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The Performance Report

The Performance Report is a legal requirement for the Trust. In accordance with the NHS Wales 2017-18 Manual for Accounts, Chapter 3 Annual Report and Accounts, The Performance Report should be a stand-alone document that provides the reader with a comprehensive overview of what the Trust was trying to achieve in 2017/18, what it achieved, what it did not achieve, the risks it managed and any audit and inspection activity.
Statement from the Chief Executive Officer

The Welsh Ambulance Service NHS Trust (the Trust) prides itself on being amongst the most transparent ambulance services in the World in terms of performance. Every month key statistics on performance are published by Welsh Government. The Emergency Ambulance Services Committee (EASC) publishes a comprehensive set of Ambulance Quality Indicators (AQIs) on a quarterly basis and at every Board meeting the Trust Board receives a range of reports considering quantitative and qualitative information on performance and progress. The Trust is an open organisation and welcomes the opportunity to report on its performance. There is good news in this Performance Report, but the Trust is also clear that there were some significant challenges for the Trust in 2017/18, in particular, patient safety and performance through the winter.

2017/18 was another important year for the ambulance service in Wales and the second year in which the Clinical Response Model (CRM) was in operation for the full year. RED 8 performance i.e. responses to immediately life threatening incidents, was maintained above the Welsh Government’s target to respond to 65% of these incidents in 8 minutes. Clearly, the Trust wants to respond to as many of these incidents as possible within 8 minutes and for most of the year it was above 70%, achieving 74.6% for the year.

Whilst the Trust is pleased to be achieving this level of performance, RED incidents account for a small proportion of incident activity, with the vast majority of our incidents being AMBER i.e. serious, but not immediately life threatening. AMBER performance in the 2017/18 winter was very challenging as the whole unscheduled care system came under severe pressure as a result of very high incident demand, flu and the inclement weather. This performance report highlights how response times to the AMBER category of patients declined during the winter months and how there was a significant increase in patient safety incidents, hazards and near misses; and serious adverse incidents (SAIs).

In 2017/18 we continued with the Clinical Service Desk (CSD) in our Clinical Contact Centres (CCCs), which enabled us to exceed our performance ambition of 7% and provide a hear & treat service to 7.3% of our incidents, which means that our ambulance crews could respond to other incidents in the communities we serve. In 2017/18 we also replaced the Computer Aided Dispatch (CAD) system in our CCCs with a modern CAD that will help us deliver a more efficient service and improved care to our patients.

Engaging with staff and working in partnership remains central to delivering the right service to patients. The Trust is pleased to report a further improvement in staff engagement during 2016/17; however, some of the measures declined, so we need to continue to focus on being an employer of choice.

Finally, quality is at the heart of what the Trust does. It is critical that quality, safety and patient experience underpin every aspect of the Trust’s business. The Trust produces a separate Annual Quality Statement which provides a detailed plain english assessment of the Trust’s performance in this year. Our major concern in this respect, was the increase in SAIs this year, which spiked significantly during the winter months.
Purpose of the Trust

The Purpose of the Trust is:

“To be a caring and responsive ambulance service for people in Wales”.

The Trust provides ambulance services for people in Wales, delivering high quality and patient-led clinical care – emergency, urgent, scheduled – wherever and whenever needed. In addition to the blue light ambulance services which most people would associate with an ambulance service, the Trust also provides the NHS Direct Wales service. NHS Direct Wales is a health advice and information service available 24 hours a day, every day. From October 2016, the 111 service went live in the Swansea, Neath and Bridgend areas. 111 is a free to call service which incorporates the NHS Direct Wales service and the call taking and first stage clinical triage for the out of hours service. In 2017/18 the 111 service went live in Carmarthenshire. The Trust continues to provide the NHS Direct Wales service in other parts of Wales with a clear plan for 111 roll out emerging. The Trust also supports Community First Responders, Co-Responders and Uniformed Responders to provide additional response resource. The Trust also delivers the Non-Emergency Patient Transport Service (NEPTS), taking patients to and from hospital appointments and transfers between hospitals.

Trust Activity

The following section gives an idea of the scale of the activity of the Trust for 2017/18:

- 278,647 calls were made to NHSDW;
- 3,871,348 visits were made on the NHSDW website;
- Over 225,757 calls have been made to 111 service;
- 540,891 999 calls were answered by the Trust;
- 479,444 verified incidents;
- 258,995 emergency patients were conveyed to hospital;
- 685,291 patient journeys by NEPTS;
- 113 buildings;
- 714 vehicles; and
- 3,274 staff (average 2017/18 headcount).
Trust Geography

The Trust provides its services to people in Wales, residents and a significant visitor population, particularly in the summer months. The response element is aligned to the seven Local Health Board (LHB) areas:

Table 1 – Local health Boards

<table>
<thead>
<tr>
<th>Call Type</th>
<th>EASC Definition</th>
<th>Example</th>
<th>Quality Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>RED</td>
<td>Immediately life threatening calls such as cardiac arrest or choking. These calls will be subject to both clinical indicators such as Return of Spontaneous Circulation (ROSC) rates and a time-based standard requiring a minimum attendance at 65% of these calls within 8 minutes.</td>
<td>Respiratory / cardiac arrest</td>
<td>8 minute response time within 65%. National target</td>
</tr>
<tr>
<td>AMBER</td>
<td>Serious but not immediately life threatening. These calls will include most medical and trauma cases such as chest pain and fractures. Amber calls will receive an emergency response. A response profile has been created to ensure that the most suitable clinical resource is dispatched to each amber call. This will include management via “hear &amp; treat” services over the telephone. Patient experience and clinical indicator data will be used to evaluate the effectiveness of the ambulance response to amber calls.</td>
<td>Cardiac chest pains / stroke</td>
<td>Compliance with care bundles for cardiac stroke and fractured neck of femur patients</td>
</tr>
<tr>
<td>GREEN</td>
<td>999 calls received and categorised as green are neither serious or life threatening. Conditions such as ear ache or minor injuries are coded as green calls. Green calls are ideally suited to management via secondary telephone triage. Health Care Professionals (HCP) such as doctors, midwives or community hospitals often require an urgent transfer of a patient from low acuity care to a higher acuity facility. These transfers are coded as green calls and undertaken within a timeframe agreed with the requesting HCP.</td>
<td>Fainting - recovered and alert</td>
<td>Clinical outcomes and patient satisfaction for 999. Compliance with healthcare professional agreed admission timescales for HCP calls</td>
</tr>
</tbody>
</table>

Clinical Response Model

Throughout 2017/18 the Trust continued to use the Clinical Response Model (previously a pilot started on 01 October 2015), now independently reviewed and the permanent model.

Table 2 - Clinical Response Model
The Emergency Ambulance Services Committee (EASC), on behalf of Welsh Government, commissioned an external, independent evaluation of the CRM. EASC received the final review from PACEC (the independent company who undertook the review) in March 2017. The review made four broad recommendations:–.

- A need to review the call categories particularly Amber.
- Investment in information systems.
- Providing alternative response options.
- Reduce variation and improve health board’s conveyance rates.

**Review of Call Categories**

A task and finish sub-group of the WAST Clinical Prioritisation Assessment Software (CPAS) Group reviewed and made amendments to the response type for a number of the Amber category codes that are responsible for approximately 40% of the Amber incidents per annum. In addition to this the CPAS Group has agreed two mechanisms to ensure the call categories are under constant review in line with the best level of operational and clinical evidence. Firstly, a rolling review programme: this element of the review will ensure that each condition card within the MPDS system is reviewed on a rolling basis as part of normal business. Secondly, a trigger review programme: this element of the review will result in an ad hoc review being undertaken, this type of review may be of a single or multiple codes, condition card(s) or a full review of all codes. Such reviews will be automatically be triggered by: a new version of MPDS being released; advice from the National Ambulance Services Medical Directors (NASMED) or the Emergency Prioritisation Advisory Group (ECPAG); Serious Adverse Incidents; and major changes to unscheduled care services in Wales. This list is not exhaustive and the CPAS Group may instigate ad-hoc reviews in response to any concerns raised.

**Investment in Information Systems**

Since the publication of the PACEC review, WAST has received significant financial investment for the implementation of a new (CAD) system. This system was successfully implemented in November 2017. Phase 1 of the implementation focused on the installation and ensuring that as a minimum the same functionality as the old system was delivered, this phase has now been completed. Phase 2 of the CAD implementation has now been initiated. The Phase focuses on the gradual introduction of additional system functionality to maximise the utility of the CAD.

**Providing Alternative Response Options & Reduce Variation and Improve Local Health Board Conveyance Rates**

These recommendations are closely linked and the actions to deliver against them cannot be considered in isolation. The EASC commissioning team, through the IMTP process and commissioning intentions have required the detailed outlines of performance improvement initiatives in these areas. These initiatives are being considered through the Planning, Evaluation and Development sub-group of EASC.

Given the progress made on the recommendations, EASC agreed to close the review in March 2018.
Leadership and Organisational Structure

Tracy Myhill (Chief Executive Officer) left the Trust on 31 January 2018 to become Abertawe Bro Morgannwg LHB Chief Executive Officer. The Trust’s Executive Management Team as at 31 March 2018 was:

- Patsy Roseblade, Interim Chief Executive Officer (CEO)
- Dr Brendan Lloyd, Executive Director of Medical and Clinical Services (and Interim Deputy CEO)
- Claire Bevan, Executive Director of Quality, Safety and Patient Experience
- Claire Vaughan, Executive Director of Workforce and Organisational Development
- Chris Turley, , Interim Executive Director Finance & ICT
- Richard Lee, Director of Operations
- Estelle Hitchon, Director of Partnerships and Engagement
- Hannah Evans, Director of Planning and Performance
- Keith Cox, Board Secretary

The Trust has recently made the appointment of a permanent CEO.

Performance Overview

2017/18 was another a pivotal year in the transformation of the Trust.

The Trust’s Integrated Medium Term Plan (IMTP) 2017-20 was approved by the Cabinet Secretary for Health and Social Care; a significant milestone for the Trust. The IMTP operationalises the longer term vision and purpose of the Trust. It means the Trust has a clear plan for how it will deliver on its ambitions and respond to the strategic drivers of change within resoruces available.

The main headline measure for the Trust is the percentage of Red incidents (immediately life threatening) responded to within the 8 minute target, although the Trust looks at a balanced set of metrics. Throughout 2017/18, performance for the Red incident 8 minute target was maintained above the 65% Welsh Government and the Commissioning Quality & Delivery Framework (CQDF) target. This was achieved against a backdrop of increasing incident demand (verified incidents), which increased by 4.4% in 2017/18, compared to 2016/17 and continued high pressure across the unscheduled care system.

Table 3 – RED Incident 8 Minute Performance
Whilst Red performance was maintained above the 65% target, the unscheduled care system came under severe pressure this winter, in particular, in January, February and March 2018 and maintaining Red performance became more difficult, with it dipping just under 70%. Amber incidents account for approximately 85% of the Trust’s responses i.e. when it dispatches an ambulance, and we measure the median, the 65th percentile and the 95th percentile i.e. the 65th and 95th point on a distribution curve of Amber performance. Table 4 illustrates how the Amber 95th percentile lengthened during the winter months, particularly in February 2018.

Table 4 – Amber 95th Percentile Performance & Handover Lost Hours

<table>
<thead>
<tr>
<th></th>
<th>April-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sep-17</th>
<th>Oct-17</th>
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<th>Dec-17</th>
<th>Jan-18</th>
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<td>C&amp;V Lost Hours</td>
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<td>Hywel Dda Lost Hours</td>
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<tr>
<td>AMBER 95th</td>
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</table>

The Amber 95th percentile in February was 5 hours and 19 minutes (the Amber median and 65th percentile for February were 34 minutes and 41 seconds and 58 minutes and 23 seconds respectively). These periods of high system pressure also meant that there was a spike in SAIs, with 9 SAIs in January 2018.

The number of SAIs recorded by incident date between April 1st 2017 and March 31st 2018 was 62. SAIs are recorded for the period between 01/04/2017-31/03/2018 based on incident date and not by reporting date, which may be different.

The length of Amber waits and the spike in SAIs are a serious challenge for the Trust and an issue that it will prioritise during 2018/19. Whilst outside of the 2017/18 reporting period for this report, an Amber Review has been commissioned by Welsh Government, to be undertaken by EASC and completed by mid-2018.

Despite the 4.4% increase in incident demand the Trust has continued to see a downward trend in conveyance following face to face assessment.

Table 5 – Conveyance Following Face to Face Assessment
In line with the strategic intent of EASC and given the pressure major emergency departments are under, the Trust has a particular focus on avoiding conveyance to major emergency departments, where it is clinically safe and appropriate to do so. In 2017/18 the Trust conveyed 237,014 patients to major emergency departments, compared to 245,783, a decrease of 3.5%, compared to a rise in incident demand of 4.4%.

The Trust also delivered a number of important projects in 2017/18.

**Band 6 Paramedic Project**

Throughout 2017/18 the Trust worked in partnership with its trade union partners and Welsh Government to negotiate a distinctive Welsh agreement on the transition of Paramedics from Band 5 to Band 6, which went live on 01 October 2017. It included a new set of competencies, based on clinical evidence and a comprehensive three year training programme to support Paramedics increase their scope of practice. The transition to Band 6 has recognised the wider role that paramedics are now playing in the unscheduled care system.

**CAD**

The Go Live for the new CAD system (C3) was successfully completed on 13th November 2017 without incident. This met our strategic intent “to operate an effective emergency ambulance service whilst transitioning to a new CAD”. The pre-flight testing process successfully identified issues which would have affected live operations and enabled a successful launch. This process was shared at the UK C3 Users Group as an example of best practice by the supplier. The CAD project as a whole, including the Go Live process was externally assured by Association of Ambulance Chief Executives (AACE) who supported the decisions made regarding Go Live planning and implementation. Highlights of the Phase 1 of the project delivery include: a single emergency medical services CAD system across the Trust, which allows for standard operations across centres; auto-dispatch of Red calls and Community First Responders, reducing response times for life-threatened patients, safe, secure, resilient system, reducing down time through failures to almost zero; dedicated Clinical Support Desk queue to improve the clinician contact for patients and increase the numbers of hear and treat activities and improved mapping and location searching to ensure accurate responses.

**Mental Health**
For 2017/18 the Trust secured funding from Welsh Government, for phase one of its Mental Health Improvement plan. Year One of the plan focused on staff training, staff well-being and the appointment of a Head of Mental Health. The Trust began the roll out of the TRiM programme (Trauma Risk Management) and Applied Suicide Intervention Skills Training (ASIST). The Trust also placed an increased focus on mental health patient pathway development, education and training and policies. Full delivery of the Plan is dependent on further funding, in particular, embracing the opportunities with the Integrated Care Fund (ICF) to support the WAST Dementia plan.

Finance & Resource Management

The Trust’s delivery in 2017/18 was underpinned by strong financial management including the delivery of a significant level of savings and achievement of all financial targets, for example, payment of invoices within 30 day and achieving a small surplus against the budget. The Trust will continue to operate in a challenging financial environment and will continue with further planned savings into 2018/19.

Table 6 – Cumulative Savings

Non-Emergency Patient Transport Service

The Non-Emergency Patient Transport Service (NEPTS) continued its transformation in 2017/18, against the business case agreed with Welsh Government and the announcement in January 2016 by the then Minister for Health and Social Services that EASC would commission the delivery of NEPTS for all health boards and the Trust would oversee the delivery of NEPTS through a plurality model. The plurality model means the Trust will oversee a mix of in-house, contracted and third sector provision.

Other key headlines in delivering the 2017-20 IMTP include:-

- Successful UEFA Champions league final operation;
- Accreditation of all three CCCs as centres of excellence with the International Academy of Emergency Dispatch;
- Make Ready introduced to South East Wales in two sites (this speeds up the turnaround of ambulances and availability to crews);
The North Wales Advanced Paramedic Practitioner Pilot was also been shortlisted for an NHS Award;

One of our paramedics has become the first paramedic to be adopted by Macmillan, for his work on end of life care;

The restructures of the Medical Directorate and Operations Directorate were completed;

Out of Hospital Cardiac Arrest Strategy and Public Access Defibrillator numbers;

The Omnicell Project: the implementation of automated medicines cabinets for WAST is now complete; and

Achievement of Gold Corporate Health Standard

**Strategic Drivers for Change**

The Trust operates in a complex health care system. The following section identifies key strategic drivers for the Trust.

**National Policy Context**

**NHS Outcomes and Delivery Framework 2017-18**

The Framework aims to demonstrate annual improvements in the health & well-being of the people in Wales through the delivery of NHS services. There are seven domains, which align with the Health and Care Standards: Staying Healthy, Safe Care, Effective Care, Dignified Care, Timely Care, Individual Care and Our Staff & Resources. Clearly, the Trust has a particularly important role to play in Timely Care, but the Trust also contributes to the other domains and pays due regard to them. The Trust’s Quality & Performance Report which is reported to Trust Board, identifies performance indicators across these domains and reports against them. You can find detailed information on the Quality & Performance Report on the Trust’s website in the Board papers.

**The National Unscheduled Care Programme**

The National Unscheduled Care Programme gets its mandate following the oral statement of the Minister for Health and Social Services in 2013. It has a focus on improving the quality and efficiency of local unscheduled care delivery. The table below outlines steps 0 – 10 of the Unscheduled Care Model of which the Trust is a key organisation.

**Table 7 - 10 Step Unscheduled Care Model**
The Trust's CEO is a member of the National Unscheduled Care Programme Board.

**NHS Planning Framework**

The planning requirements include what is required for the Integrated Medium Term Plan (IMTP) and reporting progress against it, through the 6 monthly Joint Executive Team (JET) meetings with Welsh Government. The Trust has incorporated these requirements into its Planning & Performance Framework.

**The Social Services and Well Being (Wales) Act 2014**

The Act simplifies the web of legislation that previously regulated social care in Wales and is designed to make access to services easier and more understandable to those who need them. The direction within the Act is congruent with many of our strategic intentions including, working across the health sector and with blue light partners (collaboration and integration), focusing on working up stream on our five-step pathway (earlier intervention) and many of our existing and emerging workforce models embrace team working. In addition, our strengthened safeguarding teams will ensure that we discharge our renewed accountabilities with respect to safeguarding.

**The Well Being of Future Generations (Wales) Act 2015**

The Act places a statutory duty on Public Service Boards and certain named public bodies to improve the social, economic, environmental and cultural well-being of Wales in accordance with the sustainable development principles. Whilst the Trust is not a “named organisation” who is subject to the new duties, the Trust has placed an emphasis on “planning for good performance” and is developing its approach to support this Act. The Trust strongly supports the generational approach to planning required by the Act and the focus on seven well-being goals as well as the five sustainable development principles – long term, prevention, integration, collaboration and involvement. During 2016/17 the Trust Board met with the first Future Generations Commissioner for Wales and the Trust’s Board committed the Trust to develop a Long Term Strategy by 31 March 2018; however, this work has been re-programmed as a result of the departure of the Trust’s Chairman and CEO.

**Welsh Language**

As a result of the Welsh Language Measure 2011, the Trust’s Welsh Language Scheme was replaced in 2015/16 with the new Welsh Language Standards. The Trust is committed to ensuring the services patients receive, policies and initiatives are consistent with the Welsh Language.
Scheme and, to support this, the Equality Impact Assessment process includes a section to identify how service changes impact on Welsh speakers. The Trust is committed to the Welsh Government *More Than Just Words Strategy* and will put in place action plans to meet the requirements of the strategy and improve bilingual patient information, recruitment of Welsh speaking staff, and education, awareness and training.

*Digital Health and Care Strategy*

In developing our Technology and Information Management capability, we are ensuring alignment with both our business aims and priorities and the principles of the Welsh Government Digital Health and Care Strategy.

The four principles of the strategy are listed below with links to key deliveries within the IMTP:

- Information for you;
- Supporting professionals;
- Improvement and innovation; and
- A planned future.

*Major Conditions, Older People and Frailty*

The Trust recognises that it has a role to play in supporting those with major conditions and those who are older and/or frail. The Trust is a Dementia Friendly organisation and we will work with the Older People’s Commissioner and Ageing Well in Wales National Programme to ensure we deliver quality care to older people and those with a specific need including dementia, sensory loss, falls, continence care and learning disabilities.

