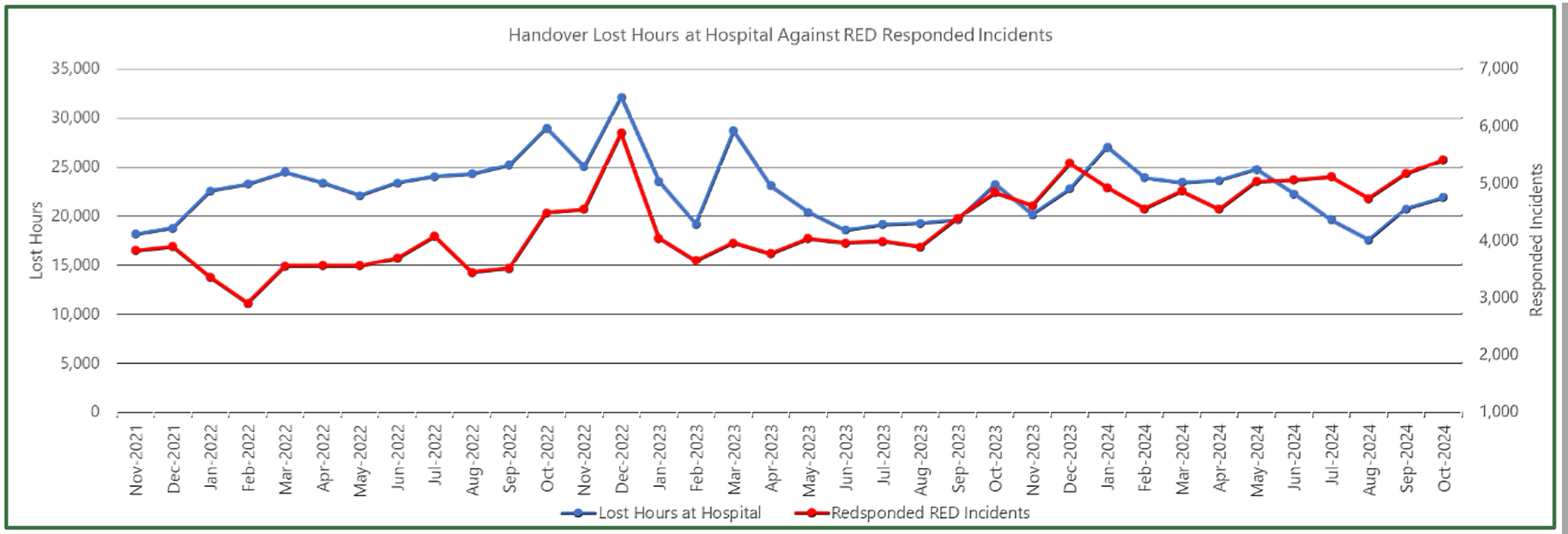
The Welsh Government handover target for 2024/25 is no waits over one hour; this equates to 7,500 hours lost to handover delays per month. There would need to be a 60% reduction in current handover levels for this to be achieved.

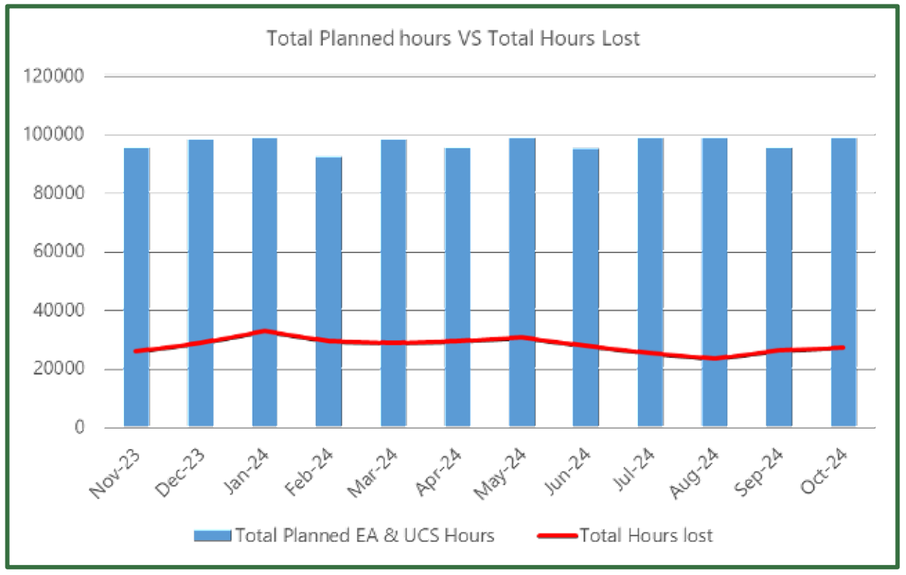
Partnerships / System Contribution

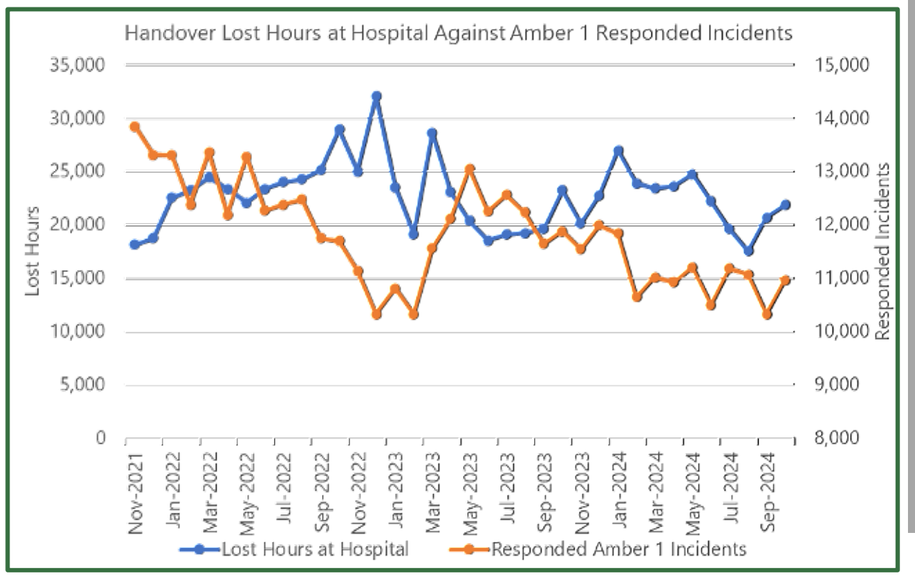
Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

CI QUEST







Analysis

The top graph highlights that as handover lost hours have increased since November 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 right graph illustrates, there is a correlation between lost hours increasing and a decrease in the number of Amber 1 incidents being responded to, particularly at times of high demand, such as during December 2022. This is notwithstanding that some of these patients within the Amber 1 category will still be seriously ill.

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 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 21,800 hours, however handover in October 2024 was 5.8% lower than October 2023.

**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

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AGENDA ITEM No	**11**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**1**

Non-Emergency Patient Transport Service – Improvements

MEETING	Trust Board
DATE	29 November 2024
EXECUTIVE	Lee Brooks, Executive Director of Operations
AUTHOR	Mark Harris Assistant Director of Operations NEPTS
CONTACT	Mark.Harris5@wales.nhs.uk

EXECUTIVE SUMMARY

- The presentation is to inform Trust Board of the improvements made to the Non-Emergency Patient Transport Service (NEPTS).

- The presentation also includes information on the scale of the service, an update on the now completed ministerial business case for NEPTS and a horizon scan of future planned improvements.

RECOMMENDED: The Trust Board should note the improvements made to and planned for the NEPTS service.

KEY ISSUES/IMPLICATIONS

Not applicable.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

NEPTS Improvement Journey Presentation

REPORT CHECKLIST

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

Welsh Ambulance Services University NHS Trust

Non-Emergency Patient Transport Service (NEPTS) Improvements

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Trust Board
29th November 2024

NEPTS in Numbers

The Non-Emergency Patient Transport team consists of

- **677FTE Workforce establishment**
- **280 WAST vehicles**
- **138 Volunteer car drivers who covered 1.3million miles last year**
- **54 Third party providers (Taxi, Ambulance Providers, Community Transport, 3rd Sector)**
- **19 Hospital liaison offices**
- **1 Enhanced services hub focusing on renal dialysis & oncology journeys**

In the last 12 months, the Non-Emergency Patient Transport Service has:

- **Answered more than 200,000 telephone calls and facilitated more than 110,000 online HCP transport bookings**
- **Completed more than 570,000 journeys**
- **Driven more than 11 million miles to 1831 different clinics**

2015 NEPTS Business Case

Set out WAST as the sole provider of patient transport across Wales and led to the transformation from Patient Care Service (PCS) to NEPTS.

Business case was closed in 2024 and included 24 recommendations for improvement of which:

- **21 are completed**
- **2 managed as business as usual**
- **1 closed – no longer relevant**

Catalyst for the transfer of NEPTS work from Health Boards to WAST. Last transfer was completed in 2021/22. Overall, this process included:

- **£7 million funding transferred from HB to WAST**
- **All Welsh NEPTS journeys now managed by WAST**
- **2 Health Board call centres moved to WAST to create a single national call centre**
- **2 TUPE processes of staff into WAST**
- **Novation of 4 large contracts into WAST**

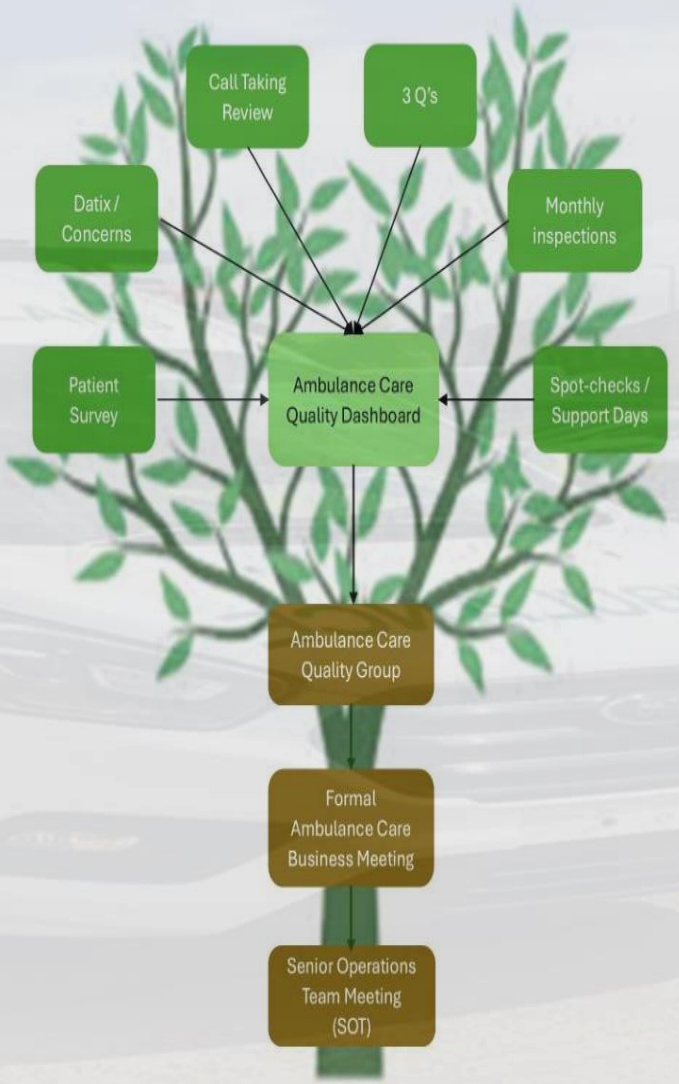
Service Delivery Improvements

- Reduced a recurring financial deficit of circa £600k per annum
- Extended hours of operation to meet customer requirement – increased to 7 days/week and 16 hours/day. December 24 sees our first 24/7 provision commence.
- Removed journey quotas – all eligible bookings now taken & no eligible journeys refused at booking stage.
- Reviewed fleet to improve experience, flexibility and efficiency.
- Innovation in service delivery – End of life rapid transport, oncology volunteer scheme & dementia friendly vehicles.
- Delivered improvements in timeliness for patients, particularly dialysis & oncology patients.

Measure	Standard (%)	2019-20 Performance (%)	Last 12 mths Performance (%)	Difference (%)
Inward Outpatient	70	59.5	68.1	8.6
Inward Renal 1	70	59.2	72.8	13.6
Inward Oncology	70	62.7	73.3	10.6
D&T Advance	95	70.9	80.5	9.6
D&T Same Day	70	97.7	96.6	-1.1
Outpatient Outbound	70	77.8	73.2	-4.6
Oncology Outbound	70	78.4	78.9	0.5
Renal Outbound	70	69.7	73.8	4.1

Service Quality Improvements

- Improved purchasing governance and value for money.
- Introduced Welsh Ambulance Quality Standard Award – Welsh CQC equivalent.
- Introduced multiple methods to capture and improve patient experience.
- Introduced a range of internal QA processes.
- Moved CAD system to the cloud to support patient and HCP direct access.
- Refocused service on conveyance of those eligible for transport.



Horizon Scanning

- Continue to increase our volunteer driver base and expand our volunteer oncology service
- Implement online patient access to “where is my transport” functionality and journey booking
- Conduct a full review of all NEPTS rosters/production
- Redesign the hospital liaison model
- Increase in planned care activity without investment or commissioner led review of eligibility will increase capacity challenges

Thank you for listening

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AGENDA ITEM No	**12**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**4**

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	29 November 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 is included in the report.

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 scoring matrix 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 23 October 2024. Focus has continued 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 November 2024.

8. 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.

9. **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. These scores reflect individual cases of avoidable harm, highlighting ongoing challenges in the unscheduled care system due to the levels of handover delays.

10. These two risks continue to be dynamically reviewed, and the scores remain unchanged despite several updates to the controls which include a review of the new 5 year strategic EMS Demand and Capacity review detailing the level of resourcing required in different handover lost hour scenarios and ways to respond to that demand.
    10.1. The number of lost hours due to handover delays remained significant in September 2024 at 20,693 which is higher than the same period in 2023.
    10.2. 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. Delays are also presenting as a theme in the Medical Examiner Service referrals for the first two quarters of 2024/25.
    10.3. 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.
    10.4. 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 an improvement in sickness and attendance levels.
    10.5. The Trust continues to work across the system with partners to influence system change and with focus on implementing a change in how it responds to patient demand through the Clinical Model Transformation Programme.
    10.6. 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.

10.7. To support the continued, detailed review and mitigation of these risks, a workshop took place on 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.

10.8. The work began to brigade controls into six internal and external themes and will be finalised in December 2024. The outcome of this will be reported through the next round of governance

10.9. The Quality, Patient Experience and Safety Committee (QUEST) reviewed both risks at its meeting in November 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.

10.10. Additionally, both risks were presented to the Finance & Performance Committee (FPC) and the People & Culture Committee (PCC) meetings in November 2024 to continue to ensure that all perspectives and elements of the risks are considered and reviewed.

10.11. 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.

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

11.1. Sickness absence remains a key challenge for the organisation and whilst there has been a reduction in absence levels, the score remains static as these are higher than desired.

11.2. The position in August that showed an uncommon but positive decrease in levels for that time of year. The data will be assessed over the next four months to establish whether the improvement in levels is sustained. Should this be the case, then it is likely that this risk score will be reduced.

12. **Risk 163** (*Maintaining Effective & Strong Trade Union Partnerships)* was rated 20.

12.1. The score has reduced from 16 (4x4) to 12 (3x4) in this review period which reflects good relationships with Trade Union partners and that engagement and partnership working is operating well.

12.2. Workshop sessions for TU partners and managers have been delivered across the organisation to those both in senior and local roles.

12.3. The programme of engagement and relationship building will continue throughout 2024/25.

12.4. Work is underway to deliver the action plan in partnership.

12.5. Trade Union partners have noted the excellent partnership working at WAST and recognised that the structures are embedding well.

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

13.1. The current risk score remains at 20 given that many of the mitigations are outside the Trust's control.
13.2. Whilst the risk remains static, it is inextricably linked to several of the metrics measured and discussed at the People & Culture Committee.

14. **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.

14.1. The risk has reduced in score from 20 (4x5) to 15 (3x5) reflecting mitigations and actions that have been implemented.
14.2. This included the revised agreement of the Immediate Release Protocol and assurance from Chief Operating Officers that the agreement will be honoured to release ambulances in the event of a major incident.
14.3. The risk will remain on the CRR and will be monitored through the normal governance channels.
14.4. Further work to determine resources following the Manchester Arena Inquiry remains underway.

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:

17. Members are asked to consider and discuss the contents of the report and:
    a) Note the ongoing repositioning of Risks 223 and 224.
    b) Note the reduction in score for Risk 163 from 16 (4x4) 12 (3x4) and Risk 594 from 20 (4x5) to 15 (3x5). Both risks will remain on the Corporate Risk Registers for ongoing management.
    c) Receive assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.
    d) 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 (14 October 2024)
- Executive Leadership Team (23 October 2024)
- Quality, Safety & Patient Experience (05 November 2024)
- People & Culture Committee (14 November 2024)
- Finance & Performance Committee (19 November 2024)
- Audit, Risk and Assurance Committee (21 November 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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

SITUATION

1. The purpose of the report is to provide a progress report in respect of the management of the Trust's principal risks.

BACKGROUND

2. The Risk Management Transformation Programme is reported and monitored through the Corporate Governance Directorate's Local Directorate Plan and through to the Strategic Transformation Board and the Audit, Risk & Assurance Committee for oversight.

3. Principal risks are allocated to appropriate Directors to drive the reviews and actions to mitigate the Trust's principal risks. In addition to directorate reviews there are formal risk review discussions with the Assistant Directors Leadership Team (ADLT) and the Executive Leadership Team (ELT) in relation to risk escalation, changes in ratings, and any new risks for inclusion on the CRR.

4. This report highlights the focus that is maintained on management of these risks, not only because of risk discussions in the various forums but also because of broader attention to planned mitigations across the system.

ASSESSMENT

5. The direction of travel and next steps for the Risk Management Transformation Programme was presented in detail to and supported by the ELT and Audit Risk and Assurance Committee in September 2024 and supported by the recommendations made by our external consultants, BDO.

6. This is in addition to a substantial programme of work to be undertaken with respect to the next stage of our enterprise risk management, as highlighted in the 2023/24 Internal Audit Review.

7. The ELT 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 ADLT.

<u>Principal Risks</u>

8. Each of the risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3 with continual and dynamic focus on the highest rated risks scoring 15-25. Attention has been given to the risk ratings of each principal

risk and the mitigating actions identified and taken to ensure that risks achieve their target score. This is in addition to the standard and regular review of all controls, assurances, and any gaps.

9. The Trust's highest rated 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. 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.

10. 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.

11. The number of lost hours due to handover delays remained significant in September 2024 at 20,693 which is higher than the same period in 2023.

12. 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. Delays are also presenting as a theme in the Medical Examiner Service referrals for the first two quarters of 2024/25.

13. The risks continue to be reported to the Trust Board, with a 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.

14. 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 an improvement in sickness and attendance levels.

15. 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.

16. To support the continued, detailed review and mitigation of these risks, a workshop took place on 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.

17. The work began to brigade controls into six internal and external themes and will be finalised in December 2024. The outcome of this will be reported through the next round of governance.

18. The Trust continues to work across the system with partners to influence system change with focus on implementing a change in how it responds to patient demand through the Clinical Model Transformation Programme.

19. The introduction of a new Clinical Navigator role as part of the Clinical Model Transformation will focus on clinicians using their expertise to quickly assess patients and determine whether they require immediate emergency ambulance dispatch or are suitable for remote clinical management. Clinical Navigators will also perform high acuity live reviews, provide remote clinical support, and oversee the Emergency Medical Service Coordination (EMSC) response queue.

20. The Quality, Patient Experience and Safety Committee (QUEST) reviewed both risks at its meeting in November 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.

21. Additionally, both risks were presented to the Finance & Performance Committee (FPC) and the People & Culture Committee (PCC) meetings in November 2024 to continue to ensure that all perspectives and elements of the risks are considered and reviewed.

22. Risk 160 *High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service*, whilst there has been a significant reduction in absence levels, the score of 20 (5x4) remains static during this quarter; however, this will remain under review given the significant work undertaken to strengthen the controls, assurances, and mitigating actions and the position in August that showed an uncommon but positive decrease in levels for that time of year. The data will be assessed over the next four months to establish whether the improvement in levels is sustained. Should this be the case, then it is likely that this risk score will be reduced.

23. Risk 201 *A loss of stakeholder confidence that damages the Trust's reputation*, remains static at a score of 20 (4x5) given that many of the mitigations are outside the Trust's control. Whilst the risk remains static, it is inextricably linked to several of the metrics measured and discussed at the People & Culture Committee.

24. Risk 594 *The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death* has reduced in score from 20 (4x5) to 15 (3x5) reflecting that the mitigations and actions

have been implemented including the revised agreement of the Immediate Release Protocol and assurance from Chief Operating Officers that the agreement will be honoured to release ambulances in the event of a major incident. The risk will remain on the CRR and will be monitored through the normal governance channels.

25. Further work to determine resources following the Manchester Arena Inquiry remains underway.

26. Risk 163 *Maintaining Effective & Strong Trade Union Partnerships* has reduced in score from 16 (4x4) to (12 (3x4) this quarter reflecting the positive engagement and partnership working operating well and ongoing discussions on a range of organisational change issues.

27. Risks 542 *Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan* at a score of 16 (4x4) continues to be reviewed and remains unchanged.

28. Risk 260 *A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems* remains static at a score of 15 (3x5), Risk 558 *Deterioration of staff health and wellbeing as a consequence of both internal and external system pressures* and Risk 623 *Failure to comply with Data Protection Legislation* all remain unchanged this period and static at a score of 15 (3x5).

29. Risk 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* remains unchanged at a score of 12 (3x4); however, following discussion at the Executive Leadership Team, this risk will undergo a full and thorough review in the next round which may lead to a potential reduction in risk score.

30. Risk 139 *Failure to Deliver our Statutory Financial Duties*. This is due to the reasonable revenue position for 2024/25; however, separate risks may be considered in the future relating to capital funding and vehicle/fleet.

RECOMMENDED

31. Members are asked to consider and discuss the contents of the report and:
    a) Note the ongoing repositioning of Risks 223 and 224.
    b) Note the reduction in score for Risk 163 from 16 (4x4) 12 (3x4) and Risk 594 from 20 (4x5) to 15 (3x5). Both risks will remain on the Corporate Risk Registers for ongoing management.
    c) Receive assurance on the review and attention to the principal risks, including their review at ADLT, ELT and at relevant Committees.
    d) Note the ratings and mitigating actions for each principal risk.

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	Director of Partnerships & Engagement	**20 (4x5)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		strategic vision, a failure to deliver its strategic ambition, damage to reputation and increased external scrutiny		
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 **RESULTING IN** negative environmental and social impacts causing and reputational damage	Executive Director of Finance & Corporate Resources	**16 (4x4)** →
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)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
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	**15 (3x5)** ↓ **20 (4x5)**
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 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.	Director of Digital Services	**15 (3x5)** →
100 FPC	Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of	**IF** WAST fails to persuade JCC/Health Boards about WAST ambitions	Executive Director of Strategy Planning & Performance	**12 (3x4)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
	patient safety and experience.	**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		
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	**12 (3x4)** ↓ **16 (4x4)**
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 • 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	Executive Director of Finance & Corporate Resources	**8 (2x4)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		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.	ɔcal 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:	01/10/2024	TREND	25 (5x5)
		Date of Next Review:	01/11/2024	➡	

IF	THEN	RESULTING IN
significant internal and external system pressures continue	there is a risk of an inability and/or a delay in ambulances reaching patients in the community	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, July were 19,599 and August were 17,540.**

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) Alterative capacity equivalent to 1000 beds (E)
f) Implement nationwide approach to emergency department 'Fit 2 Sit' (E)
g) Implementation of Same Day Emergency Care services in each Health Board (E)
h) National Six Goals programme for Urgent and Emergency Car (E)

CONTROLS	ASSURANCES
	Internal Management (1st 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)**. V1.3 has been reviewed, updated and released (August 2024).**
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.

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	01/10/2024	TREND	25 (5x5)
		Date of Next Review:	01/11/2024	➡	

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

	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. 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 May 2024.

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	01/10/2024	TREND	25 (5x5)
		Date of Next Review:	01/11/2024	➡	

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

24. ARA – - YGC, Swansea Bay and GUH	24. ARA in GUH finished 31st March 2024. Holding area in Swansea and YGC remains ongoing.
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. Undertake the next 5-year strategic EMS Demand and Capacity review (the 2019 version will run out this year – 2024)	**27. Review has been undertaken and has been reported to close F&P committee July 2024 and Trust Board July 2024. This review details the level of resourcing required in different handover lost hour scenarios with different ways to respond to it e.g. traditional model or evolved CRN.**
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.
10. There is currently no JCC implementation plan associated with the 2023 Demand and Capacity Review	10. The requirements for a funded implementation plan for the review i.e. resource envelope change from the JCC. The review is being reported to JCC board development session in August 2024 and is expected to go to JCC committee later this year. The expectation is that the 2025/26 commission intentions will respond to the review.
Please note that the gaps listed are not WAST's and are therefore outside of the control of WAST	

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	01/10/2024	TREND	25 (5x5)
		Date of Next Review:	01/11/2024	→	

IF	THEN	RESULTING IN
significant internal and external system pressures continue	there is a risk of an inability and/or a delay in ambulances reaching patients in the community	patient harm and death

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	5	5	25
Target	2	5	10

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.	Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	Superseded	Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)	ADLT Sub-Group	30.09.22 - 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 **Integrated Care (with SRO through CMT Board)**	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	**Completed**	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	**Superseded with the implementation of the new model (ref: Action 5)**	**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 in partnership with St John Ambulance Cymru to deliver the CWR element. Initial phase due to conclude in March 2024, further extended to May 2024 due to SJAC funding accommodating extension arrangement.**

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	01/10/2024	TREND	25 (5x5)
			Date of Next Review:	01/11/2024	➡	

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

			• **NHS Charities Together (grant) funding obtained through external application, to develop internal volunteer capacity/volunteer workforce as CWRs. Piloting of the CWR model commenced in Spring 2024, with an expansion of the model in mid-October. Recruitment, onboarding and training continues with aspiration to recruit CWRs across Wales.** • **The SBRI innovation challenge has supported a phase 2 delivery of the digital ward model: enabling remote clinicians to care for patients in a 'virtual ward' capacity. It is envisioned this will enable patients to reach to right care at the right time, whilst being monitored remotely. The pilot has commenced for care homes in Wales, and a dedicated remote clinician is supporting the initiative generating organisational learning to expand remote care planning role the Trust can provide for the NHS Wales. The pilot initiative will conclude in March 2025.** • **The nature of this project of work aligns to the RICs workstream of the Clinical Model Transformation programme; the work will form part of the RICs workstream from September 2024.**
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. Palliative Care Paramedic Unit	Assistant Director of Operations	Extended to May 2024 - **new date TBC**	Reducing demand via APPs – 15th 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.
11. 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	• **01/10/2024 - The review of the unscheduled care report part 2 (accessing urgent and emergency care) is underway and will come to the committee in November 2024.** • 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.
12. 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

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	01/10/2024		TREND	25 (5x5)
			Date of Next Review:	01/11/2024			
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**	
				patient benefit to reach earlier diagnostic. Local meetings this month to discuss findings and explore opportunities. • May 24 – 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:	06/09/2024	TREND	25 (5x5)
		Date of Next Review:	06/10/2024	→	

IF	THEN	RESULTING IN
patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	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	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 EASC set a target of 15,000 hours lost by the end of Q2 and 12,000 hours lost by the end of Q3. Handover lost hours in 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 (1st 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 25.01.2024 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop

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:	06/09/2024	TREND	25 (5x5)
		Date of Next Review:	06/10/2024	➡	

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

	more consistency which would include aligning the outputs / outcomes with the 'Six Goals for Urgent and 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 *Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026.* 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 *Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover* (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.	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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		Date of Next Review:	06/10/2024	➡	

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

Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals. Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating "The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service's statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets."	
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 (1st 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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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. 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.

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IF	THEN	RESULTING IN
patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	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	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:	26/09/2024	TREND	20 (5x4)
		Date of Next Review:	26/10/2024	➡	

IF	THEN	RESULTING IN
there are high levels of absence e.g., sickness and alternative duties.	there is a risk that there is reduced resource capacity	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. **Whilst the sick absence rates went up in July it was positive to note the decrease in August. Traditionally, the school holiday period had often seen an increase in absence rates; therefore we intend to assess the data for the next four months to establish whether the improvement is sustained. If there is a sustained improvement, then it is likely that this risk score will be reduced.**

CONTROLS	ASSURANCES
	Internal Management (1st 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:	26/09/2024	TREND	20 (5x4)
		Date of Next Review:	26/10/2024	➡	

IF	THEN	RESULTING IN
there are high levels of absence e.g., sickness and alternative duties.	there is a risk that there is reduced resource capacity	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 the JCC. 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 (3rd Line of Assurance)

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Date of Review:	26/09/2024	TREND	20 (5x4)
		Date of Next Review:	26/10/2024	➡	

IF	THEN	RESULTING IN
there are high levels of absence e.g., sickness and alternative duties.	there is a risk that there is reduced resource capacity	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	

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:	26/09/2024	TREND	20 (5x4)
		Date of Next Review:	26/10/2024	➡	

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:	26/09/2024	TREND	20 (4x5)
		Date of Next Review:	26/10/2024	➡	

IF	THEN	RESULTING IN
there is an inability of the Trust to deliver its core services because of system or organisational pressures	there will be a loss of stakeholder confidence in the Trust	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. **At the time of writing, conversations with key, mission critical stakeholders remain live in respect of the Trust's proposed clinical service model/transformation programme. The outcome of these discussions will inform the next steps in relation to proposed transformation and, as such, are critical in terms of the Trust's reputation. Similarly, with winter approaching, and the attendant pressures and risks that come with it, the risk to Trust reputation remains significant**.

CONTROLS	ASSURANCES
	Internal Management (1st 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**	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 **to assist the Trust to understand the impact of the reputation audit and to support our approach to stakeholder engagement.**
2. Agree Stakeholder Influencing Plan	Director of Partnerships & Engagement	Q**2** 24/25	Currently in development **and will be considered by the CMT Programme Board in September 2024. This will be a live document and evolve with the programme.**
3. Roll out of Stakeholder Influencing Plan	Director of Partnerships & Engagement	Q2-**3** 24/25 onwards	**Roll out underway**.
4. Reputation Audit deep dive on findings to be presented at Board Development	Director of Partnerships & Engagement	**Complete**	Findings were also presented at the 09 May People and Culture Committee meeting **and will inform the approach to stakeholder engagement plan**.

Risk ID 542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	Date of Review:	26/09/2024	TREND	16 (4x4)
		Date of Next Review:	26/10/2024		

				Likelihood	Consequence	Score
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	**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 met. Noting some progress on positive movement to actions within the DAP

CONTROLS	**ASSURANCES**
	Internal Management (1st 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 BELP 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)	

Risk ID 542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	Date of Review:	26/09/2024	TREND	16 (4x4)
		Date of Next Review:	26/10/2024	➡	

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

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 potential 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	**Not needed. Action closed.**	Workstreams were 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:	25/09/2024	TREND	15 (3x5)
		Date of Next Review:	25/10/2024	➡	

IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place	THEN there is a risk of a significant information security incident	RESULTING IN a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	3	5	15
Target	2	5	10

IMTP Deliverable Numbers: 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 (1st 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:	25/09/2024	TREND	15 (3x5)
		Date of Next Review:	25/10/2024		

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. 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 **25.10**.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:	02/10/2024	TREND	15 (3x5)
		Date of Next Review:	02/11/2024		

IF	THEN	RESULTING IN
significant internal and external system pressures continue	there is a risk of a significant deterioration in staff health and wellbeing within WAST	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 (1st 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.

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:	02/10/2024	TREND	15 (3x5)
		Date of Next Review:	02/11/2024		

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 reap 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 **2/10/24 Consultation drawing to a close and final plan due to ELT on 23/10/24**

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:	01/10/2024	TREND	15 (3x5)
		Date of Next Review:	01/11/2024		

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	3	5	15
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, July were 23,220 and August were 17,540.** 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.

After a thorough review and assessment of Risk 594 within the Corporate Risk Register at SLT on 02/10/2024, we propose reducing the risk score from 20 to 15 (likelihood from 4 to 3) due to the following reasons:

· Mitigation/Controls have been Implemented: We have several controls measures that directly address the identified risk and are content we have exhausted all opportunities for additional controls. These controls are embedded within the corporate risk register.

· Immediate Release Protocol: The revised version of the IR protocol v1.3 has been agreed and shared at COO group and published which has included the release schedule for ambulances at the declaration of an incident as set out below:

·50% of vehicles released within 10 minutes

· 75% of vehicles released within 20 minutes

· 100% of vehicles released within 30 minutes

· Monitoring and Review: We will continue to monitor the risk within the normal governance channels (SOT/SLT/ADLT etc) to ensure that mitigations are still in place and any emerging risks are promptly identified and addressed.

CONTROLS	ASSURANCES
	Internal **Management (1st 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. **V1.3 has been reviewed, updated and released (August 2024).**
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

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:	01/10/2024	TREND	15 (3x5)
		Date of Next Review:	01/11/2024		

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	3	5	15
Target	2	5	10

	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.
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 11th February 2023 and the Swansea gas explosion on 13 March 2023), The Trust is not assured by the effectiveness of assurances given by Health Boards (responses provided following correspondence from WAST CEO – formal returns received from LHBs except BCU). Despite these two incidents being lower-level incident declarations where the pre-determined attendance was met, the experience does not add confidence to the ability to release all resources from hospitals which would support assurance. Further testing of the pre-determined attendance levels has been undertaken as part of the Manchester Arena Inquiry recommendations; This tested the Trust's ability to fulfil the PDA in North Wales and South Wales in the event of a mass casualty scenario both in hours and out of hours. This simulation concluded that in three of these four scenarios, the Trust would be unable to fulfil the PDA. A further declared major incident at Treforest Industrial Estate in December 2023 following an explosion, failed to release resources from Morriston Hospital, Wales's dedicated burns unit (formal debrief still to be conducted).

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Review of Manchester Arena Inquiry	Assistant Director of Operations	**March 2025**	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. **01/10/2024 - Progress against the 68 recommendations, directly or through partnership working, that relate to the Trust continues. 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. 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**

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:	01/10/2024	TREND	15 (3x5)
		Date of Next Review:	01/11/2024		

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	3	5	15
Target	2	5	10

			while awaiting financial decisions from commissioners and the implementation of necessary changes.
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	**November 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 (6th 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	May24 – 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	**Complete**	**01/10/2024 - Reviewed, updated and released the immediate release protocol and has included the schedule for health board to release vehicles august 2024 (v1.3).** 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 623	Failure to comply with Data Protection Legislation	Date of Review:	26/09/2024	TREND	15 (3x5)
		Date of Next Review:	26/10/2024		

IF	THEN	RESULTING IN
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	the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used.	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.

In addition, the Confidentiality Advisory Group (CAG), an independent body advising the Health Research Authority, have indicated that for organisations across NHS Wales who are not able to demonstrate compliance with legislation via the IG Toolkit by November 2024, requests for using sensitive patient information for research purposes are unlikely to be approved – further resulting in risk to WAST's academic partnerships and reputation, and strategic research endeavours.

CONTROLS	ASSURANCES
	Internal Management (1st 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 **were** employed on a consultancy basis to provide cover and support backlog clearance (E). **Both contractors have now left the organisation (funding ceased for the first in Jun-24, and the contract ended Sep-24 for the second).** 2. **Two new permanent Data Protection and Compliance Managers have been recruited and are due to start employment with WAST in November 2024, bringing capacity of this skillset up to 3 x FTE.**
2. Temporary Data Protection Officer position held by Head of ICT	3. 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).	4. 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)	

Risk ID 623	Failure to comply with Data Protection Legislation	Date of Review:	26/09/2024	TREND	15 (3x5)
		Date of Next Review:	26/10/2024		

IF	THEN	RESULTING IN
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

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) **successful candidates are due to start employment with WAST in November 2024.**	1. See 21. Further Actions (1)
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. **IGSG have approved the establishment of a sub-group to manage activities related to Information Asset Register and Ownership, however, due to vacancies and limited capacity in the IG team, this action will not be able to be progressed until January-25.**
6. Currently not meeting levels of IG staff training.	6. **Some data errors in ESR reporting for IG mandatory training has been identified, requiring manual effort to calculate Trust-wide compliance percentages.**
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)	Leanne Smith	Q2 2024/25	**Two candidates expected in post November 2024.**
2. Seeking funding to recruit/upskill/resource DPO who will encourage engagement**.** Additional funding into Digital for 24/25 allowed a permanent DPO position to be created within the structure.	Jonny Sammut	Q3 2024/25	**JD evaluated and translated. Awaiting approval by Recruitment Control Panel to commence recruitment.** Expected Recruitment and in post **Q4 24/25.**
3. Ensure compliance with the appropriate IG level training across all Directorate and Departments a. Demonstrate a regular series of comms on IG and DP b. Regular monitoring of training compliance through IGSG c. Targeted training compliance reporting to line manager on individuals to ensure that 85% target is reached. **d.** 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

Risk ID 623	Failure to comply with Data Protection Legislation		Date of Review:	26/09/2024	TREND	15 (3x5)
			Date of Next Review:	26/10/2024		

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

			Direct contact to individuals who have been non-compliant for a significant period of time, with escalation through their line management structures as required.
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	Nov24 for IG Toolkit Improvement Action Plan (with evidence to CAG)	Paper to ADLT Jun24 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 Nov24.

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:	02/10/2024	TREND	12 (3x4)
		Date of Next Review:	02/01/2025	➡	

IF	THEN	RESULTING IN		Likelihood	Consequence	Score
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	**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 **had** 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 now looking to recruit up to the modelled 153 CHARU FTEs and connected to this focus on CHARU productivity. CHARU UHP in August 2024 was 80%, which is the highest it has achieved, and it is now seeking to close the remaining gap through the recruitment of fully qualified paramedics.** 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. 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 **seven** months. Ambulance Care performance is stable.

NEPTS is also commissioned via **JCC** (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 **3** should see the arrangements stabilise.

CONTROLS	ASSURANCES
	Internal & External Management (1st 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
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 (1st Line of Assurance) 1. Plans go to every bi-monthly meeting 2. Meet bi-monthly and agendas, minutes and action logs available

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:	02/10/2024	TREND	12 (3x4)
		Date of Next Review:	02/01/2025		

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

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. 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.

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:	02/10/2024	TREND	12 (3x4)
				Date of Next Review:	02/01/2025		

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

			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 163	Maintaining Effective & Strong Trade Union Partnerships	Date of Review:	26/09/2024	TREND	12 (4x3)
		Date of Next Review:	26/12/2024		

IF	THEN	RESULTING IN		Likelihood	Consequence	Score
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	there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	a negative impact on colleague experience and/or services to patients	Inherent	5	3	15
			Current	4	3	12
			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

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. At a local level there are ongoing discussions on a range of organisational change issues and currently engagement and partnership working is **operating well and as a result the score has been reduced to 12 (3x4) during the quarter. However, there is a recognition that the nature of partnership working and the issues that arise mean that the level of risk fluctuates more regularly than others and will be kept under review. The Executive Owner will change from November 2024 to Director of People – same for Risk 160.**

CONTROLS	ASSURANCES
	Internal Management (1st 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	16. 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.

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships	Date of Review:	26/09/2024	TREND	12 (4x3)
		Date of Next Review:	26/12/2024		

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	3	12
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	**31/03/25**	**Observation of partnership forums and further development work is ongoing regarding initiatives to support embedding partnership training across the organisation**
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 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:	02/10/2024	TREND	8 (2x4)
		Date of Next Review:	02/01/2025	➡	

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: Q2 2024/25The 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 5 of the 2024/25 Financial Year. The score is consistent with that of Qtr. 1 2024/25 due to a presented opening balanced financial plan for 2024/25 and the Month 5 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 (1st 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 (1st 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 (3rd Line of Assurance)
	1-10 Internal audit reviews covering
	1-10 External audit reviews

GAPS IN CONTROLS	GAPS IN ASSURANCE

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:	02/10/2024	TREND	8 (2x4)
		Date of Next Review:	02/01/2025	➡	

IF the Trust does:	THEN there is a risk that	RESULTING IN
• 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)	the Trust will fail to achieve all its statutory financial obligations, and the requirements as set out within the Standing Financial Instructions (SFIs)	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

• Lack of formalised service contracts between Commissioner and WAST as a commissioned body	**10.** None identified.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Continuing negotiations with Commissioners	Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance	31/03/24 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	**13**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**3**

Financial Performance as at Month 7 – 2024/25

MEETING	Trust Board
DATE	29th November 2024
EXECUTIVE	Chris Turley (Executive Director of Finance & Corporate Resources)
AUTHORS	Edward Roberts (Interim Assistant Director of Finance) Steph Taylor (Assistant Head of Capital Planning)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Board the Financial Performance Report of the 2024/25 financial year, the reported position as at Month 7 (October 2024). This builds on a detailed presentation given to the meeting of the Finance & Performance Committee on 19th November 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.

KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue surplus (£42k) for month 7 2024/25;
- In line with the balanced financial plan approved as part of the submitted 2023-26 IMTP, the Trust is currently forecasting to breakeven for the 2024/25 financial year;
- Capital expenditure plans are being finalised with plans to fully achieve in year. A detailed update on the 2024/25 Capital plan and how any spending variations are being managed in year, was also provided to the November meeting of the F&PC;
- In line with the financial plans that support the IMTP, gross savings of £4.575m have been achieved in month 7 against a target of £4.124m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.7% for the number, and 98.5% of the value of non NHS invoices paid within 30 days.

REPORT APPROVAL ROUTE
• FP&C – 19th November 2024 – via M06 paper and presentation updating on M07 • Trust Board – 29th November 2024 – for noting

REPORT APPENDICES
Appendices 1 – 2 *– Monitoring returns submitted to Welsh Government for month 7 – as required by WG* ***Appendix 3*** *– 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 7 2024/25

INTRODUCTION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 31st October 2024 (Month 7 2024/25), along with an update on the 2024/25 capital programme.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for month 7 2024/25** (1st April 2024 – 31st October 2024) are that:

   - The cumulative revenue financial position reported is a small **underspend against budget of £0.042m,** 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 **£4.575m** have been achieved against a target of **£4.124m**. 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 97.7% for the number, and 98.5% 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 <u>all</u> of the income assumptions in the financial plan including growth predictions and that the current 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. These included at the time:

    I. Any costs relating to the banding change for EMT / technician level posts, *note however the update below in relation to the ongoing discussions and in year mitigating actions associated with this cost pressure, which as Board members will recall is now progressing with initial implementation costs due to be paid in November 2024*;
    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 detailed work over the past few months and the net impact of, in light of the Trust holding circa 100 WTE positions and thus the reduction in potential backpay for these elements, along with mitigation associated with the roll out of the training wrap around, this risk was reduced to £0.5m in month 6.

5. Discussions continue with commissioners over the support required for the impact of the EMT3 / Band 5 implementation costs, including the now more significant recurring impact of future years funding required. Whilst the position is currently that no in year additional funding for these costs has been assumed, the residual risk as included in last month's position and WG reported returns remains with any and all opportunities to further reduce this in year continuing to be explored, to seek to ensure that the Trust can continue to deliver on its year end breakeven forecast.

REVENUE FINANCIAL PERFORMANCE – MONTH 07 2024/25

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

Revenue Financial Position for the period 1st April - 31st October				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-297,589	-168,300	-168,221	79
Expenditure				
Pay	213,253	120,593	119,882	-711
Non-pay	63,492	35,549	36,521	972
Total pay & non-pay expenditure	276,745	156,142	156,403	261
Depreciation & Impairments / interest payable & receivable	20,844	12,158	11,776	-382
Total	**0**	**0**	**-42**	**-42**

Income

7. Reported Income against the initial budget set to Month 7 shows an underachievement of **£0.079m**.

Pay Costs

8. Overall, the total pay variance at Month 7 is an underspend of **£0.711m**.

Non-pay Costs

9. The overall non-pay position at Month 7 is an overspend of **£0.590m**.

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 7 in month performance was plan of £0.756m and £0.562m achieved, therefore an underachievement of £0.194m (recurrent overachievement of £0.040m and non recurrent underachievement of £0.234m). Cumulative performance was plan of £4.124m and £4.575m achieved, therefore an over achievement of £0.450m* (£0.495m recurrent and -£0.044m non recurrent), as per the below table.

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Recurrent Schemes / Themes	3,646	304	345	40	2,390	2,885	495	3,646	4,227	581
Non Recurrent Schemes / Themes	2,775	451	217	-234	1,734	1,689	-44	2,775	2,574	-201
Overall Total	**6,421**	**756**	**562**	**-194**	**4,124**	**4,575**	**450**	**6,421**	**6,801**	**380**

**Please note figures are rounded to the nearest whole number*

12. Hence, 64% of the plan has been phased in for Month 7 which is slightly higher than flatline and 71.2% of the 2024/25 overall plan value of £6.421m has been achieved.

13. Forecast year end position is an overachievement of £0.380m, this is made up of planned underachievement of non recurrent savings of £0.201m and a planned overachievement in year on recurrent savings of £0.581m.

14. ***Appendix 3*** provides the overall detail for Month 7 by theme. This is now further split over recurring and non-recurring schemes.

15. Main variances by scheme in Month 7 are as follows.

- Interest receivable overachieved in M7 by £0.046m, YTD now overachieved by £0.381m. FYF is an over achievement of £0.466m based on cashflow projections.
- Over achievement on corporate vacancies in M7 was £0.008m, YTD overachieved by £0.180m. FYF is assumed a slight overachievement of £0.036m 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 £0.049m for M7, YTD overachieved by £0.281m. FYF is an over achievement of £0.461m.
- For the planned apprenticeship programmes, higher than anticipated income was received again in M7 which showed an overachievement of £0.008m, YTD is now overachieving by £0.026m. FYF is assuming an over achievement of £0.064m as planned income each month is dependent on new contract arrangements and are not yet finalised to determine any income streams.
- Workforce efficiencies in M7 was an under achievement of £0.017m with YTD under achievement of £0.005m and FYF underachievement of £0.088m.
- Non pay local schemes in Corporate and Operations combined underachieved in M7 by £0.036m so YTD still an underachievement of £0.139m with a FYF of £0.202m.
- Fleet repair position continues to be challenging with current limited capital investment in vehicles so underachieved in M7 by £0.002m, with a YTD underachievement of £0.023m and FYF underachievement of £0.057m.
- Due to the HMRC review via DHCW, the income from the MS Office VAT Rebate is no longer anticipated in 2024/25 so the in-year saving has been forecasted as zero.

Financial Performance by Directorate

16. Whilst there is a small surplus reported at Month 7 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.

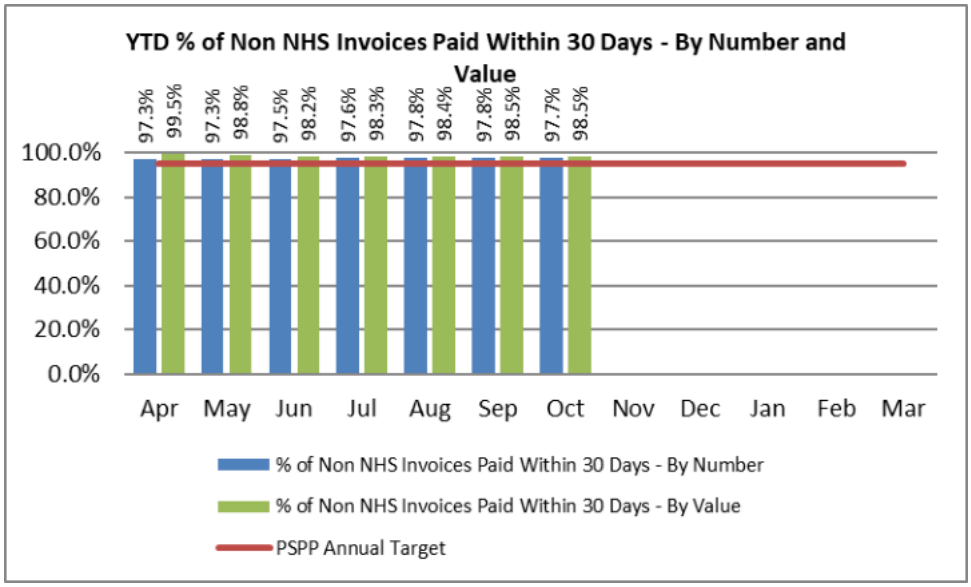
Financial position by Directorate @ 31st October	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
Directorate					
Operations Directorate	200,714	114,944	114,402	-542	-0.5%
Chief Executive Directorate	1,798	1,083	1,148	65	6.0%
Board Secretary	580	359	362	2	0.7%
Partnerships & Engagement Directorate	495	281	270	-10	-3.7%
Finance and Corporate Resources Directorate	35,396	20,685	21,084	399	1.9%
Planning and Performance Directorate	2,832	1,649	1,690	41	2.5%
Quality, Safety and Patient Experience Directorate	6,108	3,443	3,491	49	1.4%
Digital Directorate	14,991	7,714	7,665	-49	-0.6%
People and Culture	5,210	2,975	2,858	-117	-3.9%
Medical & Clinical Services Directorate	3,545	1,978	1,969	-9	-0.5%
Trust Reserves	5,235	87	217	131	151.1%
Trust Income (mainly JCC)	-276,905	-155,198	-155,198	0	0.0%
Overall Trust Position	**0**	**0**	**-42**	**-42**	

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

- Most directorates broadly in line with budget plan for Month 7;
- 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 Resources - 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 7 was **97.7%** against the **95%** WG target set for non-NHS invoices by number and **98.5%** by value.



2024-25 CAPITAL PROGRAMME

19. At Month 7, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2024/25 is **£20.449m**. This includes **£14.994m** of All Wales Approved schemes and **£5.455m** for Discretionary schemes.

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

	2024-25 Planned Expenditure	2024-25 Expenditure To Date
All Wales Capital Programme	**£'000**	**£'000**
ESMCP - Control Room Solutions	-27	3
Efab - Infrastructure	303	73
Efab - Fire	333	12
Efab - Decarbonisation	596	0
MDVS	-104	25
2024-25 Ambulance Vehicle Replacement Programme	12,828	3,835
Backlog Maintenance 2024-25	635	0
Special Operational Response Teams (SORT) Enhancement	430	0
Sub Total	**14,994**	**3,948**

21. All schemes are progressing well, following the more detailed update provided to F&PC in November (as at month 6).

22. As is the case in most of the past financial years, whilst the spend to date against both the All Wales Capital Schemes and the discretionary capital plan may appear low in relation to the overall budget, this is as expected and 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.

23. The current total expenditure against the discretionary allocation is **£0.401m.** This is due to the bulk of the budget being against Estates schemes which are still in their prebuild stage, as these schemes progress through the coming months this expenditure will start flowing through the ledger. A detailed update on the discretionary capital plan for 2024/25 was presented and discussed at the F&PC meeting on 19th November where any expected variations emerging in the timing of scheme expenditures was highlighted and how these plan to be mitigated and managed in year, whilst seeking to minimise the carried forward impact to 2025/26 these may have. This includes the ability to deliver against a small number of additional estates schemes not previously affordable in the current financial year, alongside accelerating some digital spend from next financial year.

RISKS AND ASSUMPTIONS

24. 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. Depending on the outcome of some of the issues highlighted, we may be moving towards higher risks having to be reported in due course, alongside ensuring that Trust Board and the Finance & Performance Committee remain fully appraised of such risks and any mitigating actions.

25. However, there are a number of risks that need to continue 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.

26. Given the current planned overachievement of our saving schemes the Trust has in month reduced the risk around non achievement of identified savings to zero, this risk will remain under review and will be assessed each month.

27. Included in the reported risks is one 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 remain volatile therefore a low risk has been included for these, following an assessment this has been reduced by a further £0.100m in month.

28. 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.

29. A low-level risk is included re PIBS (Permanent Injury Benefit Scheme) of £1.000m. Matched funding for this highly volatile area is provided by WG on an annual basis.

30. As already described above, a medium-level risk remains for £0.500m in relation to costs associated with revised EMT / Technician level posts.

31. Also included are two remaining unquantified 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).
    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.

32. 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.

