

## Bundle Finance and Performance OPEN 16 May 2022

### Agenda attachments

#### ITEM 0 Open F and P Draft Agenda - 16 May 2022.docx

- 0 OPENING ITEMS
- 1 09:30 - Chair's welcome, apologies, and confirmation of quorum
- 2 09:31 - Declarations of interest
- Members are reminded that they should declare any personal or business interests which they have in any matter or item to be considered at the meeting which may influence, or may be perceived to influence their judgement, including interests relating to the receipt of any gifts or hospitality received. Declarations should include as a minimum, personal direct and indirect financial interests, and normally also include such interests in the case of close family members. Any declaration must be made before the matter is considered or as soon as the Member becomes aware that a declaration is required.*
- The board noted the standing declarations of interest in respect of: (If in attendance)*
- Professor Kevin Davies, Trustee of St John Cymru*
- Ceri Jackson, Trustee of the Stroke Association*
- 3 09:32 - Minutes of last meeting
- ITEM 3 OPEN F and P Minutes 17 March 2022 V3.doc
- 4 09:33 - Action log and matters arising
- No Actions due at this time*
- 4.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 5 09:35 - Operations Quarterly Report
- ITEM 5 Ops Directorate Quarterly Report for Committees 21-22 Q4 FINAL.pdf
- 6 09:50 - Financial Performance Year end 2021/22
- ITEM 6 Finance Report Month 12 - FPC FINAL.docx
- ITEM 6.1.xlsx
- ITEM 6.2 B9BB7806.pdf
- 7 10:05 - Financial Position for Month 1 - PRESENTATION
- 8 10:15 - Post Production Lost Hours – Deep Dive report
- ITEM 8 PPLH Deep Dive May 2022 FINAL F&P.pdf
- 9 10:45 - Monthly Integrated Quality and Performance Report
- ITEM 9 MIQPR SBAR March April 2022.docx Final.docx
- ITEM 9.1 Annex 1 MIQPR March April 2022.pptx Final.pdf
- 10 11:05 - Integrated Medium Term Plan 2022-25: Outturn for 2021/22
- ITEM 10 Executive Summary - IMTP 2021-22 Delivery Tracker FandP May 22.docx
- ITEM 10.1 Appendix 1\_IMTP Delivery Programmes Assurance Report March 2022 (1).docx
- ITEM 10.2 Appendix 2 Deliverables Tracker Detail Q4 2021-22 Ambitions.docx
- ITEM 10.3 Appendix 3 Deliverables Tracker Detail Q4 2021-22 Enablers.docx
- 11 11:25 - Risk Management and Board Assurance Framework
- ITEM 11 Executive Summary Risk Management Report F&P 160522.docx
- 11.1 11:35 - COMFORT BREAK
- 12 11:45 - Project Assessment Review report – Mobile Vehicle Data Solutions
- ITEM 12 Executive Summary (MDVS PAR Review 1.0)-AHdocx.docx
- ITEM 12.1 Annex 1.docx
- ITEM 12.2 Annex 2.docx
- ITEM 12.3 Annex 3.doc
- 13 12:05 - Environment and Sustainability Update
- ITEM 13 FPC update May 22 16.05.22\_Final.docx
- 14 12:15 - International Financial Reporting Standard (IFRS) 16 - Lease Accounting
- ITEM 14 IFRS16 Briefing FP 160522.docx

ITEM 14.1 Annex 1 - IFRS 16 Presentation.pdf

15 12:25 - Internal Audit Tracker Report to include Internal Audit reports:

*NOTE: Internal Audit Tracker circulated separately by email*

*15.1 Digital Governance*

*15.2 Cardiff Make Ready Depot*

*15.3 NEPTS Transfer of Operations*

ITEM 15 Executive Summary F&P - Internal Audit Report 160522.docx

ITEM 15.2 Final Report WAST Cardiff Make Ready Depot v1.0 (3).pdf

ITEM 15.3 WAST\_2122-014\_NEPTS Transfer of Operations\_Final Internal Audit Report\_for Trust\_for Trust issue.pdf