*NHS Wales Strategic Change Agenda*

It is widely recognised that no organisation can plan or deliver services in isolation due to the critical interdependencies, the joint challenges in terms of workforce, aging population and the shared objectives of improving outcomes and ensuring sustainability. Increasingly, collaborative planning arrangements across regions, or nationally, are developing with each arrangement taking a different form and reflecting different partnerships. From the Trust’s perspective, the key NHS Wales Strategic Changes are:

- South Wales Plan delivered through the Regional Planning Committee structure
- Major Trauma Network Development
- Neonatal Services
- Acute Medicine & Surgical Services
- Mid-Wales Collaborative
- A Regional Collaborative for Health (ARCH)
- Aneurin Bevan Clinical Futures
- Change for our Powys Patients in the neighbouring English Trusts

It is key that the Trust is engaged appropriately in these change programmes and that we are able to model, and influence, the impact of options or decisions and to ensure changes are made to the EMS and NETPS commissioning frameworks.

*Non-NHS Wales Strategic Change Agenda*
In addition to strategic changes in the NHS there are changes in the wider communities that the Trust serves that act as key strategic drivers of change.

A key area of focus in 2017/18 was the proposed Wylfa Newydd Nuclear Power Station on Anglesey, which the Trust is fully engaged with. The Trust expects the pace around this development to increase in 2018/19 as this project moves to the Development Consent Order stage and the Trust will be in a position to identify issues arising from this development and appropriate mitigations.

**Collaboration & Engagement**

**Collaborative Commissioning**

Ambulance services in Wales are commissioned on a collaborative basis by the seven LHBs through EASC and the Chief Ambulance Services Commissioner (CASC). The CQDF for Emergency Medical Services (EMS) was live throughout 2017/18, with the equivalent for the NEPTS under development during 2017/18 and going live in shadow form from the 01 November 2017.

Both the EMS framework and the NEPTS framework focus on managing patient flow across a series of steps in the most effective manner.

**Table 8: Five-Step EMS Ambulance Care Pathway**

![Table 8](image1)

Designed with permission using the CAREMORE® 5 steps. Copyright, 2017 WAST

**Table 9: Five-Step NEPTS Ambulance Care Pathway**

![Table 9](image2)

Designed with permission using the CAREMORE® 5 steps. Copyright, 2017 WAST

The EMS framework has set out a clear strategic aim to focus on moving from steps 4 and 5 toward steps 1, 2 and 3 along the pathway, where it is clinically appropriate and safe to do so.

Performance on both these care pathways is Performance Analysis section, under the relevant priority. In addition, a Clinical Risk Assurance Review was undertaken by the National Collaborative
Commissioning Unit (NCCU) in 2017/18. The recommendations and progress on the recommendations can be found in the Audit & Inspection section of this report.

The NEPTS CQDF will be fully implemented during 2018/19.

*Children’s Commissioner and the Older People’s Commissioner for Wales*

The work which the Trust is doing in collaboration with the Children’s Commissioner and the Older People’s Commissioner for Wales also brings with it some real opportunities. The Trust will continue to work in collaboration with the Children’s Commissioner for Wales to embrace the Children and Young People’s National Participation Standards. Similarly, the Trust will continue to collaborate with the Older People’s Commissioner to improve patient experience and outcomes. The Trust has fully engaged in the Ageing Well in Wales Phase One and now Phase Two Action Plans, focusing on improving services for patients with frailty, vulnerable older people, those at risk of falls, patients with dementia, sensory loss and people experiencing loneliness and isolation.

*Blue Light Collaboration*

The Trust has continued to expand our interaction and joint initiatives with our Emergency Services Partners. Further information on our progress during 2017/18 can be found in the Performance Analysis section Strategic Priority 9.

*Wider Unscheduled Care System/Primary Care*

During 2017/18 there is an opportunity for the Trust to engage more meaningfully with the transformation of primary care services in Wales, not only to bring increased benefits to the patient and people in Wales, but also to support the Trust with the transformation of ambulance services in Wales. Working with our LHB partners and, in particular, the network of primary care clusters to develop a clear, persuasive narrative that explores and describes the role for paramedics within the primary care setting, both in and out of hours, clearly forms part of the development of the longer term strategy work.

*Demand & Capacity Review*

Emergency ambulance service incident demand increased by 4.4% in Wales in 2017/18, compared to 2016/17. Generally incident demand is increasing, with many ambulance services in the UK and internationally experiencing increases of 4% to 5%. The Trust completed its assurance work on its Demand & Capacity Review in 2017/18, which includes a forecasted increase in annual demand of 2.7% (one year should be treated with caution), which the Trust is now using to model performance and determine capacity. Increasing demand for our services is a key driver for change.

Just as the Demand & Capacity Review has presented a number of challenges, it has equally presented some opportunities:-

- internal WAST efficiencies, including opportunities to realign some shifts to better match demand;
- the impact that the hear and treat model has in managing activity at Step 2;
- an evidence base upon which to base any future changes to response targets and likelihood of achievability;
through the modelling of community paramedic resource, provides a platform to explore
the model as part of not only an EMS response, but as a more general support to the
unscheduled care and primary care system;

• a base for our developing workforce plan;

• information that supports the Strategic Estates Plan through identification of optimal sites
of social deployment points; and

• information that supports the Trust’s Fleet Plan.

Amber Performance

Amber calls account for approximately 65% of the Trust’s incident demand and make up a very
large cross section of conditions, which range from suspected stroke and breathing difficulties
through to suspected broken ankles and elderly patients who have fallen.

The Trust fully recognises that response times for this cohort of patients is not always where we
would want it to be. This is reflected not only in variation in terms of our responsiveness but,
critically, through themes and trends through our quality systems. Amber performance should
equally be considered in the context of Clinical Indicators (see Strategic Priority 2).

Resilience and Business Continuity

The Resilience and Specialist Operations department of the Operations Directorate sits with the
Assistant Director of Operations (Support) and comprises an Area Manager - Resilience, three
regional Resilience Managers responsible for specific Health Board areas across Wales and Local
Resilience Forums (LRFs), as well as the Hazardous Area Response Team (HART), the Special
Operations Response Team (SORT), Business Continuity Officer and an Event Planning Manager.

The Resilience Managers work closely with key partners in delivering against statutory (Civil
Contingencies Act 2004) and non-statutory guidance in relation to emergency preparedness,
resilience and response (EPRR).

Resilience Managers engage through the Local Resilience Forums (LRF) which are coterminous
with the four Welsh police forces. The department is also engaged in national (UK) fora to support
the area of operations from Resilience / EPRR, HART and SORT, the Trusts Resilience Team also
engages at a Welsh level with the relevant resilience fora and are also engaged in the UK Contest
Board and the UK counter terrorism strategy.

Under the Civil Contingencies Act 2004 (CCA) Category One responders are subject to the
following full set of legal civil protection duties:

• Risk assessment;
• Emergency planning;
• Business continuity planning;
• Warning and informing;
• Information sharing; and
• Co-operation.

In ensuring the Trust is fully discharging its legal obligations and ensuring that it is in a suitable state
of readiness to react to any situation, the Trusts preparedness, resilience and business continuity
processes are constantly reviewed and updated.
The Trust provides and supports a specialist service known as HART (Hazardous Area Response Team). The HART team forms the central core of what would be the Trust’s response to any major incident, physical incident or weather-related event (including, in the current political climate, the Trust’s response to any acts of terrorism) and employs 35 Paramedics and 7 HART Team leaders supported by 2.8 whole time equivalent (WTE) management and administration staff.

The HART team ensures the statutory obligations and duties of the Trust are met in relation to its role as a Category One Responder under the Civil Contingencies Act 2004 (CCA), the UK Government’s Counter Terrorism Strategy (CONTEST), and the Security and Counterterrorism Act (2015). Other legislative and guidance documents relating to security and emergency preparedness from both UK and Welsh Government are addressed as part of Trust core business, with the support of the HART team.

Resource: Workforce, Fleet, Estates and ICT

Workforce Challenges

The overall challenge of matching the capacity and shape of the workforce and getting right the appropriate levels of resource with the right skill type and qualification to match demand, was highlighted by the Demand & Capacity Review.

Recruitment and Training of EMS staff

There still remains a national shortage in the availability and recruitment of qualified paramedic staff and, so far, our education commissioning numbers have been just about sufficient to ensure adequate supply of qualified staff, provided we are able to secure employment of the graduate paramedics. The move to a degree requirement for future paramedics has still not been formally approved in Wales, but we are confident it will follow, and steps are already being taken to plan for the potential impact on our current career pathways and supply channels of Emergency Medical Technicians converting to paramedics. We will continue to target our recruitment activities and plan our training courses appropriately

Addressing the ‘Diversity Deficit’

By this the Trust means the lack of diversity throughout our staffing, in senior management teams and on our Trust Board. This is a recognised picture across ambulance services, and there is a growing body of research that highlights the benefits of diversity to organisational performance. Within the NHS, the benefits are far less widely explored, but it is assumed that a more diverse workforce will bring benefits to both patient care and experience, and also staff experience.

Our enabling plans demonstrate a clear intent on behalf of the Trust to take appropriate action to address the ‘diversity deficit’ over the next few years. The Trust will be seeking particularly to achieve a shift in workforce composition to better reflect the demographics of local community Black Minority Ethnic (BME) backgrounds and actions to tackle recruitment bias and harassment and bullying concerns in line with our English colleagues, who have committed to a number of measures designed to improve performance in four of the nine Workforce Race Equality Standard (WRES) indicators

National Developments on Paramedic Banding

NHS Employers agreed a deal with the unions on behalf of the Department of Health in England, which saw the role of a paramedic being re-banded from Band 5 to Band 6 and paramedics moving
up the pay scale to Band 6 in England, where appropriate, from April 2017. During 2017/18 the Trust, working in partnership with Welsh Government and trade union partners, negotiated a distinctive Welsh transition to Band 6 for Paramedics. Further information can be found in the Statement from the Chief Executive Officer and in Strategic Priority 5.

**An Ageing Workforce**

The Trust is fully aware of the potential implications of an ageing population on demand for ambulance services in the future. Our workforce profile continues to tell the same story, with a large proportion of staff in the 50+ category, presenting challenges to succession planning, health and wellbeing and sickness absence. These challenges are all recognised and responded to by our People Strategy enabling plans.

**Equality, Diversity and Human Rights**

The Trust’s Equality and Human Rights Strategy (2016-20) is called *Treating People Fairly*. It explains what we intend to do to build upon the progress we have made over the last four years. Our aim is to create an environment where regardless of background or circumstances, each patient is provided with a high quality service to meet their needs and every colleague achieves their full potential. Our aim, at the heart of all of our plans, is to shift from “treating people how we want to treat them” to “treating people how they want to be treated”. *Treating People Fairly* is significant as it links how we will play our part in delivering the Equality, Welsh Language, Well-being of Future Generations and Social Services and Well-being Acts. The most important part of delivering *Treating People Fairly* is helping every colleague to recognise, understand, and value difference in everyone by ensuring that no-one is excluded.

**Resources: Workforce, Fleet, Estates and ICT**

**Workforce**

There are a number of key strategic drivers that influenced the development of the Trust’s People Strategy, and our enabling frameworks and plans.

- Working Differently, Working Together

Within NHS Wales, we have described a set of workforce objectives through the Working Differently, Working Together Framework.

Objective 1 - An engaged workforce aligned and committed to the delivery of the vision for NHS Wales.

Objective 2 - A sustainable and skilled workforce focussed on helping the people of Wales to improve their health as well as treating sickness.

Objective 3 - A redesigned workforce, working together to deliver healthcare for the 21st Century.

Objective 4 - A workforce that aims at excellence everywhere within available resources.

**Fleet**

The Trust currently has 714 vehicles within its fleet as follows:-
Table 10 - Trust Fleet Numbers 2017/18

<table>
<thead>
<tr>
<th>VEHICLE ROLE</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENCY AMBULANCES (INCLUDING UCS + NEONATAL)</td>
<td>260</td>
</tr>
<tr>
<td>RAPID RESPONSE VEHICLES</td>
<td>130</td>
</tr>
<tr>
<td>NON EMERGENCY PATIENT TRANSPORT SERVICE</td>
<td>268</td>
</tr>
<tr>
<td>SPECIALIST VEHICLES (ALL OTHER VEHICLES)</td>
<td>56</td>
</tr>
<tr>
<td>TOTAL</td>
<td>714</td>
</tr>
</tbody>
</table>

The fleet driver for change in 2017/18 was identified as the need to develop a ten year Strategic Outline Programme (SOP). The SOP demonstrates an evidence based approach to vehicle replacement from which annual Business Justification Cases (BJC) for vehicle replacement funding can be drafted and submitted for approval in an efficient manner. The 2017/18 BJC for vehicle replacement facilitated the successful replacement of 100 Trust vehicles.

Estates

The Trust has 113 buildings. The effective management of the Trust’s building stock is another key driver for change. The Trust has identified that a dynamic approach is required to rationalising the Estate to better reflect individual locality requirements and to expedite the wider programmes of change in the Trust, for example, fleet.

Key drivers for change for Estates include:-

- Providing the right quality of premises will result in an estate portfolio which is safe, appropriate and flexible; meeting all statutory obligations. The current backlog maintenance could be largely eliminated and there will be a planned preventative maintenance regime to ensure properties are maintained to appropriate standards;

- Providing the right type of premises in the right location to allow for the effective and efficient control, management and deployment of resources including exploration of partnership opportunities with local partners;

- Developing and rationalising the operational estate on a hub (Ambulance Resource Centre – ARC / Make Ready Depot - MRD) and spoke (Social Development Point - SDP) basis;

- Developing the non-operational estate to include three Clinical Contact Centres (CCCs) and regional administrative centres with the potential to include training facilities;

- Implementing locally adapted solutions to implementing the concept of washing and stocking to support cost effective operational services and minimise risk of cross infection; and

- Providing sustainable solutions towards the environment

The Estates Strategy and Strategic Outline Programme for the Estate 2017 is now endorsed by Welsh Government. This provides (subject to funding) a radical estates transformation programme designed to support the fleet function, in particular, to implement a Make Ready approach to effective vehicle washing and stocking on a hub and spoke basis. The Make Ready approach provides a purpose built facility with operatives whose primary responsibility is to ensure the Trust’s vehicles are both clean and appropriately stocked. This enables the frontline work force to concentrate on service delivery as well as reducing infection risks. The hub and spoke model is essentially a strategically located ARC and a series of SDPs collaboration ensuring a timely response to incidents.
Information Communications Technology

Information Communications Technology (ICT) is a key enabler for the Trust. The ICT delivery programme for 2017/18 identified the following deliverables:-

- Continued improvement in the ICT Infrastructure to provide a scalable, resilient and robust platform;

- Continued ICT and telephony support to the National 111 Pathfinder while also supporting to the procurement of a new integrated 111 information system Staff mobility pilot focused on the requirements of clinical and operational staff for secure access to appropriate information whilst away from their station; Rollout of 200 tablets to staff at trial stations across Central and West region and introduction of 30 Wi-Fi enabled ambulances across trial stations in the North region;

- Successful implementation of the new CAD system;

- Establishment of the Emergency Services Mobile Communication Programme (ESMCP) project team;

- Worked with NWIS and colleagues within the Trust to introduce access to WCP in addition to Canisc at the Clinical Desk in CCC. Discussions ongoing with NWIS and Powys tHB on Trust access to WCCIS; and

- We have worked extensively with all directorates across the Trust to deliver improvement and enhancements to current systems and service

The Trust’s ICT deliverables also considered the objectives of Welsh Governments Digital Health and Care Strategy, to ensure our plans were aligned with wider policy direction.
Behaviours, Purpose, Vision, Strategic Aims and Priorities

As part of agreeing our 2016-19 IMTP the Trust engaged with staff at all levels and across Wales on developing an agreed set of Behaviours, a clear organisational Purpose and an agreed Vision. These were unchanged for 2017/18 are set out in our pictogram: Our Story – Being our Best.

Table 11 – Our Story – Being our Best

Strategic Aims

The Trust’s Vision is underpinned by 6 strategic aims:-

Table 12 – Trust Strategic Aims

- To deliver value, innovation and efficiency across the organisation.
- To build even stronger partnerships with staff, patients, the wider public and our full range of stakeholders.
- To ensure service delivery excellence and further improve the services we provide patients.
- Our staff are fantastic. We must ensure they are continually able to be their best.
- To ensure all our leaders are vibrant, compassionate leaders that help create a compassionate, caring culture.
The aims are designed to give a long term focus, within which we prioritise actions that will have the biggest impact on the Vision and Aims. For the 2017-2012 IMTP the Trust identified 10 priorities:

Table 13 – WAST Strategic Priorities

<table>
<thead>
<tr>
<th></th>
<th>Strategic Priorities</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>We will progress our <strong>quality</strong> improvement journey, implementing our Quality Strategy with a focus on:</td>
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<tr>
<td></td>
<td>• assurance;</td>
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<tr>
<td></td>
<td>• patient experience and</td>
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<td></td>
<td>• improving outcomes</td>
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<tr>
<td></td>
<td>This will incorporate actions from the Clinical Risk Assurance Review.</td>
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<tr>
<td>2</td>
<td>We will further transform our <strong>EMS service</strong> using the 5 step pathway, and focusing on moving from a focus on steps 4 and 5 of the Ambulance Care pathway to steps 1, 2 and 3, including:</td>
</tr>
<tr>
<td></td>
<td>• realising benefits from telephone assessment &amp; triage;</td>
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<td></td>
<td>• next phases of 111;</td>
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<td></td>
<td>• improving clinical outcomes, and</td>
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<td></td>
<td>• maintaining Red performance.</td>
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<tr>
<td>3</td>
<td>We will progress <strong>NEPTS</strong> transformation with a focus on:</td>
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<td></td>
<td>• successful novation of contracts and management of associated risks;</td>
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<td></td>
<td>• delivering on the priorities supported through business case, and</td>
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<td></td>
<td>• sustainable resourcing plan.</td>
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<td>4</td>
<td>We will deliver further improvements to <strong>Clinical Contact Centre transformation</strong> including:</td>
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<td></td>
<td>• implementation of a new CAD;</td>
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<td></td>
<td>• agreeing the CCC Estate reconfiguration, and</td>
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<td></td>
<td>• workforce and process efficiencies.</td>
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<td>5</td>
<td>We will maintain our focus on <strong>workforce engagement</strong> including:</td>
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<td></td>
<td>• embedding our behaviours framework;</td>
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<td></td>
<td>• working with our unions to ensure staff are recognised for the work they do, and</td>
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<td></td>
<td>• enabling them to be their best and work to the top of their skill set to deliver high quality care.</td>
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<tr>
<td>6</td>
<td>We will continue to <strong>develop and re-shape our workforce</strong>, focusing on</td>
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<td></td>
<td>• leadership and clinical leadership;</td>
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<td></td>
<td>• transforming training and clinical education to maximise future workforce development and patient care;</td>
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<td></td>
<td>• developing the career pathway, with particular focus on the role of advanced practice and developments in paramedic role and banding, and</td>
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<td></td>
<td>• opportunities for collaborative approaches to roles and models, e.g. joint posts, rotations.</td>
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<tr>
<td>7</td>
<td>We will deliver a <strong>programme of improvement and efficiencies</strong>, including:</td>
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<td></td>
<td>• spread of existing good practice across Wales;</td>
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<tr>
<td></td>
<td>• realisation of efficiencies identified as part of the Demand and Capacity review and the benchmarking exercise, and</td>
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<td></td>
<td>• cost reduction and cash releasing as part of our savings plans.</td>
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<tr>
<td>8</td>
<td>We will deliver patient and system benefits through our <strong>health partnerships</strong>:</td>
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<tr>
<td></td>
<td>• delivering on our jointly agreed priorities with LHBs</td>
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<td></td>
<td>• and on priorities agreed across the wider unscheduled care system.</td>
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<tr>
<td>9</td>
<td>We will realise further benefits from our <strong>collaborative stakeholder relationships</strong>, with a focus on our Blue Light partners and wider public sector opportunities offered by the Well Being of Future Generations Act such as:</td>
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<tr>
<td>• public education;</td>
<td>• community resilience and response, and</td>
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<tr>
<td>• community resilience and response, and</td>
<td>• estate and fleet</td>
</tr>
<tr>
<td>10</td>
<td>• We will continue our journey to becoming <strong>a highly effective organisation</strong> including developing a longer term strategy;</td>
</tr>
<tr>
<td></td>
<td>• improving governance systems;</td>
</tr>
<tr>
<td></td>
<td>• strategic approach to improvement, innovation and R&amp;D, and</td>
</tr>
<tr>
<td></td>
<td>• delivering our financial plan to achieve financial balance,</td>
</tr>
</tbody>
</table>

**Strategy Map**

These interdependent elements of Purpose, Vision, Behaviours, Drivers for Change, Strategic Aims, and Priorities been drawn into a single Strategy Map to share with staff and stakeholders.