33. Alongside all 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:

a) **Notes** and gains **assurance** in relation to the Month 7 revenue financial position and performance of the Trust as at 31st October 2024;

b) **Notes** the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust**;**

c) **Notes** the capital programme update for 2024/25, and

d) **Notes** the Month 7 Welsh Government monitoring returns submission included within ***Appendices 1 – 2*** (as required by WG);

Appendix 1

Monitoring returns submitted to Welsh Government for month 7 – as required by WG

Appendix 2

Circulated Separately - Monitoring return tables submitted to Welsh Government for month 7 – as required by WG

Appendix 3

Welsh Ambulance Services NHS Trust

Savings Performance by Theme 24-25

Reporting Month 7

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Apprenticeships	200	17	25	8	117	142	26	200	264	64
Fleet Repair	80	7	5	-2	47	23	-23	80	23	-57
Fuel Efficiencies	249	20	69	49	145	426	281	249	710	461
HEIW CPD Provision	140	12	12	0	82	82	0	140	140	0
Interest Receivable	300	25	71	46	175	556	381	300	766	466
MS Office VAT Rebate	300	250	0	-250	250	0	-250	300	0	-300
Non-pay Local Schemes - Corporate	600	57	23	-34	307	190	-118	600	426	-174
Non-pay Local Schemes - Operations	515	44	42	-2	308	286	-22	515	488	-27
Vacancy Management Corporate Teams	2,275	184	192	8	1,367	1,547	180	2,275	2,311	36
Workforce Efficiencies & Transformation	1,062	81	73	-8	916	900	-16	1,062	1,046	-16
Workforce Efficiencies & Transformation Variable	700	59	50	-9	411	422	11	700	628	-72
Totals	**6,421**	**756**	**562**	**-194**	**4,124**	**4,575**	**450**	**6,421**	**6,801**	**380**

Savings Performance by Theme 24-25 - Recurrent

Reporting Month 7

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Apprenticeships	0	0	0	0	0	0	0	0	0	0
Fleet Repair	80	7	5	-2	47	23	-23	80	23	-57
Fuel Efficiencies	249	20	69	49	145	426	281	249	710	461
HEIW CPD Provision	140	12	12	0	82	82	0	140	140	0
Interest Receivable	300	25	71	46	175	556	381	300	766	466
MS Office VAT Rebate	0	0	0	0	0	0	0	0	0	0
Non-pay Local Schemes - Corporate	600	57	23	-34	307	190	-118	600	426	-174
Non-pay Local Schemes - Operations	515	44	42	-2	308	286	-22	515	488	-27
Vacancy Management Corporate Teams	0	0	0	0	0	0	0	0	0	0
Workforce Efficiencies & Transformation	1,062	81	73	-8	916	900	-16	1,062	1,046	-16
Workforce Efficiencies & Transformation Variable	700	59	50	-9	411	422	11	700	628	-72
Totals	**3,646**	**304**	**345**	**40**	**2,390**	**2,885**	**495**	**3,646**	**4,227**	**581**

Savings Performance by Theme 24-25 - Non Recurrent

Reporting Month 7

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Apprenticeships	200	17	25	8	117	142	26	200	264	64
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	250	0	-250	250	0	-250	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	184	192	8	1,367	1,547	180	2,275	2,311	36
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**	**451**	**217**	**-234**	**1,734**	**1,689**	**-44**	**2,775**	**2,574**	**-201**

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

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

13th November 2024

Your ref:

Dear Claire,

Re: OCTOBER 2024 (MONTH 07 2024/25) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services University NHS Trust for October 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 07 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.

It should be noted that the now approved and confirmed pay award is **not currently** reflected within these tables, however as confirmed by WG colleagues this will be fully funded, therefore these additional costs and subsequent income will be reflected in the future months returns.

The resulting reported performance at Month 7 as per Table B, is a small underspend against budget / surplus of **£0.042m**

The reported total pay variance against plan as at Month 7 is an underspend of £0.711m, set against the budgets.

The non-pay position at Month 7 is a reported overspend of £0.590m.

Income at Month 7 shows an underachievement of £0.079m.

2. Movement (Table A)

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

Following your comments in the month 5 reply letter and subsequent further request for clarification in the month 6 reply letter, the Trust can confirm that the FYE adjustment value was eliminated from the month 6 return following a detail review of the saving tables, the error had arisen due to a late amendment which flowed into Table A. (c/f Action Point 5.1)

The variance of £0.921m at Month 6, which has now reduced to £0.841m in month 7, relates to relatively small in month adjustments, across multiple directorate lines, along with cost fluctuations, including assumed additional cost pressure associated with the WRP but mainly in relation to the EMT 3 discussions that the Trust has been updating on for a number of months. **(Action Point 6.2)**

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 either need to be documented within this reported financial position, or updated on in relation to previously identified risks, and 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 current planned overachievement of our saving schemes the Trust has in month reduced the risk around non achievement of identified savings to zero, this risk will however remain on the table and will be assessed each 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 £0.100m 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 4, 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.

Conversations are ongoing with the commissioners around the support for this year's impact of the EMT3 Band 5 implementation costs, along with the more significant impact of future years funding pressure previously reported in detail through these monthly monitoring returns. Whilst the position is currently that no in year additional funding for these costs has been assumed, the residual risk as included in last month's returns remains with any and all opportunities to further reduce this in year continue to be explored, to seek to ensure that the Trust can continue to deliver on its year end breakeven forecast.

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).
- 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 M07, 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.

Whilst the Trust holds multiple small pots of contingency across multiple directorate and expenditure lines these are managed locally and thus are not reported into Table B, these are likely to be released in coming months. **(Action Point 6.2)**

As detailed above the current forecasted position makes no assumptions for the pay award or subsequent funding, given this is deemed to be a nil affect on the position this will be reflected through the relevant tables.

It should be noted that due to the timing of the November non-cash submission the figures stated within the return are not currently reflected in the Table B, sections A or D.

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

Agency costs for Month 7 totalled £0.042m. The current percentage of agency costs against the total pay figure remains very small, at 0.2%. 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.

7. COVID-19 (Table B3)

Table B3 has been completed (nil return) however as in the latter months of 2023/24 it assumes no costs or funding requirements going forward.

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

For Month 7 the Trust is reporting planned savings (including Income generation) of £4.124m and actual savings of £4.575m.

As can be seen from Table C3, the Trust overachieved its savings target in month 7 and is now forecasting to overachieve the total savings target for the year by £0.380m, this is made up of planned underachievement of Non recurrent savings of £0.201m and a planned overachievement in year on recurrent savings of £0.581m.

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

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

There is no income assumption for the WRP funding changes, this has been assumed as part of the Trusts in year position. **(Action Point 6.3)**

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

At Month 7 there was 1 invoice and 1 credit note over 17 weeks, in relation to the invoice the Trust has since received payment. There were 2 invoices and 1 credit note over 11 weeks, 1 of these invoices has now been paid, however the remaining invoice does have a query raised against it and work is ongoing to resolve.

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	11	14	14	14	14	15	161
Other Non NHS Income	242	144	278	253	449	127	189	355	355	355	355	349	3,451
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Vat Refund	754	0	112	200	522	454	307	679	350	400	350	427	4,555
Risk Pool Refund	0	0	975	0	55	0	40	0	0	0	0	0	1,070
Total	1,012	157	1,378	462	1,040	595	547	1,048	719	769	719	791	9,237

12. Public Sector Payment Compliance (Table H)

This table has been completed in accordance with the guidance. The Trust endeavours to ensure that NHS invoices along with Non-NHS invoices are paid within targets.

The quarter 2 cumulative percentage of Non-NHS invoices paid within 30 days by number was 98.1% against a target of 95%. This will again be updated in the December return.

13. Capital (Tables I, J and K)

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

Detailed work is ongoing with Programme managers to establish updated cash flows that reflect the profiles of approved projects now for this financial year.

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 7 Financial Monitoring Return will be presented to the Trust Board on 29th November 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	**14**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**3**

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

MEETING	Trust Board
DATE	19 November 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.

This paper provides an update on the CMT programme and confirmed end of quarter 2 (Q2) position on the Directorate-led IMTP portfolio, including the Ministerial (now Cabinet Secretary) Priorities set by Welsh Government.

It also sets out an update on the current planning cycle to produce the next iteration of the IMTP for 2025-2028.

The updates provided were scrutinised and discussed at Finance and Performance on 19 November 2024 who were assured and noted the papers presented.

RECOMMENDED: That the Board:

1. **Notes the CMT programme progress update;**
2. **Notes the confirmed Directorate-led IMTP end of Q2 position;**
3. **Notes the update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework;**
4. **Notes the update on the IMTP 2025-2028 planning progress.**

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 in detail how the Clinical Model Transformation programme has been established to deliver our commitment to refreshing the current clinical model and how the wider IMTP is being delivered through a directorate led approach. Our plan set 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

Delivery and assurance arrangements for the CMT programme are now embedding within a 6-weekly business cycle aligned with the Strategic Transformation Board (STB). The CMT Board convened in mid-September to review updates from the five core workstreams, approve FY24/25 workstream plans, and the integrated governance map. A Programme Vision session was also held to shape the programme's identity, vision, and Leadership Principles for collaborative work, which are now under further development based on feedback. Programme documentation is progressing incrementally, with the Programme Definition Document (PDD) prioritised and set to be presented in draft for feedback at the November CMT Board.

The overall status of the programme (from a management perspective) 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

The Planning Team continues to work with Directorates to ensure assurance through directorate plans to the CEO and STB and enabling a structured approach to planning through the Integrated Planning and Development Group (ISPD).

The assurance report in Appendix 1 confirms the end of quarter 2 position (i.e. end of September position). A number of deliverables at directorate level remain **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 Digital and Strategic Workforce Plans (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.

Appendix 2 sets out how we are progressing against ministerial priorities set out in the last NHS Planning Framework.

Outcomes measures

In the last update to Trust Board, the assurance report set out a number of measures that were included in this year's IMTP. Some of the metrics required for directorate led plans are still in development, where they are not already accessible in the MIQPR. The Planning and Performance teams will be working over the next reporting period to determine whether these metrics will become available and as part of the refresh of the next IMTP review 'what good looks like' in the context of the current IMTP delivery and future plans emerging throughout the planning cycle.

IMTP 2025-28

The next iteration of the IMTP planning is underway and a further update will be given to the Board in January as we progress towards the **first draft of the plan by the end of January**. The Planning Team will be working with the **Board at Development sessions in November and December** to determine Board priorities for the plan going into 2025, as well as bringing through priorities from directorate level plans and the CMT programme. A draft of the IMTP will be circulated to the Board ahead of governance and approval through February and March.

Appendix 3 provides an overview of progress so far in developing the IMTP which was presented at Finance and Performance Committee to provide assurance on the planning process this year.

REPORT APPROVAL ROUTE
Strategic Transformation Board 09 October 2024 **Finance & Performance Committee 19 November 2024**

REPORT APPENDICES
Appendix 1 - IMTP Delivery Assurance Report **Appendix 2 - Assurance against the Cabinet Secretary's priorities 2024/25** **Appendix 3 -**

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

1. 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.

Background

Clinical Model Transformation (CMT) Programme Management Progress Update and Next Steps

2. Delivery and assurance arrangements for the CMT programme are starting to embed, operating on a 6-weekly cycle of business aligned with the Strategic Transformation Board (STB). The CMT Board met for a second time in mid-September to consider updates from the five core CMT workstreams and change enabling groups. The Board also reviewed and approved CMT workstream plans mapping key milestones for delivery during FY24/25, and the integrated governance map for the programme.

3. A Programme Vision session was facilitated at the CMT Board to consider the programme identity and the vision statement for our future model. This included discussions around development of Leadership Principles to inspire the way that we work collaboratively across the programme. These are now being further developed, informed by feedback from the session.

4. As noted previously, development of programme documentation is being managed incrementally due to the pace and scale of project initiations across the programme. Development of the Programme Definition Document (PDD) has been prioritised as the cornerstone document for the programme and will be presented in draft at the CMT Board in November for initial comments and feedback.

Clinical Model Transformation (CMT) Workstream and Enabling Working Group Updates

CORE CLINICAL MODEL TRANFORMATION (CMT) WORKSTREAMS	
DIGITAL FRONT-END	**↑ Green**
On Track: Short-term funding has been approved to take forward plans on the Digital Front-End, including recruitment of 2FTE specialist contractors and procurement of an integrated Chatbot function through 'RoboticsAI'. Recruitment and procurement are now progressing and will enable the group to take forward several initiatives including content improvements to the existing website, identification of a content management solution, and Outline Business Case development to secure support and funding for recurrent costs and long-term developments.	

RAPID CLINICAL SCREENING	↔ Green

On Track: Clinical Navigator interviews are complete and formal appointments are progressing with a total of 26.7FTE. Discussions are taking place on regional split of Clinical Navigators, due to lack of suitable candidates in the North. All training plans and arrangements are in progress with the aim for Rapid Clinical Screening to go-live in mid-November.

Clinical Quality Governance Group have approved the Quality Impact Assessment, and go-live planning is underway, including confirmation of go/no-go arrangements which will be presented to CMT Board for approval on 08/11.

REMOTE INTEGRATED CARE SERVICE (RICS)	↑ Green

On Track: Following successful testing, a streamlined process for 111 to 999 call transfers has been embedded into business-as-usual from early-September. The improved process enables 111 Call Handlers to electronically transfer the patient record to the EMS Coordinator, eliminating the need for details to be relayed verbally, reducing average handling time by approximately 50 seconds for this cohort of calls.

Planning for the Integrated Care Planning Desk trial is underway; aiming for Nov-24 go-live. Two further PDSAs of the use of the 111 call-handling system CPSS (Call Prioritisation and Streaming System) for the management of 999 originating activity have been completed with positive indicative results and next steps will be considered by the Project Group and RICS Workstream Board.

A Remote Assessment CAD Project Group has been established, to develop an effective Integrated Care CAD with enhanced capabilities including access to the Welsh Clinical Portal and Welsh Demographics Service, digital referral pathways, and Video Consultation. The group is currently developing a detailed delivery plan and will report to the RICS Workstream Board.

Hywel Dda have agreed to develop a 24/7 model of care with WAST, trialling a remote clinician operating in Health Board Clinical Hub(s), and testing processes for the management of complex patients. The Luscii test of change with BCU commenced on 21/08 with early positive feedback from the Remote Monitoring Clinician (RMC) on impact of observations on outcomes, dispositions, and clinical decision making.

URGENT COMMUNITY RESPONSE SERVICE (UCRS)	↔ Yellow

Yellow (cautionary status) overall: The Urgent Community Response Service (UCRS) has evolved from the formal Clinical Transformation Programme Board (under the legacy IMTP Delivery & Assurance structure). The previous programme has been fully reviewed and rescoped into four UCRS Projects with newly defined objectives.

These new groups met in early-October and will report into an overarching UCRS Workstream Board and Terms of Reference are now in development for all groups.

The 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 as noted in the previous paper, a way forward has been identified. A paper was taken to Operations Senior Leadership Team in mid-September and next steps agreed.

A Falls & Frailty Response Model Group has been established to review the impact of existing falls and frailty services with the purpose of designing efficient and sustainable urgent care service models that provide timely, appropriate, and effective care for patients across Wales.

A Tasking Optimisation Group will also be established to design the optimum configuration of our Urgent Community Responders, including APP Scheduling and operationalisation of the Mental Health Response Vehicle (MHRV). These projects were identified as Phase 1 CMT priorities and are progressing well with the recent completion of PDSA Cycle 4 for APP Scheduling to test the use of MS Teams Shift Planner, and 2FTE Mental Health Practitioners appointed (commencing 21/10) to deliver the first phase of the MHRV model. The first MHRV went live in the South East on the 3rd November.

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. Reports have been developed against these new protocols and continue to be reviewed to support process refinement.

The draft outcome report from the NEPTS Vision Setting event held by the Joint Commissioning Committee (JCC) was received and presented to STB for discussion. It was noted that the proposal focused more on incremental service improvements rather than transformative change and feedback was encouraged on the draft document, particularly around the level of ambition and future-forward visioning.

CHANGE ENABLING WORKING GROUPS	
CALL CATEGORISATION	**Complete**

Complete: The Task & Finish Group was commissioned to collaboratively design and develop a revised Call Flow and Call Categorisation approach and met for a third on 23/09. Following internal confirmation of the call categorisation model and formal engagement and initiation with Commissioners, Welsh Government, and MIS (system supplier), a recommendation was made by the Task & Finish Group and approved by the CMT Board on the 27/09 that the Task & Finish Group would be closed and that a Call Flow Implementation Group would be established to oversee delivery of the agreed model.

A Call Flow Implementation Group has subsequently been established under the Emergency Response Service Workstream and will report directly to the CMT Board, taking forward plans for call flow and category changes.

The proposed call category changes for existing 999 activity were approved by Clinical Quality Commissioning Group on 17/09, including a timeline for phased implementation. Following this approval, several external dependencies (including Welsh Government and Joint Commissioning Committee recommendations, and developer-led capacity) have resulted in a revised go-live approach and timeline as follows:

PHASE 1: Launch the Rapid Clinical Screening (RCS) function with responsibility for Remote Clinical Support, Queue Safety, and High Acuity Live Review of the existing RED category, transitioning these duties from the Clinical Support Desk (CSD) to the RCS function.

PHASE 2: Phased deployment of RCS for the existing GREEN and AMBER categories whilst maintaining RED response categories and reporting measures to ensure stability.

Tranche 1: GREEN; expected 03/12
Tranche 2: AMBER2; expected 10/12
Tranche 3: AMBER1; expected 28/01

Further phases may then be undertaken in the next financial year.

QUALITY & PERFORMANCE METRICS	↑ Green

On Track: The group is currently focused on implementation of ARREST category reporting (which does not change service model), however there us a dependency on MIS (system supplier) to complete CAD development to enable technical specification development and dashboard development to commence.

An external, independent evaluation will be commissioned to ensure a robust and structured approach, and an evaluation specification is currently in draft for presentation to the CMT Board (08/11).

The Programme will adopt a structured approach to benefits realisation and will implement a Logic Benefits Model (LBM) for each of the five core workstreams. This hybrid template, combining elements of a traditional Logic Model and a Benefits Dependency Map, will clearly outline the relationships between workstream activities, outputs, outcomes, and the realisation of associated benefits. A further workshop was convened on 25/10, and a proposal and template LBM developed for presentation to the CMT Board (08/11).

CHANGE MANAGEMENT	↓ Yellow

Yellow (cautionary status) overall: The Change Management Working Group has now been established and met on the 19/09. Change Management Principles have been agreed; however, the status reflects the need to begin applying change management principles to the existing workstreams. The intention is for each CMT Workstream to be supported by a dedicated Change Lead, however the process to identify and secure this support is ongoing. Change Leads will be selected from the Trust's Change Community, comprising colleagues who have been supported

to undertake accredited Change Management Training. This request (including estimated level of commitment required) is being discussed with respective Directors, seeking full support.

PARTNERSHIPS & ENGAGEMENT	↔ Green

On Track: Engagement is ongoing with Welsh Government and Joint Commissioning Committee.

STB was asked to note that the Trust is receiving an increase in requests from external stakeholder groups to formally present the emerging Clinical Service Model. These requests are being received by colleagues from across the organisation, making it highly challenging to co-ordinate effectively and manage the engagement process. The Programme Engagement Plan (PEP) was presented to the CMT Board in September and is currently being refined following feedback. The PEP included the identification of 'Talking Heads' with responsibility for communication and engagement with external stakeholders to support a consistent and coordinated approach.

Directorate-led IMTP Delivery & Assurance Approach

1. 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.

2. Existing Directorate Business Meetings will be utilised, and assurance will be provided to the Strategic Transformation Board and onward to the Finance & Performance Committee and Board.

3. This process will be facilitated by the Integrated Strategic Planning & Development Group (ISPD), formerly Integrated Strategic Planning Group (ISPG), with summary updates from Directorates to the group. This will also support with the cycle of strategic planning. Updates by exception will subsequently be incorporated into quarterly AAA reports to STB, providing status updates on the IMTP deliverables and escalating any key risks/issues or achievements.

4. The current update in this paper is the confirmed end of quarter 2 position, following an interim updated position provided to the Board in September.

Operations

IMTP Objective	IMTP Actions / Deliverables Q2	Progress / RAG
High quality, immediate or timely on scene assessment, care and conveyance where needed	• Fully roll out CHARU	• 75% recruited. Courses running in November to maximise uptake. Steering Group providing oversight
Immediate 999 call answering, and efficient and effective dispatch of the right resource	• New management structure EMSC	• Final OCP document issued in July, Project in implementation stage

Rapid call answering, initial triage and onward referral	• New remote clinical assessment service clinical leadership team	• In process of recruiting clinical navigators and locality manager.
A flexible, user centred Non Emergency Patient Transport Service with the right capacity in place to meet demand	• UCS Review Implemented	• On track to deliver in Q3

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	People Development Plan **(RED)** delayed due to developing the Strategic Workforce Plan; it was therefore agreed the PDP won't be delivered this year. PADRs **(GREEN):** Stakeholder meetings are underway, focusing on three key areas: the purpose of PADR, what is valued, and how it can be improved. Insights from these meetings will inform the development and improvement of the process. A scoping exercise due to commence to identify PADR/PDR processes in use across NHS Wales and also outside sector where the focus is on enabling meaningful performance and development conversations. Managers Essentials: **(GREEN)** Framework developed. Currently working with external provider (Leaderful Action) to prepare supporting interactive brochure and toolkit.

Capacity	• Delivery of Strategic Workforce Plan (Q1 milestone) • Ongoing work: Health & Wellbeing Plan, Retention work plan, eTimesheets	• Strategic Workforce Plan (Blue - complete) - approved at Trust Board in September, launch currently underway. Health and Wellbeing Plan: (GREEN) Going to People and

		Culture Committee on 14th November for approval following extensive consultation and development. Retention Plan: Green, all elements on track. • E-Timesheet: AMBER: The SMA App has now rolled out and has been live from 1st September 2024. We are linking in with the Health Informatics Team To develop an electronic trigger - raised a support request as directed by the HI Team, and the HI Team were going to determine who would be best to support with work.
Culture	• No specific milestones in Q2 • Ongoing work: Allyship and Bystander training, Employee offer, Culture Champions & Change Network, impact of culture toolkit	Allyship and Bystander Training: **GREEN**: Allyship and Bystander Training review completed and schedule of training in place for 2024-2025. Culture Champions: **GREEN:** 25 new members in September (total: 147; 68% Operational, 32% Corporate). Area hotspots analysis underway. Training: "Demystifying Culture" session 1 done (25 attendees); session 2 on 13th November. Toolkit: Bi-monthly Spotlight Mini-Series launched with flexible materials for on-the-go use. Engagement: NHS Staff Survey Drop-Ins held; recruitment events ongoing. Recognition: 65+ "SHOUT-OUT" posts; new QR code for easy access. Change Community: **GREEN:** 60 members; excellent engagement at October meeting where members were provided with the opportunity to apply learning to scenarios. Change Leads for CMT Programme workstreams have been identified from this pool and are currently being linked up

		with their respective workstreams. Culture Toolkit: **RED:** No further progress made due to capacity issues in the team.
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

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.

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

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	• 11 funded MSc students have been recruited. Also recruited an additional 11 external/self-funded APPs so 22 in total have been recruited for the year.
Systems that meet the requirements of the Duty of Quality and Duty of Candour A culture of quality improvement with robust quality management systems	• 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.
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 • Launch of the SMS text service is wholly dependent on the IG

		issues / legality around consent.

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, paper presented to Sept ARAC. Next steps workshop in November 2024 on risk appetite
An integrated governance Framework	• Governance structures mapped out	• Ongoing – presentation of the map at ADLT on 23/10

Value & Sustainability

IMTP Objective	IMTP Actions / Deliverables Q2	Progress / RAG
Developing and implementing our plans for Environmental Sustainability and Adaptation	• Establish a cross-organisational Adaptation Planning group (Q1 Milestone)	• **In progress off track**. Awaiting national toolkit from WG to progress, but discussed at ADLT on 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	• **In progress off track.** Business area summaries have been produced for each service line, with a report due at ELT on 23.10.2024
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

5. That the Board:
   - **Notes** the CMT programme progress update;
   - **Notes** the confirmed Directorate-led IMTP end of Q2 position.

Appendix 2

Assurance against the Cabinet Secretary's priorities 2024/25

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 six goals priorities. Therefore we will aim to reduce the burden and duplication of reporting through our assurance mechanisms into STB and committees.

The following table sets out the key areas for WAST against the priorities, and the milestones to be achieved in quarter 2 (confirmed end of quarter 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	• Group established to consider and develop scope for 111 MDT skill mix	• Scoping paper to commissioners	• Off track. The paper has not yet been presented to commissioners.
	111 Pathways	• Dental access improved in 4x health boards by end of Q4 • Strengthened links into primary care / Out of Hours in. Urgent Primary Care Centre access by end of Q4 • Medicines management pathways in place by end of Q4		• Modelling being undertaken for 3 remaining Health Boards to take on dental access pathways • Currently piloting in BCU and C&V direct booking into Urgent Primary Care Centres
	999 Pathways: Falls & Frailty	• Level 1 falls - Assessment of the demand & capacity modelling undertaken • Level 2 falls - Undertake evaluation of our existing services	• Presentation of L1 options and benefits • Present evaluation and options for sustainability of L2 services going forward	• Contract for level 1 extended, pending a re-tender • 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	• Evaluate the effectiveness of the new digital solutions to make referrals to existing pathways and usage	• Develop further opportunity for digital notifications with Welsh portal	• A new digital transformation and innovation programme has been set up to manage and prioritise digital

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Progress
				workstreams that fall outside the clinical transformation programme – this is progressing
	999 Pathways: Connected Support Cymru (CSC)	• Recruitment of key roles to support CSC delivery (dependent on outcome of business case) • Commenced recruitment of internal volunteers • Testing 'ambulance in a box' in Care Homes in AB & BCU, evaluate and conclude forward plan	• Engaging with key stakeholders and evaluating overall project data to determine resource requirements moving forward • Commencement of recruitment and on-boarding on external partner organisations and ongoing recruitment and onboarding of internal volunteers • Developing technology enabled care community pathways up until end of Nov; testing in Care Homes in AB & BCU and in patients homes • Evaluate and conclude forward plan	• Six Goals clinical review of CSC business case was not as positive as hoped and view from Six Goals Board that technology enabled care needs a consistent national focus • Aneurin Bevan Health Board has decided not to progress with the testing in Care Homes due to competing priorities with Six Goals programme delivery • 10x Care homes live in BCU with technology in situ to support testing. Engagement to date with care homes has been positive • 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 • 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 • Difficulty progressing recruitment of partnership organisations due to management capacity (which is unfunded) so currently on hold

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Progress
Urgent and Emergency Care, with a focus on delivery of the 6 goals programme	Goal 2: New 111 System	• Full implementation of new CAS system 30th April • Decommission old system	• Realise benefits in line with business case	• CAS system implemented on time - complete
	Goal 2: 111 website & symptom checkers	• Scoping exercise to review requirements of a 111 website – and develop options appraisal accordingly	• Development of business case • Review and develop requirements to improve symptom checkers, with potential requirement for procurement.	• 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. • 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	• No Q1 milestone	• Agreement with commissioners to proceed	• Review of rostering practices. Agreement from commissioners to commence Review of rostering practices. Procurement process ongoing
	Goal 3: • Develop the remote clinical assessment speciality • Develop a fully remote working clinician offer (operations/training/digital) • Develop Pre-Dispatch Outcome Risk Stratification Tools linking CAD & ePCR data • Roll out of new integrated (111/clinical support desk) care model • Connected support Cymru • Extend use of video/ phone consultation • Urgent On-Scene Community Response	• Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report	• Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report	• 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
	SDEC Pathways	• Re-establish ICAPs with Health Boards (subject to JCC commissioning arrangements) • Complete data quality assurance of end destination in CAD to ensure SDEC direct referrals fully captured	• Implementation of SDEC criteria across WAST	• 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. However, actions around SDEC activity currently sit with Health Boards within their 6 goals delivery. WAST will continue to engage and respond to requests to work collaboratively to improve uptake of direct referrals
	Goal 4: CHARU	• Complete CHARU recruitment by end Q2 • Improve utilisation rate to modelled benchmark by end Q2 • (work ongoing during Q1)		• 75% actual to establishment as at the end of July. Steering Group established to oversee recruitment and utilisation
	Goal 4: Rural variation	• Complete CHARU recruitment by end Q2 • Continue process of targeted recruitment and process of smoothing i.e. aligning SIP to establishment by end Q2 • Build rurality results from 2023 EMS Demand & Capacity Review by end Q2 • Agree Implementation Plan with commissioners by end Q2		• Recruitment in rural areas remains challenging. • We are focussing EMT recruitment in rural areas where there are gaps. • Completed D&C review and shared with commissioners. • 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	• Ongoing continuation of managing attendance and implementation of the health and wellbeing plan throughout year		• 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	• Engagement on modelled options for transfer services with health boards commenced • Implementation of new MTPS protocols within the Computer Aided Dispatch (CAD) system designed to	• Development of reporting against new protocols within the CAD post MTPS implementation • Agree outline service model for further engagement with Health Boards.	• 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

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Progress
		allocate transfer resources more effectively	• Develop business case/principles for All Wales service. • Develop business case for 24/7 Major Trauma Desk following outcome of Gateway 5 review.	• 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 • MTPS implemented, single telephone point of access implemented. • 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	• Continue with NEPTS Demand & Capacity work, in particular, undertake NEPTS transport roster review by end Q3		• Contract let with third party providers, may need to review timescales in Q3 but we are committed to delivering this efficiency
	Enhanced hub for oncology patients	• Establish expected outcomes & principles to develop enhanced oncology service	• Develop action plan to deliver the required change	• 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	• No specific milestone in Q1	• Welsh Ambulance Quality Standard award implemented	• 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	• Completion of 111 CAS system implementation to aid improvement in 111 press 2	• New CAS system will provide resolution to Press 2 pathway	• CAS implementation complete • Review with health boards effectiveness of press two and where there is opportunity to improve
	Mental Health Response Vehicles	• Collating and presenting evidence from pilot within AB, discussing outcomes and options for further pilots	• Undertake further pilot (pending agreement) • Continuing to engage with national evidence across UK	• See assurance report in appendix 1 – this forms part of the Clinical Transformation Programme
	Right Care Right Person	• Engaging with Police Services in Wales, NHS partners, Local Authorities and third sector providers on changes affecting response to people in crisis	• Assess impact to WAST • Possible update to 2023 EMS Demand & Capacity Review results.	• Modelling can be undertaken but requires further clarity on the likely level of activity

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Progress
	Mental Health Practitioners in CSD	• 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)	• Share plan with commissioners for further discussion	• See assurance report in appendix 1 – this forms part of the Clinical Transformation Programme

Recommendation

That the Board:

- **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.

Welsh Ambulance Services University NHS Trust

IMTP 2025-28

Progress report
FPC 19.11.2024

GIG CYMRU NHS WALES
Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust

IMTP update – FBC
Version 1.0
Released: November 2024

by IMTP Project Team
amb_planning_and_perfromance@wales.nhs.uk

Overall Progress

The IMTP is developed through 6 stages or workstreams:

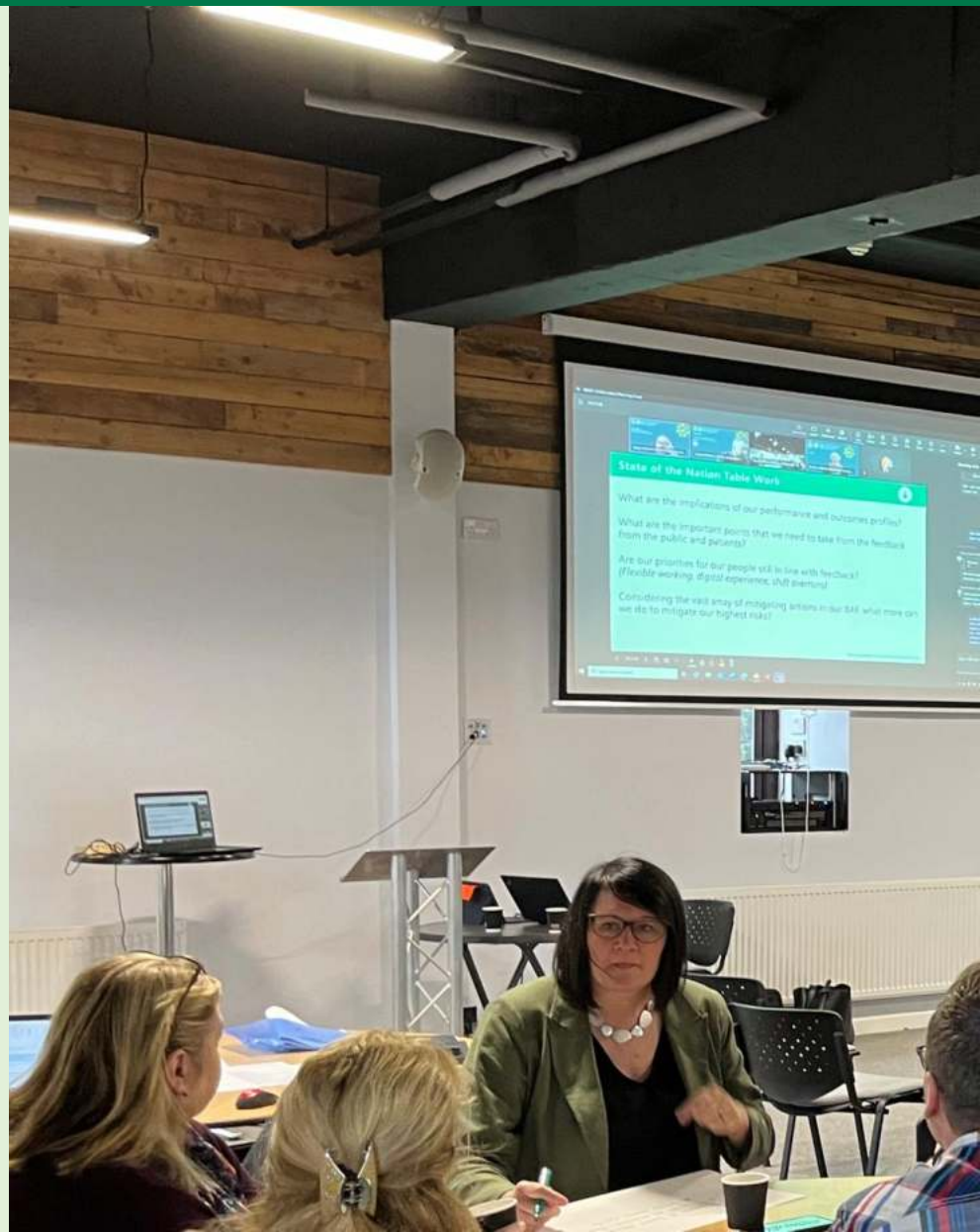
1. **Gathering intelligence** from a range of sources, including a PESTLE analysis and a State of the Nation Report
2. **Engaging** with stakeholders
3. **Developing priorities** for the next 3 years
4. **Technical planning**, including workforce, finance, capital and digital plans
5. **Writing the plan**
6. Taking the plan through **governance and approval**

IMTP Workstream	RAG	Comments
Gathering intelligence		On track
Engaging on the plan		On track but need a plan for engaging on priorities
Developing our 3-year priorities		Directorate priorities being finalised during November 2024 to inform next steps
Integrated Technical Planning		Commence Q4
Writing the Plan		Commence Nov
Governance and approval		Feb/March

IMTP - Key Thoughts for 2025-28

Feedback from collaboration event – 3rd Oct ‘24

- Updated PESTLE analysis completed
- We should consolidate what we’re already doing
- Risk focus – prioritisation against our highest risks
- Understanding of what is affordable in Wales
- What is over the horizon – what are the unseen risks?
- A lot of BAU work goes under the radar – balance between BAU and transformation
- Partnership working/collaboration – making it more effective
- Capacity of our managers to support change
- What type of organisation do we want to be - particularly thinking about our people
- Tying back to Delivering Excellence – the journey



Framing the IMTP

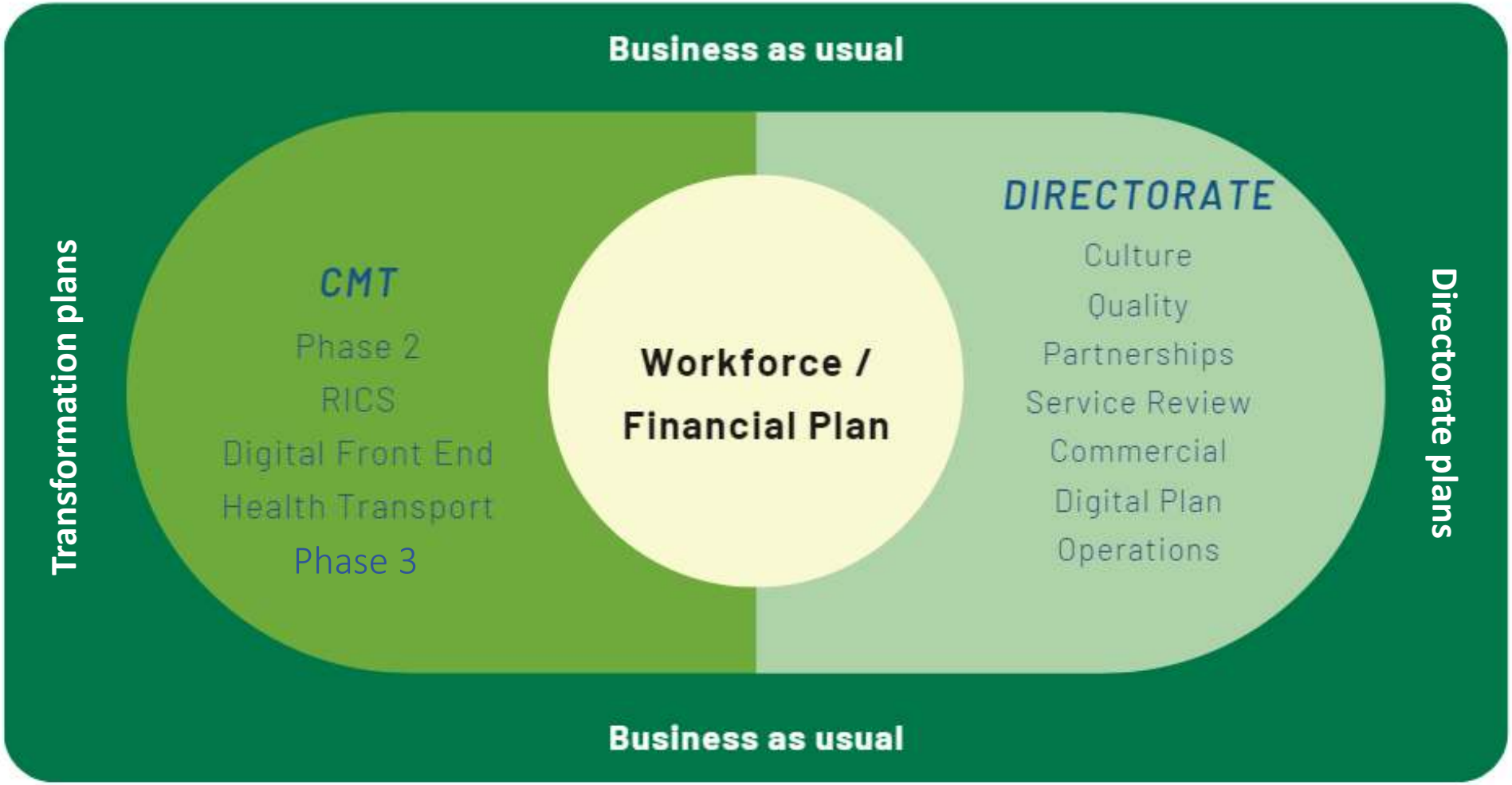
Strategic Objectives	
SO1	Providing the right care or advice, in the right place, every time
SO2	Enabling our people to be the best they can be
SO3	Being at the forefront of innovation and technology
SO4	Developing services in collaborative
SO5	Being quality driven and clinically led
SO6	Delivering exceptional Value

Service **transformation** will be described in **SO1**

We will need to develop **Wellbeing Objectives** that align to these strategic objectives

We will have to demonstrate the **'Five Ways of Working' throughout the plan**

IMTP Priorities



Creating a balance between **routine business** capacity, **transformation** and **directorate led improvement** to drive our workforce and financial plans

Next stages

SEPT '24

OCT '24

- Draft plans from each directorate
- Draft IMTP narrative Template developed

Draft plans that set out deliverables for the next three years – with the inclusion of milestones on a quarterly basis for years 2025-2026

Agree and propose an approach to setting out the IMTP narrative to align to organisation vision

Nov '24

- Expected JCC Commissioning intentions
- IMTP template
- Welsh Government Planning guidance
- **ADLT/ELT – Helicopter view**
- **Board development session 28.11.24**

Commissioning intentions expected from JCC with assumption that they will be more performance focused and without investment funds.

Planning guidance expected from WG

Opportunity to provide review, helicopter view of submitted plans with ADLT and ELT Members

Dec '24

- Prioritisation panel to review and make recommendations for EFG (ELT/ADLT) 04.12.2024
- **Board development session 11.12.24**
- Initial narrative 13.12.24
- Financial Allocation expected

Board development session with the opportunity to review emerging priorities. Advice and agree organisational approach to reaching longer term goals (Strategy)

Jan'25

- **Non finance allocation Prioritisation Workshop 8.01.25**
- ITPG working on MDS Data
- JCC 21.01.25
- CMT workshops
- First draft narrative end Jan

Workshop to agree financial allocation as well as identify key initiatives to resource

ITPG To pick up MDS completion – collecting data as required

Provide JCC update with emerging plan

CMT workshops for detail of 2025-28 plan

Feb '25

- **Financial Allocation session 3.02.25**
- Final financial draft plan
- Commence Governance process

Finalise budget for 2025-2026

Commence engagement on the 2025-2028 plan – (Albeit draft) – socialise with TU members and Health Boards and trusts in Wales.

Amend any changes as a result of budget outcome

Mar '25

- Take plan through Governance process

MDS Completion

- JCC
- Finalise Ministerial Templates **TBC**
- **Trust Board Sign off**
- WG Submission

Complete all relevant documents as required for WG – e.g. ministerial templates MDS etc.

Take IMTP summary through governance process and share complete IMTP documentation with Board and Trust board for full sign off prior to Submission 31.03.25

Thank you for listening

For any questions and/or support, please contact the Planning Team.

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Archwilio Cymru
Audit Wales

Structured Assessment 2024 – Welsh Ambulance Services University NHS Trust

Audit year: 2024

Date issued: October 2024

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

Contents

Summary report

About this report

1 This report sets out the findings from the Auditor General's 2024 structured assessment work at the Welsh Ambulance Services University NHS Trust (the Trust). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.

2 Our 2024 structured assessment work took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe and responsive services, and that public money is being spent wisely.

3 The key focus of the work has been on the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on:

- corporate approach to planning;
- corporate systems of assurance;
- board transparency, cohesion, and effectiveness; and
- corporate approach to financial management.

We have not reviewed the Trust's operational arrangements as part of this work.

4 Our work has been informed by our previous structured assessment work, which has been developed and refined over a number of years. It has also been informed by:

- model Standing Orders, Reservation and Delegation of Powers;
- model Standing Financial Instructions;
- relevant Welsh Government health circulars and guidance;
- the Good Governance Guide for NHS Wales Boards (Second Edition); and
- other relevant good practice guides.

We undertook our work between August and September 2024. The methods we used to deliver our work are summarised in **Appendix 1**. Our work was conducted in accordance with the auditing standards set by the International Organisation of Supreme Audit Institutions.

5 We also provide an update in this report on the Trust's progress in addressing outstanding recommendations identified in previous structured assessment reports in **Appendix 2**.

Key findings

6 Overall, we found that **the Trust's corporate arrangements generally support good governance and the efficient, effective, and economical use of resources. Positively, the Trust is transforming its clinical services to better manage operational pressures and demand and is making good progress in enhancing key systems of assurance to strengthen Board focus on strategic risks. Whilst its financial performance is good, the Trust needs to move away from its reliance on non-recurrent savings to maintain organisational resilience.**

- We considered whether the Trust has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery**. We found that the Trust continues to have a generally sound approach to producing strategies and corporate plans, including the development of an ambitious Clinical Model Transformation Programme. However, opportunities remain to strengthen Board oversight of the development and delivery of the Trust's Integrated Medium-Term Plan.**
- We considered whether the Trust has a sound corporate approach to managing risks, performance, and the quality and safety of services. **We found that the Trust continues to strengthen its corporate systems of assurance and is taking positive steps to enhance its Board Assurance Framework. However, opportunities remain to strengthen the Trust's framework for managing organisational performance and overseeing the quality and safety of services.**
- We considered whether the Trust's Board conducts its business appropriately, effectively, and transparently. **We found that recent changes to Board membership have been managed well and the Board has continued to conduct its business effectively. The Trust continues to demonstrate a strong commitment to public transparency and continuous improvement. The Trust remains committed to hearing from patients, staff, and other stakeholders; however, opportunities remain to enhance these arrangements further.**
- We considered whether the Trust has a sound corporate approach to managing its financial resources. **We found that the Trust continues to have strong financial performance supported by effective financial planning. However, the Trust needs to improve its arrangements for identifying and reporting recurrent saving schemes.**

Recommendations

7 **Exhibit 1** details the recommendations arising from our work. The Trust's response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: 2024 recommendations

Recommendations	
R1	The Trust should ensure that Board members are given the opportunity, either within a formal meeting or through circulation outside of meetings, to discuss and scrutinise a draft version of the Integrated Medium-Term Plan ahead of its submission for formal ratification and approval. **(Paragraph 14)**
R2	The Trust should update its Quality and Performance Management Framework to reflect recent changes in key internal roles **(Paragraph 35)**
R3	The Trust should apply to staff stories the process it has in place for patient stories to provide clarity on how the Trust has recorded the story, how the story has been used for assurance or improvement purposes, and how the Trust has responded to the individual who shared their experience. **(Paragraph 71)**

Detailed report

Corporate approach to planning

8 We considered whether the Trust has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery.

9 We found that **the Trust continues to have a generally sound approach to producing strategies and corporate plans, including the development of an ambitious Clinical Model Transformation Programme. However, opportunities remain to strengthen Board oversight of the development and delivery of the Trust's Integrated Medium-Term Plan.**

Corporate approach to producing strategies and plans

10 We considered whether the Trust has a sound corporate approach to producing, overseeing, and scrutinising the development of strategies and corporate plans. We were specifically looking for evidence of:

- a clear Board approved vision, appropriate objectives and a long-term strategy in place which are future-focused, rooted in population health, and informed by a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
- the long-term strategy underpinned by an appropriate Board approved long-term clinical strategy;
- appropriate and effective corporate arrangements in place for developing and producing the Integrated Medium-Term Plan (IMTP), and other corporate plans; and
- the Board appropriately scrutinising the IMTP and other corporate plans prior to their approval.

11 We found that **the Trust has generally good arrangements for producing strategies and corporate plans and is making good progress in developing a new Clinical Model Transformation Programme to transform service delivery. Whilst the Trust was able to produce an approvable Integrated Medium-Term Plan for 2024-27, the Board should have been more involved in scrutinising the draft version prior to approving the final plan.**

12 The Trust continues to pursue the vision and objectives of its long-term strategic framework (the Framework) - 'Delivering Excellence, Our Vision for 2030'. The organisational strategy outlines the Trust's vision on altering the Trust's traditional service model to manage demand differently. This includes increasing the provision of remote advice and treatment as well as access to pathways that enable patients to stay in their communities rather than be conveyed to hospital. The Framework also sets out the Trust's ambitions for its staff and how it will pursue innovation, value and quality.

13 In 2023, the Trust undertook a high-level assessment of progress to-date against the Framework. Building on this, during May and June 2024, the Trust held

workshops to explore how it could accelerate plans to achieve its vision through changes to the organisation's clinical model. As a result, rather than the current operational structures of three separate service provisions[1], the Trust is proposing to move to a single fully integrated model of care[2] with the aim of reducing waits and cases of avoidable harm. The Board has been kept informed of the development of this work through Board Development Days. This activity has been termed the Trust's Clinical Model Transformation Programme, which will be supported by annual delivery plans.

14 The Trust's Integrated Medium-Term Plan for 2024-27 (IMTP 2024-27) was approved by the Board on 25 March 2024 and submitted to Welsh Government within the required timeframe. Welsh Government has approved the IMTP 2024-27. The Trust demonstrated a strong commitment to internal and external engagement to support the development of its IMTP 2024-27. This included considering patient stories, conducting staff surveys, and engaging with the new Joint Commissioning Committee which replaced the Emergency Ambulance Services Committee in 2024. The Finance and Performance Committee and the Board were kept up to date on the process for developing the IMTP, as well as receiving aspects of the IMTP through board development days. However, despite a paper stating the Finance and Performance Committee and Board would formally receive draft copies of the IMTP in January 2024, neither were given an opportunity to review a full version of the IMTP until March 2024 when it was formally approved for submission to Welsh Government. Sharing a draft version, either in a formal meeting setting or by circulating it to members with sufficient time ahead of the submission deadline would provide the board with greater opportunities to discuss and comment on the plan **(Recommendation 1).**

15 On 30 June 2024, the Trust became a listed organisation under the Well-being of Future Generations (Wales) Act 2015. In line with the Act, the Trust will be required to set well-being objectives in accordance with the sustainable development principle, with its first set of objectives due by April 2025. At the time of writing this report, the Trust was establishing an organisational-wide task and finish group to plan and oversee the development of the well-being objectives and associated work under the new requirements.

16 The Board has also approved a Strategic Equality Plan 2024-28 (as required under The Equality Act 2010) and a Digital Plan 2024-29 in March 2024 and July 2024 respectively. Our 2022 structured assessment report commented on the lack of clarity around how the previous Digital Strategy was to be funded as it did not contain clear costing information. We also commented that it was difficult for Board members to clearly monitor delivery of the strategy. It is positive to note that the

[1] Emergency Medical Services, National 111 Service, Ambulance Care Service.

[2] Patients with an emergency, urgent or routine health need will be able to access services via different methods, be assessed, including (as necessary) via rapid clinical screening and receive the right response and outcome for their specific need.

new Digital Plan is much clearer on resource requirements and the risks of failure to invest, including an impact on cybersecurity vulnerabilities and operational inefficiencies. The Trust has also identified new key performance indicators to enable robust monitoring of plan delivery.

17 The IMTP 2024-27, Strategic Equality Plan and Digital Plan are publicly available on the Trust website (see **Appendix 2, 2023 Recommendation 2**).

Corporate approach to overseeing the delivery of strategies and plans

18 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising the implementation and delivery of corporate plans. We were specifically looking for evidence of:

- corporate plans, including the IMTP, containing clear strategic priorities/objectives and SMART[3] milestones, targets, and outcomes that aid monitoring and reporting; and
- the Board appropriately monitoring the implementation and delivery of corporate plans, including the IMTP.

19 We found that **the Trust's IMTP 2024-27 contains clear objectives and outcome-based milestones and there is greater focus on the impact of plan delivery in progress reports. However, the Trust will need to clearly communicate any changes to the delivery of its IMTP 2024-27 as a result of the Clinical Model Transformation Programme.**

20 The IMTP 2024-27, which is appropriately aligned to the Trust's long-term strategy and strategic priorities, has a strong focus on delivery, with each section setting out clear objectives and a description of what good will look like in 2027. Each objective lists the outcome-based milestones the Trust aims to achieve in each of the three years of the plan (see **Appendix 2, 2023 Recommendation 3**).

21 Overall delivery of the IMTP 2024-27 continues to be overseen by the Strategic Transformation Board. However, the supporting delivery structures have been refreshed since the approval of the IMTP 2024-27 to incorporate the Clinical Model Transformation Programme. Actions under the Clinical Model Transformation Programme (which are not reflected in the IMTP 2024-27 as the programme was developed after the IMTP) are monitored by the Clinical Model Transformation Board, whereas actions within the IMTP 2024-27 that are not aligned to the Clinical Model Transformation Programme are overseen by the Integrated Strategic Planning and Development Group.

22 The Finance and Performance Committee and Board continue to receive quarterly IMTP 2024-27 progress updates. At the time of writing, the Trust were reporting that the introduction of the Clinical Model Transformation Programme had not yet

[3] Specific, measurable, achievable, relevant, and time-bound

resulted in the need to pause of delay any of its IMTP 2024-27 commitments to release capacity**.** Any potential changes will be reported to the Finance and Performance Committee during the year.