ITEM 15.4 WAST\_2122-13\_Digital Governance\_Final Internal Audit Report.pdf

15.1.1 CLOSING ITEMS

16 12:40 - Key messages for Board

17 12:43 - Any other business

18 Date and time of next meeting;

*18 July 2022 at 09:30*



## MEETING OF THE OPEN FINANCE AND PERFORMANCE COMMITTEE

Held on 16 May 2022 from 09:30 to 12:45

Meeting held virtually via Microsoft Teams

### AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
<b>OPENING ITEMS</b>					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Kevin Davies	Verbal	5 Mins
2.	Declarations of interest	Information	Kevin Davies	Verbal	
3.	Minutes of last meeting	Approval	Kevin Davies	Paper	
4.	Action log and matters arising	Review	Kevin Davies	Paper	
<b>ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION</b>					
5.	Operations Quarterly Report	Assurance	Lee Brooks	Paper	15 Mins
6.	Financial Performance Year end 2021/22	Assurance	Chris Turley	Paper	15 Mins
7.	Financial Position for Month 1	Assurance	Chris Turley	Presentation	10 Mins
8.	Post Production Lost Hours – Deep Dive report	Assurance	Rachel Marsh	Paper	30 Mins
9.	Monthly Integrated Quality and Performance Report	Information	Rachel Marsh	Paper	20 Mins
10.	Integrated Medium Term Plan 2022-25: Outturn for 2021/22	Assurance	Rachel Marsh	Paper	20 Mins
11.	Risk Management and Corporate Risk Register	Assurance	Julie Boalch	Paper	10 Mins
<b>COMFORT BREAK: 11:35 to 11:45</b>					
12.	Project Assessment Review report – Mobile Vehicle Data Solutions	Assurance	Andy Haywood/ Keith Williams	Paper	20 Mins
13.	Decarbonisation and Sustainability Update	Assurance	Chris Turley	Paper	10 Mins
14.	International Financial Reporting Standard (IFRS) 16 - Lease Accounting	Information	Chris Turley	Paper	10 Mins
15.	Internal Audit Tracker Report to include Internal Audit reports:  15.1 Digital Governance 15.2 Cardiff Make Ready Depot 15.3 NEPTS Transfer of Operations	Assurance	Julie Boalch	Paper	15 Mins
<b>CLOSING ITEMS</b>					
16.	Key messages for Board	Discussion	Kevin Davies	Verbal	5
17.	Any other business	Discussion	Kevin Davies	Verbal	



18.	Date and time of next meeting; 18 July 2022 at 09:30	Information	Kevin Davies	Verbal	
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### Lead Presenters

Name	Position
Chris Turley	Executive Director of Finance and Corporate Resources
Kevin Davies	Chair and Non Executive Director
Lee Brooks	Director of Operations
Trish Mills	Board Secretary
Julie Boalch	Head of Risk and Corporate Governance
Rachel Marsh	Director of Strategy, Planning and Performance
Andy Haywood	Director of Digital
Keith Williams	Head of Operational Communications Programme

## UNCONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 17 March 2022 VIA TEAMS

**Chair: Emrys Davies**

### **PRESENT :**

Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Ceri Jackson	Non Executive Director

### **IN ATTENDANCE:**

Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Director of Operations
Andy Haywood	Director of Digital Services
Fflur Jones	Audit Wales
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rhian Lewis	Internal Audit NWSSP
Rachel Marsh	Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Chris Turley	Executive Director of Finance and Corporate Resources

### **APOLOGIES**

Joga Singh	Non Executive Director
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## **14/22 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. He advised the Committee this would be his last meeting adding that Professor Kevin Davies would chair subsequent meetings. The declaration of interest in respect of Mr Emrys Davies as a retired member of Unite, Ceri Jackson as a Trustee of the Stroke Association and Professor Kevin Davies as a Trustee of St John Cymru was noted.

### **Minutes**

The minutes of the open session held on 20 January 2022 were considered by the Committee and agreed as a correct record.

### **Action Log**

The action log was considered:

Action Number 05/22a – Further details in respect of Ombudsman investigations. Details were provided, Action closed.