This strategy map is shown below in Table 14.
Table 14 - WAST Strategy Map 2017-2020
Integrated Medium Term Plan

All of the previous sections were brought together into the detailed WAST IMTP 2017-20, which was approved by Welsh Government.
Performance Analysis

The following sections review the Trust's performance against the IMTP 2017-2020 priorities. Underpinning its strategic priorities the Trust manages progress against strategic actions and a range of quantifiable measures, referred to as Performance Ambitions. The Further Information section at the end the Performance Report details how you can find out more about the Trust’s performance against the Strategic Actions and Appendix 1 provides the 2017/18 outturn position against the Performance Ambitions.

Strategic Priority 1

The Trust’s strategic priority 1 for 2017/18 was to: progress our quality improvement journey, implementing our Quality Strategy with a focus on: governance and assurance; patient experience and improving outcomes (and to incorporate actions from the Clinical Risk Assurance Review). The Trust delivered a significant range of developments against this priority in 2017/18:­

- The Welsh Government supported the Trust with initial recurrent funding to support the implementation of year one of the Trust Mental Health Improvement Plan. This has focused on staff training, wellbeing for our staff and support and working with Health Boards to enhance patient pathways.

- The Trust designed and engaged with patients, staff and key partners to launch the Trust Dementia Plan in November 2017. The Trust was awarded Dementia Friendly status in September 2017 by the Alzheimer’s society.

- The Trust has worked with the All Wales Spiritual Care group to explore the development of our Spiritual Care and signposting families to appropriate support for bereavement, working in collaboration with Health Board bereavement services and voluntary sector, including 2 Wish upon a Star.

- The Trust has made excellent progress in training or Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act for groups 1, 2, 3 and 6 into our existing learning and development framework with this training against compliance, and the training plan is on target.

- The Trust has developed a team of cross Directorate Quality Coaches to support staff through their Silver Improving Quality Together projects and through the Team Leader Programme. The Trust has supported two members of staff through the Institute of Healthcare Improvement Advisor course successfully.

- The Trust has positively engaged with the 1000 Lives team and aligned their national expertise with our projects and programmes of work. The Trust has developed a WAST Improvement & Innovation Network (WIIN) to drive a Trust wide approach to improvement and innovation. The Patient Experience and Community Involvement team have been working with the Bevan Commission with Advocates working with the Trust to support improvements.

- The Trust has engaged with the Commissioner and with Children and Young People to embrace a Children’s Rights Approach to delivering our services listening to the needs of children and young people and carers. This has informed the development of our Children’s Promises and we are measuring our progress against these.
A full review of our Health and Safety functions has been undertaken to inform the Trust’s Health and Safety Improvement plan approved by the Quality Patient Experience and Safety Committee (QUEST Committee). The Risk Management Strategy has been reviewed through engagement, internal audit and key stakeholder feedback. The establishment of the Trust Risk Register Advisory Group and Risk Management Development group has strengthened our governance arrangements to support our risk maturity.

We have made significant progress with implementation of the 24 recommendations in the Clinical Risk Assurance Review (see Audit & Inspection section) and continue to work with the Commissioning team to provide assurance of sustained improvements against these actions.

In 2017/18 our internal audit programme has been aligned to inform the development of the Health and Safety Improvement plan, the review of the Risk Management Strategy and implementation of the Health and Care Standards to strengthen the quarterly Quality Assurance reporting in the Trust.

The Trust developed seven Local Health Board Quality reports which were produced, shared and presented to Health Board quality and planning leads to inform collaborative working to improve services. Similarly, work has commenced in developing quality measures to inform the development of the quality dashboard, with a formal project being set up in 2018/19.

A major piece of work has been the quarterly Quality Assurance Report which presents the trends, themes and compliance against the Health and Care Standards and CQDF Core Requirements. Specific improvement plans and projects are being driven forward including: Falls, Mental Health, Infection Prevention and Control and Health and Safety.

We have made progress with review of our DATIX reporting system to improve user login experience from staff feedback and Governance Review from Health Inspectorate Wales (see Audit & Inspection section). The DATIX system enables the recording of patient and staff safety incidents.

Our Concerns Improvement Plan demonstrated sustained improvement until March 2018 (see following section on measures) as a result of the significant winter and volume of concerns compliance reduced. The plan has been effective and will be reviewed to inform next phase of recovery and sustained improvement.

The Information Communications and Technology service has made significant progress with establishing Wi-Fi and the roll out of mobile devices in vehicles in North Wales to commence testing this approach with mobile technology for staff communication reporting and learning. This will enable local teams to access clinical guidelines, reporting Datix incidents, safeguarding, e-learning online.

A quarterly health and safety assurance report has been implemented. This report has been incorporated into the quarterly quality assurance report to our Quality Committee. It informs the key agenda item for the Health and Safety and Welfare Committee and will inform the design of our Health and Safety dashboard.

A full review of the progress against this Trust’s Infection Prevention and Control Improvement Plan was presented in detail to the QUEST committee in February 2018.
• The first Nursing Career Framework for the Trust has been designed through engagement and working in partnership with LHBs and Universities, to align with the Trust Paramedic Career Framework.

• The Trust has developed a guidance document for Executive and Non-Executive visits and report the findings to the Quality Steering Group to inform improvements. This guide has been designed and developed for use with key prompt questions to consider when visiting Trust locations to inform focus on quality, safety and patient and staff experiences.

• Throughout the year, the Trust’s Patient Experience and Community Involvement Team has continued to run a programme of community engagement events across Wales.

The following charts detail some key metrics for strategic priority one.

Table 15 – Serious Adverse Incidents

There were 31 serious adverse incidents reported to Welsh Government in 2017/18. Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified.

Serious Incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse, Never Events, incidents that prevent (or threaten to prevent) an organisation’s ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.

The number of SAIs and the spike during the winter months, is an area of significant concern for the Trust. There is now an Amber Review, commissioned by the Cabinet Secretary of Health, Social Care and Sport, which the Trust is collaborating with.
Similarly, there was a significant spike in patient safety incidents, near misses and hazards through the winter months.

The Trust has delivered a high level of performance for Concerns Responses within 30 Days; however, again the winter pressures led to a reduction in performance in the last two months of the year.
The Trust delivered 238 community engagement events in 2017/18.
**Strategic Priority 2**

The Trust’s strategic priority 2 for 2017/18 was to: further transform EMS using the 5 step pathway, and focusing on moving from a focus on steps 4 and 5 of the Ambulance Care pathway to steps 1, 2 and 3; and, in particular: Step 1, reduce demand and the next phase of 111: Step 2, realising benefits from telephone assessment & triage, implement a new CAD and modernise the CCC: Step 3, maintaining Red performance: and Step 4, improving clinical outcomes: and Step 5, reduce conveyance to major emergency departments. Progress on each Step is detailed below.

**Step 1 – Help Me Choose**

**Table 19 – NHSDW Call Activity**

![NHSDW Call Activity Graph](image)

NHSDW call volume was lower than 2017/18, as the 111 service is rolled out and replaces NHSDW. There was a clear spike in calls in December 2017 and March 2018.

**Table 20 – NHSDW Answer Performance**

![NHSDW Answer Performance Graph](image)

The NHSDW call answering in less than 90 seconds performance declined slightly during 2017/18 and was 73.8% for the year.
Table 21 – NHSDW Website Performance

There was a sustained increase in the number of unique website visits in 2017/18, which reflects work on the website and reverses the trend of the previous year.

The Trust also manages frequent callers to our 999 service. Strategic priority 9 provides information on frequent callers.

Table 22 – 111 Call Activity

In 2017/18 there was a gradual increase in calls made to the 111 service, which the Trust is the host for.

The 111 services is currently live in all of ABMU and Carmarthenshire. The 111 Strategic plan outlines the next phase of roll out for 2018/19 with Pembrokeshire and Ceredigion and Powys in line for Quarters 1 and 2 roll out, subject to “Service Readiness”. The Plan also includes the development of Clinical Support Hubs in the South East and North regions.
A Service Improvement Plan is in place for NHS Direct Wales/111 that outlines the key activities required to improve efficiencies, staff experience and flow into the GPOOH service. This is monitored within the CCC service and into the Joint Implementation Governance Group.

Table 23 – 111 Call Performance

During 2017/18 225,757 calls made to 111. Of these, 189,489 were answered and 62.76% were answered within 60 seconds, with a slight decline in performance through the year. The slight decline needs to be set against the increasing volume of calls made to 111 through the year. The call abandonment rate for the 111 service in 2017/18 was 6.35%.

Step 2 – Answer My Call

Table 24 – Hear & Treat Rate and Calls Ended

The Trust achieved hear & treat rate for 2017/18 of 7.3%, exceeding its performance ambition of 7% and was a significant increase on the 2016/17 rate of 6.1%.
As a result of this increase 34,965 calls were stopped at this stage in the 5 step ambulance care pathway in 2017/18. This means that 34,965 ambulances were not dispatched to these calls and were available to respond to other 999 calls in the communities we serve. This is a 24.4% increase in activity year on year, with 28,114 calls being stopped in 2016/17.

As detailed earlier in the report, the Trust implemented a new CAD in November 2017. Implementing a new CAD is a major project and the most significant change for the Trust since the implementation of the CRM in October 2015.

**Step 3 – Come to See Me**

**Table 25 – Red Performance and Local Health Board Variation**

![Graph showing % responses to RED incidents within 8 minutes including LHB variation]

Red performance was maintained above the Welsh Government and CQDF EMS target of 65% throughout 2017/18; and the gap between the highest performing LHB operations area and lowest performance LHB area narrowed through 2017/18, compared to 2016/17.

**Table 26 – Red, Amber Percentile and Lost Hours**

![Graph showing RED Median, AMBER1 & AMBER2 95th Percentile against Lost Hours - Notification to Handover Delays]
Whilst Red performance was maintained, it did become more difficult to do so during the winter months and is becoming more difficult generally, as incident demand increases and the wider unscheduled care system comes under more pressure. The wider pressures in the system are best illustrated by the increase in lost hours to handover delays at hospitals. The above graph shows how there was a significant rise in handover delays in 2017/18 and how this impacted on Amber 1 and Amber 2 performance. There was a 54% increase in handover delay lost hours in winter 2017/18, compared to winter 2016/17 and the Trust lost 10% of its conveying capacity to handover lost hours.

Table 27 – Emergency Ambulance Unit Hours Production

A key metric that underpins the Trust's response performance is Unit Hours Production (UHP). This is the hours it plans to make available to respond, compared to the actual hours delivered. Throughout 2017/18 the Trust maintained its emergency ambulance (EA) UHP above 90%.

Although the Trust maintained its emergency ambulance UHP above 90% throughout 2017/18, the Demand & Capacity Review identified that we have a relief gap of 205.5 Full Time Equivalents (FTEs) in the Trust’s APP, Paramedic, EMT and Unscheduled Care Service rosters. The Trust needs relief in order to cover abstractions from the rosters, for example, annual leave, sickness absence, training and so on. During 2017/18 the Trust continued to work on the recommendations from the Demand & Capacity Review, in particular, ways in which the Trust could reduce this relief gap and how it could improve the alignment of our rosters, particularly in Aneurin Bevan and Cwm Taf.

Step 4 – Give Me Treatment

Performance against the clinical indicators has been analysed and a targeted plan of improvement is underway focused initially on; fractured neck of femur, stroke, hypoglycaemia and STEMI (ST-elevation myocardial infarction). Due to many of the clinical indicators being reliant on the recording of condition codes to generate the reports, an emphasis is made on improving compliance to condition codes. The following provides a summary of the overall performance of each clinical indicator throughout 2017/18.
Cardiac arrest (no pulse and not breathing) measures how many patients who are in cardiac arrest, but are successfully resuscitated at the scene by the Trust and have a pulse/heartbeat on arrival at hospital. It is recognised that providing resuscitation as early as possible to those in cardiac arrest is key to improving the chances of recovery. 15.7% of patients suffering a cardiac arrest had a return of spontaneous circulation (ROSC) in March 2018; however, there was a small decline in performance through 2017/18.

Table 29 – Stroke Bundle

A stroke happens when the supply of blood to the brain is suddenly interrupted. This indicator measures the number and percentage of suspected stroke patients assessed face to face who received all of the elements of the stroke care bundle. The measures include F.A.S.T (Face Arm Speech Test) assessment, the recording of blood glucose and blood pressure readings. Performance around this indicator has remained relatively stable and high through 2017/18.
Fractured hips (known as neck of femur injuries) cause significant pain which can be exacerbated by movement. Pain control for patients with a fractured neck of femur in the immediate post-trauma period is paramount to promoting recovery and patient experience. This reduces suffering and the detrimental effects uncontrolled pain may have. This indicator measures the recording of initial and subsequent verbal pain scores and administration of appropriate pain medicines before arrival at hospital. During 2017/18 performance was sustained above the 90% Performance Ambition with the exception of one month.

### Table 31 - Fracture Hip/Femur Care Bundle

Like the stroke bundle, the Trust also has a bundle of care (including analgesia) for patients with a fractured hip/femur. 2017/18 saw an increasing trend in performance.
Table 32 – STEMI Indicator

STEMI (ST-elevation myocardial infarction) is a type of heart attack caused by a blood clot in the heart which is diagnosed by an electrocardiogram taken by the ambulance crew. The care bundle includes taking verbal pain scores from the patient, administering aspirin to reduce blood clotting, Glyceryl Trinitrate to relax and widen blood vessels and the provision of pain relief. There has been an improving trend in 2017/18 with a consistent improvement in the last quarter of the year. Performance Ambition was 75%.

Table 33 – NEWS Score

Sepsis, also referred to as blood poisoning or septicaemia, is a potentially life-threatening condition, triggered by an infection. This indicator records patients with a suspected diagnosis of sepsis or septic shock who have been reviewed using a screening tool (NEWS) and have a documented score. This promotes early recognition of suspected sepsis and enhances handover in hospital. Performance has been high throughout 2017/18, with an improving trend and limited variation has been observed for the NEWS score indicator in this year.
Febrile convulsion: is a seizure that can happen when a child has a fever. This indicator measures patients under 5 with suspected febrile convulsion who are documented as receiving the appropriate care bundle comprising of the measurement of heart rate, respiratory rate, oxygen saturation, temperature and blood glucose. There has been an observed improvement since last year, with 100% of patients with a suspected febrile convulsion aged 5 and under who are documented as receiving the appropriate care bundle achieved and maintained throughout 2017-18.

Hypoglycaemia: is an abnormally low level of glucose (sugar) in the blood. This indicator measures patients who are documented as receiving the appropriate care bundle, which comprises of blood glucose measurement before treatment, treatment and blood glucose measurement after treatment. Performance has been maintained above 80% through 2017/18, but there was a decline in performance since November 2017.

During the 2017/18 winter the Trust piloted the use of 10 Advanced Paramedic Practitioner (APPs) (MSc educated Paramedics) working across two Rapid Response Vehicles (RRVs) and rotating into the CCC, in BCU. The APP within the CCC tasks the two responding RRV APPs to incidents which they feel are an opportunity to be managed away from major Emergency Departments (ED).
The impact of this initiative on conveyance and patient care has been significant. Because the data is at a pilot and evaluation stage, it would not be appropriate to report unverified data in the Trust’s formal Annual Report; however further information can be provided on request.

The initial pilot data suggests a significant reduction in ED avoidance, with a low patient re-contact rate, highly favourable patient survey feedback, and positive data on patient safety. Further work will be undertaken on this pilot in 2018/19, with a potential bid to the Welsh Government’s Transformation Fund.

Similarly, the Trust has been working with the Primary Care sector on piloting community paramedics, linked to GP clusters. This work is still at a pilot stage, but a report on both of the above initiatives was provided to the 26 June Planning Development & Evaluation Group (PDEG), which is a sub-committee of EASC.

**Step 5 – Take Me to Hospital**

The work on Steps 1, 2 and 4 should help the Trust “shift left” on the EMS Ambulance Care Pathway, where it is clinically safe and appropriate to do so. There has been a steady reduction in the Trust’s conveyance rate, following face to face assessment.

**Table 36 – Conveyance Following Face to Face Assessment**

![Graph showing conveyance following face to face assessment]

This measure of conveyance is useful, but does not show the impact of hear & treat or conveying patients to non-major emergency department hospital locations, for example minor injury units, direct admission to acute services or other options, for example, maternity units and mental health units.
In 2017/18 the Trust conveyed 53.1% of patients to major emergency departments (as a percentage of verified incidents), compared to 54.4% in 2016/17.

**Table 37 – Major ED Conveyance v Verified Incidents**

<table>
<thead>
<tr>
<th>Month</th>
<th>Conveyance to Major A&amp;E units</th>
<th>Verified incidents</th>
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Strategic Priority 3

The Trust’s strategic priority 3 for 2017/18 was to: progress the transformation of NEPTS, in particular: successful novation of contracts and management of associated risks; delivering on the priorities supported through business case, patient experience and sustainable resourcing plan.

Transfer of non-WAST NEPTS work from Local Health Boards

A key enabler of the framework is the transfer of Health Board commissioned non-WAST NEPTS services to WAST. This a complex and lengthy process, which has been developed during 2017/18 and will continue to be delivered during 2018/19. The first step in the process was to ensure that the information provided to WAST is as accurate and robust as possible. We have done a significant amount of engagement with health boards to ensure that we can accurately capture the current position, and this is reflected in the schedules of the Framework.

By transferring the work to WAST, we expect to realise opportunities to create better value for money for NHS Wales through better coordination of services and efficiency saving. This will allow savings to be re-invested to improve the service further, especially around discharge provision to support unscheduled care. The transfer of work will also improve the quality of service and governance by ensuring that both WAST and non-WAST providers deliver services in line with the new framework.

The end of 2017/18 and start of 2018/19 saw the successful transfer of work from Cardiff and Vale UHB to WAST, and the incorporation of all Cardiff and Vale activity into the Framework. A detailed plan exists for the transfer of work from remaining LHBs to WAST over the next 2 years.

Business Case Priorities

Renal Dialysis

In September 2016, we introduced the NEPTS Enhanced Service for renal dialysis patients and patients attending oncology treatment. The aim of the enhanced service was to ensure these vulnerable patients arrive and depart within 30 minutes of their treatment time starting and finishing. There are increased clinical risks if renal dialysis patients regularly have reduced treatment times because of the late arrival of transport and it is important that all patients are collected and taken home promptly following the end of treatment.

The significant improvements made during 2016/17 have been continued during 2017/18. Throughout 2017/18 only 1 patient received 3 reduced treatments over a 4 week period. This occurrence was not directly related to ambulance transport.
### End of Life

2017/2018 saw the successful introduction of the NEPTS End of Life service providing terminally ill patients with transport to their chosen final destination. The service provides a timely and coordinated response for patients using the service. Staff providing the service have completed specialist training in supporting end of life patients and their families. In 2017/18 NEPTS undertook 1297 end of life journeys.

### Discharge Services

During the year, NEPTS continued to play an important role in supporting the Welsh NHS through the discharge of patients from hospitals across Wales.

During 2017/18, NEPTS undertook 50,687 discharges. This is a reduction on 2016/17 which is in-line with an overall reduction in NEPTS journeys in 2017/18. Although a slight reduction the number of discharges being undertaken by NEPTS demonstrates the importance of the service supporting patient flow within our hospitals.

### Patient Experience

Improving patient experience across all areas of NEPTS is a key priority for WAST and is one of our key NEPTS objectives, underpinned by the Care Standards defined in the NEPTS Commissioning Quality Assurance and Delivery Framework. In 2017/18 NEPTS have introduced a number of local and national projects to support improvements in patient experience.