23 Our 2023 structured assessment report suggested that the Strategic Transformation Board should also consider performance information to better understand the impact of IMTP actions. The IMTP 2024-27 progress report to the Finance and Performance Committee in September 2024 included a section on outcomes for some workstreams, which provided information against metrics and the 'what good will look like in 2027' information contained in the plan. Some metrics were still in development as of September 2024. Where metrics have been developed, the progress report included a RAG (Red, Amber, Green) rating to indicate whether performance was in line with expectations (see **Appendix 2, 2023 Recommendation 4**). Whilst this change provides Board members with a valuable insight into the impact of delivering IMTP 2024-27 actions, these reports could be strengthened further by, for example, providing a summary or dashboard to enable members to quantify overall progress against all actions. Furthermore, whilst the IMTP 2024-27 contains milestones and target dates, these are not included within the progress reports**.**

Corporate systems of assurance

24 We considered whether the Trust has a sound corporate approach to managing risks, performance, and the quality and safety of services.

25 We found that **the Trust continues to strengthen its corporate systems of assurance and is taking positive steps to enhance its Board Assurance Framework. However, opportunities remain to strengthen the Trust's framework for managing organisational performance and overseeing the quality and safety of services.**

Corporate approach to overseeing strategic risks

26 We considered whether the Trust has a sound corporate approach to identifying, overseeing, and scrutinising strategic risks to the delivery of strategic priorities / objectives as well as corporate risks. We were specifically looking for evidence of:

- an up-to-date and publicly available Board Assurance Framework (BAF) in place, which brings together all of the relevant information on the risks to achieving the organisation's strategic priorities / objectives;
- the Board actively owning, reviewing, updating, and using the BAF to oversee, scrutinise, and address strategic risks;
- an appropriate and up-to-date risk management framework in place, which is underpinned by clear policies, procedures, and roles and responsibilities; and

- the Board providing effective oversight and scrutiny of the effectiveness of the risk management system and corporate risks.

27 We found that **the Trust is undertaking a significant programme of work to strengthen its risk management arrangements, including enhancing the Board Assurance Framework to ensure it focuses more on risks to achieving strategic objectives.**

28 The Risk Management Transformation Programme[4], which we have discussed in previous structured assessment reports, has entered its third and final year and continues to be overseen and monitored by the Audit, Risk, and Assurance Committee (ARAC). As part of the programme, the Trust's Risk Management Policy, which replaces the Risk Strategy, was approved by the ARAC and endorsed by the Board in March 2024.

29 Our 2023 structured assessment report commented on how the Trust's Board Assurance Framework (BAF) focuses on corporate risks, rather than strategic risks to the achievement of the Trust's strategic objectives. In August 2024, Internal Audit issued a reasonable assurance rating report on the Trust's risk management arrangements. The report notes that whilst recording, monitoring, and reporting of risk is done well, a clear audit trail for the management of local and directorate risks is not always available or held centrally. The report also acknowledged that there are challenges with the fact the BAF is currently manually updated and the limitations the format has in enabling effective and consistent risk management. Internal Audit made six medium priority recommendations, including ensuring risk assessment forms are consistently completed for each risk.

30 In early 2024, the Trust commissioned external consultants, BDO Ltd, to provide good practice guidance on three elements of its risk management framework - building a strategic BAF, developing risk appetite statements, and repositioning the Trust's long-standing highest-ranked risks. BDO Ltd's key findings, guidance, and recommendations were presented at the September 2024 ARAC meeting. It recommended aligning the BAF with the Trust's strategic objectives, revising principal risks to differentiate between risks that are within and outside of the Trust's control, and reviewing the effectiveness of internal controls. The Trust was in the process of developing a plan to implement the recommendations at the time of our review. The Trust was also recruiting to a new Risk Manager post to support it to make effective and timely progress, but it recognises that these wider changes will also require support and engagement across the organisation to become effectively embedded.

31 The ARAC receives a Corporate Risk Register (CRR) summary and the BAF at each meeting. Furthermore, other committees continue to review, scrutinise, and

[4] The Trust's Risk Transformation Programme was introduced in 2022-23 and is a three-year plan to improve risk management by re-articulating principal risks, developing risk management policies and procedures, and progressing a strategic Board Assurance Framework.

challenge the risks relevant to their remit at each of their respective meetings. The Trust's Assistant Director Leadership Team and Executive Leadership Team continue to oversee and manage risks at an operational level. Our observations of Board and committee meetings found evidence of agendas and discussions appropriately focussing on the Trust's significant operational risks. Again for 2024, these risks include the timeliness of operational 999 response, quality of care and outcomes, and providing a civil contingency response in the event of a major incident.

32 However, the Trust's two highest rated risks remain at the highest score of 25, despite the Trust completing most of the actions within its control to mitigate these risks. At the time of our fieldwork (and in line with the work undertaken by BDO Ltd) the Trust was holding discussions to consider a different approach to managing and monitoring those areas that are within the Trust's control and those that are not.

Corporate approach to overseeing organisational performance

33 We considered whether the Trust has a sound corporate approach to identifying, overseeing, and scrutinising organisational performance. We were specifically looking for evidence of:

- an appropriate, comprehensive, and up-to-date performance management framework in place, underpinned by clear roles and responsibilities; and
- the Board and committees providing effective oversight and scrutiny of organisational performance.

34 We found that **the Trust continues to have reasonable performance management arrangements in place, with appropriate action taken to address areas of underperformance. However, the framework for managing Trust performance requires some updating.**

35 The Trust continues to manage performance in line with its Quality and Performance Management Framework 2022-25 (the QPMF), which was approved in March 2022. The QPMF has been updated to reflect the new Duties of Candour and Quality and it references the Well-being of Future Generations (2015) Act. Whilst the QPMF includes clear roles and responsibilities, there is a need to update some of the job titles listed **(Recommendation 2).** The QPMF will also need to be aligned to the Trust's revised risk management arrangements in due course.

36 The Executive Team reviews the metrics within the Monthly Integrated Quality and Performance Reports (MIQPR) on an annual basis to ensure they continue to represent the best way of tracking progress against the Trust's plans. The Finance and Performance Committee considered and approved the small amendments made as part of the updated metrics for 2024-25 in July 2024. The Trust continues to report its performance against the approved metrics via the MIQPR, which is presented at each Board and committee meeting. Committees also receive specific

reports which provide a focus on metrics within their remit. Despite consistent performance issues, the Board continues to provide appropriate challenge and scrutiny that seeks to encourage improvement.

37 Recent performance reports show that the Trust has seen a significant increase in calls categorised as red (serious and immediately life-threatening) in 2024 compared to 2023. However, the Trust has broadly maintained the level of performance in reaching red calls within eight minutes and the median time for responding to amber calls. The Trust has also seen an increase in hours lost due to delays in handing patients over to hospitals across 2024 compared to 2023. Whilst performance continues to be challenging, the Trust has been able to mitigate this to an extent through its focus on decreasing levels of sickness absence and maintaining ambulance production levels. The Trust also continues to hold discussions with health boards to drive improvements to handover delays, including by gaining direct access to alternative pathways to Accident and Emergency Departments. The new clinical model, once in place, should also enable the Trust to address some of its performance challenges by streamlining and improving access to healthcare advice provided by the Trust to keep patients at home where appropriate.

Corporate approach to overseeing the quality and safety of services

38 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising the quality and safety of services. We were specifically looking for evidence of:

- the Board providing effective oversight and scrutiny of the effectiveness of the quality governance framework;
- clear organisational structures and lines of accountability in place for clinical/quality governance; and
- the Board and relevant committee providing effective oversight and scrutiny of the quality and safety of services.

39 We found that **the Trust continues to have a reasonably sound corporate approach to overseeing and scrutinising the quality and safety of services, but opportunities remain to strengthen these arrangements further.**

40 The Trust is currently developing a Quality Plan to replace its previous Quality Strategy 2021-24. The Quality, Patient Experience, and Safety Committee (QuESt) has been kept up to date on the development of the new plan.

41 We recently undertook a follow-up review of the recommendations we made in our 2022 Review of Quality Governance Arrangements, which also incorporated a review of the steps being taken by the Trust to implement the new Duty of Quality and Duty of Candour under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. We found that the Trust needs to take steps to ensure that the ambitions of its new Quality Plan are achievable and resourced, given that the

implementation of the previous Quality Strategy was slower than intended due to resource and capacity constraints. We also made new recommendations relating to strengthening reporting of progress in relation to its quality ambitions, enhancing clinical audit progress updates, increasing uptake rates for Duty of Quality training, and ensuring review of policies include a quality lens.

42 The Trust has strengthened its organisational structures and lines of accountability for clinical / quality governance over the past two years. This includes a Senior Quality Team, consisting of heads of service and business partners, which oversees delivery of the Quality Strategy, a Quality Management Group which supports the Trust's quality management system, as well as a Clinical Quality Governance Group which escalates issues relating to quality governance to the QuESt for assurance and oversight. Work is continuing to ensure each of the groups have agreed Terms of Reference and clear documentation. We found strong views among those we spoke to that the new governance framework is having a positive impact. However, the Trust recognises there are ongoing areas of improvement, relating to attendance at Quality Management Group meetings as well as the quality of information presented to those meetings. The Trust is taking steps to manage these challenges.

43 QuESt continues to appropriately review key quality information, focusing on the high level of risk of patient harm. During 2023-24, the Trust has seen a sustained increase in the number of concerns received and serious incidents shared with health board colleagues to investigate under the Joint Investigation Framework, as well as an increase in requests for information from Coroners.

44 In addition to increasing numbers across quality performance metrics such as complaints and concerns and poor response times, the Trust was seeing increased pressure on its capacity caused by requirements under the Duties of Quality and Candour. In response, the Trust undertook an organisational change process and secured investment in additional resources, including a new Head of Putting Things Right. In May 2024, QuESt received a Putting Things Right Recovery Plan, with all actions set to be complete by April 2025. At the August 2024 meeting of QuESt the Trust stated briefly that the recovery plan delivery was on track.

Corporate approach to tracking recommendations

45 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising systems for tracking progress to address audit and review recommendations and findings. We were specifically looking for evidence of:

- appropriate and effective systems in place for tracking responses to audit and other review recommendations and findings in a timely manner.

46 We found that **the Trust continues to strengthen its corporate approach to tracking progress to address audit and review recommendations.**

47 The Trust continues to strengthen its systems for tracking and actioning audit recommendations and findings. The Trust has worked with Digital Health and Care

Wales (DHCW) on an automated tracking system, which should be in place for April 2025. In the meantime, the Trust's Corporate Governance Team has continued to review all outstanding recommendations with management with regular reporting to the ARAC. The Trust also continues to refer relevant extracts of the audit tracker to each committee to support oversight and scrutiny of recommendations relating to their remit. The tracker has been further developed to include reasons why actions to recommendations are overdue, whether progress has been achieved, and if there is a new proposed completion date. The Corporate Governance Team has provided assurance to the ARAC that it applies strong challenge to requests to delay the completion of management actions, and that dates can be moved a maximum of three times.

48 However, it is concerning that our 2024 Follow-up Review of Quality Governance Arrangements identified that several actions had been closed on the tracker which we considered to be ongoing. This included providing consistent information on mortality review activity and reporting the outcomes of clinical audit. The Trust has responded to this and is considering ways to encourage clearer commitments to actions within management responses to recommendations.

Board transparency, effectiveness, and cohesion

49 We considered whether the Trust's Board conducts its business appropriately, effectively, and transparently.

50 We found that **recent changes to Board membership have been managed well and the Board has continued to conduct its business effectively. The Trust continues to demonstrate a strong commitment to public transparency and continuous improvement. The Trust remains committed to hearing from patients, staff, and other stakeholders; however, opportunities remain to enhance these arrangements further.**

Public transparency of Board business

51 We considered whether the Board promotes and demonstrates a commitment to public transparency of board and committee business. We were specifically looking for evidence of Board and committee:

- meetings that are accessible to the public;
- papers being made publicly available in advance of meetings; and
- business and decision-making being conducted transparently.

52 We found that **the Trust continues to demonstrate a strong commitment to public transparency of Board and committee business.**

53 The Trust continues to hold in-person public Board meetings which are broadcast live on Facebook, with recordings made available on YouTube shortly afterwards. While the Trust held each of its 2023 public Board meetings in Cardiff, it is in discussion about resuming its previous practice of rotating meetings around Wales

to provide further opportunities for Board members to meet with staff from different areas.

54 The Trust continues to provide opportunities for members of the public to submit questions ahead of public Board meetings. Whilst our review of papers found low numbers of questions submitted for recent meetings, minutes clearly evidence the Board's commitment to providing comprehensive and appropriate responses, including use of the action log to track responses provided outside of the meeting.

55 Committee Chairs determine whether meetings are held virtually only or using a hybrid approach, where members can join either in-person or online. The majority of the Trust's committees meet virtually, which is decided during agenda setting meetings. Information is available on the Trust website on how members of the public can submit requests to observe committee meetings which are not broadcast live.

56 Papers for Board and committee meetings are almost always made available on the Trust website in advance in accordance with Standing Orders. There are very few exceptions where some papers are not published seven days in advance, which includes financial presentations to the Finance and Performance Committee due to the proximity of meetings to the submission of information to Welsh Government. The Trust continues to minimise the use of private (or closed) sessions of Board and committee meetings, with appropriate issues reserved for sensitive and confidential reasons.

57 Following our 2023 structured assessment, the Trust now provides a written Chair's Report for each public Board meeting to further support transparency (see **Appendix 2, 2023 Recommendation 1a**). The Trust also agreed to provide a timely record of committee meetings by publishing its Alert, Assure, and Advise Highlight Reports within 14 days of meetings. This has broadly been completed during the year. However, our review of papers found that no reports were available for two meetings due to the timing of the subsequent Board meeting, where the Highlight Reports were delivered verbally instead. The Trust has stated that it will provide further clarity on the website to ensure the public understand how to access a timely record of key decisions and discussions taken during committee meetings (see **Appendix 2, 2023 Recommendation 1b**).

Arrangements to support the conduct of Board business

58 We considered whether there are proper and transparent arrangements in place to support the effective conduct of Board and committee business. We were specifically looking for evidence of formal, up-to-date, and publicly available:

- Reservation and Delegation of Powers and Scheme of Delegation in place, which clearly sets out accountabilities;
- Standing Orders (SOs) and Standing Financial Instructions (SFIs) in place, along with evidence of compliance; and

- policies and procedures in place to promote and ensure probity and propriety.

59 We found that **the Trust continues to have proper and transparent arrangements in place to support the effective conduct of Board and committee business, with significant progress achieved to bring policies up to date.**

60 The ARAC and Board continue to regularly review the Trust's Standing Orders, including the Standing Financial Instructions and Scheme of Reservation and Delegation (SoRD). The Trust amended its Standing Orders four times[5] since our 2023 structured assessment to:

- reflect the Model Standing Orders issued by Welsh Government;
- alter the delegations between Executive Team members;
- recognise the new Joint Commissioning Committee; and
- update the Trust's name following the achievement of University Trust status.

In March 2024, Internal Audit issued a reasonable assurance rating on the Trust's Vehicle Replacement Programme that highlighted non-compliance with approval of contracts by the Board. This prompted the Trust to undertake a broader examination of the SoRD, culminating in amendments to clarify established practices and the development of a Governance Practice Note. Each change was discussed by the ARAC and approved by the Board. The formal, up-to-date Standing Orders are publicly available on the Trust website.

61 In 2023, the Trust reported that only 14% of its policies were within their expected review date. In September 2024, the ARAC received assurance on the significant progress made to address this, with 45% of Trust policies that were identified as a priority having been reviewed. It is expected that 52% of all Trust Policies will be within their review date by December 2024.

62 The Trust continues to publish declarations of interests and the Register of Gifts and Hospitality on its website. However, we note that the number of submissions of gifts and hospitality remain very low for an organisation of the Trust's size. The Trust continues to encourage higher compliance through communications activity, including posters to raise awareness amongst staff of the need to declare gifts. The Trust has undertaken significant work during 2024 to broaden its process for recording declarations of interest which now includes over 250 decision makers. Beyond the registers, the Trust informs us that there is a more transparent culture around declarations of interest with staff proactively seeking support and guidance from the Corporate Governance Team.

[5] September 2023, November 2023, April 2024, and July 2024

Effectiveness of Board and committee meetings

63 We considered whether Board and committee meetings are conducted appropriately and effectively, supported by timely and high-quality information. We were specifically looking for evidence of:

- an appropriate, integrated, and well-functioning committee structure in place, which is aligned to key strategic priorities and risks, reflects relevant guidance, and helps discharge statutory requirements;
- clear and timely Board and committee papers that contain the necessary / appropriate level of information needed for effective decision making, scrutiny, and assurance;
- Board and committee agendas and work programmes covering all aspects of their respective Terms of Reference as well being shaped on an ongoing basis by the Board Assurance Framework;
- well-chaired Board and committee meetings that follow agreed processes, with members observing meeting etiquette and providing a good balance of scrutiny, support, and challenge; and
- committees receiving and acting on required assurances and providing timely and appropriate assurances to the Board.

64 We found that **Board and committee meetings continue to be conducted appropriately and effectively with good coverage of key issues and risks.**

65 The Trust continues to have an integrated and well-functioning committee structure. Board and committee meetings in 2023-24 were all quorate. The Trust has updated the terms of reference for each committee during 2023-24, which were approved by the Board in May 2024. Each committee has an Executive Director and / or Director lead who work closely with the Chair and Director of Corporate Governance to set the agenda for meetings and plan the committee's cycle of business. In due course, the Trust will need to consider how best to reflect and embed the requirements of the Wellbeing of Future Generations (Wales) Act 2015 into routine Board and committee business and decision making. We are aware that Non-Executive Directors did not meet regularly as a group in the first half of 2024, but positively, we note that these have recently resumed.

66 The Board and its committees continue to receive generally good quality information to support effective scrutiny, support, and challenge. Papers are available in advance of meetings, and their quality continues to be generally high. However, the Trust recognises the ongoing need to ensure reports present analysis, rather than simply data, to provide members with stronger assurance. Our 2024 Follow-up Review of Quality Governance Arrangements also stated the need to consistently present trend information to support members' understanding. The Trust is currently exploring options, such as training and digital solutions, to strengthen Board and committee reports and presentations to ensure they are informative and succinct.

67 Our observations of Board and committees found that meetings run well. The Board and committees follow agreed processes, including ensuring declarations of interest are made and the register is kept up to date. The Trust is also planning to develop meeting etiquette guidance to further support committee Chairs. Meetings are well-chaired and there is good discussion with an appropriate level of challenge around operational risks and issues. Committees continue to escalate issues to the Board via the Alert, Assure, and Advise Highlight Reports. During the past year, issues which have been escalated include the high levels of handover delays and the effect of the backlog and volume of concerns on the Putting Things Right and operational quality teams.

68 The Board places an increasing reliance on the assurances provided by the committees, which has led to shorter public Board meetings. The Trust recognises it must remain mindful of clearly demonstrating to the public that sufficient scrutiny has taken place during committee meetings. As work on its Board Assurance Framework and risk appetite progresses (see **paragraph 31**), the shorter public Board meetings should provide an opportunity for the Board to spend more time focussing on its strategic priorities and risks.

Board commitment to hearing from patients/service users and staff

69 We considered whether the Board promotes and demonstrates a commitment to hearing from patients/service users and staff. We were specifically looking for evidence of:

- the Board using a range of suitable approaches to hear from a diversity of patients/service users, the public and staff.

70 We found that **the Board and its committees continue to make good use of patient and staff stories; however, opportunities remain to use other approaches to hear from patients and staff.**

71 The Trust continues to make good use of patient and staff stories to assist Board members to understand the experiences of service users and staff. Our observations found that Board and committee members highly value these stories as they prompt further discussion and usefully set the tone for meetings. The Trust tracks each patient story and reports back to the QuESt on the actions, progress, and outcomes following the receipt of the story at the subsequent meeting. From September 2024, Llais[6] will also be attending public Board meetings which will provide further opportunities to hear patient perspectives. However, staff stories do not currently follow the same process for patient stories, and it is not always clear

[6] From 1 April 2023 Llais replaced the work of Wales' seven Community Health Councils. It is an independent body which aims to gather and share experiences of citizens in Wales with health and social care services and provide support for those making complaints.

how the Trust is using this intelligence to provide assurance or promote improvement **(Recommendation 3).**

72 In our 2023 structured assessment report, we noted that work was ongoing to resolve our 2022 recommendation to identify actions to address issues identified in patient experience reports. Our recent review of the patient experience report shows that it continues to highlight themes of negative feedback but without reference to actions the Trust is taking in response (see **Appendix 2, 2022 Recommendation 2**).

73 Our 2024 Follow-up Review of Quality Governance Arrangements found that the Trust has developed a Standard Operating Procedure for Board visits. Whilst there have been challenges in securing consistent geographical and service coverage, we are aware there has been an increase in the number of visits and geographical coverage since April 2024 compared to 2023-24. We also found that there is scope to strengthen the process for feeding back the intelligence from visits. As previously stated, the Trust is considering resuming the geographical rotation of public Board meetings, as well as using Non-Executive Director meetings as mechanisms for sharing intelligence which would provide greater opportunities for members to triangulate the information they formally receive in Board and committee meetings.

Board cohesiveness and commitment to continuous improvement

74 We considered whether the Board is stable and cohesive and demonstrates a commitment to continuous improvement. We were specifically looking for evidence of:

- a stable and cohesive Board with a cadre of senior leaders who have the appropriate capacity, skills, and experience;
- the Board and its committees regularly reviewing their effectiveness and using the findings to inform and support continuous improvement; and
- a relevant programme of Board development, support, and training in place.

75 We found that **the Board continues to demonstrate a commitment to continuous improvement, and the Trust has managed several recent changes to Board membership well.**

76 The Trust has seen several changes to Board membership in recent months. Following the retirement of the Medical Director in late 2023, the Director of Paramedicine was made an Executive Director with voting rights. The Interim Vice-Chair secured the role on a substantive basis in July 2024 and there are three new Non-Executive Directors, including the Chair of ARAC, Chair of the Finance and Performance Committee, and a University Member of the Board. The Trust has one further Non-Executive Director vacancy and was receiving applications at the time of writing this report. Changes have been managed well, ensuring meetings are quorate and new members had access to a supportive induction process. The

Trust's process for filling Board member vacancies continues to be informed by an analysis of Board member skill-mix which helps it to identify where it may need to secure additional specific experience. It also has a comprehensive Board member induction programme which incorporates learning from the experiences of the most recent Board appointments.

77 The Board Development Programme continued in 2023-24. The Trust has stated that the seven scheduled sessions were well attended. Sessions focussed on a variety of topics, including the organisational strategy and review of MIQPR metrics, team building activities informed by Insights Discovery[7] sessions, and the development of the IMTP 2024-27. Progress with developing an externally facilitated medium-term Board Development Programme has been paused due to the vacancies at Board level and the changes that are likely to occur following development of the BAF and the introduction of the Clinical Model Transformation Programme. Despite this, those we spoke to were highly complementary about the value of current Board Development Sessions, citing they provide a useful space for honest discussion as well as opportunities for learning.

78 In early 2024, the Board and committees completed effectiveness reviews. However, Board members expressed concern at the low response rates for some committees, particularly the ARAC (29%) and People and Culture Committee (30%). The ARAC is working to improve rates by completing its effectiveness review in stages throughout the year rather than as an annual exercise. Findings from the effectiveness reviews were reported to the Board in May 2024. Feedback included views that committees are transparent and focus on key risks, but other comments relayed an eagerness to have a committee induction programme. We understand the Trust is intending to provide committee induction programmes, but they are delayed due to capacity issues within the Corporate Governance Team.

Corporate approach to managing financial resources

79 We considered whether the Trust has a sound corporate approach to managing its financial resources.

80 We found that **the Trust continues to have strong financial performance supported by effective financial planning. However, the Trust needs to improve its arrangements for identifying and reporting recurrent saving schemes.**

Financial objectives

[7] Insight Discovery is a framework to understand and adapt various communication styles based on four dominant personality areas.

81 We considered whether the Trust has a sound corporate approach to meeting its key financial objectives. We were specifically looking for evidence of the organisation:

- meeting its financial objectives and duties for 2023-24, and the rolling three-year period of 2021-22 to 2023-24; and
- being on course to meet its objectives and duties in 2024-25.

82 We found that **the Trust continued its strong performance of meeting key financial objectives and is on course to meet them again in 2024-25.**

83 The Trust continued its good record of meeting its financial duties in 2023-24, recording a small surplus of £85,000, and achieving breakeven over the rolling three-year period 2021-24. The Trust spent its capital expenditure in line with the plans, and compliance with the public sector payment policy was on track, with 96.4% of non-NHS invoices paid within 30 days of receipt against the 95% target.

84 As of Month 5 2024-25, the Trust was reporting a small underspend of £31,000 against budget and forecasting a year-end breakeven position. Capital expenditure is forecast to be fully spent by the end of the year and the public sector payment policy is on track.

Corporate approach to financial planning

85 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising financial planning. We were specifically looking for evidence of:

- clear and robust corporate financial planning arrangements in place;
- the Board appropriately scrutinising financial plans prior to their approval;
- sustainable, realistic, and accurately costed savings and cost improvement plans in place which are designed to support financial sustainability and service transformation; and
- the Board appropriately scrutinising savings and cost improvement plans prior to their approval.

86 We found that **whilst the Trust has a clear approach to financial planning, its ongoing reliance on non-recurrent savings creates a risk to organisational resilience and financial sustainability.**

87 The Board and Finance and Performance Committee scrutinised the Trust's Financial Plan as part of the IMTP 2024-27 ahead of its formal submission to Welsh Government in March 2024. The Financial Plan appropriately identifies the current financial challenges and risks facing the Trust. However, the financial risks articulated within the Financial Plan show there is very little contingency for unforeseen cost pressures or savings under-delivery. Some cost pressures identified within the Financial Plan have materialised during the year, including that relating to the re-banding of a cohort of Emergency Medical Technicians. The Trust has plans to manage these costs, including seeking additional funding and managing vacancies.

88 Our 2024 Review of Cost Savings Arrangements found that the Trust appropriately uses data from a wide range of sources to inform its approach to identifying cost improvement opportunities. We also found that whilst the Trust has a good track record of achieving its overall savings target, it has done this largely through delivering non-recurrent savings. In 2023-24, the Trust exceeded its £6 million savings target by £0.5 million. However, over 55% of the savings delivered by the Trust in 2023-24 were non-recurrent, with a significant proportion (39%) of these being vacancy management savings.

89 The Trust's savings target for 2024-25 is £6.4 million, which equates to around 2.2% of the organisation's baseline budget. £3.6 million (57%) of this savings target is recurrent and the remaining £2.8 million (43%) is non-recurrent. However, some of the schemes have been categorised as recurrent savings where they relate to non-recurrent measures or efficiencies, for example, accident repair, balance sheet flexibility and operational pay cost management. Once again, the Trust is relying on a significant proportion of its savings (35%) to come from corporate pay vacancy management. This is a risk for the Trust due to the strain on capacity caused by holding vacancies. We raised this risk within our 2024 Review of Cost Savings Arrangements and recommended the Trust strengthen its approach to identifying and delivering recurrent savings. The Trust has responded that it will assess the findings of its services review to implement further recurrent savings, where possible.

90 As of Month 5 2024-25, the Trust had achieved £3.3 million of savings against a year-to-date target of £2.8 million, with recurrent schemes slightly over-performing and non-recurrent schemes slightly under-performing.

Corporate approach to financial management

91 We considered whether the Trust has a sound corporate approach to overseeing and scrutinising financial management. We were specifically looking for evidence of:

- effective controls in place that ensure compliance with Standing Financial Instructions and Schemes of Reservation and Delegation;
- the Board maintaining appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
- effective financial management arrangements in place which enable the Board to understand cost drivers and how they impact on the delivery of strategic objectives; and
- the organisation's financial statements for 2023-24 were submitted on time, contained no material misstatements, and received a clean audit opinion.

92 We found that **the Trust continues to have a sound corporate approach to overseeing and scrutinising financial management.**

93 There have been no changes to the Trust's financial systems and controls since 2023. The ARAC continues to oversee and scrutinise information on losses and special payments in its public session, and counter-fraud activity, procurement controls and single tender actions in the private session of each meeting. There have been no material changes in the volume or nature of single tender awards and waivers or counter fraud investigations this year. The programme of Internal Audit work during the previous year did not identify any significant concerns relating to financial or budgetary control and no significant financial control issues were reported to the ARAC.

94 The Trust submitted draft financial statements for 2023-24 for audit within the required Welsh Government timeframe. Our audit identified a number of misstatements, both corrected and uncorrected, though the misstatements were not material and had no impact (individually or in aggregate) on the Trust's retained surplus position. Following Board approval of the accounts, we issued an unqualified audit opinion on 12 July 2024.

Board oversight of financial performance

95 We considered whether the Board appropriately oversees and scrutinises financial performance. We were specifically looking for evidence of the Board:

- receiving accurate, transparent, and timely reports on financial performance, as well as the key financial challenges, risks, and mitigating actions; and
- appropriately scrutinising the ongoing assessments of the organisation's financial position.

96 We found that **while the Board appropriately oversees and scrutinises financial performance, opportunities remain to strengthen the content and presentation of finance reports.**

97 As reported in our 2024 Review of Cost Savings Arrangements, we found that there is regular oversight of financial spending and savings performance at both Executive and Board level. As reported in our 2023 structured assessment report, the proximity of Finance and Performance Committee meetings to the submission of financial reports to Welsh Government means that members do not receive the presentation in advance of meetings. This is done to avoid the committee being presented with financial information which is over a month out-of-date. Instead, a presentation is given on the day of the meeting. Despite this, Board members demonstrate a clear grasp of the current financial situation and provide an appropriate level of scrutiny and challenge to support improvement during committee meetings.

98 Following our 2023 structured assessment, the Trust's 2024-25 Financial Plan provides a table which clearly shows which schemes are recurrent and non-recurrent. The finance report to the Finance and Performance Committee also provides a table on the latest performance of recurrent and non-recurrent schemes (see **Appendix 2, 2023 Recommendation 5**). However, our Review of Cost

Savings Arrangements recommended clearer reporting of savings performance within reports to the Finance and Performance Committee and the Board. This was due to the potential for confusion between savings figures quoted within reports, which was caused by some containing income generation money. The Trust is responding to this recommendation with a more detailed breakdown of performance within reports. In addition, we noted that the narrative description of a small number of savings schemes within the Month 5 finance report varied from the description within the original Financial Plan. These reflect some consolidation for the purposes of monthly and in-year reporting. Where this occurs it would be helpful for the Trust to briefly highlight it within its reports to support clarity and to enable committees to more easily reconcile in-year reporting with the Financial Plan.

Appendix 1

Audit methods

Exhibit 2 below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Observations	We observed Board meetings as well as meetings of the following committees: • Audit, Risk, and Assurance Committee; • People and Culture Committee; • Finance and Performance Committee; and • Quality, Safety, and Patient Experience Committee.
Documents	We reviewed a range of documents, including: • Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes; • key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interest, and Registers of Gifts and Hospitality; • key organisational strategies and plans, including the IMTP; • key risk management documents, including the Board Assurance Framework and Corporate Risk Register; • key reports relating to organisational performance and finances; • Annual Report, including the Annual Governance Statement; • relevant policies and procedures; and • reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.

Element of audit approach	Description
Interviews	We interviewed the following Senior Officers and Independent Members: • Chair of Board; • Chair of Audit Committee; • Chief Executive Officer; • Executive Director of Strategic Planning and Performance; • Executive Director of Finance; and • Director of Corporate Governance / Board Secretary.

Appendix 2

Progress made on previous-year recommendations

Exhibit 3 below sets out the progress made by the Trust in implementing recommendations from previous structure assessment reports.

Recommendation	Description of progress
Patient experience reporting (2022) R2 Improve quarterly patient experience reporting to QuESt by ensuring a balance of both positive and negative feedback and providing information on what is being done to address the negative themes arising in the report	**In progress.** See paragraph 72
Transparency of Board and committee business (2023) R1 Opportunities exist to further enhance the transparency of Board and Committee business. The Trust should: a) provide a written Chair's Report to each Board meeting; and b) review and publish unconfirmed minutes of committee and Board meetings within 14 days of the meeting.	**Complete.** See paragraph 57
Public access to key strategies and plans (2023) R2 The Trust should publish key plans on the Trust's website, including the most recent IMTP and the People and Culture Plan.	**Complete.** See paragraph 17

Recommendation	Description of progress
Clarity of IMTP objectives/actions (2023) R3 We found that the Trust's IMTP does not include SMART actions, many do not include a specific measurable outcome, and it is also unclear in the IMTP which year each action is due for delivery. However, delivery milestones are set out elsewhere. The Trust should ensure all actions set out in future IMTPs are SMART by specifying measurable outcomes and delivery milestones.	**Complete.** See paragraph 20
Oversight of IMTP delivery (2023) R4 Whilst there have been recent improvements to the reporting of IMTP progress to Committee and Board, there is scope to provide better clarity on whether the actions delivered have achieved the intended impact. The Trust should ensure all plan delivery progress reports include information about the impact achieved.	**Complete.** See paragraph 23
Oversight of savings plans (2023) R5 The Trust does not clearly specify in its finance plans and reports whether savings schemes are recurrent or non-recurrent. To strengthen oversight of savings, the Trust needs to specify whether schemes are recurrent or non-recurrent in its financial plans and reports.	**Complete.** See paragraph 98

Appendix 3

Management response to audit recommendations

Exhibit 4: Welsh Ambulance Services University NHS Trust response to our audit recommendations

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	The Trust should ensure that Board members are given the opportunity, either within a formal meeting or through circulation outside of meetings, to discuss and scrutinise a draft version of the Integrated Medium-Term Plan ahead of its submission for formal ratification and approval. **(Paragraph 14)**	Accepted. Given the timing of board and committee meetings, this will be done by way of email circulation.	March 2025	Rachel Marsh

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R2	The Trust should update its Quality and Performance Management Framework to reflect recent changes in key internal roles **(Paragraph 35)**	Accepted. A review of the framework will take place in Q4.	May 2025	Rachel Marsh
R3	The Trust should apply to staff stories the process it has in place for patient stories to provide clarity on how the Trust has recorded the story, how the story has been used for assurance or improvement purposes, and how the Trust has responded to the individual who shared their experience. **(Paragraph 71)**	Accepted. This has already commenced. Suggest this remains open for a period of two cycles of People and Culture Committee and the Board to see the pattern.	May 2025	Trish Mills

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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

AGENDA ITEM No	**16**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**1**

GOVERNANCE REPORT

MEETING	Trust Board
DATE	29 November 2024
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary Alex Payne, Corporate Governance Manager
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**. It is noted that the Trust Seal has not been applied in this reporting period.

Chair's Action – For Ratification

2. There has been one decision made by Chair's Action since the last meeting of the Board on the 26 September 2024. This decision was sought via Chair's Action to permit the Trust to progress estate works at the Clinical Contact Centre in Ty Elwy. The Board is asked to ratify the decision made by Chair's Action on the 18 November 2024 to:

    - APPROVE the business case for the capital expenditure to facilitate the completion of the enhanced facility at Ty Elwy;
    - APPROVE the Contract Award Recommendation Report to award the contract to the preferred contractor following a competitive tender exercise.

Decisions in Private Session

3. At the closed Trust Board on the 26 September 2024 the Board received a request to approve capital spending for the Specialist Operations Response Team (SORT). Confirmation of this funding had been received from Welsh Government following submission of the Business Case to enhance the SORT capability. At this meeting the Board:

- APPROVED the revenue spending in line with the Commissioned requirements to the value provided by Welsh Government AND NOTED that using the delegated authority available to the Chief Executive, capital spending in line with the Commissioned requirements to the value provided by Welsh Government, in a manner that satisfied procurement rules, has been secured.

4. At the closed Trust Board on the 26 September 2024 the Board received a request to approve the Vehicle Procurement Award of Contract Conversion Contract, to award the contract to the preferred contractor for vehicle conversions of both Single Responder Vehicles (SRV) and Hazardous Area Response Vehicles (HART). AT this meeting the Board:

    - APPROVED the Contract Award Recommendation Report to award the contract to the preferred contractor for vehicle conversions of both the SRV and HART vehicles, following the competitive tender exercise.

Other Governance Matters

Committee Membership – Approvals

5. Following the appointment of Non-Executive Directors Jayne Beeslee on the 19 August and Hayley Hutchings and Rhiannon Beaumont-Wood on the 11 November, the Committee membership and Non-Executive Director champion roles have been adjusted.

6. These changes also reflect the appointment of Carl Kneeshaw as Director of People and the change in portfolio within the People and Culture Directorate; with Angela Lewis now in the role of Director of Culture Change. The adjustments in committee membership and champion roles are presented at annex 1 for approval by the Board effective quarter of 2024/25.

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

    a) Ratify the decision made by Chair's Action on the 18 November 2024;
    b) To note the public disclosure of decisions made in closed session;
    c) To approve the revised membership for Committees of the Trust Board and the revised champion roles, effective quarter 4 of 2024/25.

KEY ISSUES/IMPLICATIONS
Not applicable.

REPORT APPROVAL ROUTE
Not applicable.

REPORT APPENDICES
Annex 1: Revised 2024/25 Committee Membership & Champion Roles – Q4 24/25

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)	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

	Meeting Frequency	Colin Dennis (Chair)	Ceri Jackson (VC)	Rhiannon Beaumont-Wood	Bethan Evans	Jayne Beeslee	Hannah Rowan	Peter Curran	Hayley Hutchings	Chief Executive	Exec Dir Finance/Corp. Rel.	Exec Dir Quality & Nursing	Exec Director of Operations	Exec Dir. Strategy, Planning, Performance	Exec Dir Paramedicine	Director Culture Change	Director of People	Dir P'ships & Engagement	Digital Director	Dir CorGov/Board Sec	Trade Union Rep (s)	Committee Officer	
Trust Board	Bi Monthly	★								v	v	v	v	v	v	nv	nv	nv	nv	nv	DT/HP	SO	Lead Executive: Jason Killens
Remuneration Committee	Quarterly	★									As req.										DT/HP	AP	Lead Executive: Carl Kneeshaw
Board Committees																							
Academic Partnership Committee	Quarterly					New	★		New			AD [JTR]		Head Strategy [SH]							MM/KR	CJ	Lead Executive: Estelle Hitchon
Audit Committee	Quarterly			New				★					AD [JB]								DT/CF	SO	Lead Executive: Chris Turley
Charity Committee	Quarterly							★								DD[LR]					DT/HP/MV	CJ	Lead Executive: Estelle Hitchon
Finance & Performance Committee	Bi Monthly					★															HP/DT	SO	Lead Executive: Chris Turley and Rachel Marsh
People & Culture Committee	Quarterly		★						New			AD [JTR]		AD [AC]							MV/DT/CF/TC	CJ	Lead Executive: Angela Lewis
Quality, Patient Experience & Safety Committee	Quarterly			New	★																HP/MM/HG	SO	Lead Executive: Liam Williams
Committees Attending (including RemCom)		**1**	**5**	**3**	**4**	**3**	**4**	**4**	**3**		**4**	**3**	**4**	**2**	**4**	**4**		**3**	**3**	**6**			
CHAMPION ROLES																							
Fire Safety (Executive)											■												
Emergency Planning (Executive)													■										
Caldicott (Executive)												■											
Violence and Aggression (Executive)																■							
Infection Prevention & Control (NED)					■																		
Armed Forces and Veterans (NED)							■																
Mental Health (VC)			■																				
Equality (NED champion) and Exec for ArWAP							■								■								
Children and Young People (Executive & NED)				■							■												
Older Persons (NED)			■																				
Putting Things Right [& patient safety] (Exec & NED)					■						■												
Raising Concerns (Staff) (Executive OR NED)			■																				
Welsh Language (Executive)					■															■			
Research (NED)									■														
Digital (non mandatory)						■																	
SIRO																			■				

KEY:

Chair ★

Trade Union Representatives

DT - Damon Turner (Unison)
HP - Hugh Parry (Unite)
MM - Mark Marsden (joint WASPT Chair w/Christian Fox)
CF - Christian Fox (joint WASPT Chair w/Mark Marsden)
HG - Henry Garrard
KR - Keith Rogers
MV - Marcus Viggers
TC - Timothy Cahalane (RCN)
Board Deputies - Henry and Marcus

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE
HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	29 November 2024
Committee Meeting Date	5 November 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 September (20,693 – which is higher that September 2023). **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. Delays are also presenting as a theme in the Medical Examiner Service referrals for the first two quarters of 2024/25.

2. The Trust continues to work across the system with partners to influence system change. The Trust's focus is to implement a change in how it responds to patient demand through the **Clinical Transformation Programme.** Assurance was provided to the Committee on the progress and governance for that programme at this meeting.

ADVISE

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

3. **Sian Davies-Kumar, Palliative Care Paramedic** shared her experience as a palliative care paramedic. She described a specific case where she attended to a young gentleman with metastatic brain cancer. The family had called 999, and Sian was able to manage the patient's symptoms effectively, ensuring he could stay at home as per his and his family's wishes. She coordinated with the palliative care team, GP, and district nurses to set up the necessary syringe drivers for pain management. Sian emphasised the importance of communication with the family and ensuring the patient's comfort, which facilitated a good death surrounded by loved ones. Sian's story exemplifies the aspiration to provide the best possible death in the place of choice, with adequate support for the family, with the committee noting the need for more consistent and comprehensive end-of-life care for more patients from the wider NHS system. Investment through the six goals programme aims to improve community services, including a 2-hour community response and a renegotiation of the GP contract, however the current gap in commissioned community and primary care services for end-of-life care was emphasised.

Members expressed thanks to Sian for sharing her experiences and for the important work done by the palliative care team. The future WAST clinical model aims to involve enhanced support from APPs and the remote integrated care service to assist frontline clinicians and ensure appropriate escalation when needed.

4. The Committee received **an update following the patient story from Linda Erro Castillo** at the last meeting and noted progress against actions identified, including the ability to record learning difficulties/autism/neurodiversity and to prompt/record reasonable adjustments that went live on ePCR in October 2024.

5. The various initiatives in **maternity and neonatal care** were highlighted to the committee including:

   - Neonatal thermoregulation improvements significantly increasing normothermic admissions from 4% to 75%.
   - The maternity red phone service which offers a single point of access from WAST to Maternity Units and has been implemented across four Health Boards.
   - An OBC is being developed for a national maternity and labour advice line is being prepared at the request of Welsh Government.
   - Congratulations to the team for winning an award at the NHS Wales Awards recently for the Maternity and Neonatal Safety Support Programme.

6. The Committee received the **Operational Update for Q2 2024/25**. The Medical Emergency Response Incident Team (MERIT) training was discussed, with members noting that due to training not being commissioned, Trust has been unable to continue this. The ongoing challenge to recruit 111Wales call handlers was noted as was the plan to achieve this for winter. The committee was pleased to note that the trial to offer Welsh call answering skill has been extended. Trade Union partner representative commented on the positive tone of the report, which much going on across the directorate.

7. The **Airway Policy was approved**, with the committee noting that an EQIA had been done with no issues to escalate.

8. Members' **reflections** on the meeting included:

   - Members acknowledged the challenge of balancing detailed information with the need for concise reporting, as well as the value in celebrating successes alongside addressing areas for improvement;
   - Members thanked colleagues for the quality of the presentations and reports given and acknowledged the extensive transformation and change within the organisation which is being reported on by colleagues. The level of challenge from members was considered to be robust;
   - Members reflected on the length of papers and the need to consider how to focus on what business and content should be brought to the meeting to reduce the length of papers, where appropriate.

ASSURE

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

9. **Clinical Model Transformation (CMT)**
Assurance on quality and patient safety of the CMT was provided to the committee with respect to the clinical navigator model and internal clinical governance. The Committee noted:

9.1. The introduction of a new **Clinical Navigator** role as part of the CMT will focus on clinicians using their expertise to quickly assess patients and determine whether they require immediate emergency ambulance dispatch or are suitable for remote clinical management. Clinical Navigators will also perform high acuity live reviews, provide remote clinical support, and oversee the EMSC response queue. A successful recruitment campaign has attracted 30 staff, with 19 starting their induction training this week.

9.2. Non-Executive Directors commended the approach whilst seeking to emphasise the need to monitor resources and implementation of this and the model more broadly. The challenge of successful implementation during a very busy period for the Trust was recognised, as was the novel nature of the CMT and the need to learn quickly from any issues that arise. The levels of harm occurring in the community currently because of our inability to reach patients is well rehearsed in this committee and reflected in risks 223 and 224 and is the driver for this evolved model. The initiative aims to move towards safer care, acknowledging that while it may not eliminate all harm, it is expected to reduce the level of harm in the system and has the potential to add significant value, particularly to the patients currently coded in the Amber categories.

9.3. Members were reminded that Clinical Navigators are part of a broader clinical model that includes new clinical systems supporting 111 Wales and the Remote Integrated Care Service, which will enhance patient care planning and resource utilisation. The positive impact on patients and staff of the CMT was raised by Trade Union representation at the meeting.

9.4. The **Clinical Advisory Group** (CAG) has been established to provide crucial clinical oversight and strategic support to the Clinical Model Transformation (CMT) Programme. The CAG reports to the established Clinical and Quality Governance Group and the CMT Programme Board. This aims to reinforce clinical safety and make well-informed decisions through the guidance of senior clinical leaders. The CAG will provide senior clinical leaders in the Trust the opportunity to explore complex issues, offer diverse clinical insights across the CMT programmes, review safety data to mitigate risks, ensure ethical considerations, and maintain transparency and accountability. The CAG has delegated authority aligned to individual members to ensure effective and timely decision making as part of the CMT programme when required. Planning is underway for patient representation on the CAG in due course.

9.5. The **Quality Impact Assessment** for the CMT was reviewed in private session given that there are still issues under consideration with Welsh Government. Members received assurances on process and quality.

10. **Monthly Integrated Performance Report (MIQPR) and Putting Things Right (PTR) Report**

10.1. The Committee received assurance by way of the MIQPR for September 2024 along with the Q2 2024-25 PTR Report. The board receives the MIQPR at its meetings, however the bullet points below reflect discussion on key elements, with further detail on the PTR report drawn out for the board's assurance and awareness.

10.2. The MIQPR noted an absence of data for some of the committee-specific KPIs, however, that has now been resolved, with the PTR report setting out the correct data which will flow into the next iteration of the MIQPR. Work is underway to resolve other areas of data quality at source and aligning various types of information. The Finance and Performance Committee will review any data quality issues and improvement plans at their next meeting.

10.3. The Committee draws out the following areas of assurance for the Board:

- Immediate release requests by Health Board were reviewed, with the committee noting that the two with the highest percentage of immediate release, for both Red and Amber 1, Cardiff and the Vale University Health Board (97.1%) and Cwm Taf Morgannwg University Health Board (86.5%), both have the lowest numbers of lost hours by health board over the quarter.
- There is a continuing number of serious incidents shared with Health Board colleagues to investigate under the Joint Investigation Framework. For the second period in a row, none were directly related to immediate release requests.
- The number of patient safety incidents received on Datix has reduced compared to the same time last year.
- There is a sustained increase in the number of concerns received compared to the same period in 2023.
- National Reportable Incidents increased in the quarter.
- A return to usual activity levels in respect of Coroner's requests for information was noted, however the ongoing impact of increased requests from last quarter was acknowledged.
- The five-day complaint acknowledgement compliance met the 100% Welsh Government target in the quarter.
- The 30-day response saw dips in the quarter from 70% (July), to 40% (August) and 46% (September). The drop in performance was because of the PTR and Legal Services Recovery Plan to reduce open complaints, which decreased from 197 in July to 106 in September. This approach aims to reduce overdue responses and set up consistent future performance, with rapid improvement expected now that complaint volumes are more manageable. Most complaints continue to relate to delayed response in the community following calls made to 999.
- Organisational learning, particularly from nationally reportable incidents reviews, was reviewed, with clinical notices issued as a result on maternity action cards, Terrapace updates and ePCR nudge tool, and procedural changes for reviewing ECGs.
- The experience for oncology and renal patients of the non-emergency patient care service remain above target which was positive, with advanced discharge and transfer performance improving, but remaining below target.

- 111 NHS Wales call answering performance improved over recent weeks, with the call abandonment performance improving to 7% (was 11.9% in June) against a target of 5%. It is expected to improve further in October.
- ROSC rates deteriorated slightly in September to 19.4% (compared to 22.7% in June) , however, members noted that other clinical indicators are improving because of the clinical indicator improvement plans. 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 are multifactorial and as such it is not possible to identify the specific element.

11. The first **no and low harm incident** report was received by the committee. Members noted the large volume grade 1 and 2 complaints (none or low harm categories), which after investigation, are assessed as not having resulted in harm and are near miss opportunities for learning. Deeper analysis is limited currently because of the classification system of reported incidents which caters largely to secondary care services. There is scope to improve the relevance and application of the code sets to Ambulance Services through our representation at national workstreams. Future reporting and analysis of near misses and low harm will be included within the PTR Report.

12. The Committee focused on the **clinical indicators related to ST segment elevation myocardial infarction (STEMI) (heart attack)** including a presentation on criteria measurement, data quality, reporting, improvements, and next steps. A Clinical Indicator Recovery Plan, which aims to address identified risks and improve the accuracy of data recording and reporting, has been implemented, featuring workshops, ePCR user engagement and 'scripting' reviews. Manual audits show higher compliance than automated ones with 'raw' data suggesting that care is being delivered but not always recorded in the Electronic Patient Care Record (ePCR) where data is automatically sourced. Key issues include the user interface changes in the ePCR system and the development of a 'Tenant Structure' that would allow clinicians to own their own Clinical Indicator performance. Other key enablers included changes to scripting in automated audits, and additional 'nudge' tools. Committee were assured that the ongoing work is benefiting our patients.

13. The biannual **Patient Experience and Community Involvement (PECI) Report** for April to September 2024 sets out the team's focus on gathering feedback from the public and patients to improve the quality and experience of services. Key themes from feedback include response times for emergency services and access to care, and outlines plans for improving data collection methods and reviewing survey questions to ensure they adequately address the experiences of patients. Overcoming the challenges related to fully utilising the Civica system for patient experience feedback is key, including information governance concerns and the need to comply with ICO requirements. The Chair attended the recent learning disability conference facilitated by the PECI team, which was excellent, and fed back that broader engagement with a wider demographic with more complex issues would be beneficial.

14. The **Learning From Deaths (Mortality Reviews) Report** was received. 238 referrals have been received by the Trust from the Medical Examiner Service in the first two quarters of 2024/25 with 44 cases requiring further review under the Putting Things Right guidance. This workload is in excess of that expected and is placing pressures on several teams across the Trust to respond. The report highlighted themes and trends that largely relate to delays attending in the community. It was recognised that there is more to do to understand the differential impact of skill mix on patient

outcomes and use ePCR records to identify patterns in death related to or following care.

15. The **Mental Health and Dementia Annual Report 2023/24** was presented and is attached at **Annex 1**. Key accomplishments include the Mental Health Response Vehicle initiative, the ongoing use of RITA tablets for dementia care, and training programs for staff. The team was commended for the partnerships they have fostered with organisations like Alzheimer's Society Cymru and received the Dementia Hero Award for Professional Excellence in 2023. The report also highlights the challenges faced and sets the strategic outlook for 2024/25.

16. The **Clinical Audit Plan and Action Tracker update for Q2 2024/25** was received. 13 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, with the newborn normothermia audit added in Q2. Some audits are delayed due to ePCR user interface changes which are under review through the organisational clinical governance routes.

17. Members received assurance on the work undertaken relating to **IPC Preparedness and Emerging Health Risks with MPOX** and the Trust's preparedness for an outbreak of a highly contagious infectious disease (HCID) as set out by NHS Wales Executive. Committee noted the focus on efforts to respond effectively and that the Trust has stratified the national release of PAPR as a new universal EMS respiratory protective measure, prioritising those furthest away from the HART and M4 corridor for access to a specialist response. A member of the Resilience Team will be attending a Welsh Government meeting to provide additional assurance regarding the organisation's readiness for any outbreak.

18. An update was received on the **Audit tracker** with 23% (39% last quarter) of committee related internal audit actions (due in quarter) closed in quarter, with no (62% last quarter) external audit actions closed this period. The Committee noted that there are two open actions from the previous Audit Wales Review of Quality Governance audit from 2022-23 which will be revisited in response to the recently completed Follow Up Review of Quality Governance audit, and new management actions will be developed for these outstanding actions.

19. Members received the Committee **Cycle of Business Monitoring Report** and progress against the **Committee's priorities** for 2024/25.

20. The Quality Impact Assessment (QIA) for the **Manchester Arena Inquiry Project** was received in closed session due to the sensitive information it contained regarding the Trust's response capabilities and financial position. Members were assured and approved the QIA.