Action Number 05/22b – A deep dive was requested into the performance relating to the Trust's 'Shift Left' activity. A report was on the agenda, Action closed.

Action added from previous meeting: 05/22c, the Committee formally requested that the issues of performance relating to PADR's and Ombudsman cases were referred to the People and Culture Committee and Quest Committee respectively for further analysis. Action was forwarded to the respective Committees.

**RESOLVED: That**

- (1) the Minutes of the open and closed meeting held on were confirmed as a correct record;**
- (2) the declaration of interests as stated were noted; and**
- (3) the action log was considered and updated as described.**

**15/22 OPERATIONS QUARTERLY REPORT**

Lee Brooks provided a verbal update and drew the Committee's attention to the following:

1. In terms of pandemic related demand, Protocol 36, which was being used as the pandemic protocol for 999 call handling had been removed in its entirety - the emerging infectious disease protocol tool was now being used to track any potential cases.
2. The Trust will be transitioning from the response phase monitor position to the recovery phase from Monday, recognising there had been a slight increase in Covid cases, however at this stage it was not suggested this was creating further direct pressure for the Trust.
3. The extraction of military support commences from Monday 21 March and by the end of March support will have fully concluded. At this stage the Trust was not considering any further military support from April. It was highly likely that pressures on the system would continue in turn with impact for WAST for the next 8 weeks. The Trust continued to have dialogue with the Commissioner to consider other schemes that could be initiated in order to mitigate the pressures, such as St John and cohorting.
4. The EMS roster review continued to progress with good engagement between staff and project teams.
5. 111 went live in Cardiff and the Vale on 16 March 2022 and the data had already shown a positive response.
6. Progress on recruitment to support the Clinical Support Desk (CSD) continued at pace. At least of 18 of the 36 posts were operational with the remainder scheduled to be operational by the end of this month.
7. The roll out of the Emergency Communication Nurse System (ECNS) continued to progress well with a 'go live' date anticipated for by the middle of May. This will replace the existing Manchester Triage Tool System currently being used by CSD staff. The

ECNS is designed to work alongside the Medical Priority Despatch System and should reduce demand.

8. The Trust was currently engaged in a system wide NHS reset, part of this included the reduction, where safe to do so, of pressures the Trust might add at Emergency Departments. At this stage no tangible difference could be seen from the Trust's perspective in respect of improving pressures at the Emergency Departments.
9. Mobile Testing Units, it was unlikely this would continue beyond June and the Trust will look at redeploying those staff involved.
10. Business Continuity planning; the Trust was in the process of reviewing its current arrangements in light of the situation in Ukraine

Comments:

1. Abstraction of military assistance, was there still the same sense of risk from an Executive perspective in managing the demand from 1 April 2022? Lee Brooks was confident the Trust was alert to the risk, and also the Commissioner was clearly aware. In the meantime, the Trust would be moving to Resource Escalation Action Plan (REAP) level 4 on Friday 18 March.
2. Following a query in terms of the internal messaging around recovery, Lee Brooks gave a detailed explanation in which the aim was to transition into a business as usual position, recognising that this position currently was one of high pressure. He advised the Committee that a clear message would be relayed to staff going forward.
3. There appeared to be an increase of Covid in parts of Scotland and England, and the Committee noted that the Trust was aware to this and should it have to move out of position of recovery, plans were in place to implement this.

**RESOLVED: That the Committee noted the update and acknowledged the work of the Operations Directorate.**

16/22

## **QUALITY AND PERFORMANCE FRAMEWORK UPDATE**

1. Rachel Marsh informed the Committee that the purpose of the framework was to deliver the appropriate patient care and staff well-being through the application of quality and performance management practice; this framework provides that assurance and was for the Committee to endorse and recommend for approval by the Board.
2. The framework was built upon five component parts which were outlined below:
  - a. Setting aspirational and stretching objectives for the Trust
  - b. Developing a coherent set of performance measures
  - c. Implementing rigorous assurance and review mechanisms
  - d. Enabling positive ownership and accountability throughout the Trust
  - e. Providing resources and techniques to support individual and team achievement
3. The framework was designed to be dynamic and ensure that quality and performance management practice was continuously being improved.