In 2017 we merged our Central & West and North Wales NEPTS booking centres to increase call taking capacity, in order to reduce patient call waiting times. This is the first step towards the implementation of a national call taking model, with the South East Wales booking centre starting to be merged in summer 2018.
In March 2018, NEPTS took delivery of 67 new NEPTS ambulances. These new ambulances are part of our fleet modernisation programme supported by Welsh Government and are to replace our older vehicles. These vehicles provide our patients with an improved experience and are able to support patients with varying clinical and mobility requirements. These new vehicles are also more environmentally friendly due to reduced emissions and improved fuel efficiency. Also, to enhance our patients experience during transport a trial was undertaken in 2017/18 in Cardiff where information screens were installed in vehicles.

Within our Cardiff & Vale operational area, in 2017/18 we introduced our Good to Great project. The aim of the project was to work closely with our operational teams to implement service change ideas that would improve service delivery and enhance patient experience. These projects consisted of the introduction of mobile phones so staff can contact patients in advance of their journey. Additionally staff were provided with torches and umbrella’s to assist when supporting patients into their homes. Once evaluated, those successful projects will be trailed and introduced in other areas of Wales.

**Sustainable Resourcing Plan**

**Workforce**

During 2017/18 we continued to implement our dedicated NEPTS leadership team. The leadership team now includes 29 Operational Team Leaders and six Non-Operational Team Leaders, who together support a NEPTS team of some 600 members of staff. This structure allows our team to focus on the non-emergency service yet retain valuable links with our Emergency Medical Service colleagues.

**Training**

With the introduction of a dedicated management structure, positive steps have been taken in supporting our staff with their personal and professional development. In 2017/18 all our NEPTS teams undertook their statutory and mandatory CPD and eLearning training. Additional training was provided to staff around dementia awareness, sensory loss training and spinal cord compression training. Many staff within our Control Centre successfully completed NVQ’s in Customer Care. Further to this, in 2017 our first cohort of Operational Team leaders began their ILM Team Leader training, with further cohorts taking place in 2018/19.

**Partnership Working: Community Transport**

During 2017/18 we continued to develop our partnerships with non-NHS community transport providers across Wales. These services play a valuable role in providing access for people living in rural communities and, by working in partnership with these organisations, we are able to provide a valuable income stream that they can use to support their other important work in the community. Community transport organisations and voluntary ambulance services conveyed 52,455 patient journeys on behalf of NEPTS, equating to 6.6% of all our patient journeys in 2017/18. This is a 7.7% increase on 2016/17 when community transport and voluntary ambulance services undertook 48,679 journeys. To ensure we are able to capture the great work carried out by this community transport organisations, in 2017 we provided hand held devices to community transport organisations across Wales. Linked to our existing NEPTS computer aided dispatch system (CAD), these hand held devices allow community transport providers to accurately record their performance when conveying NEPTS patients.
Implementation of new Service Level Agreements

To ensure standardisation and a consistent approach to governance across Wales, in 2018 NEPTS began to introduce a standardised Service Level Agreement with existing non-NHS transport providers. Developed in partnership with NWSSP Legal and Procurement Services, the content of the standardised Service Level Agreement was underpinned by the Care Standards and principles defined within the Commissioning Quality and Assurance Delivery Framework. The introduction of this Service Level Agreement ensures that all NEPTS patients conveyed by non-NHS NEPTS providers, receive a consistent high quality service.

BCUHB Central Transport Booking System

To improve service delivery and create a greater understanding of overall NEPTS activity across NHS Wales, WAST in partnership with Betsi Cadwalader University Health Board (BCUHB), introduced a 24/7 single point of access to support 24/7 discharge and transfer. This assists BCUHB in assuring that all non-NHS NEPTS providers are legally and operationally compliant with standards. The ability to capture this activity through a single point, allows BCUHB and WAST to work together in identifying common transport themes and implement solutions that demonstrate value for money.

Taxis

Working in partnership with NWSSP and other Welsh health boards and Trusts 2017/18 saw the award of a new South Wales NHS taxi contract. Taxi’s play a vital role in keeping the NHS moving, transporting patients and essential items. The introduction of a national contract provides the NHS with a standardised service that meets the needs of the NHS and provides value for money.

Hybrid Vehicles

In our first steps towards reducing the carbon footprint of our fleet we introduced two hybrid fuel vehicles. These two vehicles have been utilised to convey patients within the urban areas of South
Wales and has allowed us to understand how alternative fuel sources can be used in real world operations.

**Voluntary Community Sector**

We very much value the contribution that our many volunteers make to the Welsh Ambulance Service, whether that’s as a volunteer car driver or as a Community First Responder. Many of our patients benefit from the skills and contribution of our volunteers and we are very grateful to the many people across Wales who give up their time to support us and our patients.

Investing in our volunteers, whether that be in training, in equipment or in recognising their contribution, is high on our list of priorities and we remain committed to building on these relationships further in the coming years.

Our Volunteer Car Service (VCS) is an important and highly valued part of our NEPTS team. The service provides a comfortable, reliable and caring way to travel long distances across the rural areas of Wales, especially for those patients travelling for life sustaining treatments like kidney dialysis or radiotherapy, for example.

Training for our VCS drivers includes first aid, safeguarding, health and safety and conflict resolution. Volunteer drivers must re-qualify annually and are provided with an Automated External Defibrillator (AED). Just like our community transport providers, our volunteer car service drivers have been provided with hand held devices allowing them to effectively communicate with the NEPTS Control Centre and record journey data. Volunteer cars are also checked on a regular basis to ensure they continue to maintain the high standards we expect.

During 2017/18, our volunteers undertook 203,991 journeys, which was a slight increase on 2016/17. Attracting volunteers is a challenge most organisations.

Finally, in 2017/18 NEPTS staff won a number of awards. In Hywel Dda our NEPTS team was successful in achieving the Bronze Level in the Investors in Carers Award, for their awareness training of supporting carers; and Joanne Rees-Thomas, General Manager received the prestigious Patient Transport Services Award at the Association of Ambulance Chief Executives Outstanding Service Awards 2018, for their contribution to towards NEPTS in Wales.
**Strategic Priority 4**

The Trust’s strategic priority 4 for 2017/18 was to deliver further improvements to Clinical Contact Centre transformation including: implementation of a new CAD; agreeing the CCC Estate reconfiguration and workforce and process efficiencies.

Phase one of CAD implementation was successfully completed in November 2017. A phased approach to implementation was adopted to ensure that we met our strategic intent “to operate an effective emergency ambulance service whilst transitioning to a new CAD”. Detailed Go Live plans ensured a strategic oversight of implementation on each site with additional resources and capacity being created specifically to support service delivery whilst transitioning between CAD systems, impacting on virtual call handling functions. The implementation process adopted by the Trust was praised by the system supplier due to its structured and well thought out strategy requiring no paper operations. Configuration settings were monitored during the Go Live window to ensure the new CAD system was supporting CCC needs whilst delivering service to the patients of Wales. Pre-flight testing processes successfully identified issues which would have affected live operations. This process was shared at the UK C3 Users Group (C3 is the name of the new CAD) as an example of best practice by the supplier. The CAD project as a whole including the Go Live process was externally assured by Association of Ambulance Chief Executives (AACE) who supported the decisions made regarding Go Live planning and implementation.

Phase one of the implementation delivered a single EMS CAD system across WAST which allows for improved virtualisation of call handling processes and standard operations across three centres. The Trust now operates a safe, secure, resilient system reducing the time spent on fall back operations through failures to almost zero. Additional functionality was included in phase one including Auto-dispatch of Red calls and calls suitable for Community First Responders reducing response times for life-threatened patients. A dedicated Clinical support Desk Queue was implemented to improve the clinician contact for patients and to increase the hear and treat activity rates. Improved location searching and mapping functionality was also included at initial implementation to improve key processes within CCC. The C3 CAD system is now embedded within the Trust’s CCC functionality and phase two of the project is now commencing to further develop modern fit for purpose functionality through EMS CCC.

As part of the C3 CAD Implementation (Phase One) a full review of standard operating procedures and practices through EMS CCC was undertaken. The move to a single CAD instance across all three EMS CCC’s required a standardisation of data and process which allows greater resilience through CCC sites and teams. The review of standard operating procedures were completed in partnership and were cascaded out to users as part of the Go Live plan. These processes are now accessible in a dedicated CCC section the Trust Intranet home page to allow easy access for all Trust employees to understand the correct process and procedures currently in place in CCC. These standard operating procedures are regularly reviewed and updated as work to modernise CCC continues.

The reconfiguration of CCCs increased capacity and improved wellbeing for CCC staff commenced in July 2017. A phased approach to the implementation of new motorised sit/stand desks and modern adjustable chairs began in Carmarthen CCC. In an effort to support the health and wellbeing of sedentary workers within CCC all desks were replaced with modern, easily accessible, easy to clean, motorised desks allowing staff to move and stand throughout their duty shift improving their health and wellbeing. Fully adjustable, padded and supportive chairs were also provided to ensure health and safety recommendations were being met whilst adding comfort and professional style to the CCC. Llanfairfechan CCC was also completed during 2017 prior to CAD
implementation, whilst work is currently ongoing in VPH to ensure estates infrastructure is in place to support the reconfiguration work to be completed during 2018.

As part of phase two of the CAD implementation project processes will be further reviewed to make best use of additional functionality available within the CAD system and to bring us in line with best practice shared with ambulance services across the UK. Improved functionality will allow for more streamlined and focused processes and procedures throughout CCC improving the service we provide to our patients.

**Strategic Priority 5**

The Trust’s strategic priority 4 for 2017/18 was to maintain our focus on workforce engagement including: embedding our behaviours framework; working with our unions to ensure staff are recognised for the work they do; enabling them to be their best and work to the top of their skill set to deliver high quality care; within the wider context of ensuring implementation of the actions within the People Strategy enabling plans and delivery of key workforce and organisational development Performance targets in 2017/18

During 2017/18 we have continued to develop our culture as we embed our behaviours through: the Trust’s Team Leader programme which is an in depth all-encompassing 18 month learning approach; developing leadership across the Trust through providing and promoting access to learning opportunities (e.g. Academi Wales programmes, bespoke internal approaches); and regularly (quarterly) measuring and reporting on our Engagement Index levels to help teams to reflect on their behaviours and what improvement actions they want to take.

In 2017/18 the Trust set a Performance Ambition to reduce the percentage of staff who feel bullied, harassed or abused at work by a colleague (16/17 baseline was 21%), unfortunately our outturn for 2017/18 was 25%. It is important to note the sample size for the increase was not large, so it is possibly distorted. As part of our leadership development, leaders are provided with the impetus and skills as to the importance of tackling issues where people feel disenfranchised and bullied. Helping colleagues understand what bullying is (and is not) and, for example, that there is a place for rules and parameters, will be a focus for the Trust in 2018-21

In addition, the Trust set a Performance Ambition to increase the percentage of staff who would recommend the Trust as a place to work, which increased by 4 percentage points in 2017/18 to 52%, up from 48%. Similarly, the Trust set a Performance Ambition for the Staff Engagement: Index score, and the Trust achieved 59%, against a baseline of 53% respectively. Our approach “Being Our Best” deliberately shifts the balance from process to people in the workplace. It is based on making sure that every individual feels valued for being an individual and having an individual voice within the Trust. It is based on the philosophy that for really successful participation and engagement, colleagues need to make as many decisions as possible about what they do in their work, and how they do it. Our approach to leadership development, health and wellbeing and leadership development have provided much of the impetus for great engagement, as colleagues experience of being able to make more decisions is giving them more ownership.

During 2017/18 we have continued to work with our trade union partners to ensure staff are recognised for the work that they do, in particular: during the year, we have continued to develop our culture collaboratively, so that colleagues are better able to give and receive feedback, participate in making decisions and have a greater ownership of what they do and how they do it. Specifically, this has included: collaboratively developing our approach to 1:1s and PADRs with updated guidance and support; and further improving our “Being Our Best” Awards and Recognition programme
During 2017/18 we have continued to focus on enabling staff to be their best and work to the top of their skill set to deliver high quality care, in particular:

- The delivery of the Team Leader programme is already having a significant impact on the participants and the culture that they create;
- Design of the education framework associated with the Band 6 transition;
- The appointment of six Education Support Managers to support the Band 6 Paramedic project;
- Achievement of Direct Claims Status for the Trust in relation to the Level 4 Diploma for Associate Ambulance Practitioners;
- Delivery of 2017/18 CPD programme;
- Significantly improved Trust Statutory and Mandatory compliance rate through the launch of 2 successful campaigns, resulting in an end figure of 88.77% against Welsh Government target of 85%;
- Continued with facilitation of High Speed Driver Training assessments in line with legislation;
- Continuation of the Charitable Funds Committee Bursary Scheme;
- Design of a Recognition of Prior Learning (RPL) process for NEPTS and UCS staff to attain an accredited, regulated qualification and enable career progression; and
- All colleagues are welcomed as an individual to be themselves as part of our refreshed Colleague Welcome Days.

During 2017/18 the Trust delivered the following levels of performance on key performance targets in the People Strategy:

Table 40 – Sickness Absence 2017

![Graph](image)

The Trust’s sickness absence target for 2017/2018 was 5.90%. Rates did not sadly decrease in line with the planned sickness target and in March 2018, the Trust observed a sickness rate of 7.58%. While an increase would be expected to reflect seasonal variation, rates across December and January were the highest the Trust has experienced for a number of years. The unprecedented harsh winter experienced would appear to have impacted substantially on sickness rates, with January’s sickness rate being the highest recorded since 2013. This is despite implementation of a range of actions to support achievement of the Trust’s target, following a Sickness Absence Deep-Dive undertaken in October 2017.

Particular focus on proactive management of individual long-term sickness cases continued throughout 2017/18, which saw a decrease in the number of long term sickness cases over 90 days.
in a number of areas across Ambulance Response, along with Corporate Directorates. Long-term sickness cases were managed via HR operational meetings which continue to take place on a fortnightly basis and which are supported by regular discussions in directorates. While the long-standing cases have reduced significantly, there are also a significant number of “new” cases, which will require management through the process.

The Trust’s Workforce and Organisational Development Directorate also explored a business case for physiotherapy services, including preventative services, was developed and refined and identified as a potential “invest to save scheme”. Referral criteria for occupational health were reviewed and refreshed and a Redeployment Policy produced.

Work also continued to take place as part of the health and wellbeing agenda with Trauma Risk Management (TRiM) scheduled to be launched at the end of April 2018. The Welsh Government Health Improvement Grant was utilised to support the on-going development of TRiM and as a result finance has been secured to train additional practitioners and managers. The introduction of Sustaining Resilience at Work (STRAW) training, launch of Shift Your Stress and access to The Ambulance Services Trust (TASC) were all positively received by staff.

The Trust has continued to focus on the importance of all colleagues giving and receiving feedback as this helps participation, ownership and helps people and processes improve. Whilst the Trust did not achieve its 85% target for PADRs (the reported outturn to Welsh Government was 67.6%), there is evidence from Team Leaders or much more focus on the quality of the relationships as the key enabler to having reflective, honest and helpful conversations.

**Strategic Priority 6**

The Trust’s strategic priority 6 for 2017/18 was to continue to develop and re-shape our workforce, focusing on: leadership and clinical leadership; transforming training and clinical education to maximise future workforce development and patient care; developing the career pathway, with particular focus on the role of advanced practice and developments in paramedic role and banding; and opportunities for collaborative approaches to roles and models, e.g. joint posts, rotations.

*Leadership and Clinical Leadership*

This year has seen significant investment and restructure of the Medical Directorate, ensuring that the Trust builds upon its current clinically led service delivery model. This plan for clinical leadership provides a clear direction for the organisation to be prepared for the changes that will impact on what it does in the medium to longer term. Clinical leaders will change the emphasis. Inspiring clinicians to deliver optimum care for all our patients, shaping future delivery and flexing to meet the challenges the future health economy will undoubtedly present. Clinical leadership is regarded as a process by which an individual influences others to set standards, accomplish objectives and directs the organisation to greater consistency. Leaders are generally identified by a number of key characteristics; knowledge, skills and attributes. Therefore clinical leadership that covers a range of areas will encourage clinicians to inform strategy, improve and drive quality, service design and resource utilisation. This work will prove critical to Boards, Executives and Clinical Teams to ensure the organisation is developed and shaped appropriately.

Clinical Leadership in the organisation will be designed to provide a framework that will support the Trust as its moves forward in the 21st Century. Although good clinical leadership is vital for ‘today’, we must also ensure we look forward in the medium to longer term to engage with the workforce, develop succession plans and inspire talent to become future organisational leaders. There is a need to establish a tiered system of clinical leadership, throughout the organisation and to create an
aspirational career pathway within the paramedic profession. This need is further emphasised in many other related national policy documents.

There will be 5 strands to the Trust’s clinical leadership structure and clinical supervision initiatives:

- embedding the newly developed clinical leadership structure across the 3 regions, supplemented by the Clinical Operations Team and supported by the Research, Audit and Improvement Team, to ensure that systems and processes are in place to support all ambulance clinicians in this ever increasingly challenged area of healthcare practice;

- developing and supporting the current and future workforce. Working with internal and external education & training team to commission the programmes which will ensure our workforce has the skills and characteristics to more effectively manage the patients we see;

- work with clinicians, the CASC and all clinical leaders across the health community to increase our decision making support capabilities to assist paramedics and ambulance clinicians in ensuring care is delivered in the most appropriate setting for their presenting condition;

- increasing and improving the level of clinical support available to the front line from with our Clinical Contact Centre. Developing the Clinical Support Desk to take a proactive role in managing service user’s needs by working directly with operational clinicians out in the field; and

- An emerging focus upon the role of Clinical Team Leader to ensure a continuation and development of the current support through appraisal of clinical indicators, PADR reviews and operational performance.

Transforming Training and Clinical Education to Maximise Future Workforce Development and Patient Care

The Trust is currently exploring options in relation to the relocation of training functions throughout the Trust. Additionally, a draft vision document and strategy are in development, fully supported by a programme board and associated projects. 2017/18 has seen the installation of an Immersive Learning Environment at the National Ambulance Training College; this technology enabled learning facility provides staff and students with numerous, realistic learning scenarios.

Developing the Career Pathway, with particular Focus on the role of Advanced Practice and Developments in Paramedic Role and Banding

Recent years have seen the growing recognition that the ambulance service and the paramedic profession has a considerable part to play in supporting the unscheduled care system and ensuring it has a central role in managing patients more appropriately, closer to their home. The development of the ‘band 5-6 journey’ for all the Trust’s paramedics will lay a fundamental foundation in this development. Ensuring that our existing paramedic workforce possess more of the skills to initiate this ‘course correction’ and explore safer ways to manage people in the community. Likewise, the recognition of the need to develop of pre-registration education from higher education level 5 to 6 will also ensure that the correct education is in place to steer paramedic practice over years to come.
The Trust’s developing workforce is well placed to contribute even further to managing the growing pressures within the unscheduled care system, and recognises there is a place for our experienced and competent clinicians to undertake additional roles in supporting the wider system.

Over the previous 18 months, the Trust has piloted a number of unique and innovative projects to test out alternative methods of service delivery. The results of these pilots have been overwhelmingly positive and illustrate a further opportunity to support patients and reduce the pressure on primary and secondary care. The Trust has an extensive history in the development of advanced practice within the paramedic profession. Since the mid 2000’s it was regarded as a national leader in extended paramedic practice and has developed a significant number of advanced paramedic practitioners (APPs). APPs are a group paramedics working at the very top of paramedic clinical practice. Educated to Masters Level, they have an increased ability to assess, treat and undertake critical clinical decision making, above that of a conventional paramedic.

Prior to the introduction of the CRM, the objective of ambulance service delivery placed significant focus on ensuring a timely response was received by the patient, and as such the emphasis focused on dispatching the nearest resource and not necessarily the most appropriate clinician. This incentive, stifled the expansion of advanced practice with an unintended consequence of a loss of clinical direction with many clinicians leaving the organisation to work within other healthcare settings.

The Trusts 2017-2020 IMTP gave commitment to the reinvigoration of advanced practice within the organisation, facilitated by the formal adoption of the CRM. This commitment, carried into the 2018 iteration of the IMTP, is now based upon the formal evaluation of the Advanced Paramedic Pilot scheme in the Betsi Cadwaladr Area in Q3 and Q4 of 2017/18. This pilot scheme illustrates a reliable and consistent approach to the use of APPs within the Trust and offers a genuinely innovative approach to maximising the number of patients being managed away from Emergency Departments, closer to home and with a well-documented positive patient experience.