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 noting discussions on the mitigating actions, controls and 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	Staff story – Sian Davies-Kumar, Palliative Care Paramedic	Clinical Transformation Programme – Clinical Governance
Rapid Clinical Screening	Monthly Integrated Quality and Performance Report	Mental Health and Dementia Annual Report 2023/24
Putting Things Right Report Q2 2024/25	Datix Recovery and Improvement Plan	Focus on Clinical Indicators – STEMI
Clinical audit plan and action tracker Q2 2024/25	Patient Experience and Community Involvement Biannual Report April to September 2024	Learning from Deaths (Mortality Reviews) Report April to September 2024
IPC Preparedness and Emerging Health Risks with MPOX and other high consequence infectious diseases	Maternity and Neonatal Safety Support Programme Update	Near Miss and Low Harm Intelligence Report
Audit Tracker	Risk Management and Board Assurance Framework	Policies for approval
Committee cycle of business monitoring report and committee priorities 2024/25		

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]	Hugh Bennett until 2pm	
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 NHS Trust

Mental Health & Dementia Annual Report 2023 - 2024

Amb_mentalhealth@wales.nhs.uk

Introduction

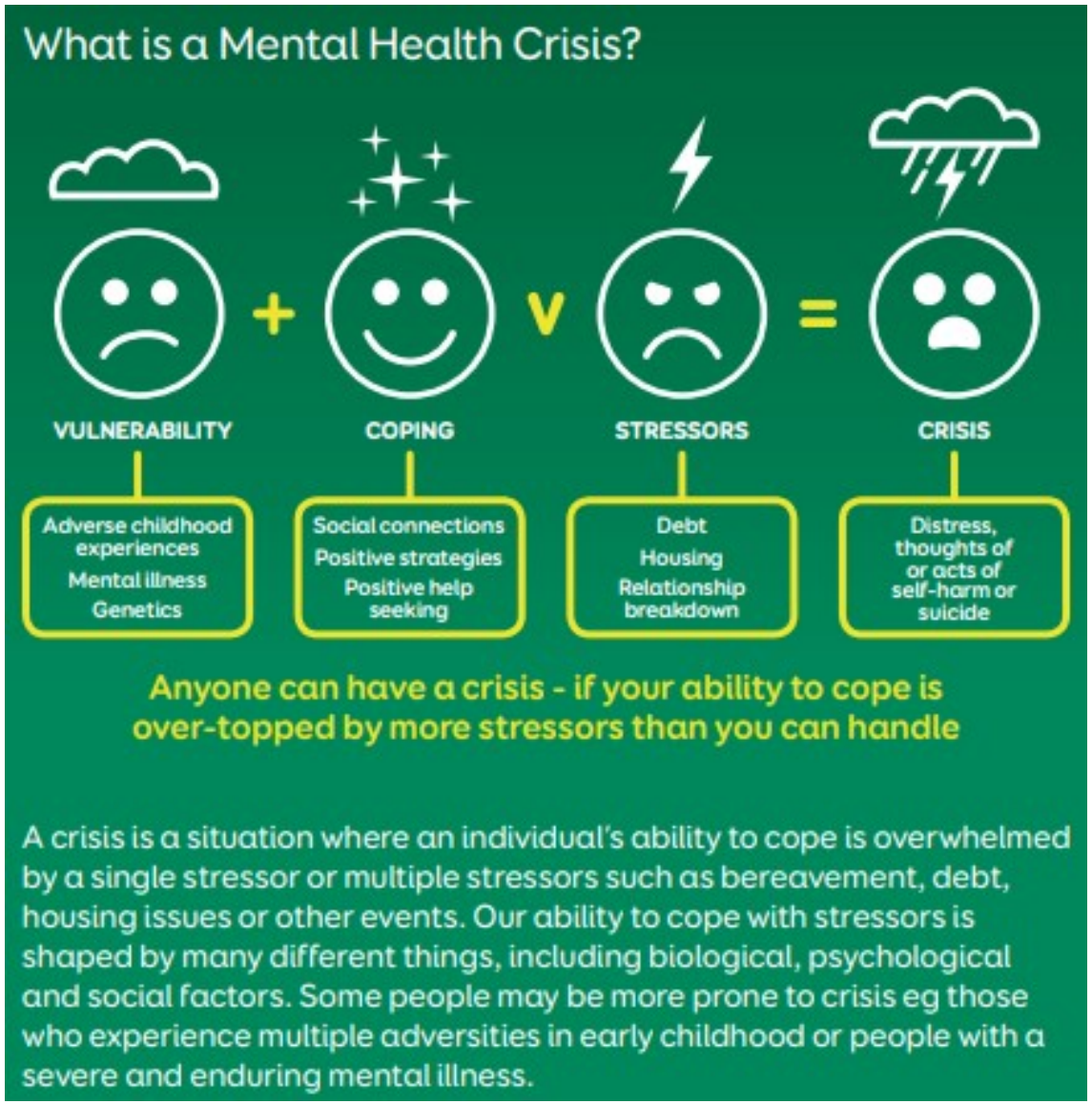
With over 30,000 mental health contacts per year to 999 alone, the Welsh Ambulance Services University NHS Trust (WAST) responds to more mental health crisis calls than any other NHS or public sector organisation. In addition to this, mental health demand in NHS Wales 111 and the Non-Emergency Patient Transport Service (NEPTS) is significant.

Dementia continues to be one of the 21st century's biggest healthcare challenges. We are working towards improving the experience for people living with dementia who use our services, as well as considering the impact it will have on our workforce.

WAST continues to improve our response to people with mental health conditions and dementia between 2021-2024. This plan has been developed following continued engagement and consultation across WAST services and external stakeholders, as well as service users and carers. Within it, we set out our high-level objectives and more detailed plans for improving mental health and dementia services for people across Wales of all ages who call 111 or 999.

The Mental Health and Dementia (MHD) Team works collaboratively with senior managers and colleagues within WAST to promote an unequivocal positive mental health culture, both articulated and lived at each level in the organisation. External partnership working is also integral to the team's role. WAST's contribution to the work of our partner agencies will be highlighted in this report.

What is a Mental Health Crisis?



A crisis is a situation where an individual's ability to cope is overwhelmed by a single stressor or multiple stressors such as bereavement, debt, housing issues or other events. Our ability to cope with stressors is shaped by many different things, including biological, psychological and social factors. Some people may be more prone to crisis eg those who experience multiple adversities in early childhood or people with a severe and enduring mental illness.

Crises can be avoided by using positive coping strategies such as self-soothing, problem solving, connecting with others and help-seeking, or made worse by others including consuming alcohol or non-prescribed drugs, or self-harm.

Some people have built in risk factors for crisis, which could be caused by high levels of stress hormones whilst in the womb or in the first two years of life. Others have higher social vulnerability because of loneliness, isolation, worklessness, or lack of purpose.

However, anyone can end up in a mental health crisis.

Any member of staff who needs help for themselves or a colleague should access our #WASTkeeptalking portal where they can find all of the mental health resources available to you, face to face and online. For more information, the WAST Wellbeing Strategy can be accessed on our staff intranet page.

Education and Training

The Trust's annual training plan continues to support Mental Health awareness raising. Working in partnership with our dedicated training teams across WAST to establish a robust training program for all aspects of mental health.

Mental Health Training

The Mental Health & Dementia Team (MHD) continues to provide face to face or virtual sessions to all colleagues across the Trust. In addition, to this the MHD team has developed an extensive mental health online learning resource which has been utilized by staff in the following way:

	Numbers
• Mental Health Legislation	**1025**
• Mental Health Awareness	**1354**
• Self-Harm	**1072**
• Substance Misuse	**1037**
• Suicide Intervention	**1632**
• Alcohol Brief Intervention	**581**
• Dementia	**1221**

We are currently developing two other mental health learning modules – Child & adolescents, and Perinatal.

Paramedic Mental Health Training

The Mental Health & Dementia Team continues to provide ongoing support to the development of the mental health curriculum for undergraduate paramedic students in partnership with Swansea University. This is delivered for every cohort.

Mental Health Practitioners Induction/ support

Over the last 24 months Mental Health Clinicians (MHC) have been employed by the Trust and have been inducted, signed off and clinically supported by the MHD team. They are based in the three call centres throughout Wales.

Induction involves completing mandatory training, WAST computer systems, shadowing different staff groups who work with the call centres and shadowing current MHPs. Finally new MHPs are supervised and assessed before being signed off for working autonomously within the clinical support desk.

MHPs are line managed by the operational service however, all are clinically supervised by MHD staff.

Suicide First Aid (SFA) Training

During this reporting period the team also delivered SFA training to 351 staff. Prior to this, 235 staff have received training.

SFA courses run every week and can accommodate up to 16 staff members. Currently these are being run virtually but we are looking at running face to face classes in the future, at the request of staff.

"Incredibly valuable worthwhile session. I have learnt so much"

"I feel that as a call handler I am now in a better position to talk with someone who has suicidal thoughts."

In addition, WAST staff have access to Mental Capacity Act training via WAST Learning Zone

Working Towards Equity

Working towards equity

In Wales and across the UK, some groups experience greater difficulty in accessing health services than others eg people from Welsh speaking communities, people with sensory loss; and some groups have poorer mental health than others eg people from ethnically diverse communities, Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) people. Indeed, some of these same groups also have poorer outcomes and experiences when they do access healthcare.

Our equality strategy "Treating People Fairly" sets out our approach to improving outcomes for all of the people of Wales, and how we will achieve our commitment to the Public Sector Equality Duty. Some key objectives in the strategy are:

By 2025...

... 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.

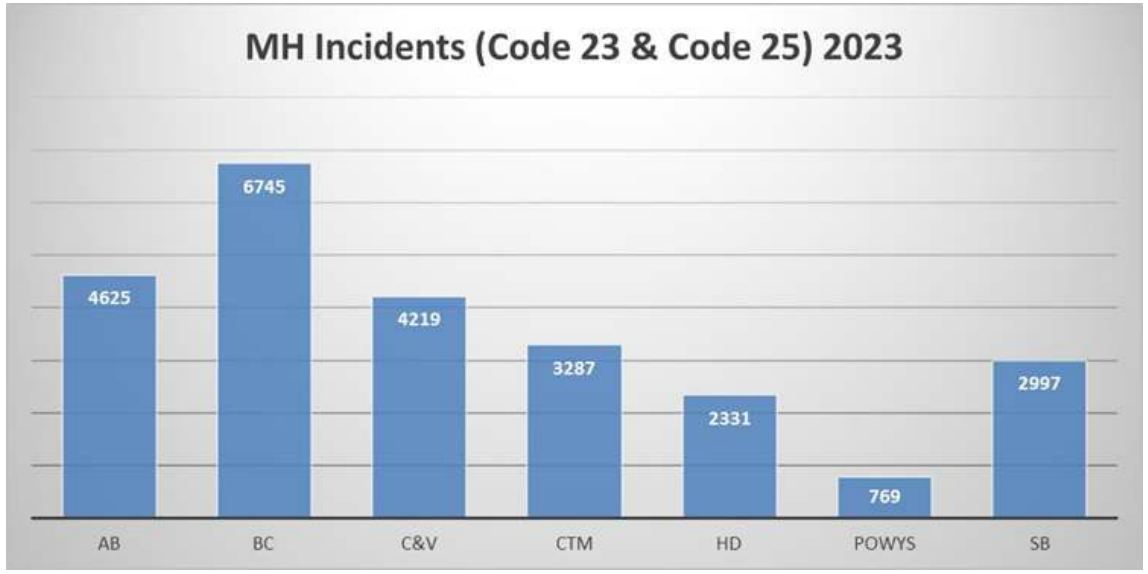
By2025...

... 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.

"Treating People Fairly" includes a specific action to "work in partnership to improve our understanding of the experience of mental health service users, and also of those living with dementia".

Inequality is complex, multi-factorial and entrenched in many ways, and it is only through working together, under the stewardship of our equality strategy, Equality Impact Assessment and Welsh Language Strategy that we will begin to reduce inequality and improve outcomes and experience. Inequality is an important dimension in every key deliverable in this plan.

Current Mental Health Demand

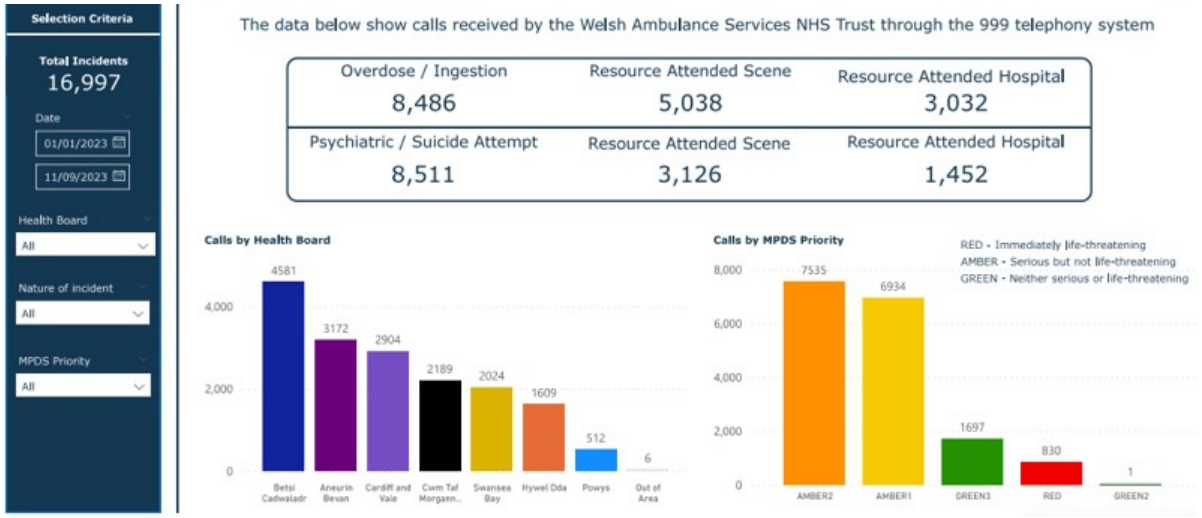


Demand data reveals a significant variation in incident volumes (Code 23 relates to calls that are concerned with an overdose, Code 25 is concerned with calls related to a psychiatric emergency), with Betsi Cadwaladr University Health Board experiencing the highest number of incidents at 6,745, while Powys Teaching Health board recorded the lowest at 769 incidents. This disparity suggests that certain areas may require more targeted mental health resources or interventions to manage the higher caseloads and is reflective of the population levels across Wales.

The data further underscores the heavy burden of mental health-related calls, particularly related to overdose/ingestion and psychiatric/suicide attempts, each contributing over 8,000 calls. Despite this, there is a noticeable variance in how these calls are handled, with a larger number being resolved at the scene compared to those resulting in hospital attendance.

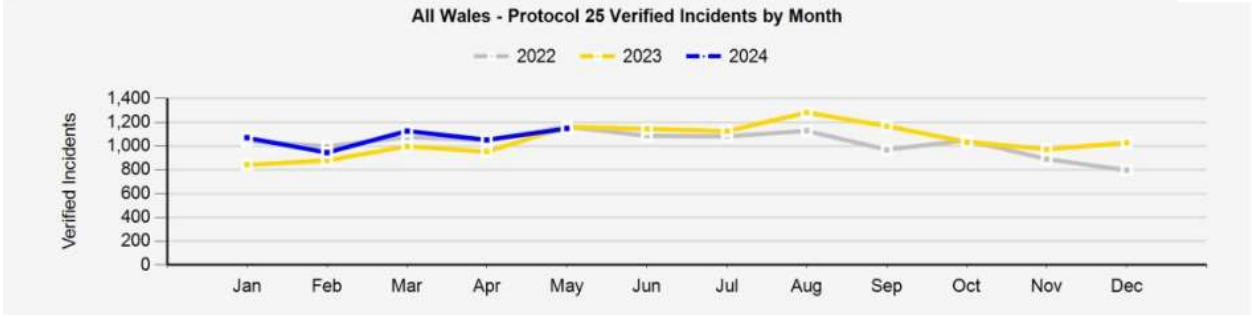
Looking at the distribution of calls by priority, AMBER 1 calls represent the largest proportion of incidents, emphasising the urgent nature of many of these mental health crises. The line graph tracking Protocol 25 verified incidents across Wales show relatively consistent trends over the past three years, though there was a notable increase in 2024 during the early months compared to the previous year. There does not appear to be any coloration to explain this increase.

This data highlights both the ongoing challenges in responding to mental health emergencies across Wales and the importance of continued monitoring and adaptation of services to meet the needs of the population effectively.



All Wales - Protocol 25

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	841	879	997	952	1,161	1,143	1,124	1,281	1,166	1,034	972	1,027
2024	1,068	945	1,126	1,051	1,146	-	-	-	-	-	-	-
Variance	27.0%	7.5%	12.9%	10.4%	-1.3%	-	-	-	-	-	-	-



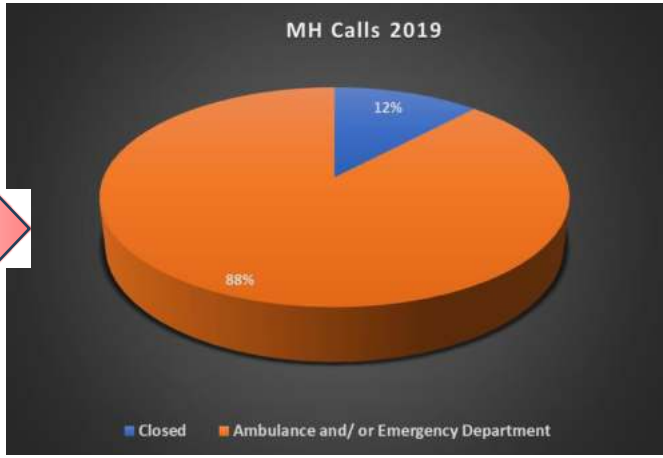
Mental Health Practitioners: Impact

We have recruited and trained senior mental health clinicians to deliver high quality 'hear and treat' services to people who call 999. This is to help people with mental health problems in more effective ways than just directing people to Emergency Departments.

Their implementation has improved our 'hear and treat' outcomes for people who call 999 in a mental health/dementia crisis. The MHD team continues to support, clinically supervise, deliver ongoing learning and audit for mental health clinicians working in 'hear and treat' roles.

Previously around 88% of mental health calls were directed to Emergency Departments (EDs) or conveyed by ambulance.

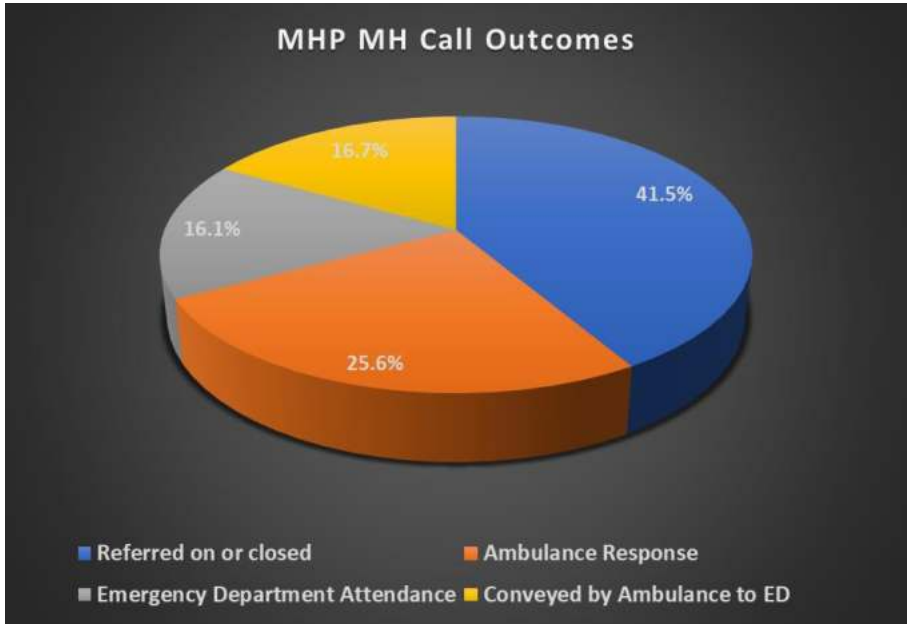
People with mental health problems can experience **waits of 5 hours on average in ED and are** twice as likely to spend more than 12 hours waiting in ED.

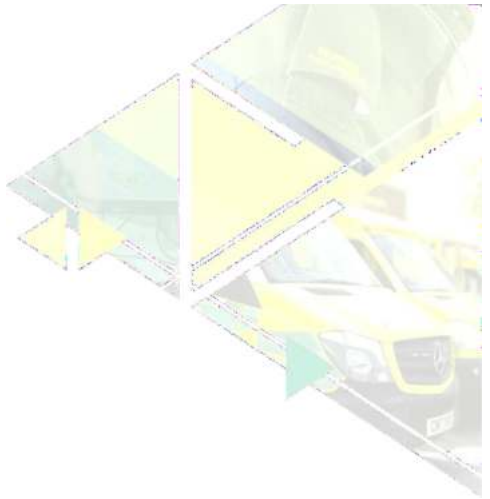


WAST mental health practitioner impact

1. Looking at the data from June 2023 to May 2024 during the hours of operation of the service (13.00 to 01.00 7 days a week), we can see a significant change in the 'consult and close' rate for mental health calls. MHCs are, on average, achieving a 'consult and close' rate of circa 41%.

2. MHCs are twice as likely to consult and close and they tend to use less ambulance resource and refer people directly to mental health services for assessments (4.2%).

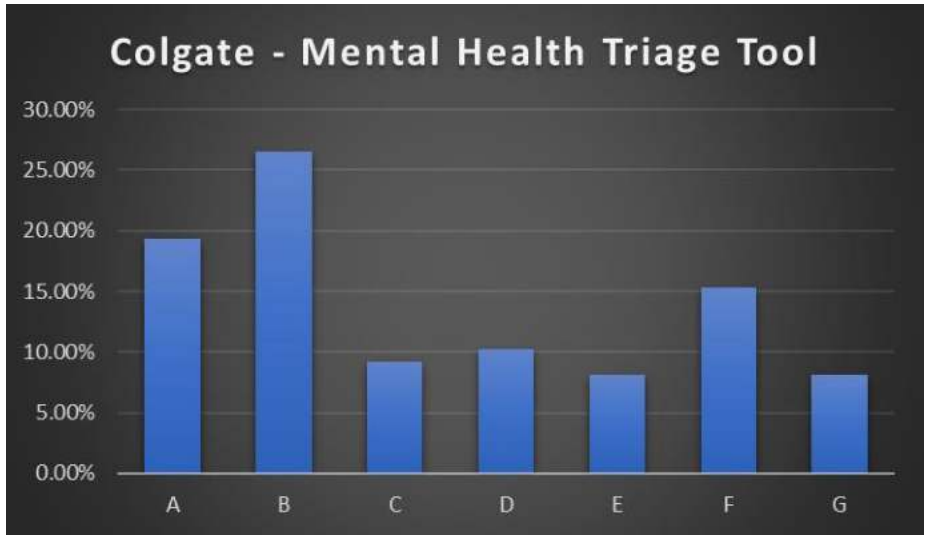




Mental Health Practitioners: Making a Difference

Our Mental Health Clinicians use the Colgate Mental Health Triage Scale, it is a tool designed in Wales to guide decision-making in mental health screening assessments.

Below highlights calls triaged by MHCs into response type required, indicating time to assessment.



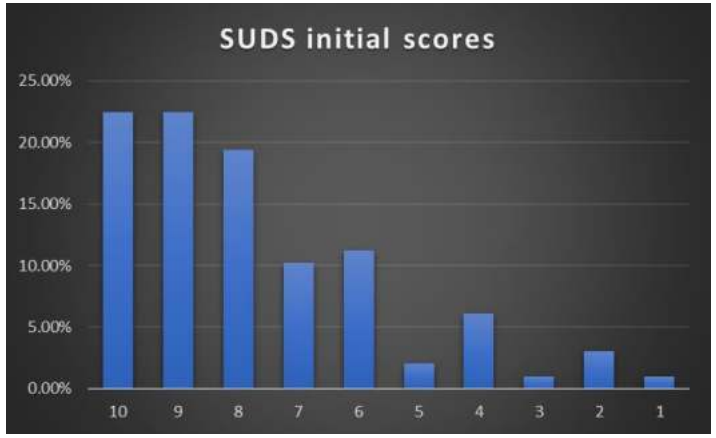
A emergency **B** very urgent <4h **C** urgent <24h **D** moderate <72h

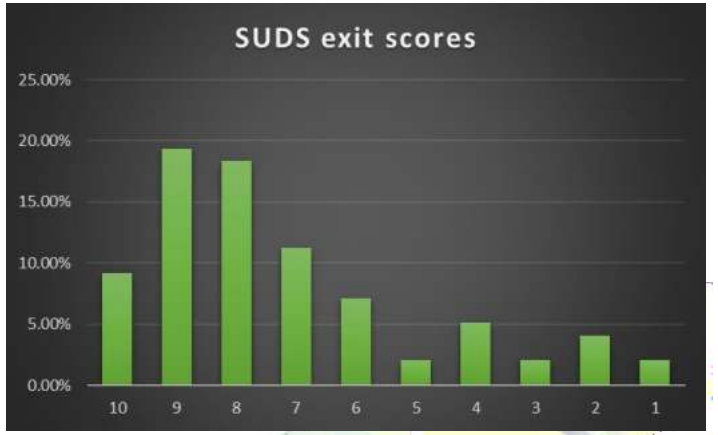
E low <4weeks **F** Signpost (no time) **G** info only (no time)

The Subjective Units of Distress scale (SUDS) is a tool for measuring the intensity of distress, psychological disturbance and painful feelings. The scale ranges from 0 to 10, with zero indicating no distress and 10 being the most intense distress a person can experience.

SUDS are frequently used in a range of psychological therapies as a benchmark for evaluating both distress and also progress of an intervention.

Below highlights the initial and exit patient SUDS scores for patients accessing our service.





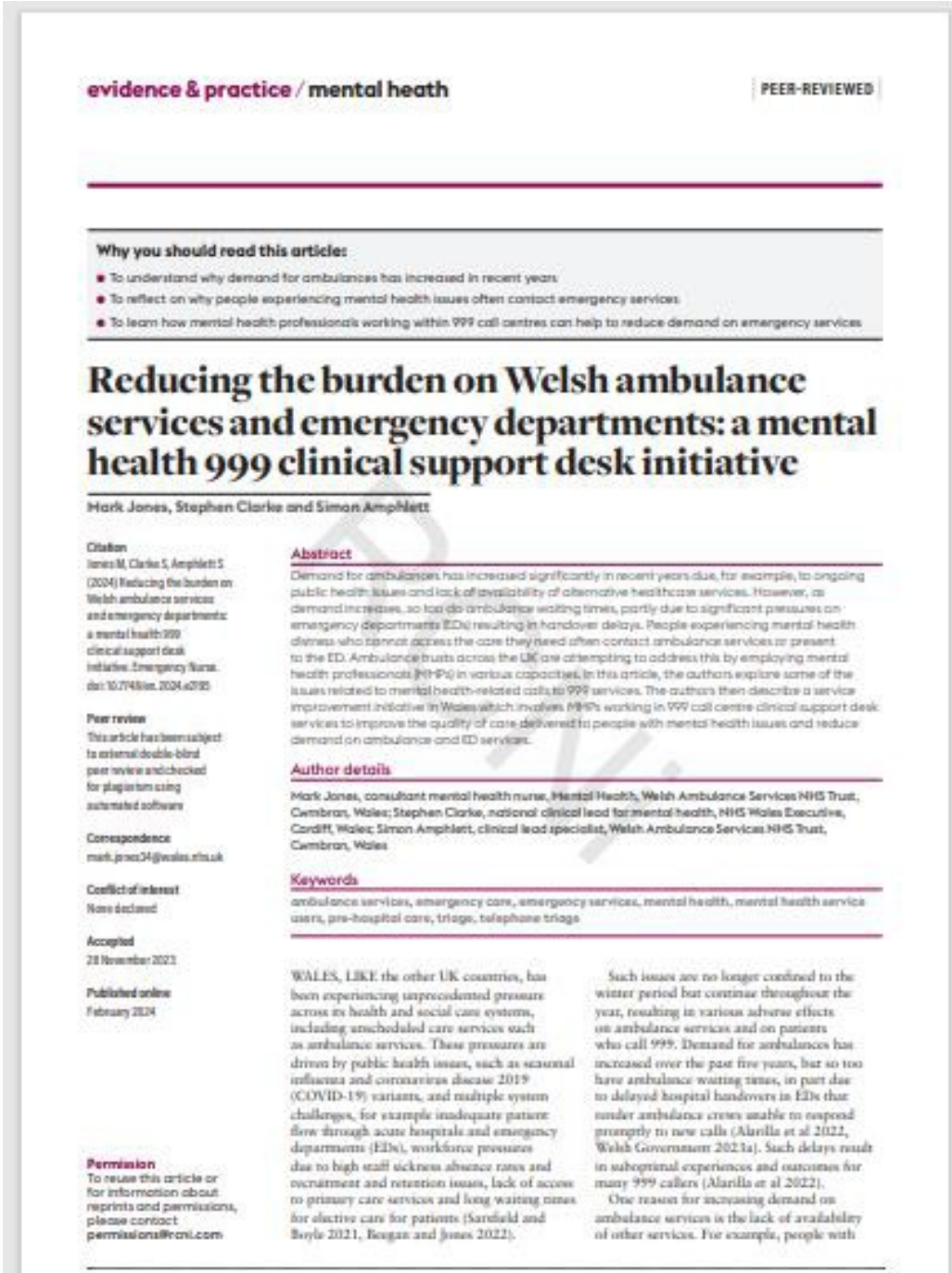
Callers were asked their SUDS at an early stage in the call, and again at the end. The mean SUDS rating at the beginning of the call was **7.73** and this reduced to **5.47** at the end of the call, a reduction of **2.23** points.

Mental Health Practitioners: Publishing the Evidence

Over 2023-24, Trust staff and NHS Wales colleagues produced the outcomes of our Mental Health Clinicans initiatives as a peer reviewed article in the RCN Emergency Nurse journal, published in September 2024.

Demand for ambulances has increased significantly in recent years due, for example, to ongoing public health issues and lack of availability of alternative healthcare services. However, as demand increases, so too do ambulance waiting times, partly due to significant pressures on emergency departments (EDs) resulting in handover delays. People experiencing mental health distress who cannot access the care they need often contact ambulance services or present to the ED.

The article discusses how Ambulance Trusts across the UK are attempting to address this by employing mental health professionals (MHCs) in various capacities. In this article, the authors explore some of the issues related to mental health-related calls to 999 services. The authors describe the initiatives undertaken in Wales to improve the quality of care delivered to people with mental health issues and reduce demand on ambulance and ED services.



evidence & practice / mental heath

PEER-REVIEWED

Why you should read this article:

- To understand why demand for ambulances has increased in recent years
- To reflect on why people experiencing mental health issues often contact emergency services
- To learn how mental health professionals working within 999 call centres can help to reduce demand on emergency services

Reducing the burden on Welsh ambulance services and emergency departments: a mental health 999 clinical support desk initiative

Mark Jones, Stephen Clarke and Simon Amphlett

Citation
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Conflict of interest
None declared

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Abstract

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

Author details

Mark Jones, consultant mental health nurse, Mental Health, Welsh Ambulance Services NHS Trust, Cwmbran, Wales; Stephen Clarke, national clinical lead for mental health, NHS Wales Executive, Cardiff, Wales; Simon Amphlett, clinical lead specialist, Welsh Ambulance Services NHS Trust, Cwmbran, Wales

Keywords

ambulance services, emergency care, emergency services, mental health, mental health service users, pre-hospital care, triage, telephone triage

WALES, LIKE the other UK countries, has been experiencing unprecedented pressure across its health and social care systems, including unscheduled care services such as ambulance services. These pressures are driven by public health issues, such as seasonal influenza and coronavirus disease 2019 (COVID-19) variants, and multiple system challenges, for example inadequate patient flow through acute hospitals and emergency departments (EDs), workforce pressures due to high staff sickness absence rates and recruitment and retention issues, lack of access to primary care services and long waiting times for elective care for patients (Sarsfield and Boyle 2021, Keegan and Jones 2022).

Such issues are no longer confined to the winter period but continue throughout the year, resulting in various adverse effects on ambulance services and on patients who call 999. Demand for ambulances has increased over the past five years, but so too have ambulance waiting times, in part due to delayed hospital handovers in EDs that render ambulance crews unable to respond promptly to new calls (Alarilla et al 2022, Welsh Government 2023a). Such delays result in suboptimal experiences and outcomes for many 999 callers (Alarilla et al 2022).

One reason for increasing demand on ambulance services is the lack of availability of other services. For example, people with

Mental Health Response Vehicles (MHRV)

Ambulance Trusts in England have recognised their sub-optimal approach to mental health calls to 999, and most have now implemented mental health practitioners in 'consult and close' roles. All English Ambulance Trusts are now working with NHSE/I to implement mental health response vehicles as well.

The MHRV outcomes from the most mature service (London Ambulance Service (LAS)) are quite instructive. Since 2020 14,800 patients have been seen by their MHRVs with an 85% see and treat rate and no serious incidents. In addition to this the staff wellbeing factor is significant with a 95% staff positive experience rating and a 100% staff perception that service users had benefitted from the MHRV service. LAS has concluded that the majority of patients seen and treated did not go on to present at an ED within 7 days. London has also identified operational efficiencies, with MHRVs being a less expensive resource to deploy (£53 less per deployment) and avoiding ED admission saving £193 per episode.

WAST introduced a new pilot of the MHRV early 2024 to inform how this service model can be implemented across Wales. This built on previous pilot learning undertaken in 2018/19.

The table below provides the key outcomes measures from the 2018/19 pilot evaluation:

	Mental Health Pioneer Service Pilot	BAU response
ED conveyance rate	19%	54%
See & treat and non-convey	77%	38%
See & convey to 'other'	3.7%	7.6%
Referral to MH pathway	19%	4%
Job cycle time	96 minutes	98 minutes
Utilisation	69%	87%
Incidents per shift	5.05	6.05

WAST MHRV (Face to Face Triage) Project

Benefits to patients and staff:

- 74% treat-and-close rate.
- 7% conveyed to mental health service
- 19% Emergency Department conveya
- Zero serious incidents reported.
- High staff positive experience.
- Improved confidence for control-roor mental health patients.
- 66% reduction compared to remote t

Future Cost-Savings:

Projected savings by car coverage

- 1 car covering 1 UHB saves £200k/year.
- 2 cars covering 1 UHB save £250-300k/year.
- 1 car covering 1 UHB saves £150k/year.
- 2 cars covering 4 UHBs improve response times and quality of care, saving £500k/year.

Future Plans:

Next steps

- Publish findings (agreed and awaiting publication in RCN Emergency Nursing).
- Continue discussions with commissioners and UHBs—cost and business cases have been developed.
- Further studies and pilots planned for wider age ranges and diverse settings.
- Build stronger partnerships and networks.
- Focus on staffing, particularly enhancing mental health staff training and resilience.

Our Improvement work for Dementia

Dementia position in Wales

The Dementia Action Plan: Strengthening Provision in Response to COVID-19 document, was published in 2021 and is a companion document to the Dementia Action Plan for Wales. The work in this plan strengthens existing priorities where the pandemic has had a particular impact. The WAST dementia work plan is in line with national policy.

The All-Wales Dementia Care Pathway of Standards was published in 2021. The co-produced pathway promotes a whole systems integrated care approach and the implementation is being supported nationally and regionally by the Dementia National Steering Group and by five workstreams:

- Community Engagement;
- Memory Assessment Services;
- Dementia Connector;
- Hospital Charter;
- Workforce / measurement.

WAST attends national workstream meetings to have oversight on all workstream developments. We also attend a range of regional and local network meetings to explore local developments.

For example, we are working in partnership with a number of Health Boards exploring the emergency admission process for dementia patients, leading to a joint action plan for improvement.

WAST is represented at Dementia Oversight of Implementation & Impact Group (DOIIG), where work is underway to evaluate the initial Dementia Plan for Wales, and to develop priorities for the next plan. Our Dementia Programme Manager Chairs the All-Wales Blue Light Dementia Group, ensuring best practice is shared across Emergency Services.

Our Role in Dementia Risk Reduction

There are currently around 900,000 people living with dementia in the UK, with an estimated 50,000 people in Wales. It mainly affects people over the age of 65. One in 14 people aged over 65 has dementia. This rises to 1 in 6 for people aged over 80. Young onset dementia affects around 1 in 20 people with dementia who are younger than 65. There are more than 42,000 people in the UK under 65 with dementia, with 2-3000 people in Wales (Alzheimer's Society, 2023).

We have a role to play to raise awareness across Wales and indeed within our service to promote risk reduction in dementia. This includes:

- Sharing information with communities about dementia through our NHS Wales 111 Dementia Guide;
- Supporting a range of campaigns and initiatives such as Dementia Action Week and International Alzheimer's Month;
- Working with our People and Cultures colleagues to make sure we have workforce policies, procedures and systems to support staff who may develop dementia or who are carers of loved ones.

Dementia Reminiscence Therapy

We have completed and evaluated our pilot using RITA tablets, trialling reminiscence therapy with people with dementia, in partnership with My Improvement Network. RITA stands for Reminiscence Interactive Therapy Activities and is an all-in-one touch screen solution which offers digital reminiscence therapy. It is a user-friendly interactive touch screen 10" tablets to blend entertainment with therapy and to assist patients in recalling and sharing events from their past through listening to music, watching significant historical events, listening to historical speeches, playing games, watching old TV shows and sporting events, viewing old maps and photographs and watching films.

This pilot demonstrated that we can better support patients who may be distressed or agitated when in our care, where we can provide distraction and occupation for their emotional and wellbeing needs. However, the cost of the tablets is prohibitive in rolling out fully across the service. Therefore, the next phase of this work is to develop a Patient Activity Toolkit which will be hosted on our intranet and offer staff a toolkit to support a wider range of patients with distraction and occupation activities.

Reminiscence apps are available on staff iPads so that a wider range of colleagues can access reminiscence activities to support patients.

I used Welsh music with a dementia patient stuck outside hospital. Patient was very agitated and she couldn't understand why we weren't taking her into the hospital. The music helped a lot to calm her down and make the experience less stressful. She stopped trying to get out of the ambulance when I showed her the RITA tablet and the old photos.

Before the use of RITA my patient was quite combative as she was saying she was in pain, pain scoring 10/10. When using the tablet the patient forgot her pain, she was singing to Frank Sinatra, Duran Duran and a bit of Tom Jones. She even tried to get up off the stretcher and have a little dance. She was very amused with the bubbles game and giggled whilst playing it.

Creating Dementia Friendly Environments

Our goal is to create more optimal environments for people affected by dementia, as feedback tells us they can find it difficult being in our vehicles, particularly on a long delay outside hospital.

New Non-Emergency transport vehicles

Our Non-Emergency Patient Transport Service vehicles take people to and from their routine hospital appointments and discharge people home after a stay in hospital. New design features include dementia-friendly flooring, blinds and colour schemes, while improved safety features like seatbelt warning systems, CCTV and driver assistance systems now come as standard.

Working in partnership with the Ceredigion Dementia Community

We are working across the Ceredigion community to make dementia-friendly changes to Non-Emergency Transport vehicles. This work involves partnerships with local dementia groups, third sector partners, local care homes as well as our own workforce who will co-produce the work with us. We hope to introduce art, music and reminiscence therapy opportunities to support dementia patients, and images from the local community will be available on vehicle windows, such as this image of Aberystwyth beach.

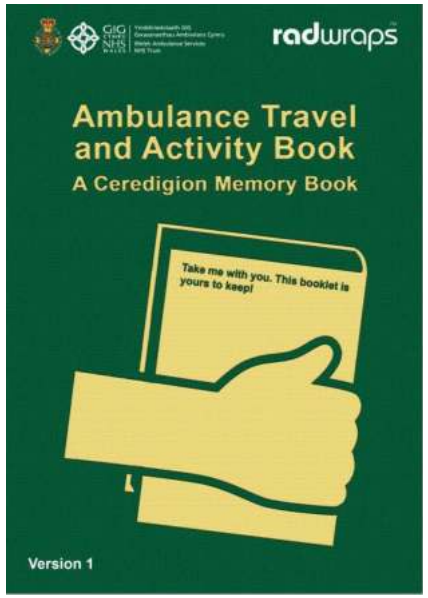
Evaluating the impact of this work will be essential to make sure the improvements have a positive impact on patient experiences and outcomes

Expanding engagement and co-design opportunities across Wales

Using initial findings from our Ceredigion project, we have expanded this work across Wales to capture feedback which may vary due to geographical differences.

Working in partnership with third sector partners we have visited a number of dementia services across Wales.

We are creating Activity books for patients that will aid occupation and distraction, as well as providing staff with information about the person which could further aid reminiscence opportunities. This book is being coproduced with staff, people affected by dementia, carers and wider colleagues through our involvement in the Allied Health Professionals Network for Wales.



Alzheimer's Society Cymru

AHP Dementia Network for Wales
Rhwydwaith Dementia AHP Cymru

#WithAHPuCan

Dementia Education and Training

Our goal is to be an organisation that responds to both the clinical and emotional needs of people living with dementia, their carers and families. Our workforce needs to be dementia aware with skills and knowledge to deliver a compassionate and person-centred service.

Dementia Training offer

We deliver a range of learning opportunities to our workforce with role specific content on induction, continuing professional development opportunities and a comprehensive programme for BSc Paramedicine students. We ensure that the voice of people affected by dementia is strong through these learning opportunities and service users regularly attend learning opportunities.

This year we have connected with the Volunteer workforce, NEPTS and 111 workforce to deliver bespoke dementia learning opportunities.

We have launched 2 podcasts to date, which focus on the voices of people living with dementia and their carers. These provide our colleagues with an awareness of how dementia can impact on a person and family life, from diagnosis to ongoing support that people need. We are currently planning and developing future podcasts with dementia specialists, to focus on communication skills and using reminiscence therapy with our patients.

The Trust achieved 92% compliance for dementia training during over this reporting period.

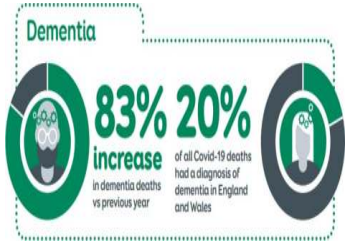
> Really enjoyed today's session. I plan to take the information learnt and transfer it into good practice when out on the road. Thank you so much

> I have really enjoyed it today. It has been very informative and heartwarming.
>
> The staff are inspirational and a credit to themselves.

WAST learning zone
WELSH AMBULANCE SERVICES NHS TRUST

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

Celebrating our Achievements



Professional Excellence

The Trust's Dementia Team won the Dementia Hero Award for Professional Excellence (Organisation) at the Alzheimer's Society Awards 2023. The Dementia Hero Awards celebrate the involvement and participation of people affected by dementia and the impact they have for others living with the condition.

Conference Presentations

The team celebrated work achievements at the Rural Health and Care Wales Conference 2023 and are planning to showcase our work at international conferences, including the Alzheimer's Disease International 36th Global Conference in April 2024.

International Interest in our Work

In November 2023, the Dementia Team was visited by a Clinical Lead from Ambulance Victoria, Australia. Lyndsay was a recipient of the Sir William Kilpatrick Churchill Fellowship to review the establishment and effectiveness of dementia-friendly ambulances and dementia plan and his research had identified WAST as a leading ambulance service in this area.

Kraków 2024
Global Conference of
Alzheimer's Disease International

Celebrating our Achievements

Referrals into specialist dementia services

We have worked in partnership with Alzheimer's Society Cymru on a referral process for any of our staff groups into the All-Wales Dementia Support team. This referral can be from anyone in our service who is concerned about someone's dementia, memory loss, confusion or issues with daily living. The referral is also available for carer and families who may require additional support. The Dementia Support service is an all-Wales bilingual telephone service but also connects to local face to face services. The referral pathway will be available on staff iPads and a desktop form and was launched in the Autumn 2023. Since its launch we have received 96 referrals.

Working with Royal National Institute for the Blind – Common sight loss conditions

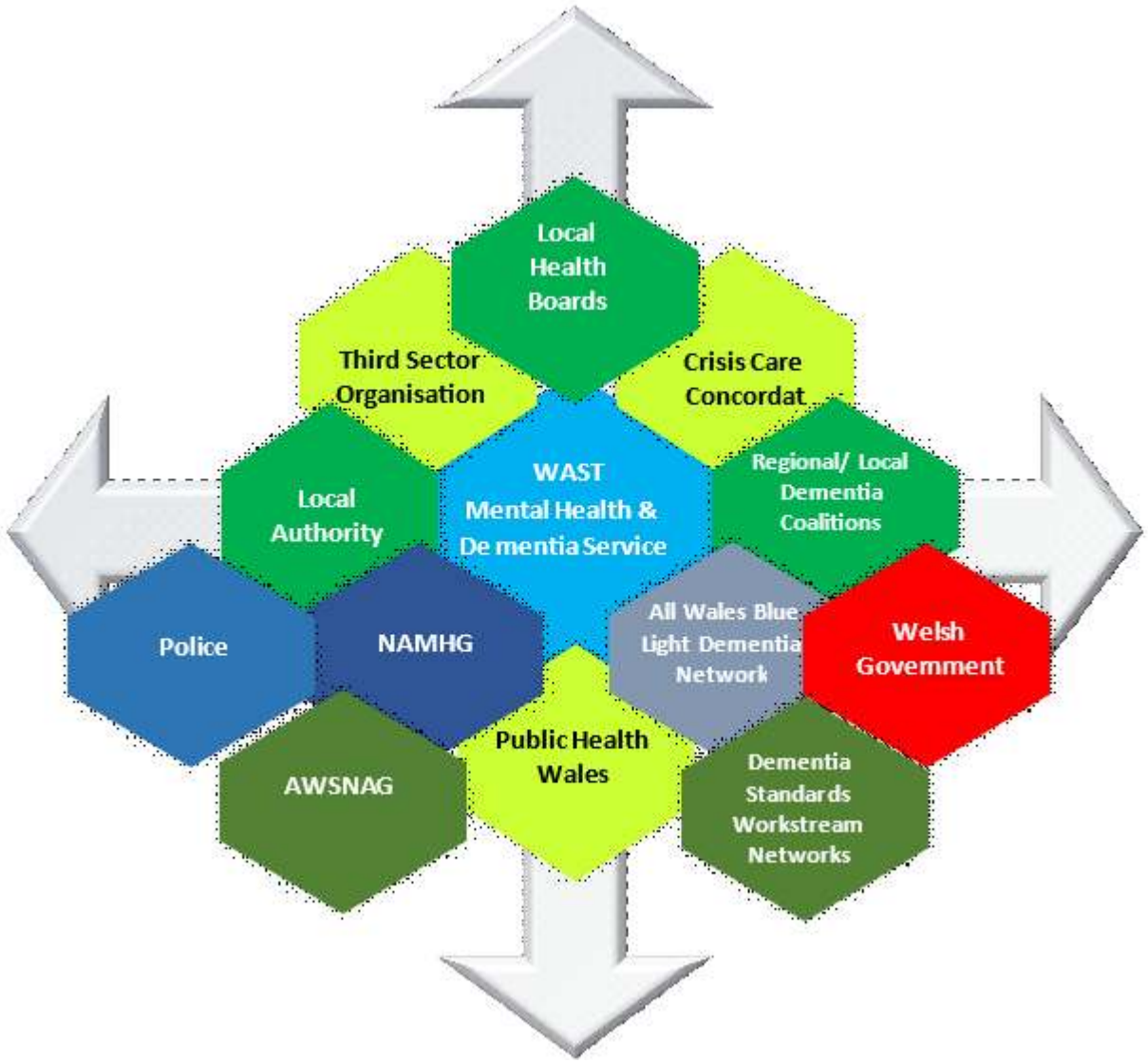
A partnership project with RNIB has enabled us to develop short video-clips on key sight loss conditions, including macular degeneration, cataracts and glaucoma to improve awareness across our workforce. Also included in these mini-learning videos are 'sight loss and dementia'; and 'falls, sight loss and the environment'

Improving the information we capture about people with dementia who contact 999

We have developed additional features on our electronic Patient Care Record to gather important information that we collect about people with dementia who call 999 for an emergency response. The new features allow us to document different information about a patient's dementia symptoms and diagnosis for us to have a better view of the dementia related calls coming through our service. The new function launched in May 2023.

Through 2023-2024 we have identified 24,694 people living with dementia when providing care through our 999 service.

Connecting with other works across Wales



The Mental Health & Dementia Team sits within the Quality, Safety and Patient Experience Directorate. Our commitment to delivering high quality care has been clearly demonstrated by achievements highlighted in previous reporting periods. Effective, compassionate leadership, courageous management and innovation have been integral to our success.

We reach our objectives by effectively working together with a wide range of services and professionals, ensuring good outcomes for people

who have contact with our service.

MHD Team has established strong relationships

with all departments in our organisation as well as within the wider mental health & dementia arena across Wales.

Our achievements obtained through improved knowledge, skills and attitudes as well as the promotion of mental health & dementia services and pathways across Wales has fortified our working relationships both at an operational and strategic level.

Connecting with other works across Wales

National Ambulance Mental Health Group (NAMHG)

The purpose of this group is to promote a consistent approach to Mental Health across the UK ambulance services. To connect, support and guide mental health practice of its practitioners across the UK.

WAST's Mental Health and Dementia Team contributes to the work of the group and participates in promoting evidence-based practice/ NICE guidelines to ensure services are providing high standards and quality of care across all trusts and promote continuous improvement.

Welsh Chief Officers Group

This group provides mental health updates and information sharing from all four police services across Wales. The aim of the group is to provide a framework for organisations to learn from mental health strategies and evidence-based ways of working.

A Senior Professional from the MHD Team is part of the task and finish group for this group.

Dementia Oversight of Implementation and impact group

This group informs and monitors progress against the dementia action plan in Wales. It provides the opportunity to promote WAST dementia work at a national level, and to share and learn with partners.

All Wales Blue Light Dementia Network

This group connects all blue light partners in Wales including Police, Fire, Mountain Rescue and Natural Resources Wales to focus on personal, home and community safety initiatives with people living with dementia at the heart.

Welsh Government

Together for Mental Health (TfMH) is a mental health policy framework for Wales. It was introduced in 2012 and outlines the Welsh Government's vision and strategy for improving mental health and well-being in Wales.

The policy focuses on various aspects of mental health, including prevention, early intervention, and support for individuals experiencing mental health issues. It emphasizes the importance of reducing stigma and discrimination, promoting mental well-being, and providing effective mental health services.

TfMH was a 10-year plan and is currently being evaluated and a renewed plan set forth.

Conclusion

In conclusion the Mental Health & Dementia annual report reflects the significant contribution which the Trust, MHD Team and WAST colleagues have made in ensuring people are treated for their mental health problems in the best way possible. There is much to celebrate in the achievements highlighted throughout the report.

The MHD Team's collaborative partnership working continues to be significant. Our achievements obtained through continuous improvements, capitalising on evidence-based practice and successfully implementing these ways of working.

MHD team is dedicated to working with partners and organisations across Wales and the UK to facilitate patient pathways and ensure best practice is adopted in a timely manner for the benefit of our patients.

MHD team also provides dedicated continual advice, guidance and support to colleagues at all levels within WAST.

The work streams commenced during this reporting period provide focus for the team to continue to progress in 2024-25 and the development of the next Mental Health & Dementia Plan.

Amb_mentalhealth@wales.nhs.uk

Moving Forward 2024/2025

1. Expand Mental Health Response Vehicles (MHRV)

- We seek to roll out MHRVs across Wales, with plans to operate response vehicles in all seven Health Boards in Wales, with a particular focus in urban areas with high demand.
- This expansion will not only increase our capacity to respond to crises swiftly but also improve the quality of care by providing on-the-spot therapeutic interventions. This vital service will enhance the care provided to patients, as well as support people in awaiting specialist Health Board service and care interventions.

2. 24/7 Mental Health Practitioner Coverage:

- By extending the operating hours of our MHCs to 24/7, we will significantly reduce the strain on emergency resources out of hours, and ensure that those in mental health crises receive timely, expert care at any time.
- As a national service provider, the use of our clinical contact centre is where MHCs will ensure patients across Wales are able to receive specialist care, and that other healthcare professionals can access mental health clinical advice and support.

3. Enhancing and Advancing Clinical Practice, Education and Training:

- To ensure long-term resilience, we will develop education modules to enhance the clinical expertise of WAST clinicians. This will also create a pipeline of skilled professionals who can provide specialised care into the future.
- We will also develop our staff to provide enhanced, advanced and consultant level mental health practice, this will include widening our expertise and specialist support to provide better care for people with learning disabilities and substance misuse, and to young people requiring specialist support.
- We aim to increase our expertise across mental health specialisms, such as CAMHs and Learning Disabilities.

4. Clinical Innovation through Technology and Research:

- We will undertake further work to refine our service delivery models, testing in both remote and face-to-face contexts.
- In addition, we plan to explore the use of technologies and alternative clinical practices to further enhance remote mental health triage, assessment and support, reducing the need for patients to attend urgent and emergency care settings, where appropriate.