Comments:

1. The Committee welcomed the framework acknowledging the work undertaken and looked forward to see the impact of its implementation and tangible improvements going forward.
2. The Committee noted that it had been engaged throughout the development of the framework as had the rest of the Committees and the Board as a whole through Board Development.

**RESOLVED: That the Committee:**

- (1) Endorsed and Recommended the Quality and Performance Management Framework 2022-2025 for approval by Trust Board; and**
- (2) Agreed to review the impact and implementation of the Framework after six months.**

**17/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE DASHBOARD**

Rachel Marsh presented the Committee with the February 2022 report and drew their attention to the following highlights:

1. Call answering times – this was measured by how fast the Trust was able to answer a 999 or 111 call. 999 call answering times remained a challenge and 111 call answering times had seen an improvement; the latter being linked to increased capacity and a focus on improving efficiency. Furthermore several actions were in place to improve these targets including the recruitment of additional call handlers.
2. 111 Clinical response – It was acknowledged that the clinical call back times continued to achieve the target for the higher priority calls, however there had been a decline in performance in December with the lower priority calls; it was noted that there were improvements to this in January and February.
3. Ambulance response times – Red and amber response times had improved in January/February, however the number of lost hours at hospitals remained extreme, which severely hampered the Trust's overall ability to respond. The Trust continued to work on initiatives to improve its performance through increasing capacity.
4. Hours produced – 115,339 EMS ambulance unit hours had been produced in February 2022 which equated to 110%.
5. Staff abstraction – abstraction levels had decreased in February, however, they remained very high at 41% against a benchmark was 30%.
6. Post Production Lost Hours – The Trust continued to work on improving this, accepting there were many reasons for the figures to vary. Andy Haywood added that further work was ongoing to ensure that the data was as accurate as possible.

**Comments:**

1. Members noted that an initial report on the workforce modernisation agenda had been presented to EMT in February and the Committee awaited any updates on progress in due course.

2. With respect to post production lost hours, Members sought to receive a breakdown to better understand the component parts at its next meeting. Rachel Marsh advised that the report contained a graph which provided the breakdown in respect of the hours used. Lee Brooks added there were avoidable and unavoidable reasons for lost hours; the cleaning of vehicles was used as an example. Rachel Marsh added that this Committee was responsible to monitor this particular indicator and Trish Mills concurred that it rightly sat with this Committee as opposed to the Quality, Patient Experience and Safety Committee where a similar discussion had taken place on post production lost hours.
3. Following a question regarding the 999 call handlers attrition rate was there any further information on this? Lee Brooks explained that generally, there were high attrition rates in Clinical Contact Centres (CCC), due to the high pressured environment; however not all staff leave the organisation, some move on to other internal posts.
4. In respect of the new rosters being based on a 30% abstraction rate, but with the abstraction rate currently at 41% what was the risk in implementing the new rosters if that abstraction rate would continue to be around 40%? Lee Brooks remarked that the risks would be that the roster would run short or by adding more overtime to mitigate the rates, costs would increase; neither of which scenario would be ideal. He added that the relief gap (the gap between the number of full time equivalent (FTE) staff budgeted to fill its Response rosters and the FTEs required to fill the rosters) was closing and should the Trust achieve all the measures it was expected to, 100% of the roster would be reached. He added it was crucial that the Trust continued to reduce its rates of staff absence.

**RESOLVED: That the Committee considered the February 2022 Integrated Quality and Performance Report and actions being taken and determined that the report provided sufficient assurance.**

18/22

## **RED ACTIVITY REVIEW**

1. Lee Brooks explained that the report had reviewed the drivers which had caused the increase in red demand and the actions taken to understand and respond to this increase. It was noted that red acuity incidents had increased in proportion to total verified incidents from 5% to 10% since November 2017.
2. As a result of a change in guidance from the International Academy of Emergency Dispatch (IAED), there had been a 1% increase from June 2019 with activity associated with ineffective breathing. The Trust therefore undertook a focussed audit in October 2020 to ensure that the red demand linked to ineffective breathing was still correctly prioritised in the Medical Priority Dispatch System (MDPS).
3. Lee Brooks advised Members that a further focussed audit on the application of breathing problems had been conducted and assured the Committee that the manner in which MDPS was being applied was correct.
4. Members were informed that breathing problems could be associated with other chief complaints such as falling; adding the seasonal impacts and Covid, had all contributed to the increase.
5. The audit had also shown an increase in breathing problems for patients aged between 0 and 4.