The opportunity that the expansion of this programme provides, aims to address some of the incredible pressures placed upon the unscheduled care system over the winter, with significantly extended patient handovers and patients in the community waiting far too long for an ambulance resource to be despatched. The effectiveness of this model, its ability to support the Trust’s Community Paramedic Schemes and create genuinely innovative collaboration, places the Trust at the heart of the community it serves.

Opportunities for Collaborative Approaches to Roles and Models, e.g. Joint Posts, Rotations.

The expansion of advanced practice, to support collaborative approaches to demand within the unscheduled care system will enable robust and effective rotational working, maximising the opportunity to effectively and efficiently manage patients closer to home, supporting the wider system and adding to existing career development opportunities.
Table 41 – Rotational Model

- Community Paramedicine
- Management of specific caseload
- Home visiting
- Care home visiting and care plan development
- Emergency ‘same day’ presentations
- Reduces HCP calls
- Developing prescribing competencies
- Pathway navigator
- Proactive prevention role
- Consult and close
- Primary & secondary response
- Reduces ambulance conveyance

- Hear & Treat floor walking
- Oversight and tasking of WAST APP response
- Clinical leadership and advice for other ambulance clinicians & pulls in referrals

Strategic Priority 7

The Trust's strategic priority 7 for 2017/18 was to deliver a programme of improvement and efficiencies, including: spreading of existing good practice across Wales; realisation of efficiencies identified as part of the Demand and Capacity review and the benchmarking exercise, and cost reduction and cash releasing as part of our savings plans.

Spreading of Good Practice

The Trust’s 2017-2020 IMTP contained a detailed list of service change initiatives which were currently in place and/or being piloted. During 2017/18 there was insufficient capacity to analyse this schedule and identify opportunities to roll out initiatives where we had determined that they were having a material contribution to improving the services the Trust was providing.

As part the Trust's preparations for the 2018-2021 IMTP the CASC required the Trust to develop a more comprehensive picture of the various joint initiatives between the Trust and each LHB. This work was completed before the start of 2018/19 and provides a solid platform from which the Trust can collaborate with the CASC and his team on which initiatives evaluate as good practice and should be scaled up across Wales.

Demand & Capacity and Benchmarking

An error with the demand prediction for the Demand & Capacity Review was identified during 2017/18; consequently, further work was required on the Review before the report was signed off by the Trust in March 2018. The draft report identified a range of efficiencies, these included: increased hear & treat, better alignment of the rosters to daily demand patterns, improved allocation times and a Unit Hours Production of 98%.

As previously detailed the hear and treat rate increased to 7.3% in 2017/18, up from 6.1% the previous year. The Review identified a rate of 8% could be achieved. The Trust has subsequently reviewed this and now believes a rate of 12% could be achieved. In 2018/19 the Trust expects to make a bid to the Transformation Fund for additional funding to support a further expansion of the Clinical Support Desk to deliver this increased rate. Work on the rosters started in quarter 3 2017/18, but has been delayed due to winter pressures; however, work will continue into 2018/19, with the expectation that all Operations area rosters are reviewed (as well as the CCC rosters). The allocation time has been identified as a Performance Ambition for 2018/19 and included in the
Trust’s 2018-21 IMTP. A UHP rate of 98% is not deliverable without a significant reduction in the relief gap. The Trust is maintaining its UHP at over 90% and will continue to work on reducing the relief gap in 2018/19.

The 2017/20 IMTP committed the Trust to exploring how it could benchmark its corporate and support service teams to identify potential opportunities for streamlining, reduced variation and increased efficiencies in future. Whilst the Trust did not make as much progress on this during the year as it might have hoped the Trust has established a current baseline of the total current corporate and support team capacity and its location so that work to further reduce variation and improve efficiency can take place in the coming year.

Cost Reduction and Savings Plans

As with all NHS organisations in Wales, and indeed UK wide, the Trust is required to deliver significant year on year savings in order to achieve financial balance. This is typically delivered through a combination of cost avoidance, cost containment and cash releasing savings. Over the last three financial years the cumulative recurring savings delivered by the Trust has been just under £12m, including £4.906m in 2017/18. By the end of 2018/19 this is currently planned to have increased to £16m.

Table 42 – Cumulative Savings: By Year

In 2017/18 the Trust achieved savings of £4.906m which represents a slight over achievement against the target. This is on top of the £4.9m savings delivered in 2016/17. The graph below shows the cumulative delivery of recurring savings in 2017/18 compared with the previous financial year.
Table 43 – Cumulative Savings 2017/18: By Month

The graph below provides a monthly profile of savings delivery, which demonstrates that there has generally been an even rate of achievement throughout 2017/18.

Table 44: Monthly savings delivery 2017/18

In 2017/18, the Trust targeted the delivery of savings across a number of specific schemes. Smaller in number than in previous years, this allowed the Trust to fully focus on the detailed plans and delivery of the savings required.

The graph below presents the actual savings delivery against target for each of the savings themes.
The key points drawn from this are:

- The levels of spend on private providers and some aspects of variable pay has continued to reduce with savings of over £1.3m achieved during 2017/18. There has been no use of private providers for EMS in 2017/18;

- Through the management of non-operational vacancies, more than £1m of savings has been achieved. This exceeds the annual target of £400,000 by £600,000;

- Total savings £223,000 have been delivered against estates and utilities. Whilst significant, it is recognised that this is an area that the Trust can no doubt deliver more, whilst at the same time smartly investing capital funding to improve its estate, aligned to the Welsh Government endorsed Estates SOP. The scale and scope of these savings will be further expanded therefore in future years;

- As a result of rising forecourt prices savings against fuel costs have slowed during 2017/18. The Trust will continue to maximise the benefits of discounted fuel through the use of All-Star fuel cards at specified garages with additional monitoring information to be provided at a local level;

- Non-pay costs have been contained in the face of some significant inflationary pressures, which is reflected in the delivery of £600,000 of savings;

- There has been detailed analysis undertaken to determine options that will reduce travel costs which includes extending the use and availability of pool cars. Whilst this has had limited impact in 2017/18, this is an area of increased focus that is expecting to deliver much more in 2018/19 and beyond;

- There are a number of local schemes, some of which are about attracting additional income rather than reducing costs. The level of delivery of savings in these areas has increased with almost £800,000 achieved in 2017/18, representing an over delivery of £423,000.
The Trust is committed to exploring any and all opportunities to further identify efficiencies, productivity potentials and to ensure value for money and continuing financial balance. This will include cost and other benchmarking opportunities, being a founding contributor to the NHS Wales Efficiency Board, through its role as a key supporter to a number of Bevan Commission Exemplar projects and via the NHS Wales Finance Academy Innovation and Adding Value work. Value in healthcare is a key area the Trust is looking to now focus on, especially in the unscheduled care and pre hospital emergency care setting, where this has previously been focussed on less, both nationally and internationally. This gives the Trust a unique opportunity to look to shape some of this, which it is doing through one of the new strategic actions agreed within the 2018-21 IMTP. Further opportunities are also being explored across the UK, tapping into the recently updated Carter review of NHS England Ambulance Trusts. All of this should provide the Trust with further opportunities to explore to look to ensure financial balance for 2018/19 and beyond.

**Strategic Priority 8**

The Trust's strategic priority 8 for 2017/18 was to deliver patient and system benefits through our health partnerships, in particular: delivering on our jointly agreed priorities with LHBs and on priorities agreed across the wider unscheduled care system.

We recognise that as a service we are not an ‘island’ and that to improve patient experience and outcomes that we need to work in partnership with our stakeholders. It is for this reason that we had two specific strategic actions in our 2017-2020 IMTP on this:

- **Strategic Action 3:** We will work with our Health Board partners to support regional service change and on an individual Health Board basis to deliver local joint priorities that this plan identifies.

- **Strategic Action 5:** We will realise additional benefits from our partnerships with our blue light partners and other key agencies.

Over the course of 2017/18 we have:

- Explored opportunities with blue light partners in regards to estates solutions for Blackweir station, Cardiff and stations in the Hywel Dda Health Board area.

- Worked towards signing off a strategic partnership plan with the three Fire services in Wales to agree common strategic positions across three themes - Prevention / Response / Other

- Worked with LHB and local authority partners to maximise joint training and occupational health opportunities.

- Developed a joint intelligence hub with South Wales Police to better manage demand with collaborative approaches

- Continued strengthening of our Frequent Caller work programmes to work collaboratively across health and other partners on how we collectively manage frequent users of services
**Strategic Priority 9**

The Trust's strategic priority 9 for 2017/18 was to realise further benefits from our collaborative stakeholder relationships, with a focus on our Blue Light partners and wider public sector opportunities offered by the Well Being of Future Generations Act such as: public education; community resilience and response, and estate and fleet.

Table 46 provides an overview of the Trust’s approach to collaboration.

**Table 46 – Trust Approach to Collaboration**

[Diagram of collaboration approach]

**Blue Light Partners**

There has been a range of projects in 2017/18 that have offered opportunities for collaboration with Blue Light partners. These projects have included:-

- The Trust has been in negotiation with South Wales and Gwent Police Forces along with South Wales Fire & Rescue to create a Tri-Service Demand & Intelligence Hub. This was directly in response the Sophie Howe the Wellbeing & Future Generations pan Wales meeting in Cardiff where all the Public Service Boards were invited. The Trust’s commitment to put a joint team of analysts in the same room sharing intelligence to identify the root causes of demand will create a seamless information sharing Hub;

- Various award winning collaborations including: Joint response Vehicles (Aneurin Bevan/ Cwm Taf), clinical support to Police control rooms; ensuring the most appropriate delineation of attendance, and maximizing specific high demand areas such as mental health; vulnerable persons-fallers, joint working with pre-planned major events and the requisite training; and regular senior operational meetings to both network and share opportunities to reduce inappropriate demand;
• Co locating: following successful projects at Betsi Cadwaladr and Aneurin Bevan LHB areas with co-located Make ready (Hubs), in April 2018 the Trust expanded this to Cardiff & the Vale with a new Make Ready facility at Barry Fire Station; and

• For the first time the Trust has successfully appointed an experienced paramedic manager as the Joint Emergency Services Coordinator representing Police, Fire and Rescue and the Welsh Ambulance Services NHS TRUST for Civil Contingency Joint working across Wales. This has not only promoted the inclusion of the Trust around the table, but reflects our ability to take a lead role in this Emergency Services Category 1 Civil Contingency partnership.

Well Being of Future Generations Act (WBFGA)

The WBFGA places a statutory duty on 44 named public bodies to improve the social, economic, environmental and cultural well-being of Wales in accordance with the sustainable development principles, working through new Public Service Boards. Whilst the Trust is not one of the 44 named organisations, the Trust’s Board has previously had conversations and discussions regarding what the Trust’s contribution to the Act could be. The Board has also met with the Well-being of Future Generations Commissioner to explore this.

As an organisation the Trust is keen to ensure we apply not merely comply with the Act so this initial baseline exercise was seen very much as the beginning of the conversation which the Trust needs to have around the Act and not the end of the conversation.

Some of the key questions and issues which the Trust has wanted to explore over the last 12 months have included:

• What our WBFGA statement is and if/how it fits with our strategic aims?
• How we want to engage with Public Service Board?
• Engagement with the well-being impact assessment process.
• What our internal governance approach to the WBFGA will be?
• The impact of the Act on quality, safety and prudent healthcare.

We recognise that the Trust did not create enough space in 2017/18 to allow the Board, Executive Team in particular to do some of this thinking and we will focus our efforts on this through 2018/19 (see also strategic priority 10).

Public Education

In strategic priority 2 Step 1 – Help Me Choose, this report detailed the number of community engagement events the Trust undertook in 2017/18. Strategic priority 2, Step 1 - Help Me Choose also detailed the number of visits to the NHS Direct Wales website. For 2017/18, the Trust had a Performance Ambition to further develop symptom checkers on the NHS Direct Wales website, with an ambition of 33 against a baseline of 27. Throughout 2017/18 symptom checkers remained static at 28; however they are popular with patients and the Trust plans to expand them further in 2018/19.

The Trust has also undertaken a range of other public education initiatives, including:

Using Social Media to Educate

The Trust used social media extensively this year as a means to engage and educate. The Trust used it in real time, to help people understand the services the Trust provides better and promote the values of good health.
The Trust ran two online/social media campaigns during this period: Defibuary - ‘Find your nearest Defibrillator’; and ‘Choking Awareness’.

Both were driven through the Trust’s corporate @WelshAmbulance and @WelshAmbPIH patient experience and community involvement Twitter accounts. Patient and staff stories have been shared through Twitter, Facebook and YouTube and of course communicating to people – in real time - the demands on the Trust during levels of high demand and seasonal messages.

“Shoctober”

This education campaign was run through October and it is all about developing life skills and self-confidence in primary school children. The Trust believes investing the time in educating and supporting children to learn new life saving skills, will give them the confidence to make decisions and be more resilient in dealing with problems. The Trust visited primary schools across Wales reaching over 2,000 children. With the help of staff, community responders and partners, children were taught life-saving skills including: CPR, responding to someone choking and range of other services available to help. Learning and having confidence to use these skills and knowledge may one day save a life.

*Restart a Heart Day (16 October 2017)*

This is a National campaign headed by the British Heart Foundation. For the second year running the Trust supported this and with staff and volunteers delivered CPR training to secondary schools across Wales. Around 12,000 school children were given a lesson in life-saving CPR. Across the UK as a whole, it was anticipated that 150,000 young people would learn the skill as part of a national CPR training day. In the UK, less than one in ten (8.6 per cent) people survive a cardiac arrest.

*Choking First Aid*

In November 2017 the Trust launched an online/social media campaign aimed at educating the public on what to do when someone is choking.

During the Trust’s engagement work with different groups and service users the Trust recognised that the risk of choking was a particular theme especially in children; older people; people living with dementia and those with a learning disability.

Between November 2017 and March 2018, the Trust reached over 55,000 people via Twitter, over 6,000 via Facebook.

The Trust captured the story of Simon: a member of staff working for a local children’s play area who successfully responded to a young child who was choking. Simon’s story has been available via You Tube.

‘Defibuary’ 2018

For the third year running the Trust held its Defibuary campaign, raising awareness of what a defibrillator is, where to find the nearest in a life-threatening emergency and how to raise funds to purchase one for local communities.

In Wales there are 9,600 hospital visits a year attributed to a heart attack and when someone goes into cardiac arrest, every minute without CPR and defibrillation reduces their chance of survival by 10 per cent. Early defibrillation is a crucial part of the chain of survival. People can help their communities so much by familiarising themselves with where they can find the closest piece of
lifesaving equipment available to them. During Defibuary the Trust received 187 images submitted resulting in 39 unregistered defib locations being found and subsequently added onto our systems.

**Community Resilience and Response**

In 2017/18 the Trust issued 95 public access defibrillators (PADs), of which 60 were replacement devices at the original Welsh Government PADs sites across Wales. A number of organisations purchase their own, as well as a number of charities gifting them, but the Trust does not have direct access to these numbers.

Throughout 2017/18 the Trust continued to work with community first responders (CFRs) across Wales.

There were 20,084 attendances in 17/18, which was just below our performance ambition of 20,900 or an average of 1,674 per month, which when you think that there are approximately 2,000 Red incidents per calendar month, is a major contribution to the Trust’s performance.

**Table 47 – Community First Responder Activity**

![Graph showing CFRs (attendances at scene) over time]

When the Trust does dispatch CFRs, they consistently arrive on scene first, in over 75% of incidents.

**Table 48 – Community First Responder Performance**

![Graph showing % CFRs Arriving First On Scene over time]
The new CAD, implemented in November 2017 has improved the Trust’s efficiency in dispatching CFRs as a result of auto-dispatch. There was a noticeable uplift in performance in the last four months of 2017/18 in CFRs arriving first on scene.

The Trust had an average of 2,033 calls from patients classified as frequent callers in 2017/18. A frequent caller is a patient who calls the Trust’s 999 service more five times or more in any month.

**Table 49 – Frequent Caller Activity**

<table>
<thead>
<tr>
<th>Frequent Callers, total calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-17</td>
</tr>
<tr>
<td>1,200</td>
</tr>
</tbody>
</table>

In the last three months of the 2017/18 frequent callers accounted for 6.5%, 6.9% and 7.1% of incidents against overall number of incidents, so a significant proportion. The Trust has a team in place to work with frequent callers, including working with other public and voluntary sector organisations. In many cases, frequent callers have mental health issues or complex needs that have not been met and so the patient ends up calling 999 repeatedly. Each month the Trust identifies a new cohort of frequent callers and works on reducing their calls. The following graph illustrates how the December cohort reduced their calls over a four month period.

**Table 50 – Frequent Caller Performance Example**

<table>
<thead>
<tr>
<th>December 2017 - March 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec-17</td>
</tr>
<tr>
<td>1,200</td>
</tr>
<tr>
<td>1,000</td>
</tr>
<tr>
<td>800</td>
</tr>
<tr>
<td>600</td>
</tr>
</tbody>
</table>

Legend: Number of Frequent Callers, Number of Calls, Total Responses, UHP Hours
Estates

The Estates capital programme for 2017/18 was driven by investment objectives previously highlighted in the Trust IMTP, Estates SOP 2017 and National Estates Strategy. These drivers will provide over the next 10 years a radical estates transformation which is designed to support the maintenance of fleet vehicles and the implementation of Make Ready where fleet vehicles will be cleaned, washed and stocked using a hub and spoke approach enabling our frontline workforce to be dedicated to service delivery.

During 2017/18, the Estates Capital programme delivered amongst other things, the acquisition of Unit 7, St Asaph Business Park which will be partly refurbished in the later part of 2018. In addition, the Estates capital programme directed funding into maintaining and improving Trust premises and in doing so, reduced risk around backlog maintenance and contributed to improvements in staff wellbeing. Completed schemes at Ambulance Stations included:

- Blaenau Ffestiniog – returned to property condition B;
- Relocated operational crews to Barry Fire Station;
- Technology refresh to Control Room at Vantage Point House;
- Increase in floor area at Vantage Point House – training on 1st floor; and
- Started projects to relocate operational crews to Fire Stations at Llanidloes and Whitland.

Also of note during 2017/18 is that the Estates Department continued to manage the Trust’s emissions and environmental objectives arising from Welsh Governments mandate for all Trusts in Wales to operate an environmental governance system (EGS) and to have the EGS accredited under the international standard ISO 14001 Environmental Management.

Fleet

A key action for the Trust in 2017/18 was to update, finalise and agree a Strategic Outline Plan (SOP) for the Trust’s fleet. This was completed in 2017/18 and agreed with Welsh Government, who fund the capital investment for the Trust’s fleet. The Fleet SOP forms the framework for vehicle replacement for the next ten years as well as mapping out how the Trust will develop and implement a vehicle wash and make ready system throughout Wales.

The Fleet SOP in conjunction with the Estates SOP also identifies the preferred options for Fleet to deliver its services to Operations. From work undertaken in 2017/18 it is clear that carrying out vehicle Servicing Maintenance and Repair (SMR) in Trust workshops by WAST staff is the most cost effective model. The strategy is to develop fleet services so that the department is in a position to undertake the entirety of the SMR in-house.

In addition to the Fleet SOP, the Fleet Service has been been fitting Telematics to all new vehicles since 2014 as well as retrofitting units to accident and emergency vehicles that had substantial asset life remaining. The majority of the ambulances and rapid response vehicles are now equipped with both black box technology and forward facing camera systems both of which assist with the objective of reducing road risk for staff, patients and the general public. The strategy is to fit the entire fleet through the vehicle replacement program.

During 2017/2018 the Fleet Service also constructed and implemented a replacement computerised fleet management system. This state of the art system has revolutionised the way the Fleet Service operates and we are already benefitting through improved efficiencies.
Strategic Priority 10

The Trust’s strategic priority 10 for 2017/18 was to continue our journey to becoming a highly effective organisation including: developing a longer term strategy; improving governance systems; strategic approach to improvement, innovation and research & development; and delivering our financial plan to achieve financial balance.

Long Term Strategy

The Trust is proud that 2017/18 marked the second year of having an approved IMTP. Having such a status has not only contributed to stabilising the Trust, but also afforded the thinking space to consider what the long-term term strategic plan for the future of ambulance services in Wales needs to be. It is on this basis that through 2017/18 the first strategic action which we documented in the Trust’s IMTP was to; “finalise our long term strategy for ambulance services in Wales”.