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	29 November 2024
Committee Meeting Date	14 November 2024
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The **Health and Wellbeing Plan 2025-2029** (attached at **Annex 1**) was endorsed and is recommended to the board for approval. The plan emanates from the overarching People and Culture Plan but remains a standalone document due to its pivotal importance. The plan was accompanied by an Equality Impact Assessment which the committee reviewed, and following thorough discussion on the plan affirmed the beneficial effects of the plan on our workforce. The plan shows the high-level outcomes, with local action plans sitting behind them focusing on meeting the basic needs of staff, promoting well-being, providing preventative and reactive support, all while maintaining service quality.

ADVISE

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

2. There is a **significant amount of change** taking place across WAST, and that brings pressure for our people, both with respect to change itself, but also the pace of change. This was a primary focus for the meeting.

3. **Ela Lewis**, with a background in nursing (registered nurse) and currently a Senior Project Manager for the Connected Support Cymru project, shared her inspiring journey as a change champion. Her path began with volunteering roles in Tanzania and Sri Lanka, leading to a career as an intensive care nurse - a role driven by her appreciation for healthcare and a passion to assist others. At WAST, Ela has applied her clinical expertise and project management skills to innovate remote care delivery, advocating for personalised care and the integration of technology. Her change management training at WAST equipped her with essential tools for facilitating difficult conversations and effecting meaningful change.

Ela highlighted the crucial role of creating a supportive environment where colleagues can express their emotions and collaborate effectively on the change journey. Ela's contributions, especially in volunteer coordination and the implementation of remote clinical devices, have been notably impactful, earning her widespread gratitude within WAST**.**

4. A **change management session** was delivered on the progress made in the Trust in building the change community, following the adoption of the ADKAR approach to change management. ADKAR stands for Awareness, Desire, Knowledge, Ability, Reinforcement, This approach aims to empower colleagues at all levels to lead and support change within the Trust, creating a sustainable impact by providing local support and guidance to help people feel confident and capable of navigating change. Since March 2023, 76 colleagues have completed accredited change management training. Furthermore, a development session was facilitated for the Executive Leadership Team and the Board to establish a common language around change management throughout the organisation. The following progress related to this work was noted:

- **Change Community:** The Trust has established a change community focused on creating a culture of collaboration, trust, and growth. This community aims to build a supportive, non-judgmental environment where colleagues can practice new skills, test their thinking, build confidence and competence, and share experiences to learn from each other.
- **Structured Approach:** The Trust has developed and implemented a structured approach to change management centered around the ADKAR model, which focuses on individual change to achieve organisational results. This model breaks change down into clear stages and is action and outcome focused.
- **Embedding Change Management:** The approach is being embedded within the clinical model transformation programme, with dedicated change leads from the change community supporting program workstreams. The goal is to ensure a consistent approach to change management across the program.

Moving forward, the Trust's focus will be on aligning change management with ongoing cultural transformation and leadership development. The aim is for change management to become a natural part of every process, whilst having oversight of the impact of change on our people. d. Angela Lewis confirmed her commitment to ensuring that change management principles and techniques are embedded in the leadership work within the Trust, particularly through our 'The WAST Way'. This will ensure that change management is at the heart of leadership development.

5. The report from the Director of Cultural Change and the Director of People was received with the following of particular note:

- **Staff survey** results at a 27.2% response rate was an improvement on last year and it is anticipated the target of 30% will be met, with ongoing communications and engagement to encourage participation.
- Multiple **awards** and recognitions have been received over the past few months, highlighting the external acknowledgment of the team's work. Recent events such as roadshows, leadership symposiums, and the WAST Awards have been well-attended and appreciated.

- **Inclusive recruitment** events in collaboration with digital colleagues targeting local communities have shown positive results, with increased applications from minority and ethnic communities.
- Feedback on the **CEO roadshow** was largely positive, but there is a need to encourage more front line staff and ensure a balance of content for the audience. Members were assured that the format will continue to iterate and improve based on feedback.

6. The **Welsh Language Policy** and the **Driving at Work Policy** were approved. Amendments to the **NHS Wales Managing Attendance at Work Policy** was also approved.

7. The **Q2 Operational Update** highlighted several initiatives including structural change in the volunteer management team aimed at enhancing volunteer experience, a reduction in UCS resource including deployment of P3 backup to EMS staff, reinforcing the use of the healthcare professional line rather than 999 and changes to the Clinical Safety Plan. Updates received on EMSC Coordination, including recruitment, the single allocator model, and estate improvements in Central and North Wales. Concerns expressed regarding mental health absence rates currently above the two year average and 999 call handler sickness and attendance, especially during nights and weekends. An ongoing focus on improving the culture within EMSC continues and has been supported by the recent listening exercise that Angela Lewis undertook which involved engagement sessions with staff from all centres across Wales. The feedback from these sessions has been shared with the senior leadership team in EMSC and has been incorporated into the cultural action plan.. A slight increase was noted in October for shift overruns and the correlation with increased handover lost hours. 111 Call Handler Establishment is recovering heading toward the winter period. Progress in promoting Welsh language use among 111 staff and the positive impact on call handling in 111 and NEPTS.

8. **Carl Kneeshaw** joined his first meeting of the committee as the Director of People and was warmly welcomed.

9. **Reflections** on the meeting were that the members felt that the discussions were less transactional and more 'future-focused' than has been the case in previous meetings. There was a sense of progress and engagement in various initiatives, such as the change management community and the health and well-being activities. Members noted the importance of maintaining a holistic view of people and culture activities and ensuring that the narrative and conversations aid the Committee in connecting the dots across various plans and priorities within the Trust's strategic plan. Additionally, there was consideration of how best to facilitate the meeting in a hybrid manner and the most appropriate use of the chat within the Teams meeting. The Chair will consider any necessary adjustments required for future meetings.

ASSURE

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

10. The Committee received the **People and Culture Plan Metrics** (quantitative this quarter) and the **MIQPR** for September 2024. Given the fact that the Board does not receive all these metrics in the MIQPR, the following areas of assurance will be of interest.

- The increasing number of disciplinary cases was expected, and a sign that our people feel more comfortable speaking up. The recent Sky News piece on sexual safety highlighted again that there is work still to do across the ambulance sector, and that the work WAST is doing is influencing this more widely. The significant toll these cases take on those investigating, supporting and those accused was recognised. The Audit, Risk and Assurance Committee were recently assured on our speaking up arrangements and the CEO roadshow included a focus on speaking up, with board members pledging their support.
- A significant increase in colleagues joining various staff networks indicated positive engagement and a willingness to contribute to cultural change within WAST.
- A sustained improvement in sick absence rates across the organisation was noted, attributing this to the efforts of managers, people services, trade union partners, and early intervention support from occupational health.
- Challenges with PADR compliance was acknowledged, with ongoing efforts to ensure they are meaningful and valuable to all parties.
- The significant progress in addressing job evaluation cases was noted, with thanks to the efforts of Trade Union Partners and the People Services Team.
- A downward trend in turnover was welcomed.
- There is ongoing work to address data quality issues, particularly in health and safety metrics.

11. The Welsh Ambulance Services Partnership Team (WASPT) is the board's local partnership advisory forum. The **WASPT highlight report** sets out the ongoing projects, upcoming challenges, and the steps being taken to address them in partnership. The following was noted from the WASPT meeting on 25 September 2024:

    - Our approach to partnership working was noted as being advanced across NHS Wales and wider public sector with challenges being working through in a collegiate fashion.
    - Progress was noted on transitioning Emergency Medical Technicians to band 5, with partnership notices issued to set out arrangements. This includes addressing backpay timing and necessary training over the coming months.
    - The meeting discussed historical challenges during the festive period, such as low Unit Hour Production and staffing issues. Various options were considered to manage these challenges and the 15 November WASPT meeting will look at these.
    - The report highlights efforts to enhance collaboration and joint problem-solving within the Trust, including observing and reflecting on partnership behaviours and conflict management styles.
    - Various health and safety initiatives are taking place with respect to diesel fumes, including the pilot of extractor fans with filtration and plans to employ a fixed-term occupational hygienist to assess air quality. A spotlight communication on diesel fumes has been issued but concerns remain, with discussions to continue at the WASPT meeting on 15 November.

12. **Health and Safety Report for Q1 and Q2** was presented and the committee noted:
    - Although there have been improvements in fire safety training, compliance with statutory health and safety and fire safety training still falls short of both the Trust's and the Welsh Government's required standards. Managers are encouraged to ensure all staff meet the required training levels, with compliance monitoring conducted through business meetings to raise awareness and compliance among staff.

- RIDDOR reporting compliance improved from 40% in Q1 to 72% in Q2, despite challenges due to additional HSE requirements. Manual handling of patients and slip trips and falls continue to be the main themes.
- There is sustained focus on managing diesel fumes, with a dedicated project manager overseeing this.
- The CEO's podcast on effective health and safety was featured on an international platform, highlighting its importance.

13. The **Nursing and Midwifery Council (NMC) registration and revalidation** report for 2024 provided assurance of 100% compliance during 2024.

14. The **Audit Tracker** was reviewed, and the Committee noted the update and that there had been good progress in closure of internal audit actions for the quarter, which some historic actions still proving challenging, particularly on the Trade Union Release Time audit. There were revised dates for all outstanding external audit actions from the 'Review of the Workforce Planning' audit.

15. In private session the committee reviewed progress against eleven **suspensions over four months** which is an increase from seven reported in the last quarter. However, it was explained that a number of these cases were scheduled for hearings in November. Four cases are with the **Employment Tribunal** (a decrease of one from the previous quarter). Members were assured on actions in place to manage these cases.

16. 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 and it was acknowledged that these had been discussed throughout the items within the agenda:

160 – High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service - whilst there has been a significant reduction in absence levels, the score of 20 (5x4) remains static however, this will remain under review given the significant work undertaken to strengthen the controls, assurances, and mitigating actions. The position in August that showed an uncommon but positive decrease in levels for that period and the data will be assessed over the next four months to establish whether the improvement in levels is sustained. Should this be the case, then it is likely that this risk score will be reduced.

201 – Damage to the Trust's reputation following a loss of stakeholder confidence which remains at a 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 has reduced in score from 16 (4x4) to 12 (3x4) reflecting the positive engagement and partnership working operating well and ongoing discussions on a range organisational change issues.

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).

The Committee acknowledged risks **223 and 224** overseen by the Quality, Safety & Patient Experience Committee; however, considered at each of the Board Committees given they impact every area of the Trust.

New Risks Identified: No new risks identified at this meeting for the register.

COMMITTEE AGENDA FOR MEETING		
Director Update	Operations Quarterly Report Q2	Staff Story and Staff Story Update
People and Culture Plan Metrics	Workforce scorecard	MIQPR
Health and Wellbeing Plan	Change Management	WASPT highlight report
Revalidation and Registration (NMC)	Risk Management and BAF	Health and Safety Report
Audit Tracker	Policies for approval	Cycle of business and monitoring (consent item)
WASPT Minutes (consent item)	Assurance to ARAC re speaking up safely (consent item)	HCPC revised standards of conduct (consent item)

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				
Carl Kneeshaw				
Chris Turley		Left at end of item 13		
Lee Brooks	Sonia Thompson			
Liam Williams	Jonathan Turnbull-Ross			
Estelle Hitchon				
Andy Swinburn				
Alex Crawford				
Trish Mills	Julie Boalch			
Damon Turner				
Marcus Viggers				
Christian Fox	Hugh Parry			
Tim Cahalane				

	Attended
	Deputy attended
	Apologies received
	No longer member

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

COPY OF PAPER TAKEN TO THE PEOPLE AND CULTURE COMMITTEE ON THE 14 NOVEMBER 2024

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

HEALTH AND WELLBEING PLAN 2025-2029

MEETING	People and Culture Committee
DATE	14th November 2024
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Dr Adam Cann – Head of Workplace Wellbeing
CONTACT	adam.cann@wales.nhs.uk

EXECUTIVE SUMMARY

1. Ambulance staff are more at risk of mental ill health, suicide and are more likely to attribute work as a contributing factor to their difficulties. The expectations and challenges our people, employees, students and volunteers, face have increased alongside pressures on health and social care. We know there are risks associated with supporting people in their most distressing moments.

2. This paper presents our Health and Wellbeing Plan, detailing strategic objectives and targeted actions to enhance colleague health and wellbeing across WAST. The plan integrates comprehensive support measures designed to address core challenges, such as burnout and handover delays, whilst embedding wellbeing into leadership practices and exploring increased funding through charity partnerships.

3. The Health and Wellbeing Plan 2025-2029 provides principles and a plan for the delivery of our continued improvements to the health and wellbeing of our people across WAST. The plan highlights the need for preventative wellbeing interventions that reach beyond traditional individualised interventions, touching every aspect of our work. Our Plan has been developed in line with the HEIW Health and Wellbeing Best Practice Guide for Organisations.

4. This plan takes strategic direction from the People and Culture Plan 2023-2026 which sets out our vision for a workplace culture of belonging, inclusion, where our people can be at their best and bring their whole self to work as part of #TeamWAST. Fulfilling and meaningful work bolsters our wellbeing and health.

5. The plan is structured around five core objectives, each with targeted deliverables that reflect a commitment to improving physical, mental and psychological support for our people. Notable elements include:

Objective 1: Assess and Understand Workforce Health and Wellbeing

We will implement a robust assessment framework to identify and address specific stressors. The data-driven approach will provide actionable insights, enabling targeted interventions and creating a foundation for sustainable wellbeing improvements. Charity funding will be sought to support and expand these assessment tools.

Objective 2: Proactively Promote Health and Wellbeing at All Levels

This objective includes broad wellbeing programmes with a focus on burnout prevention and team resilience building. By strengthening staff networks (e.g., TRiM and Peer Support) and seeking charity funding for additional resources, the plan aims to cultivate a supportive environment, creating stronger peer connections and overall engagement.

Objective 3: Provide Comprehensive Health and Wellbeing Services

To ensure preventative and reactive wellbeing measures at each stage of employment, we will provide access to trauma-informed support and flexible resources. Leadership development will incorporate wellbeing skills, ensuring managers are equipped to support and engage teams effectively. We'll also pursue partnerships to facilitate "no wrong door" access to wellbeing resources, enabling easier and more effective support pathways.

Objective 4: Achieve High Health and Wellbeing Standards

By pursuing external accreditations, such as the Occupational Health accreditation SEQOHS and benchmarking best practices, we will validate and enhance our commitment to high quality, proactive health and wellbeing support.

Objective 5: Strengthen Health and Wellbeing Partnerships within WAST and the Communities We Serve

Through partnerships in research and innovation, we aim to position WAST as a leading hub for NHS health and wellbeing initiatives, driving forward evidence-based practices that benefit our workforce and community. Collaborating closely with Trade Unions will ensure our colleagues' wellbeing needs are represented and prioritised at every stage of organisational development.

6. The plan was first presented to People and Culture Committee on 20th February 2024 for comment and since then there has been an extensive consultation. The final draft was circulated to Executive Leadership Team (ELT) members at the end of October for awareness.

RECOMMENDATION:
The People and Culture Committee is asked to REVIEW and ENDORSE the Health and Wellbeing Plan 2025-29 and recommend its submission to the Trust Board for approval.

KEY ISSUES/IMPLICATIONS
Ensure the Trust fulfils its commitment to improve the health and wellbeing of our people.

REPORT APPROVAL ROUTE
14 November 2024: People and Culture Committee – For Endorsement 29 November 2024: Trust Board – For Approval

REPORT APPENDICES
Annex 1: Health and Wellbeing Plan 2025-2029 Annex 2: EQIA

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

HEALTH & WELLBEING PLAN

2025-2029


Take Ownership
Broaden our Understanding
Respect others
Show Belief in each other
Practice Ethically
Continually improve our Service
Be inclusive of the whole Team
To get there, we all need to be

OUR BEST

Foreword

Jason Killens

Chief Executive

As we look toward the future of the Welsh Ambulance Service, we remain deeply committed to the health, wellbeing, and overall experience of every individual within our organisation. The vital work that you do, often under intense pressure, can take a toll both physically and mentally. It is our duty to ensure that we cultivate an environment where you feel supported, respected, and empowered to care for yourself while carrying out the essential work of caring for others. Our Health and Wellbeing Plan for 2025-2029 is designed to address this directly, working to create a healthier working culture and a positive day-to-day experience for every single member of #TeamWAST.

Our approach is fully aligned with the Health Education Improvement Wales (HEIW) Good Practice Guide launched in 2024, supporting Welsh NHS organisations to drive the change needed.

Our plan goes beyond traditional support measures. It reflects our understanding that a healthier workplace is one where mental, physical, and emotional wellbeing are integral to our operations and culture. We aim to make tangible improvements to how we work, how we communicate, and how we support one another, ensuring that personal wellbeing is prioritised as much as the professional services we provide. By enhancing support systems, creating spaces for personal health, and encouraging a culture of wellness, we are confident that this plan will benefit every employee and volunteer, helping #TeamWAST thrive in a demanding yet rewarding environment. Together, we will build a future that supports both personal health and the overall wellbeing of our organisation, ensuring that we can continue to serve and support the people of Wales.

Message from **Ceri Jackson**
Non-Executive Director and Vice Chair

As a board, we are fully committed to embedding the principles of health and wellbeing into the core of the Welsh Ambulance Service culture. We recognise that the success of this organisation to serve the people of Wales relies on the wellbeing of the people who keep it running, and this Health and Wellbeing Plan is a testament to our commitment to you. We will hold ourselves accountable, monitoring the progress of these initiatives closely to ensure that they deliver real, lasting change for every member of staff, every student and every volunteer.

By investing in your health and wellbeing, we are investing in the future of this service. We understand that the pressures of your roles can be immense, and it is our responsibility to ensure that the systems and support are in place to help you manage those pressures. This plan is about creating a sustainable, healthy working environment that enables you to continue delivering the high-quality care that our communities depend on, while also maintaining your own personal health and fulfilment. Your wellbeing is the foundation of our service, and we are committed to protecting and promoting it at every level.

Message from **Angela Lewis**
Director of People and Culture

The health and wellbeing of our people is not just a priority, but a cornerstone of the culture we are building here at Welsh Ambulance. We recognise that, for our team to be at its best, we need to focus on creating an environment that supports both personal and professional wellbeing. The Health and Wellbeing Plan for 2025-2029 reflects our commitment to developing a working culture that prioritises health—whether through access to mental health resources, enhanced work-life balance, or proactive support for physical health. This plan includes everything from mental health support, peer support networks, and comprehensive wellbeing assessments to flexible working arrangements designed to ease the demands of daily life.

Our goal is to ensure that everyone, employee, student and volunteer, no matter their role, feels valued and supported within this organisation. This is about more than addressing the challenges that come with the job—it's about creating a workplace that actively promotes wellness. We want to equip our people with the tools, resources, and structures necessary to thrive in their career without compromising personal health and wellbeing. Together, we can build a culture of care, respect, and resilience that reflects our values and mission.

Vision

Our people face unique challenges serving the people of Wales. The COVID-19 pandemic highlighted the impact of healthcare work on the health and wellbeing of staff within the National Health Service.

Individual wellbeing support alone is not sufficient, we must place equal focus on the systems, environments and processes in which individuals work.

This plan takes strategic direction from the People and Culture Plan 2023-2026 which sets out our vision for a workplace culture of belonging and inclusion, where our people can be at their best and bring their whole self to work as part of #TeamWAST. Fulfilling and meaningful work bolsters our wellbeing and health.

Our approach to workplace wellbeing recognises the risks associated with the work we do including sleep difficulties, musculoskeletal problems, and workplace injuries. We know that there can be no health without mental health and are committed to improving both the physical and psychological health of our workforce.

We know that ambulance service workers are more at risk of mental ill health, suicide and are more likely to attribute work as a contributing factor to their difficulties. We recognise the risks associated with supporting people in their most distressing moments. The expectations and challenges our people face have increased alongside pressures on health and social care.

We recognise the significant impact of system pressures. From long waits at A&E to attending more unwell patients who may have been unable to access earlier treatment.

This plan builds on the key drivers from our People and Culture Plan Three C's: ensuring we have the culture, capacity, and capability to address the challenges we face as an organisation.

Our Health and Wellbeing Plan is underpinned by these **five key pillars**:

Mental health and **psychological** wellbeing

Physical health and wellbeing

Financial wellbeing

Social wellbeing

Environmental wellbeing

Fulfilling and meaningful work

Promoting autonomy and empowering our people to apply all their knowledge and skills at work, whatever their role, is essential. We must inspire a culture of inclusivity, fairness and psychological safety to ensure our people can be their best.

AUTONOMY	BELONGING	CONTRIBUTION
The need to have **control** over one's work life, and to be able to act consistently with one's **values**	The need to be **connected** to, cared for, and caring of colleagues, and to feel valued, **respected** and supported	The need to experience **effectiveness** in work and deliver valued **outcomes**

The Kings Fund 2022

Quality relationships with our colleagues, managers and the leadership of the organisation set the tone for how we feel about our work. Experiencing a sense of belonging, being valued and respected are the foundations for thriving at work. Our people frequently work independently, or in small teams, which can present challenges for feeling connected and cared for. Every colleague contact is an opportunity to connect and nurture relationships, setting the culture climate at WAST.

The pressures on the system in which we operate can lead our people to feel they are not able to always maintain a high quality service. We all need to experience effectiveness in our work to maintain our motivation, we need to address the barriers to feeling we are making a vital contribution to the service.

Our aim is to be as proactive and preventative as possible, recognising and providing support across a range of issues that can impact all of us, while also providing specific interventions and support for individuals as needed.

Common factors necessary for wellbeing and engagement at work include flexible and reliable shift patterns, meeting physical needs in accessing a choice of healthy foods, regular breaks and finishing shifts on time to support rest, work/life balance and caring responsibilities. We recognise the impact when these basic needs are not met, particularly for those with protected characteristics.

Increasing understanding of the impact of life events on our population is key too; pregnancy, menopause, chronic conditions, aging, and loss will all shape our working lives.

We recognise that the design of job plans, systems and processes have a profound impact on the health and wellbeing of our people. Transformation of our services to increase efficiency and quality is strengthened by ensuring that change holds health and wellbeing at its core. Furthermore, physical and digital infrastructure sends a signal to our people about their value and is an opportunity to further our commitment to their welfare.

We also need to understand and respond to the nuances and challenges of our work, and support individuals, and their managers where possible, in developing bespoke wellbeing support and structures that may include a range of components from our occupational health and wellbeing teams as wells as external providers.

Clear and open communication within and between our teams is essential for our people to feel supported and informed about the challenges and triumphs across WAST. Facilitating multiple two way communication channels to ensure all our people can feel heard and our senior leaders are confident they are reaching everyone with key information is vital.

Our People and Culture teams understand that creating an inclusive, accepting and safe culture can mitigate the need for more formal mediation and psychological intervention. A culture of respect and professionalism should be the foundation of our working relationships to create a psychologically and relationally safe working environment. Our WAST behaviours represent and provide direction for our relationships with each other.

As a core and universal requirement for our wellbeing, we are committed to continuing to improve the safety of our working environments. Workplace safety is bolstered by consistent communication via our digital systems, collaboration with our emergency services partners and robust processes where risks are identified.

Our health and safety, wellbeing and occupational health teams support and collaborate with our people to ensure risks are mitigated and that we learn from adverse incidents. If our people come to harm then we are committed to supporting them throughout their journey of recovery, psychological and physical, including welfare support through legal processes.

Our people must have the confidence that WAST recognises, values and supports their work no matter the challenges.

Harassment, discrimination, and bullying remain a cultural challenge across the Ambulance sector. This is compounded by the presence of hierarchical and authoritarian leadership, where staff feel fearful about speaking up. We must foster an inclusive, compassionate, and connected culture. It has been recognised that the challenges of our working environment and pressures on our services can amplify a blame culture, where raising concerns or getting things wrong can be threatening. This undermines the innovation we need our people to lead in order adapt to a demanding sector.

Our work in collaboration with the Association of Ambulance Chief Executives (AACE) and WAST Voices Network established our Sexual Safety Guiding Principles. We also demonstrated our commitment to addressing violence and aggression from the public in our With Us or Against Us public campaign. The right to feel safe from sexual harm, fear, discomfort or intimidation is absolute. We are committed to swift and robust action where concerns are raised. We recognise that sexual harassment or assault sit on the same continuum as lower-level behaviour such as banter. We must see cultural change as part of our approach to creating a safer workplace.

The 3 Cs

This plan supports the ABC of core needs in work through the three broad areas of **Culture**, **Capacity** and **Capability**.

Our Strategic Objectives

Our approach is defined by five strategic objectives that continue to shape our health and wellbeing offer, enabling us to plan our work and hold ourselves to account.

Objective One: *Assess and understand the health and wellbeing of our workforce*

We recognise that we can only improve the health and wellbeing of our workforce if we continue to identify the challenges our people face. We know health is not static. Our people operate in a dynamic work environment – we must balance addressing well-established trends with being responsive to new developments.

The health and wellbeing of our people is everyone's business and is a shared responsibility between us, our colleagues, managers, and senior leadership. We recognise the importance of the voice of our people in driving improvement.

We will continue to use a range of tools to collect, analyse and report on the key drivers and modifiers of wellbeing at work to inform improvement. We will continue the use of culture assessment tools in working to create the psychological safety we need to deliver quality services in a modern NHS.

We must take a considered and deliberate approach to planning health and wellbeing interventions, guided by those delivering our services and the available evidence-base.

We know that the culture change mapped out in our People and Culture Plan requires a commitment to be curious, open to feedback and willing to take risks to innovate. We must continue to give a voice to people throughout the organisation. Our Speaking Up Safely work continues to provide a supportive and confidential route where anyone who may be concerned about speaking out is heard.

Objective Two: *Proactively promote protective health and wellbeing offers at all levels within WAST for our people and their families and ensure they are available to all*

We know that our dynamic and fast-paced working environment presents a challenge to ensuring our people have access to the right support, advice and guidance. We will use a broad range of communication strategies, being mindful that access to digital resources can be limited for certain groups, for example our volunteers and students.

We will provide the resources our people need to improve their workplace wellbeing, from managing menopause to mental health. We will engage our staff networks and platforms to ensure that we pre-emptively answer the key challenges our people face in their individual health and wellbeing.

We will have a renewed focus on enabling our managers and senior staff to be skilled and compassionate leaders. Our managers and leadership play a key role in setting the tone for the workplace - creating the open and inclusive culture we need. Ensuring our managers are able to be their best is a core preventative wellbeing strategy.

Our People, Health and Wellbeing services continue to work toward our people accessing the care they need early, ensuring there is no wrong door when asking for help. We will proactively engage people who have been harmed in the course of their duties, particularly those who have been the victim of physical and sexual violence or abuse. Ensuring our response across the organisation is evidence-based and trauma-informed.

Promoting the Welsh language is at the heart of public services in Wales. We will continue to facilitate working in the medium of Welsh throughout the employment journey, including recruitment. We recognise this will enable us to serve our Welsh speaking communities far better.

Our inspiring volunteers are vital to our work, ensuring that the people of Wales receive the quality of care they deserve. Our volunteers must feel that the organisation resources are fully available to them.

We know that lone and home working is common throughout WAST. We are committed to building and strengthening communities, promoting cohesion and opportunities for peer-support and mentorship.

"We're looking forward to think how we support people before things go wrong. If support services are involved before service changes happen...we can make sure the human element is at the heart of this work."

Objective Three: *Provide comprehensive preventative and reactive health and wellbeing services and training for everyone at each stage of their WAST career path*

We recognise that NHS staff working in emergency and unplanned care need health and wellbeing services designed for their needs. Services must be proactive and preventative, whilst being able to flex to the changing demands of our work environment and accessible to all.

We know that just as the operating environment changes, so too do our people. We take an intersectional and lifespan approach to understanding the needs of our workforce. Holding in mind that the needs of those at the start of their WAST journey are different to those starting their retirement.

Preventative wellbeing interventions reach beyond traditional individualised interventions, touching every aspect of our work. Our Plan has been developed in line with the HEIW Health and Wellbeing Best Practice Guide for Organisations. The guide recognises that wellbeing at work is influenced by the building blocks of our jobs – the systems, processes and procedures that make up our every day experience.

As digital innovation becomes more a part of our lives, so do opportunities to improve our work and wellbeing. We must never lose sight of the unintended consequences of automation, particularly where human contact is reduced.

The core of our preventative and reactive health offers must always take a person-centred focus – ensuring the organisation's understanding of psychological distress, trauma and burnout, respect that these experiences are idiosyncratic. Whilst recognising that our life experiences inform and enrich our work. We will increase confidence and skill in responding to suicide risk in our managers and leaders and will respond to suicide risk proactively and compassionately, including offering postvention guidance should it be needed.

"I worried I'd burden someone with the trauma we go to, it's helpful to be cared for by a WAST person. We're more protected and its confidential. I knew the Wellbeing Service were bound by WAST behaviours and would treat my problem confidentially. They knew the pressures we're under and they knew that we're stoic people who don't always put ourselves forward for support."

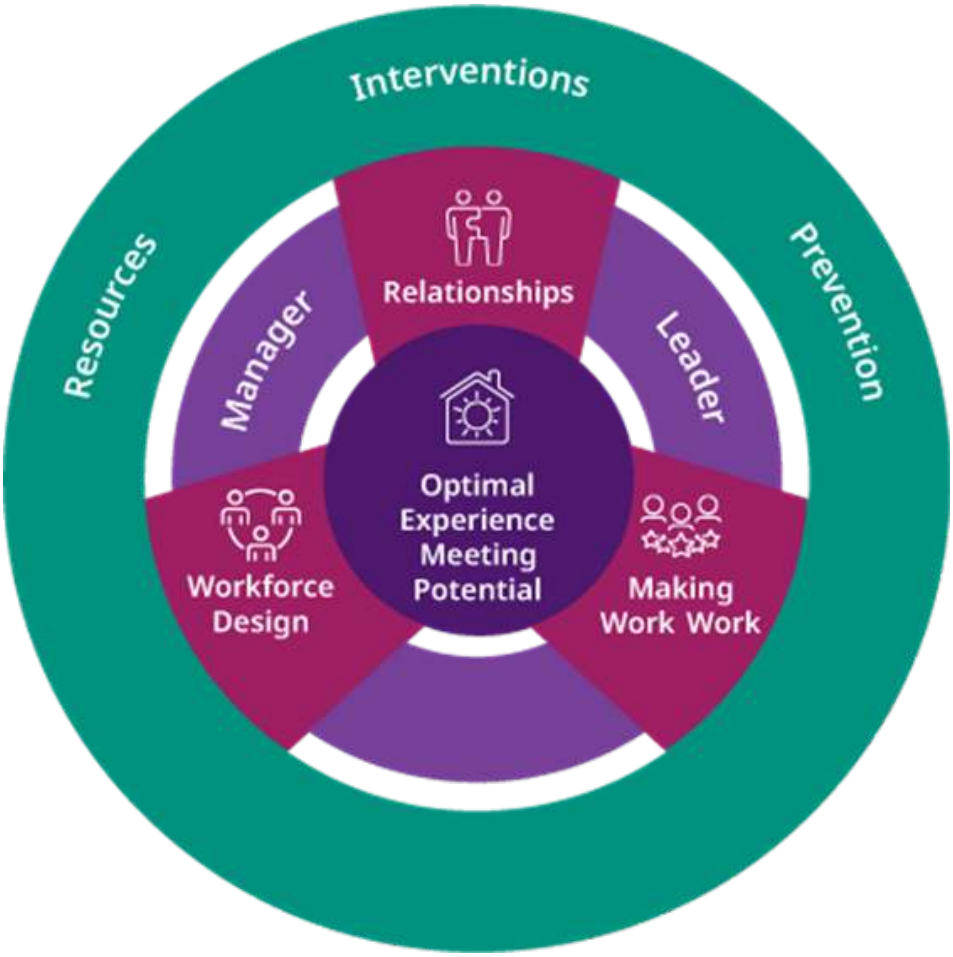
Our relationships with our peers, our manager and the wider organisation sets the tone of our working environments. A culture of respect and professionalism should be the foundation of our working relationships to create a psychologically and relationally safe working environment. We commit to placing staff health and wellbeing at the centre of service design and planning – recognising that the wellbeing of our people leads to the highest quality of care for our patients.

Objective Four: *Succeed in achieving high level Health and Wellbeing standards that are robust and recognised for excellence by external organisations*

We recognise that the system pressures in health and social care highlights further the importance of our commitment and investment to quality, evidence driven, workplace wellbeing support.

We are committed to the highest standards in health, wellbeing and support services across the organisation. Our Occupational Health and Wellbeing department are working towards SEQOHS accreditation as a mark of quality workplace health services.

We work in line with the Health Education and Improvement Wales (HEIW) Best Practice Guide for NHS Wales to ensure quality health and wellbeing interventions of consistent quality across Wales.



HEIW Best Practice Guide for Organisations

We commit to advocating for our people when accessing health services and using our knowledge of NHS systems to navigate the pathway to receiving quality care, such as supporting prompt access secondary care services.

We collaborate with the Association of Ambulance Chief Executives (AACE) and work in collaboration with our partners in NHS organisations, charities and government to share good practice and benchmark our workplace wellbeing services.

We will not be driven by the market of wellbeing products, rather we will scrutinise and use professional expertise in selecting, implementing and evaluating wellbeing interventions, recognising the currently limited evidence of effectiveness for individualised workplace wellbeing interventions.

Objective Five: *Strengthen our health and wellbeing partnerships within WAST and the communities we serve*

We go further together. We will continue to build strong relationships throughout the organisation to drive the improvement to health and wellbeing that our people deserve.

As the WAST charity continues to grow, we will endeavour to use this resource to support our health and wellbeing initiatives.

We are committed to the development of our staff networks as drivers of culture change. Our networks cut through hierarchies and service-structures, sharing ideas, experiences and initiatives. Our staff networks are key stakeholders in all wellbeing, inclusion and culture strategies.

Connected, compassionate and cohesive communities are resilient communities.

Our external partnerships throughout the ambulance, health and education sectors provide vital collaboration on meeting the challenges of our work. We will continue to tackle silo working and collaborate across key projects, ensuring complex problems are addressed with the broadest thinking. We will ensure there is no wrong door to services within the organisation.

We will ensure that health and wellbeing initiatives are developed and delivered whilst keeping pace with our broader strategic plans. We will capitalise on the expertise and lived experienced of our entire workforce when planning health and wellbeing initiatives. We commit to invest in our reputation as a driver of innovation and developing the next generation of healthcare practitioners.

Delivering on our Commitments

Our delivery plan sets out an ambitious agenda of health and wellbeing developments which has been shaped by our people. The strategic objectives define the principles of our approach, informed by our WAST behaviours.

Our People and Culture Plan 2023-2026 set out our ambition to create a culture of true inclusivity and respect, where the voice of our people is heard and valued. We will balance system-wide interventions with individual support, reactive support with preventative interventions, and combine evidence based practice and local practice based evidence. We know our people have the insights and local knowledge to make change work.

This is a plan that stretches across the organisation with deliverables shaping the way we work across the service. This framework will allow our vision to adapt and evolve with future challenges.

Thank you to all those who contributed to this plan and to all those who will to continue to influence and shape our health and wellbeing plan throughout the delivery period and beyond.

Appendices

Appendix 1: Our **Rich Picture** - *a visual representation of how it will look and feel to work in WAST upon delivery of this Plan, alongside the People and Culture Plan 2023-2026.*

Appendix 2: Delivery Plan - *this document articulates the actions we need to take to deliver our plan. Our plan is defined by our strategic objectives and key deliverables.*

Reaching our people

Building bonds

Managers leading Wellbeing

Supporting our people to perform

Wellbeing conversations

Preventing violence

Health surveillance

Quality support services

Collaboration

Amplify the voice of our people

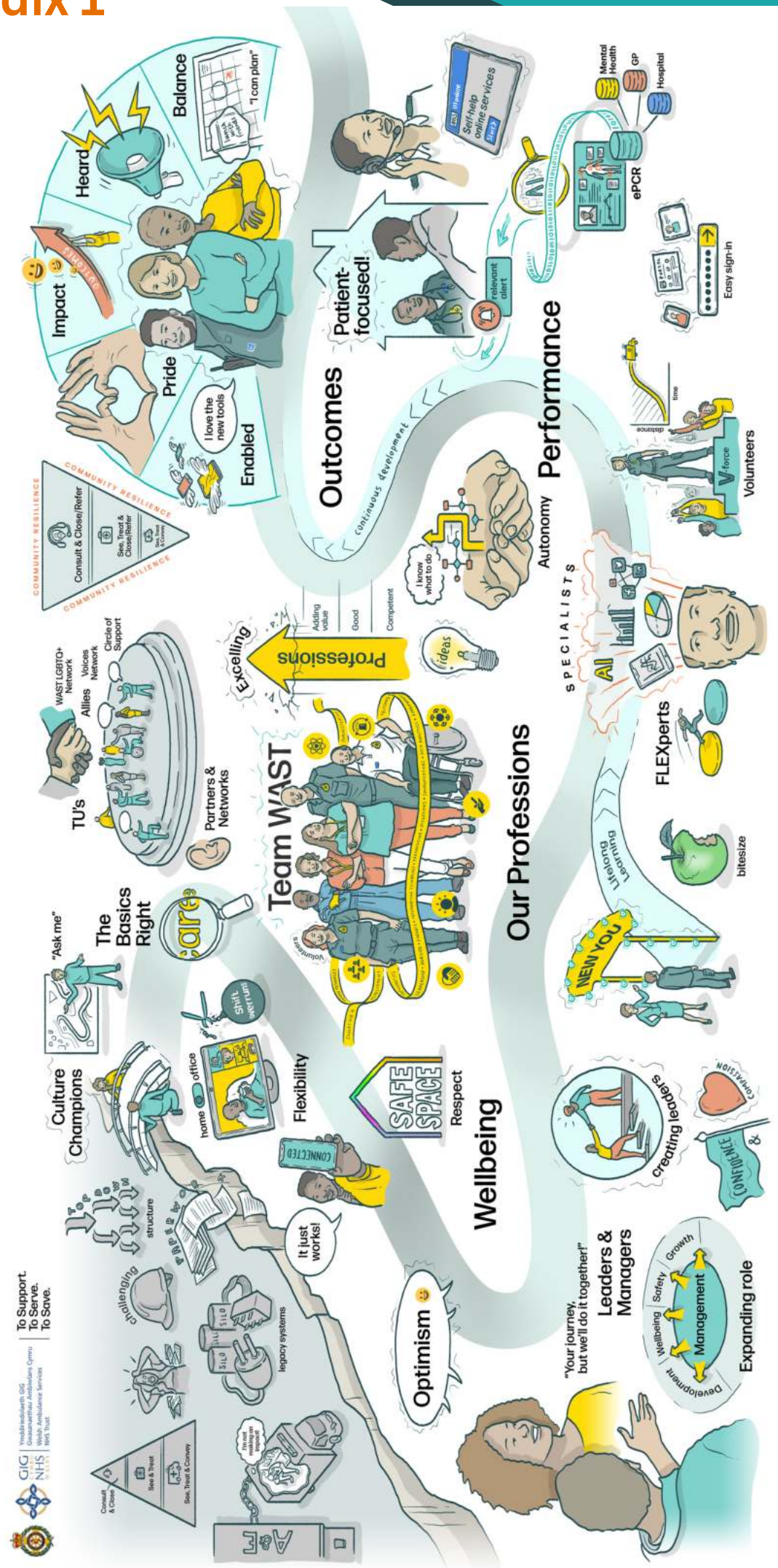
Achieving accreditation

Developing our people

Investing in our networks

Thank you for reading - Please email wellbeing.support.service@wales.nhs.uk if you have any comments, suggestions and questions

Appendix 1


Outcomes
Patient-focused!
Performance
Autonomy
Professions
Excelling
Adding value
Good
Competent
Our Professions
Team WAST
Wellbeing
Flexibility
Respect
Culture Champions
The Basics Right
"Ask me"
Partners & Networks
TU's
WAST LGBTQ+ Network
Allies
Voices Network
Circle of Support
Leaders & Managers
"Your journey, but we'll do it together!"
Expanding role
Optimism
It just works!
legacy systems
challenging
structure
home
office
Shift swerrum
CONNECTED
SAFE SPACE
NEW YOU
Lifelong Learning
bitesize
FLEXperts
AI
SPECIALISTS
Volunteers
Creating leaders
COMPASSION
CONFIDENCE
Management
Wellbeing
Safety
Growth
Development
Impact
Heard
Balance
Pride
Enabled
"I can plan"
I love the new tools
Consult & Close/Refer
See, Treat & Close/Refer
See, Treat & Convey
COMMUNITY RESILIENCE
Self-help online services
relevant alert
ePCR
Mental Health
GP
Hospital
Easy sign-in
I know what to do
ideas
distance
time
To Support. To Serve. To Save.

Appendix 2

Objective 1: Assess and understand the health and wellbeing of our workforce

1. **Deliverable:** Develop a WAST Health and Wellbeing Assessment Framework
   - **Description:** Create and implement a robust package of tools to assess and analyse key wellbeing challenges, with specific focus on burnout levels, handover delays and areas where staff feel unsupported. Engage with charity partners to explore funding opportunities that enhance these assessments and allow for more extensive support resources.
   - **Outcome:** Clear data-driven insights that pinpoint specific health and wellbeing risks, leading to tailored interventions that directly address root causes like burnout and mitigate as far as possible the impact of workplace stressors such as handover delays.
2. **Deliverable:** Evidenced Health and Wellbeing Programs
   - **Description:** Implement and measure the impact of initiatives such as sleep support and flexible scheduling to mitigate burnout, system pressures and chronic high workload. Seek resources to expand access to wellbeing programmes, particularly in areas directly impacting staff mental health.
   - **Outcome:** A sustainable suite of effective interventions, validated through before-and-after metrics, that address staff fatigue, mental and physical health and improve overall service consistency.
3. **Deliverable:** Enhanced Learning Capacity in Occupational Health and Wellbeing Services
   - **Description:** Allocate dedicated time for service innovation and improvement, ensuring that staff wellbeing needs—particularly things like trauma exposure, suicide risk, MSK issues —are met with forward-thinking solutions. Our WAST Way leadership development programme incorporates health and wellbeing essential skills, equipping leaders to support staff proactively.
   - **Outcome:** A culture of continuous improvement in workplace health that prioritises wellbeing, reducing burnout and enhancing team resilience.
4. **Deliverable:** Support for Managers in Balancing Service Pressures with Staff Welfare
   - **Description:** Provide consultation and decision-making support for managers to prioritise staff health alongside service needs, with practical guidance on managing high-pressure scenarios, support and guidance with implementing flexible working and reasonable adjustments.
   - **Outcome:** Empowered managers capable of making balanced, wellbeing-focused decisions, reducing risks of burnout from excessive service demands and improving the work experience of all our people.

Objective 2: Proactively promote protective health and wellbeing offers at all levels within WAST for our people and their families and ensure they are available to all

1. **Deliverable:** Targeted Health and Wellbeing Promotion Programmes
    - **Description:** Launch programmes focused on physical and mental health, emphasising prevention of burnout and stress management as core priorities, whilst recognising the impact of work experience, culture and environment on burnout. Introducing themed promotions in line with relevant awareness programmes, such as sleep, men's health, and MSK.
    - **Outcome:** Broad access to health resources, resulting in improved health and wellbeing being, especially in high-pressure roles.
2. **Deliverable:** Supportive Staff Networks
    - **Description:** Strengthen support networks like TRiM and Peer Support, promoting a culture of peer assistance in times of stress. Develop partnerships with charities to secure additional resources for maintaining and expanding these support networks.
    - **Outcome:** Enhanced staff connectivity and culture of care, helping mitigate the impact of burnout and fostering a more engaged, well-supported resilient workforce.
3. **Deliverable:** Financial Wellbeing Support
    - **Description:** Provide resources and guidance to support financial health, which can alleviate underlying stress that contributes to poor health and wellbeing.
    - **Outcome:** Reduced financial stress among staff, contributing to overall wellbeing.
4. **Deliverable:** Quality Clinical Supervision
    - **Description:** Ensure that clinical supervision is consistent and restorative, providing a structured support outlet to discuss clinical and work related issues.
    - **Outcome:** Improved staff resilience, wellbeing and expertise, with clinical supervision serving as a proactive measure against burnout, as well as improved performance, safety and service delivery.

Objective 3: Provide comprehensive preventative and reactive health and wellbeing services and training for everyone at each stage of their WAST career path

1. **Deliverable:** Psychologically Informed Team Support
   - **Description:** Provide teams with interventions that help them manage stressors and build strong team relationships, which can buffer against burnout and mental and physical ill health that contributes to our high sickness rates. Ensure all leadership development programs emphasise skills in psychological safety and wellbeing support.
   - **Outcome:** Healthier team dynamics and increased resilience, lowering absence rates.
2. **Deliverable:** 'No Wrong Door' Access to Services
   - **Description:** Ensure that any contact with our support services can help staff access the appropriate resources, eliminating barriers to help. Increased understanding of the signposting and advice giving nature of our internal wellbeing service.
   - **Outcome:** Staff feel supported at any point of contact, preventing poor health and wellbeing from unmet needs and improving retention.
3. **Deliverable:** Trauma-Informed Services
   - **Description:** Educate staff on the impact of trauma, helping to build awareness and understanding of the impact of trauma, from work and from outside of work both for our people and the people we serve.
   - **Outcome:** A psychologically and trauma informed workforce that's more equipped to understand trauma and stress whatever their role.

Objective 4: Succeed in achieving high level Health and Wellbeing standards that are robust and recognised for excellence by external organisations

1. **Deliverable:** Benchmarking and Sharing Best Practices
   - **Description:** Engage in knowledge-sharing networks to ensure we adopt leading wellbeing practices. Incorporate charity funding where possible to pilot innovative best practices in wellbeing support and share successes widely.
   - **Outcome:** Continuous improvement of our wellbeing initiatives, with external validation affirming our commitment to staff wellbeing.
2. **Deliverable:** SEQOHS Accreditation
   - **Description:** Obtain this occupational health accreditation to demonstrate our excellence in providing occupational health and wellbeing support.
   - **Outcome:** Enhanced credibility and recognition for prioritising high-quality, proactive occupational health and wellbeing services.
3. **Deliverable:** Ongoing Service Development
   - **Description:** Continuously improve our health and wellbeing services to adapt to emerging challenges, ensuring that health and wellbeing risk factors are addressed promptly.
   - **Outcome:** Dynamic, responsive services that meet the changing health and wellbeing needs of our staff, supporting exemplar service delivery.

Objective 5: Strengthen our health and wellbeing partnerships within WAST and the communities we serve

1. **Deliverable:** Facilitate Research and Innovation
    - **Description:** As a University NHS Trust, we will establish a culture of research and innovation within health and wellbeing to develop evidence-based practices and support initiatives.
    - **Outcome:** Establish WAST as a vibrant hub for NHS research and innovation in health and wellbeing, leading to enhanced resources and programmes that benefit both our workforce and the wider community.
2. **Deliverable**: Trade Union Partnership and Collaboration
    - **Description:** Continue to build constructive partnerships with Trade Union Partners to ensure staff wellbeing is prioritised across all stages of organisational development and change.
    - **Outcome:** Stronger alignment with staff interests and needs, with Trade Unions actively supporting the development of a workplace culture that values and promotes health and wellbeing for all employees.


EMERGENCY AMBULANCE

ACADEMIC PARTNERSHIPS COMMITTEE
HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	29 November 2024
Committee Meeting Date	18 November 2024
Chair	Hannah Rowan

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Members highlighted that whilst the allocation of resourcing is an Executive decision, it is crucial to have the Board's commitment to support the research and development framework governance. Limited funding hinders the ability to embed Research and Innovation (R&I) activities effectively and develop a strong foundation for future growth. A proposal for building the core fundamentals will be discussed at the next meeting.

2. Members approved the slightly reframed **Committee Priorities for 2024/25** which included the University Trust Status (UTS) benefits realisation and a clearer articulation of the Committee purpose and focus. The Board is **asked to approve** the revised Priorities for the Committee. The detail can be viewed in the Committee papers.

ADVISE

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

3. The Chair welcomed the Trust's new **Academic Non-Executive Director,** Professor Hayley Hutchings, to her first meeting having joined the Board from 11 November 2024 and Carl Kneeshaw as the Trust's new **Director of People**.

4. Members received a spotlight on innovation in the closed session of Committee, given the commercial sensitivity of the project, noting the progress made towards integrating **drone technology** within its operations to enhance emergency response capabilities.

5. **Reflections** from members of the meeting noted that there was a strong direction on the future priorities, both for the University Trust Status and for the Committee; succinct papers and presentations; and that progress is being made with great insight into the work and focus of the Committee with thoughts about how discussion is turned into action.

ASSURE

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

6. Members received an update on the **University Trust Status (UTS) Benefits Realisation** and endorsed the consolidated ideas and proposed priorities for inclusion in the 2025-28 Integrated Medium Term Plan (IMTP). The priorities included a commitment to learning, enhancing academic and industry partnerships, and establishing a centre of excellence by 2028, all of which align with the Trust's long term strategy, Delivering Excellence and the Trust's commitment to the Duty of Quality. Members acknowledged the importance of being explicit about the benefits for both our people and patients.

7. The next steps for **Research and Innovation** (R&I) were outlined to ensure research strategies and objectives are integrated as part of routine work across all areas of the Trust and that they become fully embedded into our culture and operations. This will support resilience in the team and address capacity issues. Members recognised the need to prioritise the foundation building process over the next 12-18 months to ensure opportunities for improvement are delivered. The importance of harnessing R&I as an accessible pathway for colleagues to engage in research activities will be built into the foundations and supported by an evidence base to demonstrate their effectiveness.

8. An update was received on the **Research Governance Framework** being developed throughout 2024/25 which includes Research Key Performance Indicators (KPIs) including key achievements, strategic goals, governance, partnerships, research support and communication efforts noting the progress already made to date. Health & Care Research Wales (HCRW) will work with the Trust to conduct self-assessments against the NHS Framework. Committee will receive updates on growing a data science capability in the future.

9. The **Cycle Monitoring Report** was received, noting that the R&I Annual Report has been rescheduled from Q2 to Q4.

RISKS

Risks Discussed: There are no formal risks on the corporate risk register for this Committee.

New Risks Identified: No risks raised.

The papers for this meeting can be found by following this link to the Committee page on our website.

COMMITTEE AGENDA FOR MEETING		
Research and Innovation Next Steps Position Paper	University Trust Status Benefits Realisation Position Paper	Revised Committee Priorities, Cycle of business and monitoring report
Research Governance Framework update		

COMMITTEE ATTENDANCE				
Name	**23 April 2024**	**July 2024**	**18 November 2024**	**23 January 2025**
Hannah Rowan				
Prof Kevin Davies				
Ceri Jackson				
Prof Hayley Hutchings				
Estelle Hitchon				
Angela Lewis				
Carl Kneeshaw				
Andy Swinburn				
Jonny Sammut	Aled Williams			
Jonathan Turnbull-Ross				
Duncan Robertson				
Jonathan Chippendale			Kerry Robertshaw	
Prof Nigel Rees				
James Houston				
Jo Kelso				
Trish Mills		Julie Boalch		
Mark Marsden				
Keith Rogers				

	Attended
	Deputy attended
	Apologies received
	No longer member

FINANCE AND PERFORMANCE COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. The papers for these meetings can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	29 November 2024
Committee Meeting Date	19 November 2024
Chair	Jayne Beeslee

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The board was alerted in September that certain **Key Performance Indicators** were not populated in the Monthly Integrated Quality and Performance Report (MIQPR) for that meeting. Whilst the 111 clinical triage callback times (P1) data issues have now been rectified, data quality issues remain for some metrics. However, members were assured that a 111 Measures Task and Finish Group has been established between WAST, its commissioners and Digital Healthcare Wales with the focus on development of a nationally reportable 111 data set. Additionally, the **Data Quality Internal Audit** report reviewed by members sets out the actions being taken to address data quality issues, including strengthening reporting arrangements and resourcing in this area. This was a reasonable assurance rated audit, with only 2 of the 10 recommendations being high priority. The committee will continue to monitor this cross-cutting issue.

2. Issues of **recruitment to key positions**, particularly for our digital and commercialisation ambitions, was a theme that ran through the meeting. Whilst job evaluation process improvements are now in place and the overall time to hire process is a priority for review by the new Director of People, the committee will continue to monitor recruitment in what is a competitive market at the next meeting.

ADVISE

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

3. An update on the progress of developing the **IMTP for 2025-28** was received detailing the planning cycle and feedback from the Collaborative Planning Workshop event held in October 2024 to finalise priorities. The Committee welcoming the upcoming focus in board development sessions on the IMPT. Discussions with Commissioners will take place once the financial allocations are known, and the draft plan will be presented to the January meeting.