6. Other increases in red demand related to incidents involving overdose and poisoning falls associated with unconscious patients and cardiac, and patients with prolonged fitting.
7. Broadly speaking, Lee Brooks commented that these levels of red activity would continue for the foreseeable future.

Comments:

The Committee welcomed the informative and concise report

**RESOLVED: That**

- (1) **the outcome of the analysis of the red activity review was noted, and some additional work which included:**
  - a. **111/QSPE undertake further review of the origins and outcomes for 0-4yrs demand to understand any learning or systems changes that could better address this increasing Red emergency demand.**
  - b. **A clinical review of Red demand is commissioned to understand increased incidents associated with allergic reaction and to identify any trends in allergy triggers or clinical outcomes.**
  - c. **EMS Coordination continue to use focussed audit to explore areas identified for potential EMD learning.**
- (2) **there was no indication as a result of this review, save for some seasonal shifts for breathing problems, that red activity was likely to reduce to levels seen pre-IAED process change in 2019 was noted.**

**19/22 DEEP DIVE ON SHIFT LEFT ACTIVITY**

Hugh Bennett gave an overview of the report which was to inform the Committee of how the Trust was developing its shift left activity and drew attention to the following points:

1. The Trust continued to exceed the benchmark of 10.2% for the hear and treat rate.
2. The Trust had recently invested another 41 staff into the Clinical Support Desk (CSD) essentially doubling the current establishment of the CSD.
3. Around 50% of hear and treat has avoided a conveyance to hospital.
4. See and Treat, progress was being made with very low re-contact rates.
5. Senior paramedics were providing clinical ride outs in support of clinical practice and the positive impact on the reduction of conveyance.
6. The new Electronic Patient Clinical record will provide for a significantly improved clinical tool for response staff.
7. Current modelling has suggested that a combined shift left activity could reduce hand over lost hours by 8,000 per month.

Comments:

1. The Committee recognised the positive impact the Advanced Paramedics Practitioners were having on the shift left focus.
2. In response to the Trust's external communication messaging around the shift left initiative, Hugh Bennett explained that it was important to convey the message to the whole NHS system.

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

## **20/22 INTEGRATED MEDIUM TERM PLAN (IMTP) 2021-2024**

1. Rachel Marsh provided the Committee with an outline of the plan, recognising that it had been developed against the backdrop of the pandemic and that staff continued to work at pace. It was important to emphasise staff well-being and support going forward.
2. The IMTP illustrated several significant achievements during the last year which included; the uplift in frontline EMS staff, increasing the Clinical Support Desk (CSD) capacity by 50%, the roll out of the 111 service and completing the transfer of work in respect of Non Emergency Patient Transfer Service (NEPTS)
3. The IMTP sets out the mechanisms showing how the Trust will deliver, and track delivery of, the plan and ensure viability of the Trust's strategic ambitions which will be monitored through the Strategic Transformation Board.
4. It was of significant importance that the IMTP was mindful of the Commissioner's intentions and these were addressed within the plan.
5. Within the IMPT the feedback received from staff and patients and analysis of performance data had clearly shown that the long waiting times were having an effect on patient safety. The plan sets out a series of actions to address this issue. These were but not limited to; stabilising and sustaining the core 111 service, roll out of the 111 press 2 service, implementation of the new software system within 111 and maximising the impact of the additional number of clinicians with the CSD.
6. In terms of Emergency Medical Services, the immediate priority was to stabilise the service and improve response times to patients and reducing patient harm.
7. The Trust will also continue to work to reduce staff sickness levels to around 6% which was in line with the original demand and capacity review.
8. Work was also continuing with health boards and Welsh Government to increase the alternative pathways available which could provide care to patients closer to home and where appropriate avoiding hospital attendance or admission.
9. In respect of NEPTS, the Trust was continually working to improve productivity and efficiency and develop improved quality assurance mechanisms.
10. Another important element within the plan related to the Trust's work on being able to deliver its contribution to carbon neutrality by 2030.