The Trust’s Board and Executive Management Team spent the early part of 2017 considering what the cornerstones of what our strategic framework should be. They identified four pillars:

(i) Widening our Clinical Offer
(ii) Leadership and Workforce
(iii) Working Together
(iv) Embracing Technology

As a result, the Trust adopted a collaborative approach to developing what these mean in detail by engaging with a range of stakeholders – the public, partner organisations and staff - through a range of workshops (the Table below offering further detail). An Executive Director took the lead on each strategic theme, undertaking a range of actions including a detailed deep dive into best practice and available evidence.

Table 51 – Long Term Strategy Workshops

<table>
<thead>
<tr>
<th>Engagement Work Stream</th>
<th>Number of Attendees</th>
<th>Key Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Service Users</td>
<td>135</td>
<td>The Trust’s Patient Engagement &amp; Community Involvement (PECI) team attended / organised a range of service user events, including ‘Meet Your Ambulance Service’ events, public events and bespoke meetings with service user groups.</td>
</tr>
<tr>
<td>(ii) Staff</td>
<td>160</td>
<td>The Trust engaged directly with over 160 staff at a range of different fora including staff meetings, development sessions &amp; bespoke workshops held across the Trust.</td>
</tr>
<tr>
<td>(iii) Health Boards &amp; External Stakeholders</td>
<td>145</td>
<td>The Trust also held three regional external stakeholder workshops including NHS Wales organisations, CHC, AACE, College of Paramedics, blue light partners, Community, Third Sector and Voluntary Sector. The three workshops were held across Wales in Carmarthen, Llandudno &amp; Nantgarw on the 12th, 15th and 29th September 2017.</td>
</tr>
<tr>
<td>Total 440</td>
<td></td>
<td></td>
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</table>

These exercises, which took place through the autumn of 2017, provided the Trust with some rich and comprehensive information. The Board considered all the available information at a Board Development Day in November 2017, and a further smaller workshop comprised of executive leaders and some Board members took place in January 2018.
As a result of this work, we are now able to use this opportunity to begin highlighting some of the emerging indicative strategic ambitions. These will require further internal testing through 2018/19 as well as a targeted engagement process with some external partners.

Whilst the Trust has four strategic themes within the emerging Long Term Strategy, they cannot be considered or developed in isolation. All the Trust’s ambitions are intrinsically linked with dependencies.

A number of factors (many outside of the Trust’s control) meant the Trust was not able to finalise its long term strategy in 2017/18. Some of these reasons include;

- Awaiting the publication of Welsh Governments Parliamentary review in Health and Social Care
- The subsequent publication of Welsh Governments Long term strategy for Health in Wales
- The departure of both our Chief Executive and Chair.

The following tables provides further detail on the areas of focus within the four identified themes.

**Table 52 – Long Term Strategy Themes**

<table>
<thead>
<tr>
<th>Workforce and Leadership</th>
<th>Partnerships and Engagement</th>
<th>Emerging Technology</th>
<th>Widening Our Clinical Offer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Together we will create an agile and highly skilled workforce, capable of working at the top of their scope of practice and able to respond quickly to changing demand and new technologies, where everyone can be and do their very best for patients.</td>
<td>1. Our frontline staff will be sought after and skilled in working in multidisciplinary teams and will highlight further opportunities to work in partnership as a matter of course.</td>
<td>1. We will ensure our service users, staff and volunteers have access to the most effective emerging technologies and clinical equipment. This will include enhanced pre-hospital diagnostic equipment.</td>
<td>1. We will look to play a strengthened role across the public health and health promotion agenda.</td>
</tr>
<tr>
<td>2. Together we will ensure everyone feels empowered and trusted to do their jobs; where we are all role models for our shared behaviours and have patient care, safety and quality at the heart of what we do; where everyone truly feels they work in an organisation that cares about what they do, what they think and how they feel.</td>
<td>2. Partnership will be at the heart of our thinking and our first point of principle when it comes to service and estates development.</td>
<td>2. We will look to be the leading ambulance service in embracing transport technology and sustainability through opportunities afforded by electric and driverless vehicles.</td>
<td>2. We will maintain excellence in the ‘core’ services we provide but look to focus on the opportunities which exist for us to support the delivery of primary and out of hours care.</td>
</tr>
<tr>
<td>3. Together we will develop brave, compassionate and collaborative leaders who are able to set direction, influence and bring about change across the organisation and beyond; they will be vibrant and passionate, breathing colour and pace throughout the Trust; fostering positivity and innovation in others.</td>
<td>3. We will be the partner of choice for Nhs and other organisations across the public, private and third sectors seeking to develop new models of service delivery/innovate.</td>
<td>3. We will transform the way we communicate with our services users, staff and wider stakeholders. This will be achieved through embracing the most up to date technology and communication systems. This will include utilising video technology in our Clinics and wider telehealth opportunities.</td>
<td>3. We will identify opportunities to support the direct delivery of other parts of the pre-hospital unscheduled care system to achieve maximum benefit to patients and the system.</td>
</tr>
<tr>
<td>4. Together we will promote greater flexibility and control over work and the working lives of everyone; through the introduction of flexible, less traditional employment models; embracing the use of technology and systems of work that promote freedom of choice over hours worked, location (where possible) and different ways of working.</td>
<td>4. We will work collaboratively with partners on effective programmes of public engagement which ensure acceptance of new models of care and also contribute to the successful recruitment of public service employees who recognise the opportunities in working across professional and geographic boundaries.</td>
<td>4. We will transform the way we capture, share and utilise patient information. This will be achieved through the eCRF and wider integration of information with our internal systems and wider NHS systems.</td>
<td>4. Aligned to the changing population and case mix of our service users we will work with staff and professional bodies to collectively enhance the scope of practice of our clinical workforce.</td>
</tr>
<tr>
<td>5. We will work with partners to ensure our patients and staff are engaged in the development of new models of care and delivery.</td>
<td></td>
<td>5. We will further integrate our service across the USC and wider health system to ensure the patient receives and or is signposted to the most appropriate care setting that meets their individual needs.</td>
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The Trust remains committed to publishing a long term strategy and this will take place in 2018/19.

**Improvement & Innovation**

In 2017 there was a request from the Trust’s Executive Management Team to provide “clarity and focus” on the Trust’s approach to improvement and innovation. A small cross directorate working group, of interested colleagues, was established to look into this. A presentation was given to Executive colleagues in November 2017, which identified:

- that there were a plethora of improvement and innovation techniques being used in the Trust;
- that improvement & innovation was formally part of only three executives’ job descriptions;
that there was confusion over terminology e.g. continuous improvement, service changes, innovation, quality improvement etc.;
- it was not clear how colleagues could access support for improvement and innovation, and
- a balance was required between creativity and making improvements and innovations in a co-ordinated safe way, given we are a blue light clinical organisation.

The presentation identified a number of key points that have guided the work of colleagues:

- **WAST is already a very creative organisation**: the Trust’s behaviours along with Executive leadership and actions like the Team Leader Programme, have created a much more positive working environment, in which there is a considerable enthusiasm for improvement and innovation. The issue for the Trust is harnessing and supporting this enthusiasm.

- **Improvement and innovation needs to be done in a safe way**: we are a blue light emergency service serving vulnerable people. Safety must be the first consideration in all that we do so creativity and good governance go together.

- **Co-ordination is important**: this enables good practice to be shared and for inter-related projects to be connected. This gives a form of competitive advantage.

- **Improvement and innovation should be something that everyone does**: it should not be the preserve of a particular team or particular directorates, as would appear to be the case in many other NHS organisations.

- **There is already a considerable amount of expertise and knowledge in the Trust**: we need to enable colleagues to access this expertise and knowledge whilst continuing to grow our expertise and knowledge.

The presentation included 12 recommendations, a number of which were prioritised for action:

- Development of a WAST Improvement & Innovation Network (WIIN) which will act as an overall umbrella term for:
- The roll out of Bronze, Silver and Gold Improving Quality Together (IQT) training and coaching to support IQT projects undertaken as part of the training.
- The development of communications to support improvement & innovation e.g. social media, intranet, who to call for advice, etc.
- Development of a formal Improvement & Innovation Framework, in particular, a set of improvement & innovation principles.
- A platform for registering and co-ordinating projects.

These have been rolled forward into 18/19 and are now being delivered.

**Research & Development**

The Trust has a long recognised the need for Research & Development (R&D) to be core activity in the development and delivery of its services. The R&D functions for the Trust are delivered by the Pre Hospital Emergency research Unit (PERU), which is funded by Health & care Research Wales (HCRW). The 2015-2019 R&D Strategy presented a vision to:

*Build a culture where research can flourish, influencing practice for patient benefit*

In 2017/18 PERU continued to serve its function as the R&D office for the Trust by ensuring that all research adheres to the principles of good practice in the management and conduct of health and social care research. The Trust worked closely with HCRW on many policy and organisational
changes, which included work with the four UK countries National Compatibility Programme and changes with the set up and carrying out of health research across the NHS and Health and Social Care. The Trust also continued to achieve the following aims within the IMTP:

- We will adopt the HCRW Finance Policy and framework for Health Boards.
- We will continue to build a culture where research can flourish, influencing practice for patient benefit.
- We will develop the number of principal and chief investigators within WAST.
- We will work with our partners to build capacity and attract research funding.
- We will continue to deliver our current research efficiently, on time and on target.
- We will mobilise knowledge gained from our research into policy and practice.

In 2017 the Trust worked with HCRW to develop and adopt the NHS Research and Development Finance Policy, which was also supported by a Welsh Health Circular (2018), this has been WAST accepted for final adoption in early 2018.

R&D performance continued to grow in the Trust throughout 2017/18 to the highest level in the history of ambulance services in Wales, delivering this research on time and target. The Trust is now a leading UK research active ambulance trust. The Trust contributed to eight studies adopted on to the HCRW Clinical Research Portfolio, with a further eight non-portfolio studies. The Trust endures significant challenges in delivering trials in the pre hospital environment, and in 2017 delivered the PARAMEDIC 2 Trial across the whole of Wales, on time and target to become the largest recruiting trial in NHS Wales for 2017. The Trust has also developed home grown research, and our collaborations with Prime Centre Wales, Swansea Trials Unit and others has resulted in grants being secured, and studies being led by the Trust as sponsor for the first time. These studies explored areas of international significance contemporary for pre-hospital care, including Stroke, hip fracture and SEPSIS.

The Trust continued to develop the research culture within the organisation and more than 877 staff have now been trained to deliver research and the Trust continues to provide learning opportunities in the form of continuing professional development events, research grant writing courses and attracted funded MSc and Phd opportunities. Within the R&D Strategy the Trust recognises that evidence based practice is integral to Clinical Leadership and the Trust contributes to the newly introduced clinical structure. Research now features as a core activity in a wide range of roles within this structure including, Clinical Leads, Consultant Paramedics, and the Assistant Director of Paramedicine. The Trust currently has two Principal or Chief Investigators, but anticipate future research leaders will emerge from this new clinical structure as it matures.

Developing and delivering high quality Research relies on strong partnerships, and a wide range of expertise to be successful. The Trust is represented on many research and innovation bodies and groups, which includes Swansea Trials Unit (STU) and Prime Centre Wales. We have also worked towards routine data linkage with the Secure Anonymised Information Linkage Databank (SAIL), which will enable the development and delivery of high quality Research, innovations, audits and improvements in future.

The Trust has continued to disseminate knowledge gained from research to influence policy and practice. The Trust has been authors on nineteen peer publications in a wide range of journals. The Trust has delivered 24 peer reviewed presentations to a range of local, national and international conferences and contributed to eight non-peer reviewed seminars and events. The results from research therefore achieves far reaching impact on patient care, influencing high level policy and guidelines, such as the Joint Royal Ambulance Liaison Committee (JRCALC), Resuscitation Council Guidelines, National Institute of Clinical excellence and many others. The Trust’s publications on paramedic care for people who self harm was cited in the *International Handbook of Suicide*
Prevention, and knowledge from this study has been drawn upon to inform evidence for a range of Government and parliamentary enquiries.

**Improving Governance Systems**

Members of the Trust Board formally approved the first functioning Board Assurance Framework (BAF) report in September 2017. The report is designed to collate information relating to the Trust’s strategic aims and details the associated principal risks from the Corporate Risk Register. Furthermore, the report describes the key internal and external controls and where and how management and the Board receive its assurances. The report will be further refined during 2018/19 following the planned update of the IMTP.

During 2017/18 the Trust developed a Governance Map of the organisation in order to provide a greater understanding of the hierarchy between meetings, their reporting arrangements and relationships to Trust Board, its Committees and the Executive Management Team. Furthermore, the map will be utilised to understand the information flow between meetings and further streamline our reporting arrangements. A subsequent review of all Terms of References including membership will take place during 2018/19.

The Trust implemented a new policy process during 2017/18 which was developed in partnership with Trade Union colleagues. The process is designed to bring all Trust Policies up to date and will provide assurance to management and the Board that the Trust is complying with current legislation, is meeting mandatory requirements and is discharging its statutory duty.

A central policy register has been developed to provide tighter governance processes around version control and to track policies through the system. In addition, a new central repository and intranet page have been established for staff to access up to date information.

At its meeting in December 2016, the Trust Board acknowledged that the Trust had inadvertently breached Standing Orders. Whilst the Board agreed that no further action in relation to the specific breach was required, the Trust established a Board Task and Finish Group to undertake a comprehensive review of the Standing Orders and Scheme of Reservation and Delegations of Powers. The review benchmarked the documents against other Trust’s and model Standing Orders and recommended changes to the Scheme of Reservation and Delegation of Powers were approved by Trust Board in December 2017.

**Delivering our Financial Plan to achieve Financial Balance**

In 2017/18, the Trust again achieved all of its financial targets as follows:

<table>
<thead>
<tr>
<th>Achievement of 2017/18 Financial Duties and Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement of revenue financial balance</td>
</tr>
<tr>
<td>Capital Spend = or less that the WG set Capital Resource Limit</td>
</tr>
<tr>
<td>At least 95% of Non NHS Invoices by number are paid within 30 days</td>
</tr>
</tbody>
</table>

At the end of the 2017/18 financial year, the Trust reported a small revenue surplus of £0.070m in its audited final accounts.

Each NHS Trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to its revenue account.
The first assessment of performance against the 3-year statutory duty in NHS Wales was at the end of 2016/17. The Trust is therefore deemed to have met its financial duty to break even over the 3 years 2015/16 to 2017/18 as shown below:-

Table 53 – Annual Financial Performance

<table>
<thead>
<tr>
<th>Annual financial performance</th>
<th>2015-18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015-16</td>
</tr>
<tr>
<td>Financial duty</td>
<td>£000</td>
</tr>
<tr>
<td>Retained surplus</td>
<td>49</td>
</tr>
</tbody>
</table>

The Trust managed its cash resources and working capital to precisely achieve its External Financing Limit (EFL) target of £0.929m.

The Trust expended Capital Investment funds of £18.535m in new property, plant, equipment and ICT, utilising 100% of the Trust’s Welsh Government set Capital Resource Limit, without exceeding it.

The Trust is required to pay at least 95% of the number of non-NHS invoices received within 30 days of receipt of goods or a valid invoice (whichever is later). The Trust met this target, paying 98.1% within the specified time.

The reported financial position of the Trust for 2017/18 was a small surplus against budget of £0.070m.

Table 54 – Actual Revenue Surplus/(Deficit)

<table>
<thead>
<tr>
<th>Actual Trust surplus/(deficit) YTD - £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
</tr>
</tbody>
</table>

In 2017/18, the Trust received £167.2m of revenue income from patient care activities. This is an increase of £11.0m from 2016/17. £10.7m was received in respect of other operating income, a reduction of £5.6m from 2016/17. Total funding for 2017/18 was £177.9m, an increase of £5.4m (3.1%) from 2016/17.

The main changes in funding are detailed in Table 55.
### Table 55 – 2017/18 Changes in Funding

<table>
<thead>
<tr>
<th>Description</th>
<th>£ million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in funding from the Welsh Government including £1.9m relating to paramedic re-banding and £0.5m for winter pressures.</td>
<td>2.9</td>
</tr>
<tr>
<td>Increase in funding from EASC, including inflation uplift</td>
<td>3.3</td>
</tr>
<tr>
<td>Additional income received in relation to the costs incurred for the ‘111’ service.</td>
<td>1.8</td>
</tr>
<tr>
<td>Reduction in funding relating to ring-fenced areas such as impairments/depreciation (-£1.1m) and PIBS (Permanent Injury Benefit Scheme) (-£1.3m), and other minor services.</td>
<td>-2.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5.4</strong></td>
</tr>
</tbody>
</table>

Operating expenses during 2017/18 totalled £178.0m. This is a net increase of £4.2m from 2016/17. This was mainly due to:

- An increase in staff costs of £6.3m compared to the previous year. Main changes include, £1.9m for the re-grading of paramedics, £1.5m associated with the costs of the 1% pay award / deal, £1.1m for developments within 111 and internal structural reviews, implementation of the apprenticeship levy of £0.5m and £0.3m for winter pressures. Also included in the pay position is the cost of enhancements on sick pay for the period 1st January to 31st March 2018 at a value of £0.254m. Corresponding accrued income has been included from Welsh Government.

- An increase in depreciation/amortisation of £0.9m as a result of a higher base value of tangible/intangible fixed assets, including the implementation of the new CAD system.

- An increase in establishment, transport and other areas of £0.9m including £0.3m relating to increased availability and disturbed meal breaks within the EMS area, legal fees of £0.1m and £0.2m as a result of increased fuel pump prices.

Offsetting the above increases are reductions in other areas of expenditure, demonstrating further delivery of planned savings and cost reductions, through increased efficiency and productivity.

Strategic priority 7 above provides a detailed summary of the Trust delivery of savings in 2017/18. The Trust’s planned savings of £4.900m and actual savings of £4.906m produced an achievement rate of 100.12%. Table 56 below shows the year to date savings delivery by month.
Other revenue adjustments

Investment revenue has increased slightly due to an increase in interest rates over the course of the year. Interest on deposits was £0.036m in 2017/18 compared to £0.029m in 2016/17. The Trust made no disposals of land or buildings during the year, with only vehicles and equipment sold during 2017/18. These sales resulted in an overall profit on sale of £0.218m compared to £1.477m in 2016/17. Of the previous year’s profit on sale of £1.477m, £1.380m related to disposals of three obsolete ambulance stations. Finance costs have decreased during the year to £0.155m, a decrease of £0.118m compared to the previous year. Of these costs, £0.137m relates to interest on the Ambulance Radio Replacement Project (ARRP) treated as a finance lease under International Financial Reporting Standards.

The results of all the above is that the Trust had a retained surplus of £0.070m for the financial year 2017/18. In 2016/17 the Trust reported a retained surplus of £0.044m.

Capital spend

At Month 12 the Trust’s approved Capital Expenditure Limit (CEL) was £18.535m, against which the Trust spent £18.535m, achieving the target CEL precisely. Some significant capital expenditure items were concluded towards the end of the financial year, including significant elements of the Trust’s replacement fleet programme, the acquisition of Unit 7, St Asaph Business Park and the ability to achieve value for money in the extending of the current digipen contract licences, through additional capital funding made available by Welsh Government towards the year end.
Public Sector Payment

Public Sector Payment (PSPP) compliance for Month 12 was 98.1% against the 95% WG target set for non-NHS invoices by number.

Table 58 – Invoices Paid Within 30 Days
Annual Quality Statement

The Trust’s Annual Quality Statement will be published separately by 31 July 2018.

Sustainability Report

The Trust’s Annual Sustainability Report will be published separately by 31 August 2018.

Key Risks and Issues 2017/18

The Trust’s Audit Committee receives regular Risk Register Reports and risk registers are actively managed by the Trust. During 2017/18 the Trust improved its approach to risk management as follows:

₋ The 2016/19 Risk Management Strategy has been revised and updated and the 2018/21 Strategy will be presented to the Quality, Experience and Safety (QuEST) Committee on 22 May 2018. This will be forwarded to Trust Board for final approval on 19 July 2018;

₋ During Quarter 4, the Trust has supported colleagues in Shared Services to undertake an internal audit into the Risk Management Strategy and Framework. The Trust was delighted to receive a “Reasonable Assurance” rating and we have incorporated the findings and recommendations for improvement into our revised Risk Management Strategy 2018/19;

₋ The Risk Register Advisory Group (RRAG) met quarterly and has established a deep dive approach to reviewing individual Directorate Risk Registers on a rotating programme to support risk maturity, challenge, build risk knowledge and learning;

₋ The Trust Risk Management Development Group continues to build the capacity and capability across the organisation to support our risk maturity; and

₋ The Trust appointed a Head of Risk, Health and Safety.