4. Members received the **Operations Update Q2**, noting it had been reviewed by the Quality, Patient Experience and Safety Committee (QuEST) and the People and Culture Committee earlier in the month. Additional highlights from a performance perspective noted by members were as follows:
   - Quality and support days are developing well with a performance focus on multiple attendance ratios and compliance with diesel mitigation outside hospitals.
   - First scoping meetings on electronic timesheets are highlighting potential benefits once deployed.
   - Financial savings are on track for the directorate; however, there is an issue with the overtime budget not being utilised by staff noting overall reasonable production, less reliance on overtime and a stable position for the Trust because of several financial improvements for staff in place.
   - Urgent Care Service transition - monitoring the reduced utilisation of UCS resources and implementing measures to increase this including messaging to EMS staff to request UCS when appropriate.
   - Single allocator model with dispatch boundary changes in the EMSC reconfiguration project shall be fully implemented later this month with staff having periods of time proofing the approach beforehand aiding deployment.
   - Accredited Centre of Excellence remedial status for the Medical Priority Dispatch System (MPDS) has ended having achieved and sustained improvement.
   - The Medical Transfer Protocol Suite is a new MPDS triage approach for interfacility movement and will need time to embed before the non-compliance rate improves with early work showing improvement is occurring.

5. The **NHS Wales Procedure for Recovery of Overpayments (Salary and Expenses)** was adopted, and the amended **Records Management Policy** was noted.

6. Members **reflected** that the hybrid meeting worked well with a different in room configuration and limiting the chat function. The papers were of good quality in both public and private sessions and provided a good level of assurance.

ASSURE

(Detail here assurance items the Committee receives)

The following items will also be presented to board at their 26 September meeting however members may benefit from the following points of discussion from the committee:

Financial Position for Months 6 and 7 2024/25

7. The EMT band 5 business case risks are highlighted, with a reduced residual risk of £500K for the year now being reported due to factors such as education and training requirements shifting to Q3/4, the holding of certain vacancies, over achievement of savings, some slippage in additional spend in year and using overtime budget. The Trust will seek to cover this year's costs with adjusted year-end spending forecasts, but this approach is unsustainable for 2025/26 and beyond.

8. The in year financial planning and forecast position assumption remains that the impact of the pay award costs for this year for NHS Wales bodies will be covered in full by Welsh Government. The executive will keep a close eye on the modelling work and any risks this may bring to covering the entirety of the pay award and will escalate where necessary. Assumptions are that the increase to employer National Insurance will be covered by the Welsh Government and details will be included in next year's plan.

9. Members noted that the outcomes continue to demonstrate strong and robust financial management given the challenging financial savings position. The Audit Wales Review of Cost Savings Arrangements relates to this and is shown below.

10. An update on the 2024/25 capital programme was discussed in more detail in private session, with no issues to escalate to board.

11. The Chair's Action recently approved by the board with respect to works at Ty Elwy was noted.

Monthly Integrated Quality and Performance Report (MIQPR) for September/October 2024.

12. The indicators highlight that NHS 111 Wales has stabilised post the 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.

13. The 5% NHS 111 Wales abandonment rate was achieved in October, and clinical response times for P1 and P2 achieved targets this month, with P3 slightly off target at 87% against a 90% target.

14. EMS is stable, but likewise off target for Red performance 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 clinical model transformation.

15. Ambulance Care is stable; however, dialogue has commenced with commissioner on future demand and recovery of planned care. Recent investment announcements to improve planned care does need transport to be factored into plans.

16. **The Integrated Medium Term Plan (IMTP) Delivery and Assurance Report** included the confirmed end of Q2 2024/25 position. The Board will receive the assurance report at its November meeting; however, committee noted as follows**:**
    - The Clinical Model Transformation program is progressing well and moving to the next phase, focusing on five core workstreams and integrating governance structures.
    - Urgent Community Response Service has a cautionary status due to implementation challenges; however, the Executive Director of Operations offered assurances that the Organisational Change Process (OCP) for the Advanced Paramedic Practitioner and their clinical leadership will support the work back on track early in the new year.
    - There is a significant amount of directorate-led IMTP priorities being developed to ensure structured planning outside of the Clinical Model Transformation programme.

- Progress was noted against the Cabinet Secretary's priorities for NHS Wales, with specific milestones for primary and community care, urgent and emergency care, planned care, and mental health.
- The NHS Wales allocation letter is expected in late December 2024 and the importance of having agreed planning assumptions was emphasised to develop plans through Q4.

The following items were only presented to this committee and assurance is provided to the board as follows:

17. The **Audit Wales Review of Cost Savings Arrangements**, which was carried out across all NHS bodies, looked at their approaches to identifying, delivering, and monitoring sustainable cost savings opportunities. Overall, Audit Wales found that the Trust exceeded its overall 2023-24 savings target and continues to enhance its arrangements for identifying, delivering, and monitoring efficiencies and sustainable cost savings. The committee commended the teams on a positive report and noted that opportunities exist to reduce reliance on non-recurrent savings, strengthen financial capabilities across the organisation, and refine savings reporting to the board.

18. The Internal **Audit on the Quality and Performance Management Framework** follows the Audit Wales Review of Quality Governance in 2022/23 which focused on quality governance arrangements, with this internal audit looking at embedding of the framework. The review returned an overall reasonable assurance rating, and one high priority recommendation related to the work programme and local frameworks. The Audit, Risk and Assurance Committee has been overseeing the implementation of this framework during 2025/26 and will consider this review at this meeting on 21 November.

19. The **Internal Audit on Overtime Controls** related to the process adopted for the allocation of planned overtime and returned a reasonable assurance rating across all objectives and no high rated recommendations.

20. 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:

    - The simplicity of the visual presentation of the digital KPIs was appreciated.
    - The CMT is the Trust's priority currently and whilst risks to the Digital Plan are not fully known at this stage given the pace of that programme, the committee was assured that there are monthly planning meetings to manage this and there are no escalations to the board at this point.
    - The average turnaround time for non-trivial requests to the IT service desk has increased to 40 days. Recruitment for four end-user support roles is imminent to bolster support desk provision.
    - High volume of records requests continues. Two new records officers will join in December and January to help manage the workload.
    - Good system availability performance was reported, with minor issues in September but generally above the UK industry standard of 99.9%.
    - Scoping is underway to devise and build a more automated tool for conducting IPC audits.
    - SMS cancellation functionality for Ambulance Care and EMS was discussed. Following the Southeast Coast Ambulance Service deployment, technical requirements have been provided to our CAD supplier, with work scheduled to commence in early 2025.

- The procurement of surveillance drones for the HART team is underway, with training for pilots scheduled in the coming months. Committee members noted that the Academic Partnerships Committee reviewed this programme in closed session the previous day due to its commercial sensitivities and it was well received and a good example of collaboration with industry partners.
- Members commented on the criticality of recruitment to key posts in the digital team. This theme ran through this report as well as the Data Quality Internal Audit. Members were assured that recruitment is progressing well, with excellent interest and quality of candidates for many of the roles advertised. Work with the People Services Team on inclusive recruitment has been particularly welcomed. The new Chief Clinical Information Officer and Assistant Director of Digital Transformation roles have been filled.

21. The **Information Governance Report** for Q3 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:
    - Issues related to data quality and the Data Quality Internal Audit is shown in the alert section above.
    - On the IG toolkit the organization is at a "standards not met" status, however the committee was assured there was an improvement plan in place.
    - IG Training compliance rate is 76.5%, an improvement from the previous year's 75% target. The new target is 85%, and there is ongoing debate nationally on about whether this is an appropriate target.
    - In August, 21 freedom of information requests were received, with 72.2% compliance within the 20 working day timeframe. Further improvements are expected following an OCP and process review.
    - Progress has been made on the records improvement plan, but timelines are impacted by long-term sickness in the team. A re-baseline of the plan will occur in the next Information Governance Steering Group meeting.
    - Recruitment is under way for the Data Protection Officers, with two new data protection managers are joining this month.

22. In July 2024 the **Mobile Data Vehicle Solution** (MDVS) Project Team shared a survey with all operational colleagues to gather feedback about the solution. The Ambulance Radio Programme (ARP) which sits under the auspices of AACE, engaged with operational teams across 14 locations in Wales during CEO roadshow events, gathering 154 feedback items that aligned with staff survey findings, all of which were documented and reviewed For some areas the new solution had been in situ for some time and in other it was still very new. Feedback highlighted key issues such as routing, graphical user interface design, mapping, incident management, and voice notifications and was not overall positive of the solution. These were shared and whilst many of these were already on their long-term plan as being common issues across all Trusts, this feedback has helped move this at pace with a focus on issues at WAST. ARP will work with WAST to prioritise and implement the top 10 feedback items in future deployments, with an action plan for future developments. A training package highlighting agreed product features through communications and video demonstrations will also be completed; noting however that some changes, such as screen visibility over 7mph, remain constrained by legislation. Further discussions are to be held with Trade Union Partners on this issue and any improvement plans.

23. The Committee received the report on Q2 2024/25 of the **Audit Tracker**. It was noted that of the internal audit actions relevant to the Committee 67% due in quarter were closed in quarter, with 5 actions on third and final dates. The importance of scrutinising the reasons and rationale for change where revised dates are proposed was noted.

24. Members received the **Committee Cycle of Business Monitoring Report and Committee Priorities** update with no escalations.

25. In **closed session** members received an update on the cyber KPIs and audit recommendations, as well as an update to the 2024/25 capital programme.

RISKS

Risks Discussed: Members received assurance on the risks within the Committee's remit as well as the Trust's two highest scoring risks within QuEST's remit for oversight, noting that the data is the same as that presented to Trust Board in September 2024.

Risk 594 has reduced in score in the latest review and will be drawn out in the reporting to ARAC and Board in November 2024.

Members were informed of the next phase of the Risk Transformation Programme, overseen by ARAC, noting an initial workshop is planned for December 2024 on developing risk appetite statements followed by a Board Development session in February 2025.

COMMITTEE AGENDA FOR MEETING		
Operations Update Q2	Financial position Months 6 & 7 2024/25	Monthly Integrated Quality and Performance Report
Digital KPIs	IMTP Delivery/Assurance progress update IMTP 2025-2028 update	Information Governance Report
Risk Management and BAF	Audit Tracker Q2 Data Quality Internal Audit Overtime Controls Internal Audit Integrated Quality and Performance Management Framework Internal Audit Audit Wales Review of Cost Savings Arrangements	Mobile Data and Vehicle Solutions Feedback Initiative
Records Management Policy NHS Wales Procedure for the Recovery of Overpayments	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	Hugh Bennett		
Lee Brooks						
Liam Williams				From Item 7		
Angie Lewis						
Carl Kneeshaw						
Jonny Sammut						
Trish Mills	Julie Boalch					
Hugh Parry						
Damon Turner						

	Attended
	Deputy attended
	Apologies received
	No longer member

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	29 November 2024
Committee Meeting Date	21 November 2024
Chair	Peter Curran

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Whilst not a matter of escalation, the committee commended the teams on two **positive Audit Wales reports** reviewed by the committee at this meeting – Review of Cost Savings, and the 2024 Structured Assessment. A significant amount of assurance was received by the committee, with further detail set out at paragraphs 5 and 6 below. Additionally, the transparency and proactivity of the Executive in including areas of risk in the Internal Audit Plan was commended, notwithstanding the probability of limited assurance outcomes.

ADVISE

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

2. 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. A new approach to effectiveness reviews for 2024/25 was discussed, particularly as it relates to engagement in these reviews by members.

3. A **pre-meet** was held with Audit Wales, Internal Audit and the committee Chair ahead of the meeting.

4. Members **reflected** that the hybrid meeting worked well again, with chat kept to a minimum which was appreciated. Directors attending for assurance on third revised dates and their candid comments was seen as positive, and a good discipline for the committee to receive assurance. Members felt the meeting focused on key areas and that papers and presentations were of good quality. Audit reports were positive; however, members recognise resource and capacity issues will continue to be challenging, particularly over the coming months. New attendees found the contributions and discussion supportive.

ASSURE

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

5. The **Audit Wales Review of Cost Savings Arrangements** report was presented. This programme of work was undertaken for all NHS bodies and this report looked at the approaches to identifying, delivering, and monitoring sustainable cost savings opportunities at WAST. This was a positive report, with Audit Wales finding that the Trust exceeded its overall 2023-24 savings target and continues to enhance its arrangements for identifying, delivering, and monitoring efficiencies and sustainable cost savings. However, opportunities exist for the Trust to reduce its reliance on non-recurrent savings, strengthen financial capabilities across the organisation, and refine its savings reporting to the board. Four recommendations were made, and the committee was assured that management actions were reasonable and timely. Further detail on the board's appetite for managing the issue of non-recurrent savings will be considered for incorporation into the 2025/26 financial plan.

6. The **Audit Wales Structured Assessment 2024** was presented and is a stand-alone item on the board's agenda for its November meeting. The programme of work focused on the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on our corporate approach to planning; corporate systems of assurance; board transparency, cohesion and effectiveness; and corporate approach to financial management. This was another positive report, with Audit Wales finding that the Trust's corporate arrangements generally support good governance and the efficient, effective, and economical use of resources. Positively, the Trust is transforming its clinical services to better manage operational pressures and demand and is making good progress in enhancing key systems of assurance to strengthen Board focus on strategic risks. Similar to the Review of Costs Savings Arrangements report, Audit Wales note that whilst financial performance is good, there is a need to move away from its reliance on non-recurrent savings to maintain organisational resilience.

7. **Audit Wales updates** were noted as follows:

   - The Follow Up Review of Quality Governance Arrangements will be presented at the Quality, Patient Experience and Safety Committee (QUEST) in February and ARAC in March. It has been issued in draft and management responses are expected imminently. Members were informed that there has been progress with 2022 recommendations, however some were in still progress.
   - Likewise, the review of unscheduled care report part two (accessing urgent and emergency care) is underway and will come to the committee in March. Part three of the review (national arrangements and leadership structures) is in the scoping phase.
   - The deep dive review of digital systems to support service resilience and transformation (an All-Wales piece of work) is in the scoping phase.
   - The independent examination of the 2023/24 charity accounts will commence on 16 December, with no escalations to the Corporate Trustee on timelines at this stage.

8. Progress against the **2024/25 Internal Audit Plan** was received and it was noted that the plan remains on track. Management responses within 15 days is currently showing as red; however, the committee was appraised of new processes in place, current capacity pressures, and the plan to reiterate the need for timeliness to the ADLT and ELT. The following Internal Audits reviews were completed during the quarter and presented to the Committee:

   - **Resourcing Policy – Limited Assurance**. The purpose of this audit was to review the Resourcing Policy, its compliance with national terms and conditions, and to assess its application as an enabler for effective resource production. Members noted that this was an area the executive felt would benefit from an independent examination when developing the 2024/25 audit plan, and therefore the assurance rating was not unexpected. Whilst some of the management actions have commenced, others will require significant consultation, for example to ensure the policy is fit for the needs of a modern service. Timelines set for these areas in particular recognise the challenges this will pose.
   - **Integrated Quality and Performance Management Framework – Reasonable Assurance**. This follows the Audit Wales Review of Quality Governance in 2022/23 which focused on quality governance arrangements, with this internal audit looking at embedding of the framework. The review returned one high priority recommendation related to the work programme and local frameworks.

     The *implementation* of the Quality and Performance Management Framework has sat with ARAC as a priority for 2024/25. The Committee were assured on the continued roll-out and embedding of quality and performance under this framework, and as foreshadowed at the September meeting members agreed to close the priority and transfer the review of effectiveness of the framework back to the Finance and Performance Committee as per their terms of reference.
   - **Overtime Controls – reasonable assurance.** The purpose of the audit was to review the process adopted for the allocation of planned overtime. There was reasonable assurance rating across all objectives and no high rated recommendations.
   - **Data Quality – reasonable assurance.** The purpose of the audit was to review the structures and processes for ensuring data quality and accurate reporting within the Trust. The report highlighted that the focus within the Trust, due to capacity, has been on the EMS CAD system. This audit was discussed in detail at the Finance and Performance Committee, with issues of resourcing and the need to strengthen data quality processes across the other data sets and systems drawn out in that committee's AAA report. Auditors noted the Trust is forging a good data culture.

9. The Committee has oversight of the **Trust's Policy** work plans and was assured that 46% of policies identified as a priority for review are now within their review date which is a significant improvement on the 14% reported post pandemic in July 2023. A re-evaluation of the policy priorities has been undertaken with the Executive Leadership Team and a new work program established for 2025/26.

10. The **All-Wales Procedure for Recovery of Overpayments** is approved and endorsed by the NHS Wales Shared Services Partnership Committee and aims to provide a consistent approach across all NHS Wales organisations replacing all previous local policies and procedures. The committee will adopt the policy by way of a Chair's Action post-meeting as it was not available on Ibabs.

11. The **losses and special payments** made during the period 01 June to 30 September 2024 amounted to £186K net repayments. The rationale for the reporting will be reviewed, noting it is required under the Standing Financial Instructions.
12. The committee's terms of reference requires it to receive assurance on the **arrangements for near miss reporting** at the Trust. Assurances were received by way of a report from the Chair of QUEST on the near miss arrangements and that committee will continue to monitor this maturing area by way of the Putting Things Right Report.
13. In private session the Committee received the counter fraud update 01 June to 30 September 2024 as well as the report on **tenders and single tender waiver requests**, noting there were no single tender waivers in the last two periods. 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 33 recorded ongoing investigations (37 in last reporting period), with 10 new referrals (12 in the last reporting period) having been received. The Committee discussed the themes and trends in ongoing investigations and considered, and fraud awareness promotion undertaken, including during National Fraud Week.
14. An update was received on the revised **Audit Tracker** from the Q3 2024/25 reporting period. The Committee noted that 37% of internal audit actions were closed in quarter. There were 11 actions on their third (and final) revised date; these related to the Pain Management, IM&T Infrastructure, Senior Paramedic Audits, Cyber and the 111 Commissioning Advisory Report. Directors were present to discuss the rationale the movement of these dates and any residual risks, which the committee commended.
15. The **Committee's cycle of business** monitoring report was reviewed with no matters to escalate.

RISK MANAGEMENT

The committee received assurance on the progress of the Risk Management Transformation Programme and noted that an external partner has been commissioned to assist with the development of a suite of risk appetite statements in workshops held between December 2024 and February 2025.

Specific updates were provided against the principal risk management activity in Quarter noting that Risk 594 (civil contingency) has reduced in score from 20 to 15 reflecting mitigations and actions that have been implemented and Risk 163 (Trade Union Partnerships) has reduced from 16 to 12 reflecting the positive engagement and that partnerships working well.

Members emphasised the importance of the committee's role in steering the transformation program and may consider this as a committee priority for 2025/26 noting that it is in the Terms of Reference and on the cycle of business.

COMMITTEE AGENDA FOR MEETING IN JUNE		
Chair's report on continuous committee effectiveness	Audit Wales Update Report Review of Cost Savings Arrangements	Internal Audit Progress Report Resourcing Policy Audit IQPMF Audit

COMMITTEE AGENDA FOR MEETING IN JUNE		
	Structured Assessment 2024	Overtime Controls Audit Data Quality Audit
Risk management and board assurance Risk Transformation Programme	Audit Tracker	Policy Report All Wales Recovery of Overpayments Procedure
Near Miss Report	Losses and Special Payments	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[4]**	**6 Mar 2024**
Peter Curran						
Kevin Davies						
Joga Singh						
Ceri Jackson						
Chris Turley						
Audit Wales	Fflur Jones[5]	Fflur Jones	Yvonne Thomas	Fflur Jones[6]	Fflur Jones	
Julie Boalch						
Judith Bryce					Jon Sweet	
Christian Fox						
Angie Lewis						
Carl Kneeshaw						
Osian Lloyd					From Item 7	
Trish Mills						
Liam Williams					J Turnball-Ross	
Carl Window						
Damon Turner					Until Item 10	

	Attended
	Deputy attended
	Apologies received
	No longer member

[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] Bethan Evans, Non-Executive Director joined this meeting to ensure quoracy as new NED membership is implemented
[5] Darren Griffiths and Amy Lord also attended
[6] Gareth Lucy also attended

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE ACADEMIC PARTNERSHIP COMMITTEE OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST HELD ON FRIDAY 19 JULY 2024 VIA TEAMS

Chair: Hannah Rowan

MEMBERS:

Hannah Rowan	Non-Executive Director and Committee Chair
Kevin Davies	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk/Deputy Board Secretary
Estelle Hitchon	Director of Partnerships and Engagement
James Houston	Head of Strategy Development
Caroline Jones	Corporate Governance Officer
Jo Kelso	Head of Workforce Education & Development
Alex Payne	Corporate Governance Manager
Keith Rogers	Trade Union Representative
Andy Swinburn	Executive Director of Paramedicine
Jonathan Turnbull-Ross	Deputy Director of Remote Clinical Care

APOLOGIES:

Angela Lewis	Director of People and Culture
Mark Marsden	Trade Union Representative
Trish Mills	Director of Corporate Governance/Board Secretary
Nigel Rees	Assistant Director of Research and Innovation
Duncan Robertson	Assistant Director for Clinical Development
Jonny Sammut	Director of Digital Services

38/24 WELCOME AND INTRODUCTION

Hannah Rowan welcomed everyone to the meeting bilingually and confirmed quorum. She went on to explain that due to a worldwide IT issue, Jonny Sammut was unable to join the meeting today.

Hannah Rowan asked members if they had any other items of business they would like to raise later in order for timings to be adjusted appropriately; and confirmed she would give a brief update regarding her Research Champion activity.

39/24 DECLARATIONS OF INTEREST

There were no additional declarations to those already recorded on the register.

RESOLVED:
There were no additional declarations raised to those recorded on the register.

40/24 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 16 January which had been reviewed and amended following comments from Nigel Rees, were approved as a correct record.

Hannah Rowan had a question on the minutes of 23 April 2024 relating to "there being no ongoing discussions relating to funding capability and capacity within the research and innovation space".

Andy Swinburn confirmed that the conversation was prompted by the various ongoing research activities, with Nigel Rees being central to these efforts. The main points highlighted by Andy Swinburn were:

1. **Integration into Daily Work**: Research should become a routine part of everyone's work, incorporated into work plans rather than seen as an additional task.
2. **Building Core Capacity**: There is a need to develop core capacity, which is currently active. The job description relating to this, is in development. There is an ongoing issue with job banding capacity, particularly concerning the deputy role for Nigel Rees.
3. **Current Active Pieces**: The team is actively working on job evaluation and the deputy role for Nigel.
4. **Future Planning**: Nigel has been asked to prepare a plan that can be quickly implemented if additional funding becomes available. Currently, only 0.4 FTE of a position is funded by the Trust, but the goal is to increase this to 1.4 FTE. This plan should be ready by the end of Q3/Q4 to address capacity issues and support future growth in research.

Additionally, there is an emphasis on integrating research into everyone's work plans, making it a routine part of departmental business. The follow-up discussion in October will address these points further. It was therefore not necessary to adjust the minutes.

Estelle Hitchon added that the conversation focused on the different types of research and the need to make research more accessible ensuring everyone could participate, regardless of the scale of their involvement. Estelle made the following points:

1. **Nigel's Role**: Nigel has been successful in securing research contracts and acting as the Principal Investigator (PI) for structured, approved research projects.
2. **Accessibility of Research**: There is a concern that highly academic and structured research could be intimidating. It is important to break down barriers and encourage participation in smaller, more accessible research initiatives.
3. **Integration and Capacity**: Emphasising the need to integrate research into everyday work and address capacity issues. The current 0.4 FTE commitment is insufficient, and there is a need to plan for potential future funding to increase this capacity.
4. **Distinction in Research Levels**: There should be a clear distinction between more accessible, lower-level research and highly academic research, and a strategy to bridge the gap between the two.

Jonathan Turnbull-Ross added that the organisation relied on the efforts of its people rather than additional funding to drive projects. Jonathan made the following points which emphasised the importance of strategic investment and support to foster innovation and achieve excellence:

1. **Initial Energy and Testing**: There is enthusiasm for starting projects and testing ideas, but integrating these into the operational and strategic framework is challenging.
2. **Budget Constraints**: Many projects had been run without a budget, leading to a "make do and mend" mentality. This approach is not sustainable for long-term success.
3. **Strategic Focus**: The need to decide whether to continue or end projects was crucial. The organisation must pick areas of excellence to focus on, aligning with the goals of achieving UTS.
4. **Support for Innovation**: More backing is needed for innovation and change, highlighting the efforts of key individuals like Andy and Nigel.

Jo Kelso also expressed the importance of education in fostering a curious mindset and integrating research into organisational practices. Jo made the following points:

1. **Educational Systems**: Current systems encourage research primarily for achieving qualifications. There is a need to shift towards fostering a curious mindset that benefits both the individual and the organisation.
2. **Encouraging Inquisitiveness**: Recognising and encouraging lower-level learning and inquisitiveness is crucial. This should go beyond achieving qualifications to feeding ideas back into the organisation.
3. **Structuring Research Efforts**: There is a need to structure research activities across the organisation to ensure clarity and coordination. This includes directing colleagues to central figures like Nigel to consolidate ideas.
4. **Quantifying and Justifying Investment**: To justify increased investment in research, it is essential to quantify current activities and demonstrate their value. This would help in making a case for sustainable growth and support.

Hannah concluded by saying there is a need to balance and support both practical and formal research efforts to foster innovation and growth.

RESOLVED: That the

1) **minutes from the meeting on the 16 January 2024 were approved; and**
2) **following a detailed discussion the minutes from the meeting on the 23 April 2024 were approved.**

41/24 ACTION LOG AND MATTERS ARISING

The Action log was discussed with no actions due today, following the discussion relating to the frequency of reporting on the Research Governance Framework and the amendment of that due date.

Hannah Rowan queried if there had been any update on the appointment of an Academic Non-Executive Director following the alert raised in the previous Highlight Report. It was confirmed that the Minister was considering three candidates.

RESOLVED: That the

1) **action log was reviewed and updated as set out above; and**
2) **Committee noted that the Minister was considering the candidates suitable for the appointment of an Academic Non Executive Director.**

42/24 UNIVERSITY TRUST STATUS BENEFITS REALISATION

Estelle Hitchon set out, for context, that the process for University Trust Status (UTS) began almost three years ago, with formal accreditation received earlier this year. She gave a short presentation and asked members to discuss what three things would UTS deliver, which could be easily communicated and used to drive the Integrated Medium-Term Plan (IMTP) forward. She set out that the focus was on leveraging the newly acquired UTS.

1. **Benefits and Strategic Use**: The discussion aimed to identify the genuine benefits of UTS and how to leverage it for strategic goals and making it meaningful for people.
2. **Integration with Other Initiatives**: Consideration of how UTS aligned with other initiatives, such as the Well-being of Future Generations Act, to galvanise efforts and motivate the organisation.

The discussion emphasised the need for a clear, strategic approach to utilising UTS to enhance organisational planning and development.

Members discussed the benefits and simplifying the goals for UTS and identifying best-case scenarios. The discussion highlighted the importance of a structured, evidence-based approach to achieving excellence and fostering a culture of continuous improvement. Key points included:

3. **Simplification and Focus**: The aim was to narrow down broad ideas into simple, clear goals.
4. **Best-Case Scenarios**: Participants were encouraged to think about their ideal outcomes for UTS and share keywords in the chat. For example, “credibility” was mentioned as a key ambition.

5. **Collective Input**: The process involved gathering initial thoughts from everyone to get an overview of starting points and aspirations.
   The discussion emphasised the importance of starting broad and then refining ideas to create focused, achievable goals for leveraging UTS.
6. **Consultant Clinical Practice**: Linking UTS to consultant clinical practice to promote clinical excellence and professional growth within the ambulance service.
7. **Centre of Excellence**: Establishing a centre of excellence, particularly in remote clinical care, to position the organisation as a leader in this field. This included building the necessary faculty, team, and infrastructure.
8. **Point of Care Delivery**: Enhancing point of care delivery, including innovative solutions like drones for rapid testing, to connect clinicians with patients and necessary information efficiently.
9. **Credibility and Value**: Increasing the organisation's credibility and perceived value by demonstrating excellence and innovation in clinical practice and care delivery.
   The discussion emphasised the need for strategic focus and investment to fully leverage UTS and achieve these goals.
10. **Holistic Approach**: The need for both clinical and organisational excellence, recognising that one supports the other.
11. **Quality and Governance**: Establishing clear structures, governance, and norms to define and achieve quality across various parts of the organisation.
12. **Evidence-Based Development**: Encouraging curiosity and evidence-based practices to continuously improve and develop.
13. **Professionalism Across Roles**: Promoting professionalism in all roles, not just clinical ones, and expecting staff to work to the top of their scope.
14. **Quality Assurance**: Shifting from a quality control mindset to a quality assurance approach, ensuring systems and practices are in place to do things right from the start.

The conversation then touched on the challenges of prioritising impactful projects over new, attractive innovations, including:

15. **Attraction to New Innovations**: The organisation often gravitated towards new innovations, but there is a need to focus on fundamental practices.
16. **Evidence-Based Practice**: Many current practices, such as those in the JRCALC clinical guidelines, lacked a strong evidence base. There is a need to prioritise research that challenged and validated these long-standing practices.
17. **Historical Practices**: Examples like fluid administration, oxygen therapy, and spinal immobilisation were highlighted as areas where past practices needed re-evaluation based on current evidence.
18. **Ethical Considerations**: Challenging established practices involves ethical considerations and requires rigorous research to ensure patient safety and efficacy.
    The discussion emphasised the importance of grounding clinical practices in solid evidence before pursuing new innovations.
19. **Vulnerability in Research**: Conducting research that may not yield expected results required openness and could be challenging to sell to the wider system.
20. **Fundamental Challenges**: There is a need to question and validate long-standing practices, such as response times, to ensure they were evidence-based and truly beneficial.

21. **Resource Allocation**: Evaluating whether resources were being used effectively, especially in areas like response times, which may not have a proven impact on patient outcomes.

Members recognised the importance of evidence-based decision-making and the need to challenge established practices to ensure they were truly effective. Managing change in a fast-paced digital age was also raised noting that digitally enabling the right thing would be important. The following points were discussed:

22. **Structured Change Management**: Emphasising the need for a structured approach to change, ensuring assumptions were tested and changes were implemented rigorously.
23. **Pace of Digital Change**: Acknowledging the rapid pace of digital advancements and the influx of new technologies, such as web apps for vital signs monitoring.
24. **Leadership and Resources**: Highlighting the importance of having adequate leadership and resources, particularly questioning if the current 0.4 commitment for the Assistant Director of Research was sufficient to manage these changes effectively.
25. **Core Message**: Ensuring the organisation is well-prepared and supported to implement changes quickly and efficiently, maintaining the necessary rigor.
    The discussion underscored the importance of balancing speed with structure in managing digital and organisational changes.

The conversation continued with discussion around evaluating the effectiveness of current practices and the role of digital advances. Key points included:

26. **Effectiveness of Practices**: Questioning whether current practices, such as "hear and treat," actually solved problems or if patients ended up seeking further care elsewhere.
27. **Connecting Data**: Emphasising the importance of connecting data to track patient journeys and outcomes, leveraging digital advances to achieve this.
28. **Desirable Outcomes**: The goal is to use digital tools to track and improve patient care outcomes effectively.
29. **Open Discussion**: The discussion highlighted the need for data-driven evaluation of practices and the potential of digital tools to enhance patient care tracking and outcomes.

The organisation is generating many ideas and there is enthusiasm for innovation and Estelle Hitchon suggested the importance of common purpose and inclusivity within the organisation was necessary. Some points discussed included:

32. **Decision-Making on Innovations**: It is important to make the right decisions on which innovations would add the most value and impact.
30. **Maturing Processes**: The organisation had started to mature its processes by testing ideas through small tests of change rather than full implementation.
31. **Evaluation and Decision-Making**: There is a need to strengthen the rigor around evaluation and decision-making based on these tests.
32. **Prioritisation**: It is critical to prioritise which innovations to support, as trying to take too many forward could hinder objective and detailed evaluation.
33. **Continuous Improvement**: While there were positives, there were also areas for improvement and maturation in the organisation's approach to innovation.

34. **Common Purpose**: UTS is for everyone in the organisation, not just clinical staff. It is important to ensure that all contributions were valued and understood.
35. **Research and Evaluation**: There is a commitment to evaluating new models and initiatives to ensure they are safe, effective, and supported by evidence. This included having external academic reviews.
36. **Professionalism and Credibility**: The organisation aimed to be seen as professional and credible, redefining what it means to be an ambulance service. This involved sound arguments, evidence, and professionalism across all roles.
37. **Universalism**: Emphasising that the organisation's goals and benefits applied to all staff, reinforcing the idea that everyone's role is important in delivering clinical care.

Hannah Rowan addressed the practical use and impact of achieving UTS.

38. **Utilising University Trust Status**: The organisation needed to determine how to use UTS effectively to drive improvements.
39. **Framing and Communication**: It is important to frame the benefits and communicate them effectively within the organisation and to external stakeholders.
40. **Internal Understanding and Goals**: The focus should be on understanding what the organisation wants to achieve with the status and how it would be effective.
41. **Support and Resources**: There is a need for clarity on the next steps, including involving the wider Board and securing necessary support and resources.
42. **Leadership and Team**: Estelle is leading the initiative, but there is a need for a fuller team to support the work and maintain momentum.

43. **IMTP Reporting**: Including progress and benefits of UTS in the IMTP for 2025 onwards, with a draft ready by quarter three for Board submission in quarter four.
44. **Collaborative Effort**: Involving a smaller group to refine the position paper, test it with Executives, and align it with the overall strategy.
45. **Next Steps**: Reviewing the draft in the next meeting (in October) to ensure it captures the discussion accurately and maps out the connections between ongoing and planned work.
46. **Board and IMTP Integration**: Presenting the refined position paper to the Board alongside the IMTP to meet monitoring requirements and articulate the strategic benefits of UTS.
47. **Board Development Session**: The aim is to take recommendations to a Board Development session, outlining the potential impact and structure of UTS.
48. **Areas of Focus**: The Committee would identify key areas for success and the necessary resources (people, time, money) to achieve these goals.
49. **Prioritisation**: The wider Board would discuss and agree on the order of priorities for the initiatives.
50. **Timeline**: The position paper would be prepared by September, reviewed in the Committee meeting in early October, and then presented in a Board Development session.
51. **Integration with IMTP**: The outcomes will be integrated into the IMTP, ensuring alignment with strategic plan.

An annex to fully describe the above discussion and the attribution of comments is appended to the minutes.

The Committee agreed for Estelle Hitchon to provide a position paper to capture the essence of the discussion, to the next meeting, to ensure commonality without trying to cover everything detailed above.

RESOLVED: That

1) **the Committee had a full discussion on the benefits realisation which is fully set out in the annex; and**
2) **a position paper will be brought to the next meeting.**

43/24 COMMITTEE PRIORITIES AND CYCLE MONITORING REPORT

Hannah Rowan asked that the Committee priorities set out be re-considered and suggested that the clarity on the purpose and focus of the Committee was its own priority, together with the UTS benefits realisation. She also referenced the need to focus on the Research Governance Framework (RGF), and whilst it was an area of interest last year it could still be a priority this year. Additionally, she questioned whether risk reporting should be a dedicated priority.

Julie Boalch advised that should Hannah, as Chair of the Committee, wish to review the priorities they can be reviewed and re-presented to the Committee for endorsement. Julie agreed with the view that UTS benefits realisation should be a Committee Priority and noted that the RGF was now included within the Committee Cycle of Business, so it may not be necessary for the Committee to retain this as a priority.

With respect to the risk reporting, Julie Boalch stated that whilst there might not be any risks currently attributable to this Committee, it was possible that relevant risks may emerge in the coming months and would be developed and reported, as appropriate. Julie added that the relevant risk reporting is captured on the Cycle of Business.

Following discussion, the Committee agreed that it was appropriate to remove the risk reporting as a Committee Priority; remove the review of the name of the Committee in-year as a Priority – having agreed that this was not a singular focus; to add the benefits realisation of UTS as a Priority, and to reconfirm the Priority regarding clarity of purpose and focus. The Priorities will be reconsidered and brought back to the Committee for endorsement.

RESOLVED: That the Committee priorities be reconsidered to reflect the UTS Benefits Realisation together with clarity on the purpose and focus of the Committee and brought back to the Committee for endorsement.

44/24 APPROVED COMMITTEE TERMS OF REFERENCE AND ANNUAL REPORT 2023/24

Hannah Rowan sought clarity on 1.4 of the Terms of Reference ‘the Trust has made a commitment to recognise the importance of partnership working with a full range of academic partners and has established an academic partnership committee to facilitate and develop this work’, as she did not consider this to be something that the Committee could demonstrate action towards. She referenced the reason that the Committee was established may not necessarily be the reason it continued to operate.

Julie Boalch confirmed that the Trust's Standing Orders set the expectation for partnership working within the organisation, with the Academic Partnership Committee fulfilling this role on behalf of the Board. This involves shaping work programmes and committee membership. Although the exact methods were not prescribed, the Committee was expected to oversee monitoring, oversight, and scrutiny. This would be integrated into the business cycle, focusing on achieving goals, reporting, and monitoring progress. Estelle Hitchon added that the new Academic Non-Executive Director would be critical in helping the Committee navigate its way forward.

RESOLVED: That the item was for reference and the comments were noted.

45/24 ANY OTHER BUSINESS

Hannah Rowan spoke about the recent Research Champions Group meeting; it was highlighted that new funding was forthcoming through the VPAG. The acronym VPAG stands for the Voluntary Scheme for Branded Medicines, Pricing, Access, and Growth. Hannah advised that the UK Government has approved a £400 million investment over five years to promote innovation, sustainability, and growth in the UK.

This funding would be allocated to three areas, with pioneering clinical trials being relevant to the Trust. Wales would receive £22.1 million over five years and this investment is intended to bolster the NHS's capacity for commercial clinical research and generate future income. The importance of keeping everyone informed about this development was emphasised.

RESOLVED: That the update from the recent Research Champions Group meeting was noted.

46/24 KEY MESSAGES FOR BOARD DECISIONS / ACTIONS

The Highlight report would be a high-level update to provide the Board with a verbal summary of the meeting for information.

47/24 DATE OF NEXT MEETING:

The date of the next Committee meeting is 07 October 2024.

WELSH AMBULANCE SERVICES NHS TRUST

MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 13 AUGUST 2024 VIA TEAMS

Meeting started at 09:30

PRESENT:

Bethan Evans	Non-Executive Director
Professor Kevin Davies	Non-Executive Director
Ceri Jackson	Non-Executive Director and Vice Chair of the Board

IN ATTENDANCE:

Claire Appleton	Head of Putting Things Right
Kate Blackmore	Head of Quality
Julie Boalch	Head of Risk/Deputy Board Secretary
Peter Brown	Assistant Director of Operations, Operations Transformation
Jonathan Chippendale	Consultant Paramedic
Alex Crawford	Assistant Director of Planning and Transformation (Left meeting at 11:05)
Penny Durrant	Deputy Director, Nursing Quality and Governance
Leanne Hawker	Head of Patient Experience & Community Involvement
Alison Kelly	Business and Quality Manager
Osian Lloyd	Head of Internal Audit, NWSSP
Mark Marsden	Trade Union Partner
Rachel Marsh	Executive Director of Strategy, Planning and Performance (Joined meeting at 11:25)
Vicky Maxwell	Head of Safeguarding
Trish Mills	Director of Corporate Governance/ Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Duncan Robertson	Assistant Director of Clinical Development (Left meeting at 12:08)
Jonny Sammut	Director of Digital Services (Left meeting at 09:45 and rejoined at 11:00)
Andy Swinburn	Executive Director of Paramedicine (joined meeting at 11:00)
Liam Williams	Executive Director of Quality and Nursing

Apologies:

Lee Brooks	Executive Director of Operations
Henry Garrard	Trade Union Partner
Fflur Jones	External Audit

40/24 PROCEDURAL MATTERS

The Chair extended a warm welcome to everyone advising that the meeting was being recorded. Apologies were noted from Lee Brooks, Henry Garrard and Fflur Jones.

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 7 May 2024 were confirmed as a correct record.

Matters Arising
The following update on the previous staff story which was a presentation by Fionna Maclean was provided to the Committee. The 'Support after cardiac arrest page' was now live on the Resus Council UK website: Support after cardiac arrest | Resuscitation Council UK. Support cards, designed by the Patient Experience Community Involvement (PECI) Team with input from the People & Community Network, were awaiting the addition of a Quick Response (QR) code.

Action Log
The action log and the Committee Highlight AAA report from the last Quest meeting were considered:

Minute: 07/24 - *The Committee asked that a timeline/timetable of how the revised Quality Strategy would be delivered be provided to the Committee.* Details of the timeline are included in the QSIP 2021 -2024 update paper - propose that this action be closed. Agreed – Action Closed.

Minute: *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.* Further to investigation of the data, the Trust have no formal reporting mechanism or requirement to share Safeguarding alerts with HIW. HIW are only informed of significant safeguarding concerns that we believe warrant their attention and the attention of their inspectors. Our formal reporting mechanism and legal duty is to send safeguarding reports directly to the relevant Local Authority as the statutory responsible body. As reported at the meeting, the Trust safeguarding reports submitted to Local Authorities have increased annually in recent years. Action Closed.

Committee AAA report dated 7 May 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 7 May 2024.

RESOLVED: That

(1) Apologies were recorded for Lee Brooks, Henry Garrard and Fflur Jones.

(2) The Minutes of the Open meeting held on 7 May 2024 were confirmed as a correct record.

(3) An update on the previous staff story was given which concerned Fionna Maclean and an update on providing support following a cardiac arrest.

(4) Consideration was given to the Action Log and the AAA report as described above.

41/24 OPERATIONS DIRECTORATE QUARTERLY REPORT – 2024/25 Q1

Peter Brown presented the report and drew the Committee's attention to the following headlines:

Since the start of the financial year, Community Welfare Responders (CWR) support officers have recruited and trained 20 CWR volunteers working across 14 active teams. CWRs have attended 68 patients in April & May with a hear and treat rate of 43.5%. The Trust was preparing to extend the test of change for CWRs over the coming winter, with plans to start in November. This longer trial aims to better understand how CWRs can be effectively utilised in the community, especially with dedicated clinical support.

The Trust went into remediation with the International Academies of Emergency Dispatch **(**IAED) for the Medical Protity Dispatch System (MPDS) following Q4. An action plan was approved and was submitted to the IAED as per its Remediation Policy.

In terms of the Medical Transfer Protocol Suite (MTPS), Operations Quality has begun training EMS Coordination staff on MTPS which were the new interfacility transfer protocols within MPDS.

Delayed transfer of care at Emergency Departments across Wales remained a significant challenge in being able to provide a safe level of emergency service with timely response to calls. The total amount of lost hours during Q1 was 5% lower than the hours lost during previous quarter. In April 2024 the total lost hours were 23,616, May 2024 at 24,762 and June 2024 at 22,230.

There were ongoing issues with Red and Amber performance metrics, which were closely tied to the increasing handover hours lost at Emergency Departments. This loss of resources was a significant factor affecting performance in these areas.

While it was noted that the level of over 2 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 progresses on several initiatives to further reduce end of shift overruns to support the wellbeing of staff.

Quality and Support days continued to provide invaluable support to operational staff in the promotion of key indicators and expectations relating to many elements of quality behaviour within Trust premises, on ambulance vehicles, and relating to the member of staff personally.

Comments:

Kevin Davies pointed out that it would be wise to review the terminology used, as a recent questionnaire he received from Public Health Wales still referred to "NEPTS" (Non-Emergency Patient Transport Services). Since the name has been updated to "Ambulance Care," this outdated terminology could potentially cause confusion among the general public. Peter Brown agreed to action. Ceri Jackson raised three points:

1. Ceri Jackson sought further information on the alignment of the CWR role with Health Boards. It was agreed that Peter Brown would take this offline and update Ceri Jackson accordingly.

2. Amber Performance Forecast: the recent deterioration in amber performance was noted understanding this has been a longstanding challenge, and it was asked if there was anything that could be shared about the forecast for the next three months. Peter Brown added that if handover delays continued to be as persistently difficult as they were, the Trust was not anticipating a recovery in performance at this stage.

3. Thanet House Lease Expiry: It was recognised that the lease was due to expire, and assurance was sought on how this was being managed; particularly given the potential disruption to the teams based there - especially the 111 service. Peter Brown assured the Committee that good progress in the plan to replace Thanet House was being made.

RESOLVED: That the report was received.

42/24 PATIENT STORY – LINDA (VIDEO)

Leanne Hawker explained that the story involved Linda, who was the primary caregiver for her adult son, Guy. Guy has a learning disability and other complex needs. When she called 999, Guy was vomiting and struggling to breathe, which caused significant concern. At the time of the call, Guy was in considerable pain and distress, heightening the family's anxiety.

Despite the urgency of their situation, they were provided with an estimated arrival time of three to eight hours. This prolonged wait caused immense anxiety for Linda and her family, as they felt helpless and unable to secure timely assistance for Guy. As his symptoms seemed to worsen, they called again and were frustrated by the need to answer the same questions repeatedly.

On the evening in question, Guy had been sent home from work after being sick. Later, Linda found him in his bedroom standing rigid, racked with pain, grey in colour, and gasping for breath. His torso was as hard as concrete, and he was clearly in severe distress. Despite never having called an ambulance before in her 63 years, Linda knew she had to act quickly.

She called 999, and while trying to remain calm, answered numerous questions from the call handler. Feeling utterly helpless, she watched as her son's condition worsened, prompting her to call 999 again. To her dismay, she had to repeat the same questions and was told that due to the General Data Protection Regulations (GDPR), the previous information could not be used.

Linda later discovered that Guy's case had been downgraded from a Red to an Amber priority because the report inaccurately stated that he was speaking in full sentences, which was not the case. The call handler suggested that they drive Guy to the hospital themselves, but Linda found this suggestion unrealistic.

The experience has left Linda and her family traumatised, particularly because they were working to ensure Guy can live independently. Linda emphasised the need for call handlers to be more sensitive and responsive to the needs of vulnerable individuals, including those with learning difficulties, the elderly, and people with conditions like dementia. For Linda, the expectation was not just transportation to the hospital but immediate medical assistance, but to have aid from someone with oxygen who could assess and stabilise her son.

Leanne Hawker added that the Patient Experience and Community Involvement (PECI) Team has been actively working with Linda and her family to keep them informed about the ongoing internal initiatives aimed at improving patient care. A significant focus has been on ensuring the Team were aware of and responsive to any additional needs that callers may have, especially those that go beyond the immediate clinical presenting problem when contacting 999.

To address this, the Trust has been enhancing the electronic Patient Care Record (ePCR) system to capture more accurate data regarding patients' broader needs. Additionally, the Trust has extended these discussions to include emerging developments within the organisation, particularly how non-clinical needs during phone interactions can be identified.

A key concern has been whether extended processes might inadvertently increase risks for individuals with Learning Difficulties (LD), and how the Trust can ensure more equitable care for the LD community.

The PECI Team has also been promoting training modules to raise staff awareness about the specific needs and impacts on people with learning disabilities. As the Trust prepared for the winter, the Team has been discussing potential adjustments and necessary scripting changes to better support this community.

The Team was also exploring digital developments, such as video or face-to-face triage, to provide a sense of connection while patients were waiting.

Ceri Jackson added it was clear that this was a challenging area, particularly when it came to serving individuals with learning disabilities. The fact that the call handler logged that the patient was speaking in full sentences, has raised important questions about training and communication.

Kevin Davies expressed frustration, noting that the issues mentioned, such as repetitive questioning and the need for a higher index of suspicion for patients with learning disabilities, have been discussed before. He emphasised the importance of addressing these issues to prevent similar stories in the future and questioned when improvements would be visible.

The Chair, Bethan Evans, commented that listening to Linda's story was truly heart-wrenching. Her phrases, like "no one will come," captured the deep fear and helplessness she felt, making it clear that it was a terrifying experience for her. Her comment, "we don't all fit into the same mould," resonated strongly and highlighted the need for a more tailored approach to care.

Leanne Hawker added that while there was still work to be done, the Trust has made significant strides in raising awareness, building expertise, and establishing important partnerships. The implementation of the ePCR changes and continued collaboration with external groups were expected to yield positive outcomes soon. The focus now will be on ensuring that these efforts translate into tangible improvements in the experiences and outcomes for people with learning disabilities.

Liam Williams provided a comprehensive overview of the ongoing efforts and challenges in adapting the Trust's operating model to better serve patients with learning disabilities. He emphasised that while significant changes were being made, especially with the new clinical transformation model, there were inherent limitations in altering the current approach for 999 call handlers, particularly given the international standards and the heavily clinically scripted protocols they must follow.

Liam Williams added that the Committee should recognise the outstanding work that the Patient Experience and Community Involvement (PECI) Team has been doing. He expressed recognition that the Team were finalists in the UK Patient Experience Network National Awards.

RESOLVED: The Committee received the patient story.

43/24 PUTTING THINGS RIGHT (PTR) REPORT

Claire Appleton presented the Putting Things Right Report, highlighting the challenges and progress within the Patient Family Relations, Mortality, and Legal Services teams. She mentioned increased compliance with the 30 day response timeframe for formal complaints and the implementation of a recovery plan. Claire also noted the upcoming legislative changes affecting the landscape and the team's efforts to navigate these changes. Additionally, she mentioned the increasing trends in complaints, patient safety incidents, mortality review work, and coroner's inquests approaches.

Claire Appleton noted there were changes in the reporting profile around Serious Case Incident Forum (SCIF) cases, influenced by both the easing of winter pressures and internal process improvements. She highlighted the need to monitor these changes to ensure they reflected genuine shifts in harm levels or operational circumstances rather than internal leadership changes.

Kevin Davies raised concerns about the way data was reported, specifically the dangers of focusing solely on Health Board data rather than considering population type data. He highlighted that while Betsi Cadwaladr University Health Board (BCUHB) served approximately a million people, the other five Health Boards and one Trust covered around 2 million people combined. This discrepancy posed challenges in how the data was reported and interpreted.

Liam Williams added that the Trust was addressing the challenge of improving how data was reported and analysed, particularly concerning weighted population metrics. The aim was to shift the reporting to focus more on weighted population metrics.

Ceri Jackson raised a query about Table One in the report regarding the classification of harm levels in patient complaints. It was noticed there had been a significant increase in reported moderate harm compared to the previous year, while reports of low harm had decreased.

Claire Appleton explained that the reported moderate harm incidents have remained broadly similar across quarters, indicating a stable trend in this category. There has been a notable decrease in the number of low and no harm incidents reported. This shift may be linked to changes in how incidents were categorised and recorded in the Datix system.

Alex Crawford sought an update to determine if the Never Events Framework was an effective mechanism to drive patient safety improvement with one of the options being to abolish the Never Events Framework and list. Claire Appleton advised the Committee that this was still an option being considered.

Bethan Evans was keen to understand whether the full structure was now in place for the PTR Team. Claire Appleton advised the Committee that all the necessary roles have been filled according to the recruitment plan. There has been some absenteeism due to sickness, but it was expected this would improve starting in September.

Bethan Evans questioned, how the work on developing the report so that it focused more on thematic reviews and trends was progressing. Claire Appleton explained there was work to improve how thematic learning was captured through the Datix system.

RESOLVED: The Quality, Patient Experience & Safety Committee received the Putting Things Right (PTR) report for discussion and were satisfied with the assurance given regarding the Trust's PTR function.

44/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT – JUNE/JULY 2024

Alex Crawford highlighted the following points for the Committee's attention:

The response times to 999 callers remained a concern with red 8-minute performance at 48.2% in July 2024 and Amber 1 median at 1 hour and 26 minutes.

The Trust lost 19,596 hours to handover in July 2024 (marginally higher than July 2023), and this level of lost capacity was difficult to compensate for, despite all the actions being taken.

Ambulance Care performance has been stable, with oncology remaining above target and renal performance achieving its target.

111 call answering performance has improved over recent weeks, however the call abandonment performance was at 11.9% in June (target 5%). It was expected to improve over the coming months when new call handlers were in place.

Alex Crawford explained that in terms of the falls response, there was coverage for falls response services across Wales, with expansion plans outlined in the Integrated Medium Term Plan (IMTP). The goal was to enhance service levels and pathways, particularly working with Health Boards to improve response.

Alex Crawford advised that with respect to the recruitment challenges within the Cymru High Acuity Response (CHARU) units Assessment and Referral Unit) recruitment within CHARU was showing improvement overall, but rural areas presented significant challenges.

Peter Brown advised the Committee that the sickness rates among call handlers in the 111 service were trending back in the right direction. Sickness rates have recently halved compared to the peak levels seen four weeks ago.