Financial plan to support submission of the IMTP.

11. Chris Turley updated on the current position in relation to the continuing development of the 2022-25 financial plan. The Executive Management Team had again recently met to consider all actions to manage the current deficit forecast for 2022/23 and how to manage the costs in the context of the current resource envelope and that which is now expected to be funded going forward.,
12. Discussions continued with the Commissioner and Welsh Government to consider how to address the forecast deficit and to access any funding that could be made available.
13. All but one organisation across Wales had submitted a CEO accountable letter with a deficit forecast.
14. He added that, since the submission of an AO letter to WG at the end of February, WG had issued further correspondence this week that updated on some of the key financial planning principles for the coming financial year. This included that the increase in fuel costs and employers National Insurance will now be funded centrally, on an actual cost basis as we go through the 2022/23 financial year. This was currently estimated at £4m and therefore from a planning perspective these costs will be covered.
15. The Trust was therefore now much closer to being able to describe a balanced financial plan for next year; compared to just a few weeks ago.
16. Next steps include a further update expected from the Commissioner in terms of accessing further funding, and from that reframe the IMTP and following an EMT meeting on Monday, finalise the narrative which was hoped would now broadly describe a financial plan that was balanced. Chris Turley stated that whilst there will be risks going forward there was now much more confidence of being able to present a balanced financial plan to the Board next week.

#### Comments:

1. The Committee were reassured to hear the comments by Chris Turley in respect of the balanced budget. If not a balanced financial position it would be useful to identify the risks and more importantly what services, if any, the Trust would be standing down
2. Volunteering strategy, it was suggested there should be more narrative to include the significant amount of work carried out in this area and that the diversity element within the IMTP could be expanded.
3. Patient engagement and Putting Things Right (PTR), it was suggested that the commitment to quality and PTR was illustrated more explicitly. Rachel Marsh agreed to bring this detail more to the fore in terms of the language used to highlight this.
4. The Committee recognised that the context in which the Trust had and continued to operate in was clearly demonstrated within the plan. It was also noted that the Trust's ambitions were clearly illustrated.
5. It was requested that the wording on the top of page 27 in relation to the Cymru High Acuity response Unit (CHARU) be re-looked at.
6. It was also recommended that the details regarding Welsh Language be strengthened to accommodate the legislative requirements and regulations.

**RESOLVED: That the Committee noted the progress; and endorsed the submission of the IMTP to the Board subject to final amendments and the financial plan being**

included.

## 21/22 FINANCIAL POSITION FOR MONTH 11

Chris Turley provided the Committee with a presentation and highlighted the following points:

1. The cumulative year to date revenue financial position was a small underspend of £0.069m.
2. A donation of £0.185m was received during quarter 3 and would be included within the Trust's revenue income.
3. Members were updated on the financial performance broken down by each directorate.
4. Covid-19 revenue costs, the net year to date cost was £10.092m with the forecast for the end of year being £12.315m. These costs were fully funded by Welsh Government.
5. There was an increase in capital spend and it was expected there would be a balanced forecast going forward.
6. The Trust continued to work on the audit work in preparation for the Trust's 2021/22 annual accounts.

Comments:

The Committee were pleased to see that the Trust was in line to come in on budget with a slight underspend.