The Trust uses a risk matrix to score risks. Risks of 15 of more are managed at an Executive level:-
### Table 59 – Risk Matrix

<table>
<thead>
<tr>
<th>Impact / Consequence Score (severity levels) and examples of descriptors</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domains</strong></td>
<td>Minimal injury requiring no/minimal intervention or treatment.</td>
<td>Minor injury or illness, requiring minor intervention.</td>
<td>Moderate injury requiring professional intervention.</td>
<td>Major injury leading to long-term incapacity/disability.</td>
<td>Incident leading to death.</td>
</tr>
<tr>
<td><strong>Impact on the safety of patients, staff or public (physical/psychological harm)</strong></td>
<td>No time off work</td>
<td>Require time off work for 1-3 days</td>
<td>Require time off work for 4-14 days</td>
<td>Require time off work for &gt;4 days</td>
<td>Multiple permanent injuries or irreversible health effects</td>
</tr>
<tr>
<td></td>
<td>Risk of claim remote</td>
<td>Risk of claim remote</td>
<td>Risk of claim remote</td>
<td>Risk of claim remote</td>
<td>A case which impacts on a large number of patients</td>
</tr>
<tr>
<td></td>
<td>Catastrophic</td>
<td>Catastrophic</td>
<td>Catastrophic</td>
<td>Catastrophic</td>
<td>Catastrophic</td>
</tr>
<tr>
<td></td>
<td>No or minimal impact or breech of guidance/ internal standards</td>
<td>Minor implications for patient safety if unresolved</td>
<td>Reduced performance rating if unresolved</td>
<td>Major patient safety implications if findings not acted on</td>
<td>Tally unacceptable level or quality of treatment/service</td>
</tr>
<tr>
<td></td>
<td>Low staff morale, poor staff attendance for mandatory/ key training</td>
<td>Low staff morale, poor staff attendance for mandatory/ key training</td>
<td>Low staff morale, poor staff attendance for mandatory/ key training</td>
<td>Low staff morale, poor staff attendance for mandatory/ key training</td>
<td>Tally unacceptable level or quality of treatment/service</td>
</tr>
<tr>
<td></td>
<td>Loss/interruption of &gt;1 day</td>
<td>Loss/interruption of &gt;1 day</td>
<td>Loss/interruption of &gt;1 day</td>
<td>Loss/interruption of &gt;1 day</td>
<td>Tally unacceptable level or quality of treatment/service</td>
</tr>
<tr>
<td></td>
<td>Overall treatment or service suboptimal</td>
<td>Overall treatment or service suboptimal</td>
<td>Overall treatment or service suboptimal</td>
<td>Overall treatment or service suboptimal</td>
<td>Tally unacceptable level or quality of treatment/service</td>
</tr>
<tr>
<td></td>
<td>Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved</td>
<td>Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings not acted on</td>
<td>Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings not acted on</td>
<td>Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings not acted on</td>
<td>Tally unacceptable level or quality of treatment/service</td>
</tr>
<tr>
<td></td>
<td>Catastrophic</td>
<td>Catastrophic</td>
<td>Catastrophic</td>
<td>Catastrophic</td>
<td>Catastrophic</td>
</tr>
<tr>
<td></td>
<td>Total loss of public confidence</td>
<td>Total loss of public confidence</td>
<td>Total loss of public confidence</td>
<td>Total loss of public confidence</td>
<td>Tally unacceptable level or quality of treatment/service</td>
</tr>
<tr>
<td></td>
<td>Non-compliance with national standards with significant risk to patients if unresolved</td>
<td>Multiple complaints/ independent review low performance rating Critical report</td>
<td>Multiple complaints/ independent review low performance rating Critical report</td>
<td>Multiple complaints/ independent review low performance rating Critical report</td>
<td>Tally unacceptable level or quality of treatment/service</td>
</tr>
<tr>
<td></td>
<td>Critical report</td>
<td>Critical report</td>
<td>Critical report</td>
<td>Critical report</td>
<td>Tally unacceptable level or quality of treatment/service</td>
</tr>
<tr>
<td></td>
<td>Uncertain delivery of key aim/service due to lack of staff</td>
<td>Uncertain delivery of key aim/service due to lack of staff</td>
<td>Uncertain delivery of key aim/service due to lack of staff</td>
<td>Uncertain delivery of key aim/service due to lack of staff</td>
<td>Tally unacceptable level or quality of treatment/service</td>
</tr>
<tr>
<td></td>
<td>Local media coverage – long term reduction in public confidence</td>
<td>Local media coverage – long term reduction in public confidence</td>
<td>Local media coverage – long term reduction in public confidence</td>
<td>Local media coverage – long term reduction in public confidence</td>
<td>Tally unacceptable level or quality of treatment/service</td>
</tr>
<tr>
<td></td>
<td>National media coverage with &lt;3 days service well below reasonable public expectation</td>
<td>National media coverage with &lt;3 days service well below reasonable public expectation</td>
<td>National media coverage with &lt;3 days service well below reasonable public expectation</td>
<td>National media coverage with &lt;3 days service well below reasonable public expectation</td>
<td>Tally unacceptable level or quality of treatment/service</td>
</tr>
<tr>
<td></td>
<td>Multiple breaches in statutory duty prosecution Complete systems change required Zero performance rating Severely critical report</td>
<td>Multiple breaches in statutory duty prosecution Complete systems change required Zero performance rating Severely critical report</td>
<td>Multiple breaches in statutory duty prosecution Complete systems change required Zero performance rating Severely critical report</td>
<td>Multiple breaches in statutory duty prosecution Complete systems change required Zero performance rating Severely critical report</td>
<td>Tally unacceptable level or quality of treatment/service</td>
</tr>
<tr>
<td><strong>Likelihood / Probability</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Descriptor</strong></td>
<td>Rare</td>
<td>Unlikely</td>
<td>Possible</td>
<td>Likely</td>
<td>Almost certain</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>May occur in exceptional circumstances, on a rare basis, no previous incidence of non-compliance.</td>
<td>May not happen to occur but could do at some time. Less than 25% chance of occurring.</td>
<td>Might happen or occur occasionally. 25-50% chance of occurring. Previous audits / reports indicate non-compliance; Complex process; Impacting factors outside of control of organisation.</td>
<td>Will probably occur; 50-75% chance of occurring; Impacting factors outside of the control of the organisation.</td>
<td>Can be expected to occur in most circumstances; more than 75% chance of occurring; Impacting factors outside of the control of the organisation.</td>
</tr>
<tr>
<td></td>
<td>Catastrophic</td>
<td>Catastrophic</td>
<td>Catastrophic</td>
<td>Catastrophic</td>
<td>Catastrophic</td>
</tr>
<tr>
<td><strong>Impact</strong></td>
<td>Minimal or no impact on the environment</td>
<td>Minor impact on environment</td>
<td>Moderate impact on environment</td>
<td>Major impact on environment</td>
<td>Catastrophic impact on environment</td>
</tr>
<tr>
<td></td>
<td>Catastrophic</td>
<td>Catastrophic</td>
<td>Catastrophic</td>
<td>Catastrophic</td>
<td>Catastrophic</td>
</tr>
<tr>
<td><strong>Loss/interruption of &gt;1 day</strong></td>
<td>25% per cent over project budget Schedule slippage</td>
<td>30-50 per cent over project budget Schedule slippage</td>
<td>Non-compliance with national 10-25 per cent over project budget Schedule slippage</td>
<td>Incident leading to &gt;25 per cent over project budget Schedule slippage</td>
<td>Catastrophic impact on environment</td>
</tr>
<tr>
<td></td>
<td>Key Aims not met</td>
<td>Key Aims not met</td>
<td>Key Aims not met</td>
<td>Key Aims not met</td>
<td>Catastrophic impact on environment</td>
</tr>
</tbody>
</table>

76
At quarter 4 14 risks scored 15 or above on the Corporate Risk Register with four risks de-escalating below 15 in this quarter. The Risk Profile tabled below demonstrates the distribution of these risks by their scores. There were two risks scoring at 25 (5x5); two risks scoring 20 (5x4) and one risk scoring 20 (4x5); 4 risks scoring 16 (4x4); 5 risks scoring 15 (5x3); 2 risk scoring 12 (4x3); 1 risk scoring 10 (5x2) and 1 risk scoring 8 (4x2).

Table 61 – Quarter 4 2017/18 Executive Level Risks

<table>
<thead>
<tr>
<th>Title</th>
<th>Risk Reg. Number</th>
<th>Score</th>
<th>Lead Directorate</th>
<th>Lead Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to attend to patients in the community who require see and treat services</td>
<td>CRR 58</td>
<td>25</td>
<td>Operations</td>
<td>Quality, Patient Experience &amp; Safety Committee</td>
</tr>
<tr>
<td>Patients unable to access secondary care assessment and treatment (Patients being delayed on the back of ambulances outside Accident &amp; Emergency)</td>
<td>CRR 57</td>
<td>25</td>
<td>Operations</td>
<td>Quality, Patient Experience &amp; Safety Committee</td>
</tr>
<tr>
<td>Safeguarding Referral Process</td>
<td>CRR 25</td>
<td>20</td>
<td>Quality, Safety &amp; Patient Experience</td>
<td>Quality, Patient Experience &amp; Safety Committee</td>
</tr>
<tr>
<td>Issue</td>
<td>CRR</td>
<td>Rating</td>
<td>Committee</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----</td>
<td>--------</td>
<td>------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Increase in sickness absence rate</td>
<td>18</td>
<td>20</td>
<td>Workforce and OD</td>
<td></td>
</tr>
<tr>
<td>Trust Reputation</td>
<td>34</td>
<td>20</td>
<td>Partnership and Engagement</td>
<td></td>
</tr>
<tr>
<td>Emergency Services Mobile Communications Programme (ESMCP)</td>
<td>54</td>
<td>12</td>
<td>Operations</td>
<td></td>
</tr>
<tr>
<td>Station cleanliness</td>
<td>27</td>
<td>16</td>
<td>Operations</td>
<td></td>
</tr>
<tr>
<td>Lack of Education, Professional and Clinical Practice (Nursing) to</td>
<td>55</td>
<td>16</td>
<td>Quality, Safety &amp; Patient Experience</td>
<td></td>
</tr>
<tr>
<td>support the delivery and roll out of 111</td>
<td></td>
<td></td>
<td>Lead Committee: Finance Resource Committee</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Supporting Committee:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Quality, Patient Experience &amp; Safety Committee</td>
<td></td>
</tr>
<tr>
<td>Vehicle cleanliness</td>
<td>28</td>
<td>12</td>
<td>Operations</td>
<td></td>
</tr>
<tr>
<td>Health Surveillance</td>
<td>51</td>
<td>16</td>
<td>Workforce and OD</td>
<td></td>
</tr>
</tbody>
</table>

Supporting Committees:

- Quality, Patient Experience & Safety Committee
- Finance Resource Committee
<table>
<thead>
<tr>
<th></th>
<th>CRR</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Emergency Patient</strong></td>
<td>4</td>
<td>16</td>
<td><strong>Planning &amp; Performance</strong></td>
<td><strong>Finance Resource Committee</strong></td>
</tr>
<tr>
<td><strong>Transport Service</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer of work from Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board to WAST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Staff immunisation Records</strong></td>
<td>24</td>
<td>8</td>
<td><strong>Workforce and OD</strong></td>
<td><strong>Finance Resource Committee</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inadequate Resources</strong></td>
<td>48</td>
<td>15</td>
<td><strong>Quality, Safety &amp; Patient</strong></td>
<td><strong>Quality, Patient Experience</strong></td>
</tr>
<tr>
<td>required to implement the</td>
<td></td>
<td></td>
<td><strong>Experience</strong></td>
<td><strong>Committee</strong></td>
</tr>
<tr>
<td>WAST Mental Health Improvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCC Infrastructure &amp; Process</td>
<td>CRR 8</td>
<td>15</td>
<td>Operations</td>
<td>Finance Resource Committee</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------</td>
<td>----</td>
<td>-----------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Out of date Policies and Procedures</td>
<td>CRR 37</td>
<td>15</td>
<td>Corporate Governance/Board Secretary</td>
<td>Trust Board leads this Risk</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Supporting Committees:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Quality, Patient Experience &amp; Safety Committee &amp; Finance Resource Committee</td>
</tr>
<tr>
<td>Lack of preparedness and PPE for Hazard Group 3 and 4 Infectious Diseases</td>
<td>CRR 29</td>
<td>15</td>
<td>Quality, Safety &amp; Patient Experience</td>
<td>Quality, Patient Experience &amp; Safety Committee</td>
</tr>
<tr>
<td>Unable to achieve risk maturity</td>
<td>CRR 30</td>
<td>15</td>
<td>Quality, Safety &amp; Patient Experience</td>
<td>Audit Committee</td>
</tr>
<tr>
<td>Legal Support to Inquests, Road Traffic Accident &amp; Claims</td>
<td>CRR 56</td>
<td>15</td>
<td>Quality, Safety &amp; Patient Experience</td>
<td>Lead Committee: Quality, Patient Experience &amp; Safety Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Supporting Committee:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Finance Resource Committee</td>
</tr>
</tbody>
</table>

### Audit & Inspection

Like every public body, the Trust is subject to external audit and inspection. The Welsh Audit Office (WAO) undertake an annual Structured Assessment of the Trust and the Trust can also be subject to inspection by Health Inspection Wales. The Trust also has its own Internal Audit function. All of this information is considered through the Trust’s Audit Committee. You can find out more about the work of the Trust’s Audit Committee by clicking on the following hyperlink:-

The WAO published its 2016 Structured Assessment of the Trust in January 2017. The WAO made 10 recommendations. Each recommendation is recorded, tracked and reported in the Audit Tracker to each Audit Committee through the year. The following table sets out the 2016 WAO Structured Assessment (published January 2017) recommendations and the Trust’s progress during 2017/18:

Table 62 – WAO 2016 Structured Assessment

<table>
<thead>
<tr>
<th>Rec Ref.</th>
<th>Recommendation</th>
<th>Progress in 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To ensure effective delivery of savings plans: Develop more detailed delivery plans to support cost improvement programmes.</td>
<td>Please see Strategic Priority 7. The Trust has delivered an ambitious programme of savings in 2017/18.</td>
</tr>
<tr>
<td>2</td>
<td>To strengthen asset management controls, address the required improvements identified in the WAO accounts report and Final Accounts Audit Memorandum.</td>
<td>A new asset management system has been purchased and the project plan is in implementation stage with data currently being cleansed ready for upload. Estimated completion date is 30th June 2018.</td>
</tr>
<tr>
<td>3</td>
<td>To strengthen arrangements for monitoring IMTP delivery: a. Give broader consideration of IMTP progress through the IMTP delivery and assurance group (iDAG), in addition to monitoring of strategic change programmes. b. Confirm whether scrutiny of IMTP delivery is to remain a function of the Board or to be supported through committee arrangements.</td>
<td>The iDAG had a “lessons learnt” and planning for 17/18 session on 13 February 2018. A revised approach on the monitoring of the IMTP is now in place, which picks up on the role of iDAG being wider. As a result: all IMTP strategic actions are now scrutinised by iDAG not just those managed by formal strategic change programmes; the performance ambitions identified in the plan which were previously managed via the quarterly review process has now been drawn into iDAG; and iDAG meetings have also been scheduled so that they follow Executive Finance Group meetings. This is to ensure a more seamless scrutiny of the service delivery element of the plan and the financial element.</td>
</tr>
<tr>
<td>4</td>
<td>To further enhance Board and Committee governance arrangements and internal controls: a. Ensure that receipt of committee papers is consistently timely. b. Define criteria for what constitutes open/closed meeting agenda items. c. Develop more consistent use of self-assessment as a tool for reviewing the effectiveness of committees, as well as the Board.</td>
<td>There is a clear process for the timely submission of Board and Committee papers. Clear criteria have been introduced for what constitutes open and closed agenda item. A self-assessment tool has been introduced. A Quest Planning Day was held in September and the Terms of Reference for the Quality Steering Group (QSG) agreed. This maps the sub-groups reporting into the QSG and thus the Quest Committee.</td>
</tr>
<tr>
<td></td>
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<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td>d. Complete the mapping of management sub-groups and the flow of assurances to the Quality, Patient Experience and Safety Committee (QUEST) e. Develop the counter-fraud service so that</td>
<td>Arrangements to improve local counter-fraud services were already well progressed, with much improved reporting noted at the Audit Committee in December 2016. A full time Local Counter Fraud Manager was appointed during 2017/18.</td>
<td></td>
</tr>
<tr>
<td>5 To strengthen monitoring and scrutiny of progress against audit recommendations: a. Ensure the tracker tool includes all audit recommendations. b. Consider use of summary information and broader executive attendance at Audit Committee to enhance scrutiny of progress.</td>
<td>These actions were implemented during 2017/18, with the information for this section of the Annual Report being drawn from the updated tracker.</td>
<td></td>
</tr>
<tr>
<td>6 To ensure all prescribed information is publically accessible, assess the content and accessibility of the Trust website to confirm that the requirements of the Welsh Health Circular (2016) 033 are being fully met.</td>
<td>The work to ensure the Trust is complying with WHC (2016) 033 was already significantly underway, prior to this recommendation. This recommendation was completed during 2017/18 and removed from the Audit Committee Tracker.</td>
<td></td>
</tr>
<tr>
<td>7 To ensure clear and up to date Trust policies and procedures are in place: a. Develop a ‘policy on policies’ specifying the agreed process for reviewing, updating and approving policies. b. Complete the review, updating and approval of key policies which are currently out of date, including information security policies and ICT standard operating procedures.</td>
<td>A ‘Policy on Policies’ has been agreed with Board and a significant amount of work has been undertaken on updating key policies on a prioritised basis. The Trust’s Audit Committee decided to remove this item from its audit recommendation tracker in 2017/18, as complete.</td>
<td></td>
</tr>
<tr>
<td>8 To reduce the cost of sickness and build workforce skills and capacity, take further action to reduce sickness levels and increase completion rates for mandatory training and personal appraisal and development reviews (PADRs).</td>
<td>The Trust undertook a range of actions to improve these metrics during 2017/18, for example, the Trust’s sickness absence plan has been reviewed and refreshed; sickness targets have been reissued to directorates, monthly reporting of PADRs at all levels of the Trust (in line with other targets), a clear expectation of leaders to focus on the quality of the relationships with between colleagues and their managers and the Trust undertook a statutory and mandatory challenge to encourage staff to improve compliance, which has proved successful, but with further work still to do.</td>
<td></td>
</tr>
</tbody>
</table>
Despite these efforts, the Trust’s sickness rate was above target during 2017/18 and the PADR rate was stable year on year, but below the Welsh Government target of 85%. The Trust’s statutory and mandatory training rate was above 80% in every month, with the exception of March 2018, when it dipped to 76.5%.

| 9  | To fully address previous structured assessment recommendations for strengthening board assurance by the intended date of 31 March 2017, maintain pace to:  
   a. Fully implement the risk management framework and consistent application of risk scoring.  
   b. Complete board assurance mapping and the documenting and approval of the Board Assurance Framework. | During 2017/18, the Trust established a Risk Register Advisory Group to support corporate and operational teams through the risk maturity process and to support consistency in risk assessing and scoring.  
A Board Assurance Framework was agreed with Board during 2017/18. The Trust’s Audit Committee agreed to close this recommendation on its recommendation tracker, as complete. |
| 10 | To ensure the Trust is making the best use of its estate, complete development of an up-to-date estates strategy by the intended date of 31 March 2017. | The Trusts Strategic Outline Programme (SOP) for the Estate 2017 was submitted and endorsed by Welsh Government, during 2017/18. A programme board was established to direct investment towards operational and business priorities. |

The 2017 Structured Assessment made nine recommendations, published in January 2018. A summary of the recommendation and progress made to date, again reported through the Audit Tracker.

A full report on progress on these nine recommendations will be made in the 2018/19 Performance Report.