Members noted there had been a recent reduction in the Return of Spontaneous Circulation (ROSC) in patients following a period of improvement. Duncan Roberston explained that adjustments have been made to the scripting behind case selection to exclude cases that might have been counted incorrectly or were not relevant.

RESOLVED: The Committee received the Monthly Integrated Quality and Performance report for June/July 2024 and actions being taken and determined that the report provided sufficient assurance.

45/24 ANNUAL SAFEGUARDING REPORT 2023/24

Vicky Maxwell explained that the report had been developed on the strengthened relationship with Public Health Wales and emphasised the Trust's role in the Chief Nursing Officer's review of the Safeguarding Policy construct in Wales.

There had been an increase in safeguarding reporting which could be attributed to several factors. The most significant reason was the enhanced ability of staff to recognise and respond to safeguarding concerns.

Vicky Maxwell highlighted the leadership role of the Trust in rolling out the Home Office prevent training across the workforce. This training was well received and has enhanced the ability to recognise and escalate concerns appropriately. Furthermore, the safeguarding maturity matrix to public health colleagues has been submitted which will be a self-assessment tool for safeguarding practices, and this will inform the safeguarding work plan for the coming year.

Ceri Jackson commented that the report offered a great deal of assurance, showing that not only was the Trust meeting its mandated responsibilities, but also exceeding them. The emphasis on collaboration across the system was particularly appreciated. However, she expressed a few small concerns about the language used in the report. For instance, in the Executive Summary, the word 'celebrating' in the first line does not seem entirely appropriate for this context. Similarly, the phrase 'we look forward to the challenges around safeguarding' at the end could be reframed.

Vicky Maxwell noted the feedback, noting the importance of balancing the report's content to avoid focusing solely on negative aspects. Bethan Evans noted that the Annual Report was pivotal for the Trust. It underpinned the work and the Trust's commitment to keeping people safe in the community.

Liam Williams added that the Trust was aligning the work of various teams, including safeguarding, mental health services, and frequent caller teams, which will lead to more cohesive and efficient operations. He agreed prior to publication that the comments in respect of the type of language used as described above by Ceri Jackson would be reviewed.

RESOLVED: The Committee

(1) Approved the Safeguarding Annual report 2023/24 pending any minor adjustments prior to its submission to the Trust Board for information; and

(2) Noted and considered the sustained increase in demand and the cumulative impact on the Safeguarding Team.

46/24 QUALITY STRATEGY IMPLEMENTATION PLAN UPDATE 2021-2024

Kate Blackmore provided an update on the progress of ongoing actions, particularly in relation to Quality Improvement (QI) initiatives. The report highlighted that 15 actions have been completed out of a total of 25. This indicated steady progress, but there were still 10 actions that required further attention.

The plan included a timeline for QI training, with a rollout expected by the end of September and full completion by the end of Q3. The first annual Welsh Ambulance Services University NHS Trust Quality roadshow took place on 2 July 2024, focussed on education and practical examples of the Quality Management System and the importance of continued engagement with service users.

The Duty of Candour training has been completed by several individuals, but there were still challenges with recording this through the Electronic Staff Register (ESR). Education and Development colleagues were working to embed the training records into LMS365.

Following a question regarding the expectation in closing the remaining actions in the outgoing strategy by December 2024 Kate Blackmore stated that she was confident that the remaining actions would be completed by the end of Quarter 3 2024/25 - December 2024.

The Chair asked whether there were any specific themes or challenges emerging from the service experience surveys currently operating within Civica. Kate Blackmore noted that steps are being taken to address challenges and improve feedback collection.

The Quality Management Group has been working on refining the wording and answer options in the Civica surveys to better capture detailed feedback from service users. Currently, the surveys were mostly completed in the context of ambulance care. As an interim solution, efforts were underway to promote Civica surveys more actively.

RESOLVED: The Committee noted the progress on the Quality Strategy Implementation Plan for 2021-2024.

47/24 QUALITY PLAN DEVELOPMENT AND IMPLEMENTATION PLAN 2025-2028

The current Quality Strategy is due to be reviewed and Kate Blackmore provided an overview of the Trust's approach to developing the new 'Plan' which aligns with the Trust's long-term strategy. She highlighted the following key points:

1. This plan will need to integrate various guidance and legislation, including:

    - The Health and Social Care Quality and Engagement (Wales) Act 2020;
    - The Well-Being of Future Generations Act 2015;
    - The six goals work for urgent and emergency care.

2. The plan will consider the Trust's role in population health, including the value-based healthcare framework. It will also consider social deprivation, ethnicity, and

other protected characteristics, addressing issues such as learning disabilities and sensory loss.

3. In terms of the process in developing the plan:

    - A Task and Finish group will be established in September, following the completion of patient engagement activities.
    - Workshops will be conducted across the Trust to gather feedback from teams and leaders about the plan's content.
    - The first draft of the plan will be prepared and reviewed through appropriate forums for feedback in October and November, with the goal of obtaining approval in December.
    - An implementation plan will be rolled out for Quarter 1 of the next year.

4. The paper includes a request to approve an extension of the current strategy through to April 1, 2025. This request was based on feedback from auditors conducting the quality governance review, who inquired about the extension of the existing strategy.

Ceri Jackon asked of the quality strategies of key stakeholders and the appetite for collaborative work to reduce harm and improve quality and outcomes for patients. Liam Williams provided reassurance about the commitment from system partners to reduce harm, emphasising that their challenges were as significant as the Trust's, though they may face different aspects of it. System partners were eager to work collaboratively to reduce harm and this collaboration extended beyond emergency care to encompass various aspects of healthcare.

Liam Wiliams noted that the Quality Plan for 2025-2028 aims to shift towards targeted improvement to achieve the best outcome improvements for populations, particularly focusing on reducing inequality and improving outcomes. This involves considering where quality impact could be most targeted and is part of the broader transformation and quality improvement journey across the organisation.

Rachel Marsh highlighted the important role of quality from the commissioning perspective, adding that the Joint Commissioning Committee (JCC) was actively working on refining their substructures and enhancing their approach to quality.

RESOLVED: The Committee

(1) Approved the proposed approach to the development of the Quality Plan 2025-2028, and;

(2) Approved an extension of the current Strategy until 1 April 2025 to allow the development of a robust Quality Strategic Plan for the following 3 years.

48/24 LEARNING FROM DEATHS (MORTALITY REVIEWS) UPDATE REPORT

Claire Appleton introduced the report which set out the current position and progress since October 2023, and drew the Committee's attention to the following areas:
The Medical Examiner (Wales) Regulations 2024 were established on 15 April 2024 as part of the wider death certification reforms being introduced in England and Wales through Regulations being laid by the UK Government's Department of Health and Social Care.

The Medical Examiner Service (MES) will be reviewing all deaths not taken for investigation by a Coroner from 9 September 2024. As part of the Learning from Deaths Forum Programme of Work a look back of all MES Referrals from September 2020 to March 2024 has been undertaken to provide assurances in respect of screening, appropriate escalation and the improvement actions undertaken.

Since the establishment of the MES the Trust has received 1154 Referrals (as of 19 June 2024). All Referrals have undergone an initial screen, with cases escalated to the Serious Case Incident Forum (SCIF) as appropriate. Four hundred and seventy-one Referrals have been forwarded to relevant teams for review and appropriate action and have subsequently been closed.

The Trust's Learning from Deaths Forum was established in October 2023 and met on a quarterly basis. The remit of the Forum includes oversight of the Trust's Learning from Deaths Framework, MES Referrals, Prevention of Future Deaths Reports (Regulation 28), bereavement care and scoping out opportunities for the use of collective analysis of information and data to inform Mortality Reviews to provide early warning mechanisms.

From May 2022 a dedicated module has been in place on the All Wales Datix Cymru system. The module was currently populated manually by the Patient Safety Team following receipt of the MES letter.

Claire Appleton added that progress was being made incrementally in respect of learning from deaths, with several externally driven dependencies. There were several next steps being implemented which were comprehensively listed in the report.

Ceri Jackson raised a significant point regarding the potential presence of a high number of protected characteristics within the data on these deaths. Understanding the demographics and characteristics of those involved could offer crucial insights.

Claire Appleton highlighted a significant challenge in accurately capturing and analysing data related to protected characteristics within the current systems, particularly in the context of referrals from Medical Examiners.

Liam Williams highlighted the ongoing developments within the electronic Patient Care Record (EPCR) system, which offered promising advancements in capturing some protected characteristics data. Although the EPCR will not capture all protected characteristics, it represented a significant step forward from the current capabilities.

RESOLVED: The Committee discussed and approved the report and next steps as detailed in paragraph 34, highlighting any further assurance requirements.

49/24 CLINICAL AUDIT PLAN & ACTION TRACKER - Q1 (UPDATE) 2024/25

Duncan Roberston provided the Committee with an update and drew their attention to the following areas: The 2024-25 Clinical Audit Plan contained 12 audits covering a range of topics including clinical conditions, medicines, and compliance to documentation.

1. One has been completed and approved at the Clinical Intelligence and Assurance Group (CIAG).
2. Two were progressing as planned (one since been approved at the July CIAG)
3. Two were not progressing as planned as they were reliant on ePCR user interface changes being implemented. In addition, the Clinical Indicator Recovery Plan was currently a higher priority.
4. Seven were yet to start, some were reliant on ePCR user interface changes being implemented, some were not due to start until Q2/Q3/Q4.

For the audit approved during Q1 (Clinical Frailty Scale Follow Up Audit) there were seven actions:

1. Five have been completed.

2. Two were off track and recovery action taken.

There were no specific comments related to the above topic. As this was Duncan's final QuEST Committee meeting, the Chair expressed gratitude for his contributions. Duncan Robertson appreciated the recognition, but it was important to note that his contributions represented the hard work of a larger team.

RESOLVED: The Committee noted the Q1 2024-25 Clinical Audit Plan and Action Tracker update.

50/24 SPOTLIGHT ON CLINICAL INDICATORS: HYPOGLYCAEMIA

Duncan Robertson provided an in depth update on the focus on hypoglycaemia as a Clinical Indicator (CI) for the Trust, highlighting the challenges and ongoing efforts to improve data accuracy and compliance with the care bundle. The key points were:

What we measure (criteria): The number of patients with a working diagnosis of Hypoglycaemia (Diabetic – low blood sugar) (*denominator).*

Data quality and reporting: An ePCR technical specification was created to enable reporting. Since the implementation of ePCR all CIs were reported on using ‘raw’ data inputted by clinicians (*no manual auditing prior to reporting*).

Improvements to date: A more accurate clinical picture of the care delivered, highlighted the variation between automated and audited data, helps inform future reporting and caveats and informs an improvement plan and changes to the ePCR User Interface.

Next steps to improvement:

1. A recent User Interface change included a 'nudge tool' to improve ePCR compliance for specific fields at point of ePCR closure.

2. Enable message prompts and quick access to non-compliant fields prior to closing ePCRs.

3. Continued engagement with Senior Paramedics to influence more direct clinical supervision during ride outs.

4. Complete the development of a 'Tenant Structure' to enable CIs to be reported at a range of levels (Trust wide, Health Board area, Locality, Team, Individual).

5. Clinical Improvement & Clinical Intelligence and Assurance teams meeting with Senior Paramedics to provide support, guidance and data to promote CI compliance.

6. A CI Performance Group has been established maintaining a focus on improvements and sharing best practice

Clinical Indicator Recovery Plan: Following the switch to ePCR, the way data is collected when with the patient has changed. There are theoretical advantages to the new process, however this has not yet been realised with the monthly results.

The Trust aims were to provide an efficient structure that enables 'always on' automatic reporting, enabling accurate and almost live data to be used for reporting at a variety of levels for all appropriate records.

Andy Swinburn highlighted the complexity of the challenges and the nuanced approach required to drive meaningful change. The complexity involved multiple factors, including human behaviour, data entry habits, and systemic challenges.

Following a query in terms of empowering clinicians, Duncan Robertson stressed the importance of empowering senior Paramedics by providing them with improved data and feedback mechanisms, with the goal of enabling individual clinicians to take ownership of their own data. A key focus was ensuring that all clinicians had access to relevant data.

The Committee noted it was clear there was a significant amount of work being undertaken, not just with this CI on hypoglycaemia, but across the other indicators that have been reviewed over the past several months in this Committee.

RESOLVED: The Committee noted the PowerPoint update for the Hypoglycaemia (Diabetic – low blood sugar) Clinical Indicator.

51/24 IMPACT OF THE CHANGES TO STROKE CATEGORISATION

Andy Swinburn presented the report explaining that in April 2023, the National Stroke guidelines were updated, and in December 2023 Health Inspectorate Wales (HIW) released its findings in relation to the review undertaken in relation to 'Patient flow, a journey through the stroke pathway'.

He explained that the recent change in clinical guidance regarding stroke treatment had been a significant development. The window of opportunity for administering thrombolysis, a critical treatment for stroke patients, had been extended from 4.5 hours to 12 hours, provided there was still clinical benefit in doing so. This change has had substantial implications for how stroke cases were categorised and responded to.

Previously, many stroke cases were categorised as Amber 2, often due to being outside the initial 4.5-hour window or because the onset time of stroke symptoms was unclear. However, with the extended window, almost all stroke cases now fell under the Amber 1 category, which prioritises them more highly for response. This reclassification represented a significant shift in the number of cases classified as Amber 1.

Modelling the impact of this change was challenging, particularly because the exact time of stroke onset was not consistently captured in the past. Despite these challenges, the implementation has gone well, supported by the stroke network, and was now in place across most regions, with one Health Board area still working to increase the availability of stroke physicians. There has been no significant decline in response times despite the increase in the number of cases classified as Amber 1.

Ceri Jackson queried if there was any update as to where the specialist stroke units would be located. Andy Swinburn commented that the exact locations of the future hyper-acute stroke units were still under discussion, with only one emergency department (ED) not yet accepting stroke patients. Despite this, all other receiving departments were currently equipped to handle stroke cases.

Andy Swinburn assured the Committee that the Trust was well prepared to adapt to the changes once the locations of the hyper-acute stroke units were finalised, ensuring that the transition was as smooth as possible for all involved. The Committee agreed it would be useful to receive an update at the Committee once the locations of the hyper-acute stroke units were finalised.

RESOLVED: The contents of this executive summary were accepted, and that assurance was gained that the Trust continued to work with the Welsh stroke networks in relation to the care provided to patients presenting with a potential stroke following the agreed UK guidelines and recommendations made by HIW.

52/24 AUDIT TRACKER 2.0 JUNE 2024 (Q1)

An update was received from Trish Mills 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. The number of external audit actions closed has nearly doubled, reflecting significant progress. Trish Mills acknowledged and thanked everyone involved for their hard work and support in maintaining the positive status of the audit tracker.

Clinical Audit (Internal Audit)

The Committee received the Clinical Audit Internal Audit Report, which gave a reasonable assurance opinion. Duncan Robertson explained that the Clinical Audit internal audit findings have provided the Trust with key insights that will help shape the detailed work needed to move forward. Osian Lloyd, Head of Internal Audit noted that the report benchmarked well against other Health Bodies and was a positive report.

Two actions were due to be closed in September, while three minor issues have already been resolved. The final action, which was tied to the development of a clinical plan as part of the broader Trust strategy, was targeted for completion by 31 March 2025. A workshop has already been conducted and will incorporate the importance of clinical audit into the overall clinical plan.

RESOLVED: The Committee

(1) Received and reviewed the Clinical Audit (Internal Audit) Report;

(2) Monitored management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue).

53/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF)

Julie Boalch explained that the purpose of the report was to provide assurance in respect of the management of the Trust's principal risks, specifically the two risks that were relevant to Committee's remit for oversight.
Risks **223** (*the Trust's inability to reach patients in the community causing patient harm and death*) and **224** (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*) scoring 25 remain unchanged because of sustained and extreme pressure across the Welsh NHS urgent and emergency care.

The risks were reviewed monthly and have already been updated for the next reporting cycle. These updated risks will be presented to the Audit and Risk Assurance Committee (ARAC) in September, followed by the Trust Board, and finally to this Committee in November with the most up to date position. However, as noted in the paper, early indications suggested that the risk scores were likely to remain unchanged.

The key point to note was that the risks presented in the BAF section remain unchanged from those shared at the May Board and the June ARAC meetings. This consistency was due to the scheduling and timing of the meetings, which has not allowed for any updates or changes to be reflected in the current documentation.

RESOLVED: The Committee noted the contents of the report.

54/24 POLICIES FOR APPROVAL/ADOPTION

The Management of Medical Devices Policy was presented by Julie Boalch for approval. The Committee were assured that an Equality Impact Assessment (EQIA) was conducted with no issues raised, and the policy has undergone Trust wide consultation.

RESOLVED: The Management of Medical Devices Policy was approved.

55/24 COMMITTEE TERMS OF REFERENCE AND ANNUAL REPORT 2023/24

The Committee Terms of References and Annual Report 2023/24 were received.

RESOLVED: The Committee Terms of Reference and the Annual Report 2023/24 were received.

56/24 COMMITTEE PRIORTIES AND CYCLE OF BUSINESS (CoB) MONITORING REPORT

An update on progress against the agreed CoB for was received. Trish Mills highlighted several key points from the report, focusing on how the cycle of business was managed.

On the Monitoring Report, the Committee's attention was drawn to the Annual Putting Things Right Report and the Annual Infection, Prevention and Control Reports which have been deferred to the Q3 meeting of the Committee.

RESOLVED: The Committee noted the update.

57/24 ANNUAL QUALITY REPORT 2023/24 AND DUTY OF QUALITY STANDARDS SELF-ASSESSMENT

Liam Williams acknowledged this was a consent item that has already been presented to the Trust Board. However, he formally acknowledged the excellent work done by the team in creating this report.

Bethan Evans added that it was clear an immense amount of work has been put into this report, especially given that it was the first time the Trust has produced one.

58/24 KEY MESSAGES FOR BOARD

The ongoing system pressures were having a significant impact on both patients in the community and those awaiting handover in ambulances. Today's discussions highlighted some stark performance data, underscoring that these challenges persisted.

The key message from this Committee remained clear: the system pressures were creating substantial difficulties for patient care and impacting staff well being.

59/24 REFLECTIONS & SUMMARY OF DECISIONS & ACTIONS

The quality of papers was 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 and new observers and contributors were welcomed to the meeting and offers of induction extended.

Although there were challenges across the system in terms of patient journey and patient outcome, the Trust was involved in the discussions about pathways and outcomes as a key partner.

Operations Report: Agreed to continue discussions offline about aligning with HB's.
Patient Story: This provided valuable insights, although it highlighted recurring issues.
Annual Safeguarding Report: for 2023/24 was approved.
Quality Strategy Implementation Plan: approved the development of the quality plan for 2025 to 2028 agreeing to extend the current quality strategy until April 2025.
Impact of Changes to Stroke Categorisation: noted that updates on the location of stroke units will be provided in due course.
Medical Devices Policy: The policy was approved without any further issues.

60/24 ANY OTHER BUSINESS

The Committee acknowledged this would be the last meeting of the Committee that Kevin Davies would attend, and he was thanked for his contributions over the years.

Date of Next meeting: 5 November 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 FRIDAY 30 AUGUST 2024

Chair: Ceri Jackson

Members:

Ceri Jackson	Non-Executive Director and Chair (MRD)
Bethan Evans	Non-Executive Director

Prescribed Attendees:

Lee Brooks	Executive Director of Operations
Alex Crawford	Assistant Director of Planning and Transformation
Christian Fox	Trade Union Partner
Estelle Hitchon	Director of Partnerships and Engagement
Angie Lewis	Director of People and Culture (MRD)
Trish Mills	Director of Corporate Governance/Board Secretary (MRD)
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources (MRD) (left at 13:10)
Damon Turner	Trade Union Partner

Attendees:

Julie Boalch	Head of Risk/Deputy Board Secretary (MRD)
Sarah Davies	People and Culture Directorate Business Manager
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Sara Mills	Head of Culture and OD
Steve Owen	Corporate Governance Officer
Linda Phillips	SWFP (MRD)
Felicity Quance	NWSSP Audit and Assurance
Julie Stokes	Head of People Services
Tim Villanueva	Trainee Clinical Psychologist
Kayleigh Wheeler	(Staff Story) (MRD)
Nicola White	Head of Health and Safety (H and S Item only)
Liam Williams	Executive Director of Quality and Nursing

Apologies:

Kathryn Cobley	Head of Inclusion and Engagement
Caroline Jones	Corporate Governance Officer

Jo Kelso	Head of Workforce Education & Development
Mark Marsden	Trade Union Partner
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Lizzie O'Shea	Freedom to Speak up Lead Guardian
Alex Payne	Corporate Governance Manager
Hannah Rowan	Non-Executive Director
Joga Singh	Non-Executive Director
Marcus Viggers	Trade Union Partner

57/24 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the hybrid meeting of the People and Culture and confirmed the meeting was quorate.

58/24 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.

59/24 MINUTES OF PREVIOUS MEETING, ACTION LOG AND HIGHLIGHT REPORT

The Minutes of the Open meeting held on 9 May 2024 were considered and agreed as a correct record.

Action 07/24 - Ceri updated Members of conversations that had been held relating to Equality, Diversity and Inclusion (EDI) initiatives and reiterated that EDI is a priority on the agenda. Hannah Rowan suggested Non-Executive Directors might support more EDI initiatives. Further conversations were needed once Hannah Rowan returned from holiday. It was agreed to close the action with any significant updates being reported back.

Action 34/24 in relation to increased workload and significant change was referenced within the Director Update and the action was closed.

Action 36/24a The local system for managing sickness absence in Pembrokeshire and the potential to scale this system across the organisation had been added to the managing attendance action log. Work was progressing well with conversations at Caernarfon reinforcing the importance of sharing best practice; the action was closed.

Action 36/24b – Focus on achieving consistency in record management approaches together with need for individual approaches while maintaining consistency was

recognised. Staff knowledgeable about record management sensitivities were involved. Members agreed to close the action.

Action 39/24 Violence and aggression would be discussed later in the meeting and therefore the action was closed.

Action 40/24 Diesel fumes communications have been placed on Siren for ease of accessibility for staff. This would be considered ongoing work, and the action was closed.

Action Qu02 Concerns were raised about relief gap powers and reassurance was provided regarding recruitment efforts. This would need to be communicated to QUEST.

Members agreed that a process to ensure actions assigned to other Committees were promptly communicated by providing an extract of relevant information from the minutes to the appropriate person.

RESOLVED: That the

1) **minutes of the meeting held on 9 May 2024 were approved; and**
2) **Actions as set out above were agreed.**

60/24 DIRECTOR OF PEOPLE AND CULTURE DIRECTORATE UPDATE

Angie Lewis emphasised the Trust's focus on change management, particularly in addressing change hotspots. Angie Lewis provided Members with reassurance that a robust change management workstream under the clinical transformation model, had been implemented with a specific focus on people. It was suggested that the Committee maintain focus on change at future meetings given the significant portfolio of change underway.

There was recognition for EMT colleague, Lindsey Keyes, who had been nominated for Skills Academy Wales Higher Apprentice of the Year; this is the third year running the Trust has won this highly regarded Higher Apprenticeship award for our EMT Induction Programme.

Engagement sessions had been held across Wales with the EMT2 workforce to discuss potential changes, with positive feedback from the direct conversations with staff on the changes and their impact. Andy Swinburn shared that staff feedback was positive and reassuring, and staff were keen to emphasise the ability to do more for patients, rather than just having additional funds, and consistently highlighted how the increased scope of practice would enable them to offer more to patients.

A virtual session had been held with newly qualified paramedics to address their concerns about the changes. Insights received from the Newly Qualified Paramedics (NQPs) process had prompted a review of support method for NQPs.

Following the Big Bang recruitment there was successful onboarding of newly qualified paramedics.

Angie Lewis confirmed she had been personally recognised across the UK as one of the top 30 most influential HR practitioners for the work on culture change and sexual safety. Additionally, she mentioned the publication of an article in an international People and Culture Review Journal about the Trust's People and Culture Plan.

Damon Turner extended congratulations, along with others, to Angie Lewis for receiving an award for influence. He also expressed appreciation for the Trust's acknowledgement of the significant change affecting staff.

Liam Williams observed the relationship between change and quality improvement/management systems with emphasis on continuous quality improvement and its integration with change initiatives.

RESOLVED: That

1) **positive feedback had been received for the team's efforts in embracing challenges and change;**
2) **follow up sessions with NQPs would be progressed; and**
3) **showcasing best practices in driver education was recognised.**

61/24 OPERATIONS QUARTERLY REPORT

It was recognised that due to the reporting cycle some of the information in the report had been superseded.

Lee Brooks began by congratulating the Chair, Ceri Jackson, on her appointment as Vice Chair of the Trust.

Lee Brooks highlighted the following areas of the report:

- **Manchester Arena Inquiry Submission (MAI):**
    - The MAI submission had been made to the Commissioners which outlined the Trust's financial ask associated with addressing the inquiry recommendations.
- **Risk 594:**

    - Risk 594, Lee confirmed this had now been incorporated into the immediate release protocol.

- **Center of Excellence Standards:**
    - Issue with call handling quality resolved, the Trust was no longer in remediation.
- **EMSC Reconfiguration:**
    - New management roles were imminent.
    - Excitement among EMSC staff about new structures and career progression.
- **Single Allocator Model:**
    - Small scale implementation is planned to familiarise staff with the new approach to mitigate the risk of overwhelming colleagues.
- **Team-Based Working:**
    - Virtual meeting with London Ambulance Service held.
    - Visit scheduled to learn about their team-based approach.
    - Trade union partners invited to observe.
- **EMT3 Role:**
    - Progressing towards planning stages for training by the end of the year.
- **End of Shift Overruns:**
    - Improvement in managing long overruns.
    - Investigations revealed procedural issues with hot swaps.
    - Efforts to align CAD and financial reporting data.
- **Pod Approach at Swansea Bay:**
    - Positive impact in relation to progress on missed meal breaks and stress-related sickness.
    - Encouragement from the Health Board's new Chief Executive, Abigail Harris.
- **111 Vacancies:**
    - Timeline for achieving budgeted establishment had been extended.
    - Optimism about reaching establishment before winter.
- **Clinical Model Transformation:**
    - Numerous pilots and trials underway.
    - Strong engagement and communication efforts.
    - Collective effort to support changes for the upcoming winter.
- **Acknowledgements:**
    - Recognition of the team's hard work and positive progress.
    - Appreciation for the ongoing efforts to manage significant challenges.

Members were encouraged by the positive progress and improving figures with appreciation for the team's hard work.

Time off in lieu (Toil) and the difficulties some staff faced in accessing this in the normal way was raised.

Lee Brooks explained the benefits and positive impact of Team based working and spoke of an upcoming visit to London Ambulance Service (LAS) where managers are on duty at the same time as their teams consistently, allowing for briefings, debriefings and collective team meetings. LAS benefited from being resource rich with less geographical spread compared to WAST, however consideration of how these practices could be adapted was being explored.

RESOLVED: That the Operations progress was noted.

62/24 STAFF STORY – Kayleigh Wheeler Co-Chair of Voices Network

Angie Lewis introduced Kayleigh Wheeler, highlighting her involvement in the Voices Network, her leadership qualities and her desire to continue to learn and improve.

Kayleigh attended a recent CIPD award ceremony which was a valuable opportunity to connect with colleagues. Kayleigh was an example of the diversity and uniqueness of individuals across the Trust.

As an Operations Manager based in North Wales, Kayleigh gave a presentation in which she shared her background and experiences. Having been with the Trust since 2014 she has held various roles including Operational Team Leader and Operations Manager. She is also involved in volunteering particularly with Space Careers UK and holds roles supporting the LGBTQ+ community within the Trust.

Her background in acoustic engineering has enabled her to work with some well-known bands. Being neurodivergent and having been diagnosed with dyslexia and autism has helped Kayleigh become an advocate for diversity and inclusion. Kayleigh highlighted her leadership style and achievements including her work with McDonald's as Planet Champion and her involvement with the London Olympics.

Kayleigh went on to share her experiences of poor behaviour from colleagues, including homophobia, misogyny and sexual harassment. She became a co-chair of WAST Voices Network to channel her energy into activism and support for others.

Kayleigh explained that she was about to commence a Masters in Advanced Management for Health, Innovation and Transformation at Swansea University and aims to achieve Chartered Manager status and continue advocating for issues like cross-border contract impacts within the NHS.

Members praised Kayleigh for her presentation highlighting her talents and diverse career background.

Estelle Hitchon spoke of the emphasis on recognising the full history and talents of individuals beyond their current roles and the importance of considering a person's overall abilities and experiences when promoting within the Trust. She also acknowledged Kayleigh's resilience and positive attitude despite past challenges.

Kayleigh summed up by saying there were still ongoing frustrations and barriers within the Trust but recognised the positive changes and improvements with increased accessibility to senior leaders and transparency from the top down.

RESOLVED: That the presentation was well received and the challenges faced were recognised.

63/24 PEOPLE AND CULTURE PLAN METRICS UPDATE

Angie Lewis spoke of the commitment to provide quarterly updates to the Committee on progress against the People and Culture Plan.

The report included both quantitative and qualitative data with insights and feedback included throughout the agenda.

Emphasis was on connecting all elements of the meeting to see the overall picture and ensuring continuity. Referencing Lee Brook's paper on Operations she highlighted the impact of overruns on sickness absence, demonstrating the interconnectedness of initiatives.

There was a focus on digital literacy as an Integrated Medium-Term Plan (IMTP) deliverable with significant investment in training to improve staff confidence and effectiveness using digital tools which had provided positive feedback.

The Staff Survey free text comments indicated a need for senior leaders to be aware of scrutiny and challenges regarding leadership. The survey feedback that could be perceived negatively could also be seen as a positive in that staff felt able to share their views and it gave the Trust an opportunity to address any concerns.
Lee Brooks shared his concern over the length of time it took to release the data from the NHS survey which hadn't allowed the Trust time to respond to the feedback. He asked if there was anything that could be done to improve engagement in the next survey.

Angie Lewis confirmed a robust action plan had been put in place to ensure there was more proactive measures adopted to encourage participation and feedback

had been given to HEIW regarding delays in receiving the data for the 2023 survey results.

Reference was made to some key findings from the recent nursing retention plan that had been developed. This plan had been produced by the nursing retention lead and provided valuable information regarding the experiences of nursing staff within WAST. It also highlighted areas of good practise and areas for improvement which are now being taken forward.

Angie confirmed it was important to balance the numerical data with richer feedback and there was on ongoing need to make connections between the different elements of the report, especially regarding EDI initiatives. This will continue to be a focus going forward.

RESOLVED: That the report was received and the progress to date was commented on.

64/24 WORKFORCE SCORECARD AND MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Angie Lewis drew the Committee's attention to several key points within the report relating to the following:

Sick Absence:

- There was a consistent downward trend in sick absences, particularly in the EMS operations area.
- A short-term increase in July was due to gastro problems and colds, but August showed a positive downward trend, which is unusual for the summer holiday period.
- Despite increasing concerns and disciplinary cases, sick absence is reducing, indicating positive progress.

Job Evaluation:

- Job evaluation is facing challenges due to high volume and resourcing issues.
- An action plan is in place to reduce the backlog and address process issues.
- Additional resources are being allocated to improve the situation.

Statutory and Mandatory Training:

- Good progress is being made in this area.

Occupational Health:

- Challenges due to sick absence, maternity leave, and team changes were being addressed and were expected to be resolved soon.

An expected increase in employee relation cases specifically in relation to sexual safety and inappropriate behaviour was viewed positively, in that staff were feeling more comfortable to come forward. Additional investigating officers were also in place to provide additional capacity to respond to this increase.

RESOLVED: That the report was received, and the reported performance and associated actions were commented on.

MIQPR

Alex Crawford highlighted some key areas for Members relating specifically to the PCC:

Performance Challenges:

- Red and Amber performance remained challenging but has improved.
- Handover delays were still an issue.

Data Quality and Call Handling:

- Working through data quality issues with 111 services.
- 111 call handling performance is stabilising, though the abandonment rate was still above the 5% target.
- Staffing issues and sickness absence have impacted performance.

Sickness Absence:

- A spike in sickness absence was noted during the CAD rollout, driven by stress and anxiety.
- Efforts are underway with wellbeing and psychology teams to support staff, and the situation is improving.

Ambulance Care:

- Performance is stable, but changes are expected in the coming months due to restructuring.
- Efforts are focused on clinical model transformation to improve performance.

Support for Staff:

- Emphasis on supporting staff through changes and addressing performance issues.

Bethan Evans queried the recruitment gap that had been identified and how easily would it be to fill this gap. Lee Brooks confirmed the vacancy gap had been identified through financial spend monitoring, indicated by unspent funds. Recruitment had been paused due to potential financial impacts from anticipated role re-banding. Lee confirmed that 42 EMT positions had recently been advertised to target areas with the most significant shortages. Work was ongoing to understand and address the gaps and timelines for filling them. Establishment was hoped to be at 98% by the end of this financial year.

Lee Brooks confirmed that EMS was setting the benchmark for the rest of the Operations Directorate relating to sickness management. Two Assistant Directors were focusing on integrated care with 111 and ambulance care where there had been an unusual increase in sickness compared to EMS. Reasons were not clear for the increase however efforts were being made to address the issue.

Ceri Jackson recognised the challenges faced and commented on the steady and significant progress being made.

RESOLVED: That the June/July report was considered.

65/24 CULTURAL THEMES AND TRENDS REPORT

Angie Lewis provided a summary of the report highlighting the following:

Employee Relations and Sick Absence:

- Regular deep dives were conducted on specific issues, with recent focus on employee relations and sick absence.
- Employee relations cases were increasing, reflecting efforts to encourage colleagues to speak up and prioritise psychological safety.
- Sick absence rates had not significantly increased, which was seen as positive.

Compassionate Practices:

- The Trust is embedding compassionate practices, aiming for sustained improvement rather than punitive measures.
- Fast-track cases have decreased, likely due to the seriousness of recent cases.
- Efforts were ongoing to reduce the average duration of cases, despite challenges such as resource constraints and police involvement.

Managing Attendance:

- There was a downward trajectory in sick absence, but it remained a high-level risk.
- Initiatives were in place to support staff, address concerns, and manage attendance actively.
- Stress, anxiety, and depression are the most common reasons for sick absence, with some cases linked to disciplinary actions.

Cultural Reviews:

- Cultural reviews were being conducted to explore the correlation between sick absence and wider cultural issues.

Andy Swinburn commented on the misconception that mistakes lead to immediate disciplinary action, but the data showed this was not the case. Most cases were due to behavioural issues and not clinical errors. There was interest in understanding the outcome of cases involving inappropriate behaviour, such as whether they resulted in informal discussions or more severe actions. Andy asked that a distinction be made between making a clinical error and being negligent.

Members also noted that local managers were relied on to lead on cultural behaviours with significant effort and resources invested in training. A trend of individuals raising concerns indicated trust in their manager's ability to handle issues appropriately. Managers were reaching out for advice on handling difficult situations, showing a proactive approach and were being trained to set the tone and culture for their teams.

The Health and Care Professions Council (HCPC) is the registering body for paramedics and other allied health professionals. They conducted a session with the Executive Leadership Team on cultural trends, inappropriate behaviour and sexual safety across ambulance services. Collaboration with HCPS focuses on learning from referrals and identifying common themes.

National work was ongoing to develop programmes for HR specialists to handle sexual safety complaints and new legislation coming in October 2024 would impact how those complaints were managed. Training sessions with Trade Union partners were planned to address these changes in legislation.

RESOLVED: That the ongoing work was noted.

66/24 ANNUAL HEALTH AND SAFETY REPORT

Liam Williams confirmed the report would cover the full range of Health and Safety work and requested that members note the detailed conversations on the work ongoing to reduce the impact and the environmental impact of diesel fumes; however, did not labour the points already made. The workstream was being led at Executive level and contributed to direct conversations with Trade Union colleagues through Welsh Ambulance Services Partnership Team.

He stated that Nicola White would spend some time highlighting the work that had been undertaken in relation to violence and aggression.

The report covered a wide range of topics related to keeping people safe, providing assurance of compliance, collaboration with others and future plans. It included performance metrics from 2022 to 2024 to show the impact of workforce expansion and investment.

The Team had grown from four to 12 members in October 2022, adding roles such as a Deputy Head, Violence and Aggression Strategic Manager, DSC, manual handling advisor and four Band 6 posts. The team was selected to ensure a diverse range of age demographics and skill sets, including NHS and non-NHS experience.

Corporate Risk 199 embedding a mature health and safety culture was reduced from a high risk of 20 to a target score of ten by December 2023. Other directorate risks related to team resource capacity and Covid-19 have also been closed.

Legislative Compliance - An internal Audit by Shared Services last year awarded the Trust reasonable assurance across all six criteria. The legislative compliance register had improved with ongoing efforts to increase compliance levels.

The Health and Safety policy now included a statement of intent, a comprehensive arrangement section and a training needs analysis. New procedures for expectant mothers and cost assessment have been developed, with training to support these procedures.

The top five themes for non-patient incidents include slips, trips, falls and manual handling, with patient handling being a key focus.

With regards to Health and Wellbeing, focus areas included meal breaks, diesel fume exposure, shift overruns and workplace stress. Reported incidents decreased by 52% from April 2021 to March 2023, partly due to meal breaks being recorded on a different platform and team interventions.

Performance and Reporting - Members were informed of the introduction of frequency rates for comparison with other ambulance sectors. A 23% decrease in reporting rate from April 2021 to March 2023. Significant improvement in RIDDOR submission compliance was attributed to team expansion and close collaboration with operational colleagues.

Violence and Aggression – the majority of incidents were verbal aggression which showed a slight increase over the last three years. Increased reporting indicated staff confidence in addressing these issues. Post Covid-19 pandemic mental health issues have escalated, affecting incident rates.

Manual Handling incident frequency rate decreased by 36% from April 2022 to March 2023. The recruitment of a new manual handling advisor led to a deep dive into incidents and the development of training and safety procedures. The improved collaboration with the training school led to the development of risk assessment skills for ambulance care staff.

Attention was drawn to the 100% completion of workplace risk assessments and inspections in collaboration with Trade Union Partners and operational teams.

Other highlights included updates on training and development, partnership and collaboration, achievements and recognitions and future plans which include:

- Undertaking a baseline assessment for Health and Safety management.
- Continuing improvements in the metric dashboard and health and safety culture.
- Focus on succession planning and resilience within the team.

Liam Williams mentioned the work of the Health and Safety Committee and time would be given to maintaining a balanced focus on all workstreams at an upcoming away day.

Members noted the maturing culture of health and safety at WAST and the

focused attention the team has had on this throughout the year.

The Health and Safety Annual Report 2023/24 was approved.

RESOLVED: That the

1) **Contents of the report were received; and**
2) **The Health and Safety Annual Report 2023/24 was approved.**

67/24 WASPT HIGHLIGHT REPORT

The Report covered the meeting from 2 May 2024 with a verbal update provided on the 9 July 2024 meeting. Key points were as follows:

May 2nd Meeting:

- No red alerts were reported.
- Positive engagement and discussions on specific policy applications, leading to a new six-weekly session with trade union colleagues (TU) to address these issues.
- Discussion on the CAS system going live.

July 9th Meeting:

- Focused on the EMT 2/3 proposal and next steps.
- Session on the clinical transformation model to keep everyone informed.
- Updates on the non-pay elements of the 2022-2024 collective agreement, including occupational health and unsocial hours pay, to reassure the Committee of progress.

The improving relationships between Trade Union Partners, Managers, Directors and Non- Executives was noted.

RESOLVED: That relationships were strong, and progress was being made.

68/24 STRATEGIC WORKFORCE PLAN

The commitment from last year's audit on workforce planning was referenced and the development of this plan was evidence of significant progress having been made to deliver a key document that is necessary in every organisation. The Trust was leading the way in terms of creating a Strategic Workforce Plan across the NHS in Wales and was working with HEIW to share the approach taken and the final product for wider circulation.

Angie Lewis acknowledged the significant effort required to develop the Strategic Workforce Plan and praised the team's work. Linda was introduced to provide more context and background to its development. The Strategic Workforce Plan aims to address current and future workforce needs, improve recruitment, retention, productivity, and process efficiency. The plan aligns with various strategies and includes data highlights, such as demographic trends and workforce characteristics.

Key risks identified include an aging workforce, unclear career pathways, and retention challenges.

To ensure the Strategic Workforce Plan remains dynamic and relevant, it would be managed by the Integrated Technical Planning Group (ITPG). The ITPG has developed a Workforce Monitoring Report to provide snapshots of recruitment and leavers, aiding in forecasting and aligning with other operational needs. The ITPG reports to the Strategic Planning Group, which then reports to the Executive Leadership Team (ELT) and the Senior Leadership Team (SLT) in Operations. Regular reviews and updates will be conducted, with quarterly updates to the ELT and potential annual updates for the Committee. All planned activities are detailed in Section 5 of the document.

Estelle Hitchon stressed the importance of proactive planning to avoid future issues and acknowledged the critical nature of the ongoing work.

Andy Swinburn raised a concern about the need for greater professional involvement in developing work profiles, recruitment, and retention strategies. He suggested involving relevant professionals earlier in the process for better outcomes.

Alex Crawford highlighted the dynamic nature of the workforce plan and its integration with clinical plans being developed by Andy Swinburn and Liam William's teams. He appreciated that the plan consolidates various other plans, creating a comprehensive strategy. The plan had been reviewed by the Integrated Planning and Development Group and the Assistant Director Leadership Team, ensuring representation across the Trust. Alex Crawford emphasised the importance of including both operational roles and corporate functions in the plan.

Bethan Evans commented on the plan's importance as a cornerstone for achieving future goals, focusing on having the right people in the right roles. The top five workforce planning risks were crucial to the plan's success, despite external challenges. She inquired about an operational plan to track progress and adapt to external factors, stressing the need for strategic use of funding and involvement of key personnel across WAST to prioritise resources effectively.

Chris Turley acknowledged the financial constraints that will impact the workforce plan and emphasised the importance of career development and clear career paths within the Trust. He noted that while some roles have clear progression, others do not and suggested thinking more flexibly about career pathways.

Ceri Jackson also highlighted the need for continued engagement and suggested strengthening the plan's focus on diversity. Appreciating the comprehensive and

engaging nature of the plan the importance of using available resources effectively was stressed.

The 2024-2030 Strategic Workforce Plan was received and reviewed by the Committee. Some amendments were agreed and endorsed for approval by Trust Board. The Committee recognised the criticality of this work in aligning with our long-term vision and Integrated Medium-Term Plan.

RESOLVED: That the Strategic Workforce Plan 2024-2030 was endorsed subject to some agreed amendments.

69/24 PARTNERSHIPS AND ENGAGEMENT REPORT

This was the first report of its kind which focused on the Regional Partnership Boards (RPB) and the Wellbeing of Future Generations (Wales) Act, with a working group developing Wellbeing objectives. Engagement in relation to the refreshed clinical model was split between internal and external communications. Estelle highlighted political engagement and the upcoming WAST Awards. She also mentioned the recent addition of the Charity to the Directorate portfolio and the appointment of a Head of Charity. Estelle planned to review the Directorate's structure and roles, emphasising succession planning.

It was suggested that the report should highlight the impact and outcomes of collaborations and partnership work for the Committee's understanding, including examples and qualitative feedback in future reports to highlight the impact and outcomes of partnerships and processes. The importance of understanding the outcomes of collaborations was emphasised. Additionally, a desire to see more context on third sector collaboration and partnership work in future reports was expressed.

Alex Crawford spoke of the ongoing efforts in the Strategy, Planning and Performance Directorate to integrate intelligence, information, and influence through strategic planning processes. He has worked with his team to define the desired state for managing relationships with Health Boards and partners.

Liam Williams had encouraged the creation of an additional funding tracker to monitor non-core funding sources like RPB funding. This tracker would help keep track of start and end dates, as well as reporting requirements, which was currently not centralised. Progress was being made on this, and it would aid in organising and understanding the various areas of work.

Trish Mills confirmed that the Committee was tasked with overseeing partnerships and engagement related to people and cultural change with other forums looking at relationships and collaborations. There was a need to map out these engagements clearly ensuring they aligned with the Committee's priorities.

The report signified a move towards more strategic engagement and partnership working, aligned with broader organisational and national priorities.

RESOLVED: That Members considered and discussed the report.

70/24 END OF SEASON FLU REPORT 2023-24

The Trust's final uptake of staff vaccinated for the Seasonal Influenza Campaign 2023/24 was 36.5%, which was a decrease of 8% from last year's campaign. This was due in part to hybrid working and the ability to reach people throughout the day. Lessons learnt from this campaign have informed an extensive list of areas that require continued development for future flu campaigns.

RESOLVED: That the report was noted.

71/24 STRATEGIC EQUALITY PLAN (SEP) ANNUAL REPORT FOR 2023/24

The Strategic Equality Plan Annual Report 2023/24 was endorsed. Of note there remains work to be done to realise the Trust's ambition of becoming a truly inclusive organisation; notwithstanding this and the Workforce Race Equality Standard 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.

RESOLVED: That the Strategic Equality Plan Annual Report for 2023/24 was endorsed.

72/24 ANNUAL WORKFORCE EQUALITY MONITORING REPORT 2023/24

The Annual Workforce Equality Monitoring Report 2023/24 was endorsed. Of note, challenges remained in key areas which included incomplete monitoring data on ESR, limited participation in the NHS Staff Survey and time to engage in EDI initiatives due to operational pressures.

RESOLVED: That the Workforce Equality Monitoring Report 2023/24 was endorsed.

73/24 ANNUAL GENDER PAY GAP REPORT 2023/24

The Gender Pay Gap Report 2023/24 was endorsed. Of note, the gap remained consistent at 5.6% with fewer women in pay bands 8a and above. Flexible working is often disproportionate towards women in the workplace.

RESOLVED: That the Gender Pay Gap Report 2023/24 was endorsed.

74/24 WELSH LANGUAGE ANNUAL REPORT 2023/24

The Welsh Language Annual Report 2023/24 was endorsed. 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.

RESOLVED: That the Welsh Language Annual Report 2023/24 was endorsed.

75/24 RISK MANAGMENT & BOARD ASSURANCE FRAMEWORK REPORT

The report data was the same as presented in May 2024 due to the reporting cycle; however, assurance was provided to Committee in that the risks had been reviewed and updated according to the risk management governance framework.

The four risks within the remit of the 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 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).

RESOLVED: That the contents of the report were considered and discussed.

76/24 AUDIT TRACKER & AUDIT REPORTS

The Audit Tracker was reviewed, and the Committee noted the update with a reduced number of actions closed in quarter. Plans to close more actions off in Q3 were expected.

The Internal Audit on Disciplinary Case Management report was received with 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.

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.

RESOLVED: That the

1) **Disciplinary Case Management Internal Audit Report was received; and**
2) **Volunteers Governance Internal Audit Report was received.**

77/24 POLICIES FOR APPROVAL

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 had been reclassified as a Standard Operating Procedure and the rationale for that was approved by the Policy Group and the Executive Leadership Team.

RESOLVED: That the

1) **Professional Regulation Policy was approved; and**
2) **NHS Wales Respect and Resolution Policy was formally adopted.**

78/24 COMMITTEE CYCLE OF BUSINESS MONITORING REORT & PRIORITIES

Members received the Cyle of Business Monitoring Report, and the Committee priorities update with no issues to escalate.

RESOLVED: That the Cycle of Business Monitoring Report and the Committee Priorities were received.

79/24 CONSENT ITEMS

No comments were received on the items for consent.

80/24 KEY MESSAGES FOR BOARD

Any messages for Trust Board would be included in the highlight report from the Committee.

81/24 ANY OTHER BUSINESS

Carl Kneeshaw would join WAST as the Director of People from 1 November 2024 and will begin by engaging in several key events during October. Angie Lewis will continue in the role of Director of People and Culture until Carl arrives and will then take up the role of Director of Culture thereafter.

82/24 DATE OF NEXT MEETING

The next meeting was scheduled for the 14 November 2024.

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

MINUTES OF THE OPEN MEETING OF THE AUDIT, RISK AND ASSURANCE COMMITTEE OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST HELD ON WEDNESDAY 12 SEPTEMBER 2024 IN CARDIFF MRD AND VIA TEAMS

Meeting Commenced at 09:30

PRESENT:

Peter Curran	Non-Executive Director and Committee Chair
Kevin Davies	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Assistant Director of Corporate Governance and Risk
Judith Bryce	Assistant Director of Operations
Christian Fox	Trade Union Partner
Jill Gill	Interim Assistant Director of Finance
Fflur Jones	Audit Wales
Jason Killens	Chief Executive
Osian Lloyd	Head of Internal Audit, NWSSP
Gareth Lucey	Audit Wales (left meeting after item 43/24)
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager
Felicity Quance	Internal Audit
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Carl Window	Local Counter Fraud Manager

OBSERVERS:

Rusna Begum	Graduate Trainee
Louis Davies	Network 75 Student
Jessica Price	Head of Financial Accounting

APOLOGIES:

Ceri Jackson	Non-Executive Director and Vice Chair of the Trust Board
Angela Lewis	Director of People and Culture
Liam Williams	Executive Director of Quality and Nursing

40/24 PROCEDURAL MATTERS

The Chair welcomed all to the meeting noting the apologies of Ceri Jackson, Angela Lewis and Liam Williams.

Minutes:
The Minutes of the Audit, Risk and Assurance Committee (ARAC) meeting held on 10 July 2024 were approved.

Action Log:
Action 27/24: Risk Management and Board Assurance Framework. *Following a discussion by the Committee, there will be consideration of a dedicated risk - in relation to risk 424 [Resource availability (revenue, capital and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP)] in respect of the inclusion of fleet/vehicle, to consider the requirements against the Strategic Outline Plan and the funding requirements.* Consideration was given to an update to the narrative of Risk 424 to reflect this. Alongside this, it was likely that a separate risk will be developed alongside the updated Fleet Procurement Strategy, to capture funding and other fleet risks in the future. This was now in progress, and it was therefore agreed that this action could be closed.

Action 28/24: Audit Tracker - *The Governance Team will consider the development of 'spotlight' communications for colleagues in the Trust regarding the monitoring and management of Audit actions.* This will be considered with the development of Tracker 3.0 (transition to the SharePoint solution) in line with the update provided in the action log. It was agreed that this action could be closed.

Committee Highlight Report:
The Committee highlight report from the 07 June and the 10 July 2024 was received.

Declarations of Interest:
No other declarations of interest were added to those already on the register.

RESOLVED: The Committee:

(1) Noted the apologies of Ceri Jackson, Angela Lewis and Liam Williams.

(2) Approved the Minutes of 10 July 2024.

(3) Received the combined Committee Highlight report from 07 June and 10 July 2024.

(4) Noted there were no further declarations of interests recorded other than those listed on the Register of Interests.

41/24 CHAIR'S REPORT ON CONTINUOUS COMMITTEE EFFECTIVENESS

In terms of this year's Committee effectiveness review, Peter Curran emphasised a continuous approach to addressing areas that did not score well in the previous year's review. He advised that he had met with the ARAC Non-Executive Directors (NEDs) to discuss certain areas and that intends to meet again in November. Trish Mills and Chris Turley will be involved in the meeting scheduled for November.

RESOLVED: The update was noted.

42/24 INTERNAL AUDIT PROGRESS REPORT AND INTERNAL AUDIT REPORTS

Osian Lloyd provided his Internal Audit Progress report update, highlighting the progress against the 2024/25 plan. He mentioned that of the 20 reviews, one draft report was ready, five were in progress, and three were at the planning stage. He also noted that there were no concerns regarding the delivery of the Plan and that it was on track to be delivered by the end of the year. Additionally, Osian Lloyd mentioned there have been no changes to the Plan and no pushbacks or deferral requests, indicating good engagement with the Trust. Trish Mills added that she held monthly meetings with Osian Lloyd to discuss the 2024/25 Plan in detail.

Internal Audit Reports

Volunteers Governance Internal Audit

Felicity Quance provided a detailed overview of the Volunteers Governance Internal Audit Report, which received a reasonable assurance rating. The audit reviewed the adequacy and effectiveness of the Trust's governance and operational management of volunteer activities, covering areas such as recruitment, retention, supervision, support, fundraising, and financial guidance. The audit identified nine medium-priority recommendations and one low-priority recommendation to strengthen existing processes. The review addressed four objectives which were all rated as reasonable:

I. The volunteer strategy aligned with national strategies but could benefit from enhancements like volunteer development plans and a quality assurance framework.
II. Policies and procedures were in place but needed further detail, especially in fundraising and financial guidance.
III. Volunteer recruitment, onboarding, clinical oversight, and fundraising processes were in place but required consistency and better record-keeping.
IV. Oversight and escalation of key issues and risks were regularly reported, but ownership of corporate risk needed to be identified.