A Clinical Risk Assurance Review was undertaken by the National Collaborative Commissioning Unit (NCCU), on behalf of EASC, in 2016/17 with the report published in May 2017 to provide assurance that the staff, policies and practice of the Trust were delivering the CQDF’s Core Requirements, in particular, ensuring safe and high quality services supported by a culture that is focused on risk awareness, reporting and mitigation. The Review took place between July 2016 and March 2017. A report and improvement plan was issued in May 2017 and identified a range of recommendations for improvement. The Trust’s Medical Director and Director of Quality, Safety & Patient Experience have provided regular updates to the National Collaborative Commissioning Unit and via the quarterly Quality Assurance report to the QUEST Committee. The Trust’s progress on the 24 recommendations is set out below:-
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Status</th>
<th>Next Step</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Trust to prioritise the review of policies to ensure all policies, procedures and guidance are fit for purpose and current.</td>
<td>Completed October 2017.</td>
<td>-</td>
</tr>
<tr>
<td>The Trust to review the risk management strategy and provide an update on risk maturity.</td>
<td>Due to be closed June 2018.</td>
<td>Agreed this action would be closed with the Risk Strategy going to QUEST May and then Trust Board for approval</td>
</tr>
<tr>
<td>The Trust to review control and assurance measures across all clinical risks recorded in the corporate risk register to assess impact on the risk rating.</td>
<td>Completed October 2017.</td>
<td>-</td>
</tr>
<tr>
<td>The Trust to ensure clinical risk score targets are met wherever possible.</td>
<td>Due to be closed March 2018.</td>
<td>It was agreed that this would be closed March 2018.</td>
</tr>
<tr>
<td>The Trust to review rise in complaints from 2016-2017 and determine cause and put in place a management plan to reduce complaints</td>
<td>Completed November 2017.</td>
<td>-</td>
</tr>
<tr>
<td>The Trust to ensure Concerns Implementation Plan is implemented within the timescale allocated.</td>
<td>Completed October 2017.</td>
<td>-</td>
</tr>
<tr>
<td>The Trust to provide an update on progress with the rollout of Omnicell (secure medicine cabinets in hospitals)</td>
<td>Completed to be closed 31 March 2018.</td>
<td>19 cabinets are now live, West Wales General will be the final cabinet to go live and that will be completed in April. A comprehensive End of Project Report has been written and it will be presented at the final Omnicell Project Board on 23rd May.</td>
</tr>
<tr>
<td>The Trust to undertake a compliance audit with the medicine management policy.</td>
<td>Completed January 2018 after final audit to be closed May 2018.</td>
<td>Health Board Clinical Leads that have now been appointed as part of the new clinical structure will be in a position to</td>
</tr>
<tr>
<td>Task</td>
<td>Status</td>
<td>Notes</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>The Trust to review data loss prevalence and quantify the risk that</td>
<td>Due to be closed</td>
<td>This action will now be closed as assurance has been provided with the implementation of snapshot audits being undertaken by the Clinical Audit Team. The results from the audits are being presented to the Information Governance Steering Group for information and monitoring, they are also shared with Clinical Team Leaders and Clinical Leads to remind staff that a patient care record (PCR) is to be completed for every clinical patient contact whether or not treatment is required.</td>
</tr>
<tr>
<td>this poses.</td>
<td>May 2018</td>
<td></td>
</tr>
<tr>
<td>The Trust to provide an update on historic records management.</td>
<td>Completed</td>
<td>Closed February 2018</td>
</tr>
<tr>
<td>The Trust to undertake a larger sample review to ensure validity of</td>
<td>Due to be closed</td>
<td>E-PCR project board being established by the Medical Director. ISICLE roll out plan to support staff feedback re PCR documentation. Assurance plan to be provided regards to the PCR audit programme. PCR</td>
</tr>
<tr>
<td>the review findings and the Trust to undertake regular review of</td>
<td>May 2018</td>
<td></td>
</tr>
<tr>
<td>clinical records at a team level focusing on legibility, completion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>accuracy, document and policy compliance and clinical assessment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Trust to ensure compliance with Mental Capacity Act (MCA) and Trust policy.</td>
<td>Due to be closed May 2018</td>
<td>MCA internal review of policy, in particular, to be considered for patients with the issue of an internal bulletin on new guidance.</td>
</tr>
<tr>
<td>The Trust to review Paramedic Pathfinder compliance and the associated policy.</td>
<td>Due to be closed May 2018</td>
<td>Completion date changed to May 18 for Manchester Triage System pilot evaluation report.</td>
</tr>
<tr>
<td>The Trust to undertake cross-check of incident and PCR’s to ensure records are available for all appropriate incidents.</td>
<td>Due to be closed May 2018</td>
<td>Linked to recommendation 9 with Medical Director to provide a copy of retrieval audit reports.</td>
</tr>
<tr>
<td>The Trust to develop a robust, auditable process of ensuring individual staff have accessed, read and understood all clinical practice and patient safety notices.</td>
<td>Due to be closed May 2018</td>
<td>Action being reported via Quality Steering Group May 2018.</td>
</tr>
<tr>
<td>The Trust to undertake appropriate follow up reviews to ensure clinical updates and patient safety notices have been embedded in normal practice.</td>
<td>Due to be closed May 2018</td>
<td>Measure impact of patient safety notices issues by the Trust.</td>
</tr>
<tr>
<td>The Trust to consider the introduction of a professional regulation policy for paramedics.</td>
<td>Due to be closed July 2018</td>
<td>Development of professional regulation policy for paramedics.</td>
</tr>
<tr>
<td>The Trust to review statutory and mandatory compliance and to set clear compliance requirements across each staff group.</td>
<td>Completed October 2017</td>
<td>-</td>
</tr>
<tr>
<td>The Trust to ensure improvement in PADR requirements and ensure effective use of CPD hours.</td>
<td>Completed January 2018</td>
<td>-</td>
</tr>
<tr>
<td>The Trust must develop a quality assurance mechanism for providers working on their behalf.</td>
<td>Due to be closed May 2018</td>
<td>Service Level Agreement template designed. Review May 2018.</td>
</tr>
<tr>
<td>The Trust to continue to improve the delivery of safeguarding training.</td>
<td>Completed October 2017</td>
<td>-</td>
</tr>
</tbody>
</table>
| The Trust to review the current safeguarding referral process and improve links between the CAD, PCR and referral form to reduce information loss. | Due to be closed 31\textsuperscript{st} March 2018 | Report to EMT in January 2018 with approved plan for safeguarding referral process with a fax to e mail solution. There have been a range of issues with developing this change process. As a result of a meeting with the Head of ICT on 9 April 2018 the following solutions were identified:  
- Head of ICT to scope costs to replace all fax machines at stations (not involved in the tablet trials) with photocopier scanners;  
- Safeguarding Team to provide a web version of the referral form for upload to mobile devices;  
- trial to commence when forms uploaded to all mobile tablet devices (approx. 150) and fixed tablet devices (approx. 40) in the North region. |

| The Trust to ensure compliance with the Prevention and Control of Healthcare Associated Infections policy | Completed December 2017 | - |

A Healthcare Inspectorate Wales Governance Review was undertaken in 2016/17 with the report published in May 2017. The effectiveness of governance arrangements were considered across the Trust in managing and learning from: complaints; concerns, reporting and management of incidents, commissioned reviews, compliance with Health and Care Standards, role of the QUEST committee in providing assurance regarding safeguarding and improving patient safety.
A report and improvement plan was issued in May 2017 and identified 3 recommendations for improvement.

These recommendations are monitored by the Trust Quality Steering Group by the Director of Quality, Safety & Patient Experience via the quarterly Quality Assurance report to the Quality Patient Experience and Safety Committee. The recommendations, status and next steps are set out in the following table:

Table 64 – HIW Governance Inspection Recommendations

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Status</th>
<th>Next Step</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust to inform HIW how action will be taken to ensure that staff are provided with mental health training, specifically to assist clinical contact centre staff in the handling of callers with mental health issues</td>
<td>April 2018</td>
<td>Mental Health Improvement plan approved May 2017. Recurrent revenue budget of £100,000 secured from January 2018. Head of Mental Health appointed to commence April 2018. Training programme planned for 2018/19.</td>
</tr>
<tr>
<td>Trust to provide an update on action taken to improve Datix system that would provide a facility to close and save input prior to completion</td>
<td>April 2018</td>
<td>The Trust has been working with Welsh Government on the “Once for Wales” approach for a single system for reporting concerns/risk. The Trust continues to engage with this project into 2018/19</td>
</tr>
<tr>
<td>Trust to inform HIW how action will be taken to ensure that staff that report an incident, receive feedback outlining the outcome of their submission</td>
<td>April 2017</td>
<td>The approval of the clinical structure and appointment to key posts is the vehicle to support feedback to staff re patient safety reported incidents. The Trust team leader programme has focused on the importance of providing timely feedback to staff from incident reporting. Monitored via staff engagement and Executive/Non</td>
</tr>
</tbody>
</table>
Further Information

For further information on the Trust's delivery of the IMTP 2017-20 please click on the following links:-

Table 65 - IMTP Delivery Report

<table>
<thead>
<tr>
<th>Board Date</th>
<th>Data Period</th>
<th>Board Agenda Item</th>
<th>Link to Board Papers</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 September 2017</td>
<td>Quarter 1</td>
<td></td>
<td>SBAR IMTP Delivery Report Q1.pdf</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Appendix 1 - IMTP Delivery Qtr 1 Summ</td>
</tr>
<tr>
<td>14 December 2017</td>
<td>Quarter 2</td>
<td></td>
<td>SBAR IMTP Delivery Report Q2.pdf</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Appendix 1 - IMTP Delivery Qtr 2 Summ</td>
</tr>
<tr>
<td>14 March 2018</td>
<td>Quarter 3</td>
<td></td>
<td>SBAR IMTP Delivery Report Q3.pdf</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Appendix 1 - IMTP Delivery Qtr 3 Summ</td>
</tr>
<tr>
<td>19 July 2018</td>
<td>Quarter 4</td>
<td></td>
<td>SBAR IMTP Delivery Report Q4.pdf</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Appendix 1 - IMTP Delivery Qtr 4 Summ</td>
</tr>
</tbody>
</table>

The Trust reports delivery against its IMTP each quarter to Board. The year-end report will be reported to July Board and made available on the Trust’s website. The IMTP delivery report, reports progress against the Strategic Actions in the IMTP and the Trust’s Performance Ambitions. A summary is provided of the Trust’s progress against the Performance Ambitions on the following pages:-
## Performance Ambitions Outturn 2017/18

### Quality at the Heart

<table>
<thead>
<tr>
<th>Measurable Ambition</th>
<th>Baseline Q3 2016/17</th>
<th>2017/18 Ambition</th>
<th>Frequency of Reporting</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Sep-17</th>
<th>Oct-17</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Jan-18</th>
<th>Feb-18</th>
<th>Mar-18</th>
<th>RAGYE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery of the Mental Health Improvement plan</td>
<td>Plan agreed</td>
<td>Mental health Improvement Plan Status: Aware</td>
<td>Quarterly</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>G</td>
<td></td>
</tr>
<tr>
<td>Embedding Improving Quality Together (IQT)</td>
<td>486 staff bronze trained</td>
<td>Gradually developing and building capacity and capability</td>
<td>Quarterly</td>
<td></td>
<td></td>
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<td>G</td>
<td></td>
</tr>
<tr>
<td>Improving Infection Prevention &amp; Control</td>
<td>IPC Aware</td>
<td>IPC Defined</td>
<td>Quarterly</td>
<td></td>
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<td>G</td>
<td></td>
</tr>
<tr>
<td>RED 8 Minute Performance</td>
<td>77.3%</td>
<td>65.0%-75.0%</td>
<td>Monthly</td>
<td>80.50%</td>
<td>79.40%</td>
<td>79.20%</td>
<td>78.00%</td>
<td>78.60%</td>
<td>76.80%</td>
<td>75.90%</td>
<td>73.30%</td>
<td>70.00%</td>
<td>69.70%</td>
<td>69.00%</td>
<td>69.60%</td>
<td>G</td>
<td>Outturn: 74.6%</td>
</tr>
<tr>
<td>RED Performance by LHB</td>
<td>57.1%-87.5%</td>
<td>Performance 65% for all LHBs, variation decreasing; but dependent on demand and capacity modelling work.</td>
<td>Monthly</td>
<td>C&amp;V - 86.5%</td>
<td>Powys - 72.5%</td>
<td>C&amp;V - 82.7%</td>
<td>Cem Taf - 71.7%</td>
<td>C&amp;V - 86.6%</td>
<td>Powys 67.6%</td>
<td>C&amp;V - 84.6%</td>
<td>Powys - 70.8%</td>
<td>C&amp;V - 84.5%</td>
<td>Powys - 69.2%</td>
<td>C&amp;V 83.1%</td>
<td>Powys 54.0%</td>
<td>C&amp;V 77.8%</td>
<td>C&amp;V 78.1%</td>
</tr>
<tr>
<td>Fracture hip/femur who are documented as receiving analgesia</td>
<td>81.2%</td>
<td>90%</td>
<td>Quarterly</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>A</td>
</tr>
<tr>
<td>Acute coronary syndrome patients who are documented as receiving appropriate STEMI care bundle</td>
<td>64.9%</td>
<td>75%</td>
<td>Quarterly</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>A</td>
</tr>
<tr>
<td>Measurable Ambition</td>
<td>Baseline 2016/17</td>
<td>2017/18 Ambition</td>
<td>Frequency of Reporting</td>
<td>Apr-17</td>
<td>May-17</td>
<td>Jun-17</td>
<td>Jul-17</td>
<td>Aug-17</td>
<td>Sep-17</td>
<td>Oct-17</td>
<td>Nov-17</td>
<td>Dec-17</td>
<td>Jan-18</td>
<td>Feb-18</td>
<td>Mar-18</td>
<td>RAGYSR</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>---------------------</td>
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</tr>
<tr>
<td>Reducing the % of staff who feel bullied, harassed or abused at work</td>
<td>45%</td>
<td>Impact reducing across the period - measurement subject to further local or national staff survey</td>
<td>November</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Outturn: 52%</td>
<td></td>
</tr>
<tr>
<td>Increasing % of staff who would recommend Trust as a place to work</td>
<td>48%</td>
<td>Impact reducing across the period - measurement subject to further local or national staff survey</td>
<td>Quarterly / Trigame or index / Pulse survey</td>
<td>58%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Outturn: 25%</td>
<td></td>
</tr>
<tr>
<td>Reducing the % of staff who feel bullied, harassed or abused at work by a colleague</td>
<td>21%</td>
<td>Impact reducing across the period - measurement subject to further local or national staff survey</td>
<td>November</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Outturn: 25%</td>
<td></td>
</tr>
<tr>
<td>Staff Engagement / Index score</td>
<td>54%</td>
<td>Monthly</td>
<td>Quarterly / engagement to index / Pulse survey</td>
<td>59%</td>
<td>68%</td>
<td>68%</td>
<td>68%</td>
<td>68%</td>
<td>68%</td>
<td>68%</td>
<td>68%</td>
<td>68%</td>
<td>68%</td>
<td>68%</td>
<td>68%</td>
<td>Outturn: 59%</td>
<td></td>
</tr>
<tr>
<td>% of Team leaders who have completed the leadership programme</td>
<td>0%</td>
<td>Monthly</td>
<td>Cohort 1 - 7% of team leaders commenced leadership programme (11/225)</td>
<td>Cohort 2 - 13% of team leaders commenced leadership programme (30/225)</td>
<td>Cohort 3 - 19% of team leaders commenced leadership programme (43/225)</td>
<td>Cohort 4 - 28% of team leaders commenced leadership programme (67/225)</td>
<td>Cohort 5 - 39% of team leaders commenced leadership programme (80/225)</td>
<td>Cohort 6 - 45% of team leaders commenced leadership programme (80/225)</td>
<td>Cohort 7 - 49% of team leaders commenced leadership programme (80/225)</td>
<td>Cohort 8 - 55% of team leaders commenced leadership programme (80/225)</td>
<td>Cohort 9 - 65% of team leaders commenced leadership programme (80/225)</td>
<td>Cohort 10 - 69% of team leaders commenced leadership programme (80/225)</td>
<td>Cohort 11 - 75% of team leaders commenced leadership programme (80/225)</td>
<td>Cohort 12 - 81% of team leaders commenced leadership programme (80/225)</td>
<td>N/A</td>
<td>Outturn: 29%</td>
<td></td>
</tr>
<tr>
<td>Development of partnerships: to measure feedback on Net Direct Wales website</td>
<td>27</td>
<td>Monthly</td>
<td>Cohort</td>
<td>Reduction by 75% per cohort</td>
<td>Monthly</td>
<td>59%</td>
<td>82%</td>
<td>83%</td>
<td>74%</td>
<td>61%</td>
<td>58%</td>
<td>62%</td>
<td>63%</td>
<td>NEW CAD</td>
<td>NEW CAD</td>
<td>NEW CAD</td>
<td>NEW CAD</td>
</tr>
<tr>
<td>Bear and Hunt</td>
<td>7%</td>
<td>Monthly</td>
<td>Cohort</td>
<td>Reduction by 75% per cohort</td>
<td>Monthly</td>
<td>59%</td>
<td>82%</td>
<td>83%</td>
<td>74%</td>
<td>61%</td>
<td>58%</td>
<td>62%</td>
<td>63%</td>
<td>NEW CAD</td>
<td>NEW CAD</td>
<td>NEW CAD</td>
<td>NEW CAD</td>
</tr>
<tr>
<td>Reducing impact of frequent calls through appropriate management on an individual basis</td>
<td>22%</td>
<td>Monthly</td>
<td>Cohort</td>
<td>Reduction by 75% per cohort</td>
<td>Monthly</td>
<td>59%</td>
<td>82%</td>
<td>83%</td>
<td>74%</td>
<td>61%</td>
<td>58%</td>
<td>62%</td>
<td>63%</td>
<td>NEW CAD</td>
<td>NEW CAD</td>
<td>NEW CAD</td>
<td>NEW CAD</td>
</tr>
<tr>
<td>Number of internal bookings received for 2017/18</td>
<td>22%</td>
<td>Monthly</td>
<td>Cohort</td>
<td>Reduction by 75% per cohort</td>
<td>Monthly</td>
<td>59%</td>
<td>82%</td>
<td>83%</td>
<td>74%</td>
<td>61%</td>
<td>58%</td>
<td>62%</td>
<td>63%</td>
<td>NEW CAD</td>
<td>NEW CAD</td>
<td>NEW CAD</td>
<td>NEW CAD</td>
</tr>
<tr>
<td>Finance - Break even Duty</td>
<td>20%</td>
<td>Monthly</td>
<td>Cohort</td>
<td>Reduction by 75% per cohort</td>
<td>Monthly</td>
<td>59%</td>
<td>82%</td>
<td>83%</td>
<td>74%</td>
<td>61%</td>
<td>58%</td>
<td>62%</td>
<td>63%</td>
<td>NEW CAD</td>
<td>NEW CAD</td>
<td>NEW CAD</td>
<td>NEW CAD</td>
</tr>
<tr>
<td>Number of attendance at key stakeholder events</td>
<td>45%</td>
<td>To show a year on year increase in the number of appropriate events attended</td>
<td>Quarterly / Agg</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>Outturn: 314</td>
</tr>
<tr>
<td>Number of community / Co Responder attendance on scene</td>
<td>4,766</td>
<td>Quarterly / Agg</td>
<td>4,922</td>
<td>5,168</td>
<td>4,916</td>
<td>5,038</td>
<td>4,916</td>
<td>5,038</td>
<td>4,916</td>
<td>5,038</td>
<td>4,916</td>
<td>5,038</td>
<td>4,916</td>
<td>5,038</td>
<td>4,916</td>
<td>Outturn: 20,084</td>
<td></td>
</tr>
</tbody>
</table>
**Ambulance Quality Indicators**

Each Local Health Board receives a performance indicator dashboard to ensure consistent reporting in their annual reports. The Trust is not a Local Health Board and is a commissioned service by the Local Health Boards; consequently, Welsh Government do not issue a dashboard to the Trust. Whilst no dashboard exists, the Trust is amongst the most transparent ambulance services in the World, with the publication of the quarterly AQIs by EASC.


Whilst no Welsh Government dashboard for the Trust exists, the Trust does report its performance to Welsh Government, against a range of measures. This information can be provided on requests. Similarly, the Trust have developed its own dashboard, which is reported to each Board as part of the Quality & Performance Report. This report can be found on the Trust’s website or is available on request.

**Performance Report Contact Details**

Should you require any further information on this Performance Report, please contact:-

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07788 183961