Felicity Quance also noted that legal advice on fundraising had been received and was under review to determine the next steps. Trish Mills stated that initial advice on fundraising had been received from a legal firm experienced in advising NHS charities, which would be applied to both to the volunteers and to the charity. Trish noted that she would meet with Judith Bryce and the Volunteer Team to review the advice to support the development of a comprehensive fundraising policy.

Judith Bryce acknowledged the recommendations which reflected the thoroughness of the audit process adding that most of the actions were relatively straightforward to remedy. She added there has been a significant piece of work to get to this point with the Volunteer Team, and there has been a significant focus on the governance arrangements in place in the team.

Kevin Davies emphasised the importance of the fundraising and financial guidance components of the report, noting that irregularities in these areas could bring an organisation into the spotlight of the Charity Commission. He welcomed the recommendations and highlighted the need for centralised accounting to support the distributed model of volunteers.

Carl Window provided assurance to the Committee that from a fraud risk perspective, his team have been continuously engaged in the review process. He noted that he has offered observations, support and guidance, specifically regarding the financial controls, secondary signatories, and account authorisations.

Disciplinary Case Management Compassionate Practices Internal Audit
Felicity Quance presented the Disciplinary Case Management (Compassionate Practices) Internal Audit Report which received a reasonable assurance rating, and highlighted the following key points for the Committee's attention:

1. The review aimed to assess the adequacy of the disciplinary process and the integration of compassionate leadership principles;
2. The report included six matters arising, with 12 recommendations (three high, seven medium, and two low priority);
3. The Trust has adopted the All Wales Disciplinary Policy, with substantial assurance given for the alignment of strategic and operational actions with compassionate practices;
4. Limited assurance was assigned due to delays in embedding compassionate practices and the need for broader training coverage among those involved in case management;
5. The audit found general compliance with the All Wales policy in the sampled case files, indicating appropriate management of disciplinary cases. However, there were issues with compliance in fast-track investigations, documentation completeness and appeals not being heard within the 28 day target;

6. Regular reporting of disciplinary cases to the People and Culture Committee (PCC) was noted, with recent introductions of six monthly trend and theme reports.

The Trust Management have accepted the findings and have provided detailed responses to address the recommendations within the audit report Trish Mills advised the Committee that the report was reviewed at the PCC meeting on 30 August 2024, where it was linked to discussions on cultural themes and trends.

It was acknowledged there has been an increase in disciplinary cases, which was anticipated due to the "speaking up safely" programme encouraging more people to come forward. In terms of training, 228 people have been trained in compassionate practices, 70 have attended investigating officer training, and there were now three full-time investigation officers in post.

Kevin Davies expressed his surprise at the limited assurance for compassionate practices element, given the organisational changes and efforts made. He asked for more information regarding the underlying reasons for the limited assurance rating on this element, to better understand the situation. It was agreed that this action would be passed to Angela Lewis, for response.

Damon Turner asked whether the audit was conducted across all Directorates or if it was focused mainly on operations. He noted there were varying standards of compassionate practices across different Directorates, with some areas showing good practices and others that require improvement.

Felicity Quance stated that the sample for the audit was taken from across all directorates, not just the Operations Directorate. It was a random sample of cases that had been closed during the year. She acknowledged that while the narrative might seem more operations focused, it covered the entire Trust.

Risk Management Internal Audit

Felicity Quance provided an overview of the risk management internal audit, which received a reasonable assurance rating. The purpose of this audit was to assess the effectiveness of the risk management and assurance arrangements in place within the Directorates. Management accepted the findings and provided clear responses to address the issues raised. The key points from the report included:

1. The audit aimed to assess the effectiveness of risk management assurance arrangements at both corporate and directorate levels, specifically within the Operations and Clinical directorates;

2. Five medium priority matters were raised. The audit noted continued development and delivery of the Trust's Risk Transformation Programme, with processes in place for recording and monitoring risks. However, there were inconsistencies in the application of guidelines and issues with the completeness of the audit trail for local and directorate risks;
3. A Risk Management Policy and guidelines were in place and published; however, an additional corporate governance notice to inform staff had not been published at the time of the audit;
4. Inconsistencies were found in the completion of risk assessment forms and the recording and scoring of risks on Datix;
5. Active management of risks at the corporate level was noted, but there were issues with updating Datix to reflect reviews at the Directorate level;
6. Risks and mitigating actions were sometimes overdue for review, and some local risks were recorded outside of Datix, which could hinder effective oversight.

Julie Boalch acknowledged the issues around the Datix platform and noted that the 'Once for Wales' solution, which would address many of the issues highlighted in the report was experiencing delays with the provider. She emphasised the importance of ensuring clear audit trails in risk management and noted that whilst the Trust managed and reported risk well, not all local and Directorate risks were currently held centrally through a digital platform. Julie noted the upcoming recruitment of a band 7 Risk Manager, which will help with the delivery and support of risk management at this level across the Trust.

Trish Mills added that the Trust has effective risk management practices but acknowledged that there is room for improvement. She emphasised the importance of audit in the wider organisational approach to risk, and the delivery of the Risk Transformation Programme. Trish thanked Internal Audit colleagues for the partnership approach taken during this audit, specifically.

RESOLVED: The Internal Audit Progress report and the Volunteers Governance, Disciplinary Case Management Compassionate Practices and Risk Management Internal Audit Reports were received.

43/24 AUDIT WALES REPORTS

Financial Audit

Gareth Lucey provided an update from the financial perspective. He confirmed that the 2023-2024 Annual Report and Accounts for the Trust were certified and forwarded to Welsh Government in mid-July, meeting the set target. He noted that the focus was now on the independent examination of the Trust's charity accounts, with a deadline at the end of January 2025, and the planning for the 2024-2025 Trust financial statements. Gareth Lucey also noted that a meeting has been scheduled to begin the work associated with these audits.

Audit Wales will be completing an independent examination of the charity accounts for 2023/24 as opposed to a full financial audit, as agreed by the Charity Committee and Corporate Trustee. It was noted that the charity Annual Report and Accounts for 2023/24 will be prepared and issued to the Charity Committee for endorsement, prior to their submission to the Corporate Trustee in January 2025, for approval. The deadline for submission of the charity's annual return with the annual report and accounts to the Charity Commission is the 31 January 2025.

Performance Report

Fflur Jones advised the Committee that two reports have been issued in draft to the Trust recently: the financial efficiencies report, and the quality governance follow up report. These reports were currently going through clearance and will be presented at the November ARAC meeting. Additionally, two more reports were anticipated for the November meeting: the 2024 Structured Assessment report and the unscheduled care part two report for the Trust. Fflur Jones added that her team were in the stages of scoping the digital deep dive review, which will accompany this year's Structured Assessment.

Kevin Davies asked for clarification from Audit Wales on the digital deep dive review and asked whether this was the first time such a review was being conducted, and whether it would consider the systems that interact across Wales. He expressed concern that external factors beyond the Trust's control might negatively impact the review's findings.

Fflur Jones explained that the digital deep dive review was part of the 2024 Structured Assessment and that different areas were chosen each year for these deep dives. She advised that the current focus was on digital plans and strategies; specifically, how bodies were using these plans to guide their investments. She acknowledged Kevin's concern about national systems and assured him that his comments would were noted.

RESOLVED: The Committee noted the updates from Audit Wales.

44/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Risk Management Transformation Programme

The purpose of this report was to provide a detailed update on the Risk Transformation Programme, assurance, a high level synopsis of the 2023/24 Risk Management Internal Audit, and assurance in respect of the management of the Trust's principal risks. Julie Boalch shared a presentation on the Risk Management Transformation Programme and drew the Committee's attention to the following areas:

BDO Report: The Trust commissioned BDO to support the Risk Management Transformation Programme advising on best practices. The programme is in its third and

final year as far as the Integrated Medium Term Plan (IMTP) is concerned; however, the programme is expected to span another two to three years to fully achieve its goals.

The BDO report focused on three main areas:

- Providing best practice guidance on the design and build of a strategic Board Assurance Framework (BAF).
- Providing expert advice on developing risk appetite statements.
- Repositioning of the Trust's highest scoring risks.

The next steps for the programme will see the development of a strategic Board Assurance Framework (BAF) which is a high level tool that provides the Board with assurance that the key risks to the Trust's strategic objectives are being managed effectively. It consolidates all relevant information on these risks and serves as a methodology for the Board to oversee these risks. The programme aims to enhance the BAF to reflect the Trust's future strategic ambitions by aligning it to risks in achieving the organisational strategy.

Trish Mills commented that the Trust was in a good position due to the work done over the past couple of years in embedding effective risk management practices. The Board was now familiar with the top five risks and the governance flow, which sets a solid foundation for the next steps.

Julie Boalch explained that the next tranche of work involves exploring and developing the Trust's risk appetite against the six strategic objectives. This will be done in conjunction with Rachel Marsh and colleagues in the Strategy, Planning and Performance Team. The goal was to use risk appetite to aid decision making and allow clearer downward delegation.

Kevin Davies acknowledged that the Risk Management Transformation Programme showed a maturity journey and ambition. He expressed concern regarding the resource required to apply the necessary intellectual effort to this initiative and was interested in seeing how the realignment of risks 223 and 224 will develop. Kevin added that this work may help the Trust more clearly articulate its ambitions externally, including to Commissioners and other stakeholders in the political arena.
Julie Boalch confirmed that a workshop with Lee Brooks, Liam Williams, and their senior teams had been conducted to discuss the repositioning of these risks. Judith Bryce clarified that the reframing of these risks did not indicate an acceptance of the situation but instead, helped to categorise what can be influenced by the Trust and what can only be monitored. She found the recent workshop on repositioning these risks very helpful in starting the journey towards better categorisation and management.

Osian Lloyd expressed support for the direction of travel and the proposals to move forward with the Risk Management Transformation Programme. He noted that the Trust has consistently reached reasonable assurance on risk management in recent years. He further mentioned that he has regular meetings with Trish Mills and Julie Boalch to stay informed about the developments.

Osian Lloyd also indicated that reviews on risk management assurance were consistent in the programme. and can be tailored to look at the right areas. He pointed out that the timing was appropriate as the Trust was evolving its clinical model, which aligned with the Trust's strategic objectives.

Members acknowledged the limitations with the existing digital system which supported the management of risk – Datix – and noted that it is not supportive of the direction of travel and ambition of the programme. The Committee discussed in detail the need for a new digital system to support risk management, the ongoing evaluation of options, and the importance of securing the necessary resources and external support to achieve this.

Peter Curran asked what could be expected to be received in November by way of advancement and preparation for the February ARAC meeting. Julie Boalch confirmed that a new strategic BAF template and a progress update would be brought to the next meeting and that a session on the development of risk appetite statements is scheduled for the February 2025 Board Development session.

Board Assurance Framework

Julie Boalch provided an update on the principal risk activity and general risk updates:

1. The Trust's highest rated risks: **Risk 223** (*the Trust's inability to reach patients in the community causing patient harm and death*) and **Risk 224** (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*), remain at the highest score of 25. These scores reflected individual cases of avoidable harm, highlighting ongoing challenges in the unscheduled care system due to the levels of handover delays.

2. Risk 424 (*Resource availability (revenue, capital and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP)):* The score has been reduced from 12 to 8 and will be removed from the corporate register but managed at the directorate level, closely linked to Risk 139 (financial risk)

3. Risk 619: This risk, related to the replacement of the CAS system, has been fully mitigated and will be closed.

Julie Boalch assured the Committee that the risks were reviewed in line with their risk ratings and given the appropriate governance and scrutiny. The Executive Leadership Team approved these updates for the last quarter.

Peter Curran noted that Ceri Jackson, member of the Committee, had given her apologies but provided comments for the record. Ceri welcomed the assurance provided in the

papers and supported the direction of travel following the BDO work. She emphasised the importance of clear strategic objectives with tangible success measures and risk appetite, acknowledging the challenges in their operating environment. These comments were noted.

RESOLVED: Members considered and discussed the contents of the report and:

(1) Supported the direction of travel for the next stage of the Risk Management Transformation Programme: specifically,

a. the development of a new Strategic Board Assurance Framework template based on the private healthcare example.
b. the intention to commission external resources to develop the risk appetite statements.

(2) Noted the plans to reposition Risks 223 and 224.

(3) Received assurance on the 2023/24 Internal Audit Risk Management Review.

(4) Noted 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.

(5) Noted the closure of Risk 619 from all registers having been fully mitigated.

(6) Received assurance on the review and attention to the principal risks, including their review at ADLT, ELT and at relevant Committees.

(7) Noted the ratings and mitigating actions for each principal risk.

45/24 AUDIT TRACKER

Trish Mills updated the 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. There has been good engagement with Directorates on the revised Tracker 2.0 for quarter one, with the result that of the total of 144 internal audit actions on the Tracker, 36 have been closed in quarter. This was a closure figure of 25% of all internal audit actions.

Of the total internal audit actions, 45 of the 144 actions have been given proposed revised dates in Quarter (31% of the total) and there were five actions on their third revised date (3%). This latter figure included one action, reference 567, which was on its third revised date and was yet to be completed.

Of the six internal audit actions where the ARAC is the owning Committee, none of the actions have been closed in quarter. Of these, four have been given revised dates in quarter; none were on a third revised date.

In terms of the total external audit actions eight of the 22 have been closed in quarter (36%); seven (31%) have been given a proposed date in quarter, and one action was on its third revised date (reference 106a). There has been positive engagement from Directorates on the progression of actions, as was demonstrated by the closure position., with focused reviews and drop-in sessions helping to manage and close actions.

Trish Mills advised the Committee that it was intended that the new SharePoint Tracker 3.0 is still in development and would begin to be used for the 2024-2025 audits, onwards. This decision was made to avoid the huge workload and potential data loss associated with transitioning all the data from the current large Excel sheet. The intention was for the Excel Tracker 2.0 to be run down as the actions are closed. The new tracker will provide better reporting for the Committee, with Power BI helping to extract data. Full implementation was expected early next year.

Judith Bryce explained that action 567 related to the Hazardous Area Response Team (HART) internal audit, which was part of the 2022-2023 audit programme. She advised that the required self-assessment had been completed however it had been asked that a peer review of the self-assessment be completed before the action is closed. This peer review was yet to be completed but would be completed by the end of October 2024.

Peter Curran highlighted some key challenges in meeting internal audit deadlines. He pointed out that revising dates for internal audit actions could be complex and that original dates may sometimes be unrealistic.

Trish Mills acknowledged there were several reasons for revising dates, including other pressures and capacity issues. She emphasised that the Trust was aware of this and was working to improve the process to ensure management actions and the associated implementation dates are realistic. Osian Lloyd added that it was important to ensure that dates assigned to matters arising/actions were realistic and would engage with colleagues to ensure that actions and associated due dates are achievable.

RESOLVED: The Committee:

(1) Received assurance that the management actions for the audits within the purview of this Committee, and overall were being effectively and appropriately managed, closed off in quarter or clarity provided on dates which have moved and rationale;

(2) Received and reviewed any Internal Audits and Audit Wales reviews within their remit where relevant. For this meeting these were the following internal audits:

- **Internal Audit: Volunteer Governance (noting this was discussed at the People and Culture Committee on 30 August 2024);**
- **Internal Audit: Disciplinary Case Management (noting this was discussed at the People and Culture Committee on 30 August 2024);**
- **Internal Audit: Risk Management.**

46/24 POLICY REPORT

Julie Boalch explained that the purpose of the report was to provide the Committee with assurance on the status of the Trust's policy work programme, which aimed to bring key policies up to date. A work programme was established following the pandemic to address the number of policies that were not within their review date, which had fallen to below reasonable levels during that period. Since then, 45% of Trust policies identified as a priority for review were now within their review date.

It was expected that 52% of all Trust Policies will be within their review date after the next round of approvals in October and November 2024. This was an improvement from 14% overall reported in July 2023 at the time the prioritisation exercise was undertaken. This figure does not include policies developed by NHS Wales or the NHS Employers Unit, which were adopted by the Trust.

A detailed report on the progress of the work plans and the status of all policies is provided to the Executive Leadership Team (ELT) following each Policy Group meeting via the Alert, Advice, Assure (AAA) reports.

A review of the policy prioritisation list will take place at the ELT on 25 September 2024 to consider those policies that are yet to be reviewed and determine whether these remain a priority, given the context that the Trust is operating within.
Members acknowledged the significant progress made in the policy review process. Damon Turner highlighted the volume of work being undertaken and expressed appreciation from a staff perspective, noting that the governance processes for policies were robust.

RESOLVED: The Committee noted the update.

47/24 QUALITY AND PERFORMANCE MANAGEMENT FRAMEWORK

Rachel Marsh provided an update on the Quality and Performance Management Framework (QPMF). It was noted that in line with its Terms of Reference, the Committee is required to oversee the implementation of the QPMF, and its attention was drawn to the following update.

The work to implement the QPMF was managed through a Steering Group which includes Rachel Marsh, Trish Mills, and Liam Williams. The Steering Group has undertaken a corporate level self-assessment against the 24 organisational requirements and has developed a programme of work based on this self-assessment.

There were 18 actions on the Trust's level work programme, with the current status as follows: two completed; eight on target; three paused (for example, due to issues beyond the Trust's control); one not started (a 2024/25 action); and four where additional focus was required. Progress has been slower than desired due to capacity issues.

Trish Mills highlighted the role of the Finance and Performance Committee (FPC) in evaluating the effectiveness of the QPMF and ensuring the value of outcomes. She proposed that after the internal audit report is received by the ARAC in November 2024 that the Committee transfer the oversight of the effectiveness of the framework to the FPC, in line with the respective Committee Terms of Reference. This proposal was agreed by the Committee.

Ceri Jackson sought – via written comment to the Committee Chair - for further information on the three actions in respect of the Trust level work programme that were beyond the Trust's control and that were currently paused. It was agreed that Rachel Marsh would provide this information at the next meeting.

The Committee:

(1) NOTED that the Trust has a Quality & Performance Management Framework.

(2) NOTED the updated terms of reference for the Quality & Performance Management Steering Group as approved in May 2024 ELT.

(3) NOTED that ELT has considered an organisational self-assessment undertaken by the Quality & Performance Management Steering Group against the organisational requirements and the resultant Quality & Performance Management Steering Group's work plan.

(4) NOTED the progress made on the work programme.

(5) CONSIDERED whether the Framework, Q&PMF Steering Group, its ToR, the completion of an organisational level self-assessment against the Framework, a work programme and the performance management of the framework, gave sufficient assurance;

(6) AGREED that the approach to the oversight of the continued implementation and effectiveness of the Quality and Performance Management Framework would move to the Finance and Performance Committee, in line with the respective Committee Terms of Reference.

48/24 ASSURANCE TO THE COMMITTEE ON SPEAKING UP SAFELY ARRANGEMENTS AT WAST

The Committee was asked to receive assurance on the arrangements for Speaking Up Safely at the Trust, note that the People and Culture Committee will continue its oversight of the area through this annual report to the Committee regarding the arrangements. Trish indicated that receipt of this assurance report from the Chair of the People and Culture Committee was a key part of this assurance process.

Peter Curran read out a comment by Ceri Jackson as the Chair of the People and Culture Committee (PCC) that noted that for 2025/26this update be received by the PCC prior to being received by the ARAC. Due to the placement of meetings this year this preferred sequencing was not possible.

Additionally, Ceri indicated that speaking up safely was a key priority for the Committee and a key dependency for the Trust in achieving cultural change. It is important to note that the employee relations cases have been increasing as predicted with our focus on ensuring colleagues feel safe to speak up. The People and Culture Committee continue to receive updates on these numbers and whether the issues are being addressed.

RESOLVED: The Committee received assurance on the arrangements for Speaking Up Safely at the Trust and noted that the People and Culture Committee will continue its oversight of this area, reporting annually to ARAC.

49/24 LOSSES AND SPECIAL PAYMENTS – 1 APRIL 2024 TO 31 JULY 2024

Chris Turley advised that this report presented to the Committee gave details of Losses and Special Payments made during the four months from 1st April 2024 to 31st July 2024.

Chris Turley explained that the position after four months was a negative net position of £340K. This was due to the timing difference between when expenses were incurred and when reimbursements from the Welsh Risk Pool were received.

During June the Welsh Risk Pool reimbursements amounted to £0.975m. The vast majority of which related to the reimbursement of 1 medical negligence case against the Trust for incorrect medical diagnosis.

During July the Damages costs amounted to £0.377m of which £0.282m related to 1 medical negligence case against the Trust in relation to the handling and treatment of a patient.

In terms of any significant payments, especially those related to clinical negligence or personal injury, were subject to the necessary approval processes and were handled within delegated authorities.

RESOLVED: The Losses and Special Payments Report for the period 1 April 2024 to 31 July 2024 was received.

50/24 ALL WALES AUDIT COMMITTEE CHAIRS OPERATING ARANGEMENTS

Peter Curran explained that the report was for noting. He highlighted key outputs from the recent meeting of the All-Wales Audit Committee Chairs network that he had attended:

Meeting Attendance: Attendance was low, likely due to a scheduling conflict with other Audit Committee meetings.

Audit Tracker: There was a detailed discussion about the audit tracker, with various Health Boards and Trusts sharing their methods. He highlighted that the Trust was particularly advanced in this area.

Counter Fraud Update: Matthew Evans provided an update on counter fraud activities across Wales.

Board Secretaries Update: Hazel Lloyd discussed the work of Board Secretaries, including the importance of induction training for Committee Members.

51/24 CYCLE OF BUSINESS MONITORING REPORT AND COMMITTEE PRIORITIES

Trish Mills added there were no matters to escalate to ARAC from the Cycle of Business.

RESOLVED: The Committee NOTED the update.

52/24 REFLECTIONS & SUMMARY OF DECISIONS AND ACTIONS

The following three actions were recorded:

1. Disciplinary Case Management Compassionate Practices:- The need for a clearer explanation and context of the underlying reasons that contributed to this Limited Assurance was requested from Angela Lewis.

2. Wales Audit reports: - In terms of the digital deep dive scheduled for 2024/25 as part of the Structured Assessment., whether this was being cross correlated across Wales. Further information was requested from Audit Wales regarding how this was fed into National Frameworks.

3. QPMF:- Further information was requested on the three actions in respect of the Trust level work programme that were beyond the Trust's, control that were currently paused from Rachel Marsh.

The Committee continued to welcome the hybrid meetings.

RESOLVED: The actions were noted.

Meeting concluded at 11:52.

MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 17 SEPTEMBER 2024 IN THE CARDIFF MAKE READY DEPOT AND VIA TEAMS

Meeting started at 09:30

PRESENT:

Peter Curran	Non-Executive Director Chaired Meeting)
Jayne Beeslee	Non-Executive Director (Chair)
Bethan Evans	Non-Executive Director

IN ATTENDANCE:

Hugh Bennett	Assistant Director Commissioning and Performance
Julie Boalch	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations
Fflur Jones	Audit Wales
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
Liam Williams	Executive Director of Quality and Nursing

OBSERVER:

Rusna Begum	Graduate Management Trainee

APOLOGIES:

Professor Kevin Davies	Non-Executive Director
Angela Lewis	Director of People and Culture
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Damon Turner	Trade Union Partner

64/24 PROCEDURAL MATTERS

Peter Curran advised the Committee that he was chairing the meeting on behalf of Jayne Beeslee who had recently joined the Trust. The Chair welcomed all to the meeting, particularly to Jayne Beeslee 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 16 July 2024 were considered by the Committee and confirmed as a correct record.

Action Log

This Action Item was transferred from the People and Culture Committee (PCC): Cymru High Acuity Response Unit Report. *Cymru High Acuity 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. This action was closed as a report was being presented at today's meeting.

RESOLVED: The

(1) Minutes of the meeting held on 16 July 2024 were confirmed as a correct record; and

(2) The Action log was considered and updated as described above.

65/24 FINANCIAL POSITION FOR MONTH FIVE 2024/25

Chris Turley gave a presentation on the Month five financial position of the Trust and drew attention to the following areas:

The cumulative revenue financial position reported was a small underspend against budget of £0.031m, based on some key assumptions consistent with that within the Integrated Medium Term Plan (IMTP) financial plan and the Board approved budget for 2024/25. The underlying year-end forecast for 2024/25 was 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.

At Month five, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with Welsh Government (WG) for 2024/25 was £20.977m. This included £15.522m of All Wales Approved schemes and £5.455m for Discretionary schemes.

Public Sector Payment Policy was 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.

Whilst the Trust continued to be broadly balanced at this stage of the financial year, it was key to also note there were several 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.

Whilst there was a small surplus reported at month five there were some small variances between Directorates when compared to the budgets set at the outset of the financial year. Some of this was driven by staffing vacancies. These were minor in nature and will be closely monitored throughout the remainder of the financial year.

The total All Wales Capital Programme spend to month five was £0.956m, this was 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 was expecting the expenditure to increase in month six when the invoices for the EA chassis' were accrued

Risks continue to be reviewed monthly and in reporting through to WG it was considered that there were currently no individual high likelihood risks but over the next few months these will be reviewed to ensure that the level of likelihood was assessed along with the financial value. The biggest single risk related to the costs associated with the business case submitted in respect of the EMT/Technician level posts. Ongoing discussions continued with the Joint Commissioning Committee (JCC) and WG regarding this funding. Currently the in year risk cost was in the region of £2.6m - £3m.

Peter Curran queried if there was any risk involved with regards to the potential rise in the cost of fuel for vehicles. Chris Turley explained that the Trust was able to minimise the risk slightly in that it was given a discount at particular petrol stations.

Peter Curran asked for further information regarding the risk should the funding for the EMT/technician posts not be forthcoming. Chris Turley explained there was a potential deficit of up to £3m if no additional funding was received. There were still several months left in the year, and many variables could change the financial outlook. Earlier in the year, there was a fundamental shift in the financial plan, influenced by negotiations with unions and revised national profiles for roles. Despite the funding uncertainty, the implementation of plans was ongoing, with efforts to confirm payment timelines for uplifts and arrears. The Trust will continue to manage the deficit risk citing potential solutions which included delaying certain activities, the potential for some balance sheet offsets, and ongoing discussions with WG and Commissioners over funding availability.

Following a query in terms of when it was likely to hear about the re-banding of the technician post, Chris Turley advised it was likely to be in the very near future.

RESOLVED: That the Finance & Performance Committee noted the Month five update.

66/24 FINANCIAL SUSTAINABILITY PROGRAMME POSITION PAPER

Chris Turley presented the report which set out the month four position for the Financial Sustainability Programme (FSP) and key areas of progress against key schemes within achieving efficiency and income generation. Chris Turley added that the Trust was broadly delivering on the targets set but stressed that next year would be very challenging. He emphasised the importance of the ongoing services review and the need to identify additional efficiencies and future potential income generation opportunities.

In terms of income generation, this has been an area where the Trust has focused on assessing the structures and gaps for delivering on future commercial ventures. Furthermore, the Trust's focus since March 2024 has been on developing a Head of Commercial position, whose responsibilities would include developing a commercial strategy for the Trust. This position will sit under the Strategy, Planning and Performance Directorate's portfolio.

Following a query in terms of recurrent and non-recurrent savings Chris Turley explained that one of the main points highlighted by Audit Wales in their review was the need to ensure that the Trust was not overly reliant on non-recurring savings year on year. He added there were genuine recurrent savings, genuine non-recurrent savings and an element of savings that which were technically non recurring in nature but in reality occur every year. The latter were not the same every year but followed a similar theme. An example was vacancy management within corporate functions, which, while varying in specifics each year, consistently contributed to savings.

RESOLVED: The Committee noted the Month 4 update regarding the Financial Sustainability Programme.

67/24 VALUE BASED HEALTHCARE REPORT

Liam Williams presented the report explaining that it set out the current position of the Value Based Healthcare Working Group, and the progress of the key workstreams encompassed within its portfolio.

He highlighted that a workshop was planned next week in which the Trust will be discussing the next steps. This workshop will be particularly valuable for colleagues who were new to the organisation.

Traditionally, the Trust has not focused on value-based healthcare at a whole pathway level. There was a need to demonstrate how investments in services can be measured, particularly in relation to patient experience and outcomes.

Peter Curan queried how the Trust intended to assess the funding for resources risk in those areas that were not green. Liam Williams explained that the Trust was entering into discussions next week with Digital Health and Care Wales (DHCW) to consider this issue, but that the resource issue was partly due to the capacity required to collate and work with data.

Bethan Evans commented that the paper demonstrates the organisation is at the start of its journey with value-based healthcare. She expressed assurance that the organisation is thinking carefully about its approach and looking at all areas. She looks forward to the next steps and appreciated the comprehensive consideration given to the topic.

RESOLVED: The Committee noted the current position and intentions regarding the delivery of Value Based Healthcare within the Trust.

68/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

Hugh Bennett updated the Committee on the main points from the report:

There were certain Key Performance Indicators missing from the July/August 2024 Monthly Integrated Quality and Performance Report (MIQPR). These metrics included 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.

These identified data quality issues within the 111 system, Advanced Practice Paramedics, and other quality indicators were currently being addressed. Immediate efforts were in progress to resolve these data quality challenges, alongside ongoing recruitment to fill essential roles to further mitigate these issues.

Ambulance Response (safety / patient experience): the red 8-minute response performance for August 2024 was 51.75%, which remained below the 65% target however, the Trust was reaching more red patients in 8 minutes, but demand had also increased. The Amber 1 median in August was 1 hour 11 minutes and the Amber 1 95th percentile was 6 hours 7 minutes.

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 extreme level of lost hours to handover outside Emergency Departments remained the critical component of long waiting times and patient safety incidents. 17,545 hours were lost during August 2024. Cardiff & Vale University Health Board (CVUHB) handover lost hours continue 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 (BCUHB) remained significantly high and just below its two-year average figure (7,700). Welsh Government have reiterated to Health Boards the critical importance of improvements in this area.

Ambulance Care (Patient Experience): Oncology performance in August 2024 was 76.6%, hitting the 70% target. Renal performance also remained above target at 72.8%.

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.

Peter Curran sought further information of when the metrics in terms of digital data and analytics were due to be developed. Jonny Sammut explained in addition to the digital plan metrics, the team was developing more operational digital measures, such as uptime and data quality. These measures will be refined over the next two to three months. Jonny Sammut provided additional assurance regarding data quality. The team was currently undertaking tactical work to address immediate data quality issues. Additionally, recruitment was underway for more data quality resources, which will focus on these specific tasks.

Bethan Evans sought an update on the recruitment of staff to bolster the impact on the upcoming winter pressures. Hugh Bennett advised that in terms of the Clinical Navigators it was his understanding that the recruitment of 28 Full Time Equivalent (FTE)s was in progress and were planned to be in place for the winter period. In respect of the Advanced Paramedic Practitioners (APPs): out of the target of 32 APPs, 22 or 23 have already been recruited. The next steps were to ensure that efforts were ongoing to recruit the remainder with a plan to ramp up recruitment in Quarter 4; potentially involving a course at Swansea University to meet the total target by the end of the year.

Lee Brooks added that proactively the Trust increased Clinical Service Desk (CSD) staff numbers in anticipation of a pull from CSD for the Clinical Navigator roles. There was a high level of interest from both CSD and 111 staff in the Clinical Navigator roles, which was positive. The recruitment process for the 28 Clinical Navigator posts was live, with interviews taking place. There were over 70 applications, indicating strong interest in the roles. Despite efforts to grow CSD numbers, there may still be some vacancies to fill after the clinical navigation process. It was anticipated some recovery will be needed for CSD numbers once the final positions were filled.

RESOLVED: The Committee received the July/August 2024 Integrated Quality and Performance Report and noted that it provided sufficient assurance for the Committee against progress against the performance indicators

69/24 DIGITAL REPORTING – METRICS FOR DIGITAL SYSTEMS INFRASTRUCTURE

Jonny Sammut provided an overview of the report and drew attention to the following areas.

There was an amber rating for 111 due to an outage in the public services broadband aggregation. This affected the wide area networks, impacting the ability for the public sector to connect to the internet across Wales. The outage was an external issue and not related to any internal systems within the Trust.

The Information and Communication Technology (ICT) Service Desk metrics showed a gap in contribution from the Robotics Process Automation (RPA). This was due to a configuration change within the Service Desk platform (Service Point), which passes appropriate tasks to the robot. The configuration change led to a significant increase in routine tasks, such as password resets, being managed manually. A new IT service management system, known as House on the Hill, was currently in test. The transition from the current platform to the new tool was planned for Q3.

Efforts around Data Sharing, Information Governance (IG) Strategy and IG Improvement were all ongoing and following a successful (third) round of recruitment; two new Data Protection Compliance Managers were expected to join the Trust in November.

The PowerBI migration initiative was the ongoing effort of transitioning the Trust's reporting and dashboards from QlikSense to PowerBI to help modernise, streamline and secure its intelligence. This was on track to complete in September (as per set deadline for QlikSense licensing) despite challenges earlier in the year with the Data & Analytics team's efforts being diverted to 111 CAS reporting.

The installation of the Mobile Data Vehicle Solution across the existing EMS & Ambulance Care fleet was complete, except for a few remaining incoming vehicles.

There has been a positive response to the recruitment efforts, particularly for senior roles, with over 60 applications for the Assistant Director position. Despite the positive response, there has been some slippage in the recruitment process for certain other roles. In the interim and to maintain the progress on key initiatives, the plan was to use agency and contract resources which will help ensure traction on these initiatives while the recruitment process continued.

Finally, the Clinical Model Transformation (CMT) programme will require substantial input from both the IT and Informatics teams. Much of the work involved shaping and building the programme. The specific impacts and mitigations were not yet fully clear. This was an early flag for the Committee to be aware that future discussions around prioritisation may be necessary. The team was working closely with the CMT programme to understand the requirements and how best to mitigate potential impacts. A more detailed update will be provided to the Committee in November.

Following a query from Peter Curran regarding recruitment, Jonny Sammut explained that not only has the volume of applicants been high, but the quality has also been impressive. Feedback from members of the British Computer Society suggested that the Trust was becoming an attractive place for digital specialists due to its ambition and planned work. Some specialist roles, particularly in cyber security, remain challenging to recruit for. However, the overall recruitment effort was progressing well.

Peter Curan sought an update on the use of Drones. Jonny Sammut explained that the Trust was engaged with the Drones Wales Highway Project, which aims to establish a drone network across Wales. Active testing was ongoing at some RAF bases this month.

The establishment of a surveillance drone capability with the Trust's Hazardous Area Response Team (HART) has begun. Furthermore, there has been engagement with suppliers for the purchasing of necessary equipment for the drone projects.

RESOLVED: The Committee noted the contents of the report and the trends in metrics presented.

70/24 SPECIALIST OPERATIONS KEY PERFORMANCE INDICATORS 2023/24

Lee Brooks presented the report and explained that under the Hazardous Area Response Team (HART) / Special Operations Response Team (SORT) Service Level Agreement with Welsh Government, a report on the activities undertaken by the Trust's HART and SORT was submitted every quarter, and at the end of the financial year an annual report was submitted that provided an overview of the activities across the year.

The Committee reviewed the annual report, and it was noted that quarterly data is not meant to be a comparison with the previous quarter or any other quarter. It 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. It was noted that 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.

The Key Performance Indicator (KPI) report was based on reporting data collated from various sources including staffing, deployment, incident type, vehicle usage and resources. The quarterly reports were submitted through the Senior Operations Team (SOT) with assurance through Senior Leadership Team (SLT), prior to submission to Welsh Government. There has been no significant feedback or concerns received from Welsh Government on the submission.

RESOLVED: The Committee received and confirmed assurance of the annual HART/SORT KPI reports for 2023/24.

71/24 INTEGRATED MEDIUM TERM PLAN DELIVERY/ASSURANCE - PROGRESS UPDATE

Hugh Bennett explained that the purpose of the update was to provide the Committee with an update on the Integrated Medium Term Plan (IMTP) delivery and assurance following approval of revised arrangements for 2024-27. The revised arrangements were presented to the Strategic Transformation Board (STB) on 8 July 2024, 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 the wider Directorate-led IMTP portfolio.

The CMT Programme has been formally initiated and the first CMT Board convened on 29 July 2024 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 19 August 2024, and all former IMTP Programme Board meetings have been stood down. These will be replaced by CMT

Workstream Boards from 9 September 2024, with a strong focus on key intervention points in the patient journey, with objectives aligned to the Trust's overall strategic vision for integrated care. The overall status of the programme was 'yellow' (cautionary), which indicated that the Programme was on track, but that challenges were anticipated in some areas due to the scale and complexity of planned changes.

Peter Curran asked to what extent the Trust was integrating these reports into the Board Assurance Framework (BAF) which could help align operational metrics with strategic objectives and risks being developed. Hugh Bennett explained that there was always a need to align various reports and frameworks. The Trust often has multiple lenses on it, including dual accountability through Welsh Government and the Commissioning process. This report specifically focuses on the IMTP, which was the Trust's corporate plan. It was aligned with the deliverables, measures identified, and the Cabinet Secretary's requirements. Hugh Bennett highlighted the risk of potentially missing lines of inquiry if the report was altered to fit another framework. Therefore, it was important for this report to stand alone while ensuring it dovetailed and aligned with the BAF.

Trish Mills added that the simultaneous maturation of these processes was beneficial. The Trust Board needs to track progress against the long-term strategy, understanding how close or far it is from the 2027 goals, and identifying associated risks. These discussions must be integrated, not separate. The Strategic Transformation Board appears to be the most appropriate governance body to deliver the IMTP and adjust the strategic direction as needed. This ensures that conversations regarding progress and risk were unified and coherent. The aim was to draw these elements together in the coming months, with some external support to facilitate the process.

Jayne Beeslee asked whether there were any arrangements in place for any peer reviews of such programmes, given their extent of reporting and inquiring whether the Trust used Gateway or a similar process for this purpose. Hugh Bennett advised that there was an action to procure a third party, likely from the academic sector, to evaluate the Clinical Model Transformation (CMT) Programme. This evaluation would probably be phased over two to three years, providing assurance that the programme was delivering patient benefits.

Liam Williams provided additional assurance on the four phases being worked through to ensure correct alignment. These phases included clinical screening, navigation, remote integrated care, and subsequent steps. The CMT Programme Board, led by Jason Killens and other Executive colleagues, was providing strong scrutiny to ensure sufficient resources for delivery. The clinical governance aspect, overseen internally, was a significant area of focus for confirmation and challenge. Liam Williams explained that much of the work was being done remotely in partnership with Priority Solutions and as part of the International Academy. This partnership provides external scrutiny of clinical processes and governance. The innovative approach to pre-hospital urgent and emergency care was being evaluated through clear programme milestones and gateway reviews in collaboration with Commissioners.

RESOLVED: The Committee:

(1) Noted the CMT Programme delivery and assurance arrangements and progress update.

(2) Noted the Directorate-led IMTP delivery and assurance arrangements and progress update.

(3) Noted the reporting against performance and outcomes measures linked to IMTP delivery.

(4) Noted the update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework.

72/24 CYMRU HIGH ACUITY RESPONSE UNIT REPORT

Lee Brooks provided a comprehensive overview of the Cymru High Acuity Response Unit (CHARU)**,** highlighting its evolution, purpose, and current measurement. CHARU was introduced to transition from Rapid Response Vehicles (RRV), emphasising the shift towards a more clinically driven model rather than time-based targets. CHARU was designed to ensure paramedics with additional skills and equipment were 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 were 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, was an output metric reflecting the extent of resource deployment during service delivery. It was not a performance metric and does not measure the effectiveness or efficiency of that deployment. The primary concern for CHARU was to respond to appropriate incidents as determined clinically.

Lee Brooks added it was important to understand the nuances of the delivery model. Utilisation should not be used as a performance target, as it could have adverse effects on overall performance. The focus should remain on ensuring CHARU responds to appropriate incidents to improve patient outcomes.

Peter Curran asked, in terms of the Clinical Model impact of CHARU, about the key long term benefits. Lee Brooks added that if the Trust successfully delivered the proposed model, there will always be patients requiring an immediate response. The focus should be on providing a response that positively impacts patient outcomes. CHARU was powerful in this regard and should remain a part of the model. Returning to a "stop the clock"

approach would be detrimental, and maintaining a clinically focused CHARU was imperative for appropriate patient care.

Bethan Evans noted that utilisation figures have decreased by around 20% in every Health Board except Powys, indicating success in using CHARU as designed. This approach was about transforming how the Trust works, and the presentation shows the journey and progress made. The focus on clinical indicators justified the transformation and supported the continued development of this model.

The Committee noted that given the diversity in the nature of the Health Boards, expecting parity in response percentages across all of them can indeed be challenging. Each Health Board has unique characteristics, such as population density, geographic spread, and specific healthcare needs, which can significantly impact response times and resource utilisation. It was important to consider these factors when evaluating performance metrics.

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.

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.

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.

RESOLVED: The Committee noted the update.

73/24 ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE

Chris Turley updated the Committee on the report advising that it also provided an update on the detailed reporting against the Trust's Decarbonation Action Plan.

Following the Internal Audit report, which was formally considered at Audit Committee on 1 March 2024, work has been ongoing to close three of the recommendations with a fourth not due until March 2025. The report outlined a limited assurance supported by three reasonable and two limited objective assurance ratings.

It was acknowledged that the funding strategy was partially outside of the Trust's control, given the limited availability of All Wales Capital funding to support decarbonisation initiatives, and some recent bids have been unsuccessful due to rigid criteria associated with schemes.

The overall headline reported emissions for 2023/24 have decreased from 773,379 tCO^2e to 33,097 tCO^2e. However, some of the factors reported need to be taken into

consideration in reviewing these figures and the significant medical gas reporting variation noted.

A Sustainability Report for 2023/24 has continued to be drafted for internal reporting purposes and sets out in detail further narrative in support of several aspects. Some headlines from this for noting were as follows:

a. Electricity use/emissions- Electricity emissions have increased by 15% on last years. This is not unexpected due to increased numbers of electrically fed heating systems, and plug in EV vehicles, increase electricity use across the Trust. This has been offset by 193k kWh of renewable energy generated by PV arrays on Trust premises.
b. Heating emissions – due to increase low carbon heating retrofits and closure of inefficient estate, especially Blackweir Station, heating emissions have reduced by 23%.
c. Water – Water use and therefore emissions have seen an increase on last year's figures. Two major leaks at Newtown and Cardiff have contributed to this situation, however more work was required to understand why the rest of this increase has happened.
d. Fleet – There was an increase in fleet emissions, due to an increase in diesel use (1%).

Following a rigorous process, the annual reaccreditation for ISO14001 has been successful and it has been confirmed that the Trust has retained its status. The Trust continued to be the only UK ambulance Trust with this status.

Following a query from Peter Curran regarding any grants that were available, Chris Turley explained there were public sector grants available outside of NHS Wales core capital funding. These can be very specific and often required careful alignment with the grant criteria. Many grants required match funding, meaning the Trust would need to invest its own capital to attract additional funds. Not all grants will be applicable due to specific criteria. Moving towards electric vehicles (EVs) was a great step towards sustainability, this aligned with broader environmental goals and can attract specific funding aimed at green initiatives. There was also the Environmental Financial Advisory Board (EFAB) Funding which was a separate capital funding stream.

Trish Mills suggested that the Committee should consider dedicating more time to environmental matters, possibly through a full board session or a specific Committee focus. She emphasised the importance of promoting and escalating these issues, given that they were currently reviewed annually. Following a further discussion, it was agreed that the Chair of FPC, Trish Mills and Chris Turley would discuss how best to present any further updates to the Committee and to consider any Committee development that may be required on this subject matter.

RESOLVED: The Committee received the update.

74/24 WASTE MANAGEMENT UPDATE – SEPTEMBER 2024

Chris Turley explained that this report presented the Committee with the annual Utility and Waste Management Report 2023/24 for review on the back of recent Internal Audit reports and has heightened the Trust awareness in such matters.

It also included an update on the 1st quarter review of the Trust compliance to the April 2024 changes in waste management legislation, along with an update on the waste internal audit recommendations to update the Waste Management Policy, plus an amended service level agreement (SLA) with Health Courier Service (HCS) regarding collection of clinical waste across the Trust.

Following an internal audit (Limited assurance opinion) on waste management processes in 2022 a Waste Management Policy has been rewritten and approved. Plus, negotiations were ongoing to amend the current clinical waste Service Level Agreement (SLS) with NHS Wales Shared Services Partnership (NWSSP), for collection of clinical waste across the Trust and provide robust legislative compliance and training.

RESOLVED: The Committee

(1) NOTED the Utility and Waste Management annual report 2023/24.

(2) NOTED Waste legislation changes – first quarter review.

(3) NOTED that an amended SLA with NWSSP HCS is in the process of being finalised.

75/24 ESTATES CONDITION AND BACKLOG MAINTENANCE UPDATE

Chris Turley explained this was the first report on the annual Estates and Facilities Performance Management System (EFPMS) report for 2023/24, along with an update on outstanding Backlog Maintenance.

In November 2023, an Estate Condition Internal Audit was undertaken by NWSSP. The resultant classification was limited assurance as this was an all Wales audit of backlog maintenance across all NHS Wales; with a classification of medium priority and nine recommendations.

Five of these recommendations have now been completed, with two addressing the need to update the Estates Strategic Outline Plan (SOP), this update was currently scheduled for the end of this financial year, although following recent discussions with Welsh Government colleagues this timing will be at least in part determined by when an ongoing review of capital prioritisation across the NHS in Wales can be completed, as this could significantly impact on this.

The remaining two recommendations were related to communicating levels of backlog maintenance within the Trust's estate to this Committee.

Physical condition surveys were completed every five years, and updated annually after completion of essential works, or disposal. These surveys determined building condition, including compliance with fire safety requirements and statutory safety legislation, and presented those findings in condition ranking, A-DX, and produced risk rankings of Low, Moderate, Significant and High.

It was important to note that a building will always have some level of backlog maintenance cost assigned if over 12 months old for new builds and even earlier for refurbishments. This was associated with statutory requirements and general wear and tear.

Backlog maintenance has reduced over the past five years because of the disposal of several high risk backlog sites, such as Blackweir, HM Stanley and Cefn Coed, and the substantial capital investment at Vantage Point House, Ty Elwy and Cwmbwrla and the acquisition of new estate and investment in Cardiff, Aberaeron and Merthyr. There has also been an increase in the leased estate at Matrix One, Beacons House and Bennett Street Bridgend, plus additional estate since COVID at Phoenix Business Park Newport, Botanic Gardens, Brecon Police station, Abercarn Fire station and NRW facility in Llandarcy.

Chris Turley proposed that there might be a need for a focused induction or development session for committee members to better understand the complexities of the estates condition and backlog maintenance. This was supported by Trish Mills who further explained that the Trust was aiming to streamline the reporting process to make it more efficient and meaningful for the Committee. Focusing on reporting by exception and reducing the volume of reports would help in providing clearer and more actionable data.

Peter Curran noted that maintaining estates can be high risk if not managed properly. It was great to hear that efforts were being made to reduce these risks. The benefits of a well maintained and modern facility go beyond just numbers, improved facilities can significantly boost staff morale and satisfaction, which in turn can enhance productivity and overall workplace culture. Keeping an overview of the estate strategy and its direction was crucial.

Bethan Evans added it was key to Identify and flag the key risk areas related to estates as this would help the Committee focus on the most critical issues without getting bogged down in operational details. The Committee should also maintain a high-level strategic oversight rather than delving into the minutiae.

RESOLVED: The Committee:

(1) NOTED the Estates and Facilities Performance Management System Return for 2023/24, and

(2) NOTED the plan for further reducing backlog maintenance

76/24 EMS OPERATIONAL TRANSFORMATION PROGRAMME

Hugh Bennett advised the Committee that this was a highly complex and significant programme with many moving parts and substantial achievements.

The EMS Operational Transformation Programme has been delivered, closed and evaluated. The Committee should note that this was a significant initiative driven by the 2019 Demand and Capacity Review. The full report will be presented to the Trust Board at its September meeting after which it will be submitted to Welsh Government and Trust Commissioners.

The scale of the programme, with 343 additional staff and 1615 elapsed days, highlighted the extensive effort and coordination required. The extensive stakeholder engagement, including 29 briefings and negotiations with Trade Unions, underscored the importance of communication and collaboration in such large-scale programmes. The Chief Executive's desire to publicly demonstrate the programme's success was a great way to build trust and transparency with stakeholders. Despite the challenges, the programme has delivered its outputs.

The Committee recognised the significant input and role of Hugh Bennett as the Senior Responsible Officer in its successful delivery.

RESLOVED: The Committee:

(1) Noted the successful delivery of the EMS Operational Transformation Programme.

(2) Noted that whilst the programme achieved its deliverables it has not delivered the intended benefits to patient safety. The primary cause was the extreme levels of handover lost hours.

77/24 INFORMATION GOVERNANCE REPORT

Jonny Sammut updated the Committee on the following areas from the report:

IG Toolkit 24/25: Following the previous annual submission (with an outcome of "standards not met") an improvement plan was developed to support achieving the "Minimum Expectations" standard across all categories this financial year. To satisfy the Confidentiality Advisory Group (CAG) this position needed to be achieved by November 2024.

Information Governance (IG) Training: the Trust was not compliant with its mandatory IG training requirements against the minimum 85% target across the Trust for 2024/25. Approximately 1000 individuals were identified as non-compliant, some with expiration dates of more than six years.

Significant progress has been made in reducing the number of weak passwords, with less than 20 remaining across the Trust, down from around 2,500 a year ago.

Risk 623 (Failure to comply with Data Protection Legislation): a risk to Data Protection Compliance was included on the Corporate Risk Register in April 2024 and has since been received by the Trust Board. Progress of the actions for this risk: the Data Protection Officer Job Description has been evaluated, and the recruitment process will begin. Two Data Protection Compliance Manager vacancies have been through recruitment, with two offers made, and candidates were due to join the Trust in November 2024.

RESOLVED: The Committee noted the update.

78/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

Julie Boalch highlighted the following areas for the Committee:

Risk 424: Resource availability (revenue, capital and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP) has reduced in score to 8 (2x4) and this will now be de-escalated to the Directorate Risk Register for ongoing management.

Risk 619: relating to the replacement CAS System 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.

Trish Mills added that the Trust has made significant progress in integrating enterprise and corporate risk management with strategic delivery through the IMTP. The strengthening of governance around risk articulation was a crucial step and moving towards a strategic BAF. The Board's role in overseeing strategic direction, holding the executive accountable, and ensuring well-articulated risks was vital for maintaining alignment and achieving the Trust's strategic goals.

The Trust was on a comprehensive journey to refine its risk management framework, especially with the development of Risk Appetite Statements. The involvement of an external provider such as BDO, and the collaboration with peers in Wales and England will provide valuable insights and best practices. The integration of digital tools to ensure that enterprise risk management and the BAF were aligned will enhance transparency and efficiency in the risk management processes.

Lee Brooks updated the Committee on 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) advising that a revised approach was endorsed, and the document was now live and therefore might warrant a review of the score.

RESOLVED: The Committee noted the contents of the report.

79/24 AUDIT TRACKER 2.0 – JUNE 2024 (Q1)

Trish Mills presented the report and of those internal audit actions relevant to this Committee**,** 24 actions which were due in quarter have been closed in quarter of a total of 49 due (49%). There were two actions closed in quarter which were not due in quarter. Of the actions relevant to this Committee 23 (47%) have been given revised dates in quarter and of these three were on their third revised date.

There was only one external audit action relevant to this Committee, action reference 121 regarding the Emergency Medical Services Clinical Contact Centre (EMSCCC) Patient Safety Review. This action was due in April 2024 and has been closed in quarter.

Trish Mills commented that the Trust was making solid progress in ensuring that changes and actions were well-justified and aligned with Specific Measurable, Achievable, Relevant and Time-Bound (SMART) criteria. The Audit, Risk and Assurance Committee (ARAC) was actively involved and that there was a clear focus on evidence and accountability.

RESOLVED: The Committee received and took assurance from the Audit Tracker June 2024 (quarter 1 2024/25) update report.

80/24 COMMITTEE PRIORITIES AND CYCLE MONITORING REPORT

The report was presented for information. No matters from the Cycle of Business Monitoring Report were escalated for the Committee's attention. The updates regarding the Committee Priorities were noted.

RESOLVED: The Committee noted the update.

81/24 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

Trish Mills explained what detail would be contained in the Committee AAA report for the Board's attention.

Meeting concluded at 12:37

Date of Next Meeting: 19 November 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
CMT	Clinical Model Transformation
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
EFAB	Environmental Financial Advisory Board
EMS	Emergency Medical Service

ACRONYMS BUSTER

ABBREVIATION	TERM
EMT	Emergency Medical Technician
ELT	Executive Leadership Team
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

ACRONYMS BUSTER

ABBREVIATION	TERM
PCC	People and Culture Committee
PECI	Patient Experience and Community Involvement
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
RICS	Remote Integrated Care Service
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