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

## 22/22 COMMITTEE EFFECTIVENESS REVIEW

1. Trish Mills reminded the Committee that Trust's Standing Orders and Committee Terms of Reference required that Board Committees evaluated their effectiveness annually and prepared an annual report to the Trust Board.
2. The Terms of reference had been reviewed in detail and the proposed changes included:
  - (a) Language had been altered to provide clarity on the Committee's strategic, scrutiny, and oversight role and the purpose has aligned to the delegated powers.
  - (b) Assurance on the post-implementation review (PIR) process had been added, with the Committee reviewing PIRs from time to time.
  - (c) Specific oversight of estates and fleet, environmental and sustainability, digital systems and strategy, and emergency preparedness, resilience and response have been added.
3. Furthermore the core membership had been increased to add the Director of Quality and Nursing to support the value based healthcare agenda, the Assistant Director of Workforce and Organisational Development, strengthening representation for all areas of performance on in the MIQPR, and the Director of Digital.

4. As part of the evaluation process a questionnaire was sent out to attendees; the feedback was analysed and several actions had arisen; the full details of these were listed within the report.
5. The Committee have also set some priorities for the forthcoming year in order to review its effectiveness and these would be tracked on a quarterly basis.

**RESOLVED: The Committee:**

- (1) Reviewed and approved changes to the Committee's Terms of Reference;**
- (2) Confirmed the proposed actions for issues raised in questionnaire; and**
- (3) Set the Committee's priorities for 2022/23.**

**23/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK (BAF) REPORT**

Julie Boalch raised the following key points for the Committee's attention:

1. The Audit committee had approved the request to suspend the reporting of the BAF for a period of three months; this will enable time to develop a transitional BAF and to realise the longer term ambitions of the BAF.
2. Risk ID 139 – Failure to deliver our Statutory Financial Duties in accordance with legislation has increased in score from 12 to 16.
3. The closure of Risk ID 109 and the increase in score of Risk ID 458 to 16.

**RESOLVED: The Committee:**

- a) Noted the suspension of the Board Assurance Framework for 3 months.**
- b) Noted the change in title of Risk 139 and the increase in score to 16.**
- c) Noted the closure of Risk 109 from the Corporate Register.**
- d) Noted the increase in score of Risk 458 to 16.**

**24/22 INTERNAL AUDIT TRACKER REPORT**

Julie Boalch drew the Committee's attention to the key highlights as follows:

1. There were currently 26 overdue recommendations directly relevant to the Committee; 4 of these were high priority but were due completion between April and July 2022.
2. Of the remaining overdue recommendations that were of a medium priority the majority of these due to be completed in March 2022.

Comments:

The Committee acknowledged the significant progress and noted that several recommendations would be closed at the end of March

**RESOLVED: The Committee**

- (1) Noted and considered the contents of the report;**

- (2) Considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to FPC.

## 25/22 DECARBONISATION UPDATE

1. Chris Turley updated the Committee on progress against the decarbonisation and sustainability work the Trust was currently undertaking.
2. The decarbonisation of NHS Wales had been structured into six main activity streams; Carbon management, buildings, transport, procurement, estates planning and approach to healthcare.
3. The Trust was required to comply with over 130 NHS wide strategic actions as well as 24 specific actions that required rapid completion
4. The Committee noted the significant amount of work that the action plan in response to the WG decarbonisation strategic delivery plan 2021-2030 had generated. The Committee were asked to approve the action plan which would be linked to the IMTP which the Board would have sight of.
5. There were several projects currently underway which were due for completion by the end of the financial year.

Comments:

The Committee recognised and were reassured by the way the Trust was managing the decarbonisation agenda

**RESOLVED: The Committee:**

- (1) Noted this update; and
- (2) Approved the WAST Action Plan for onward submission to Welsh Government in March 2022 alongside the Trust IMTP 2022/25, as required by WG.

## 26/22 VALUE BASED HEALTHCARE

Chris Turley explained that the majority of work in this area had been paused and would be restarted in the near future. Members noted that a fuller update would be provided at the meeting in July 2022.

**RESOLVED: That a progress update on the plans would be provided at the July 2022 meeting.**

## 27/22 POLICIES FOR APPROVAL

Chris Turley presented the Fire Safety Policy for the Committee's approval; adding that it had been subject to the appropriate governance procedures and was a refresh of the previous policy.

**RESOLVED: That the policy was approved.**

**28/22 KEY MESSAGES**

The Chair advised that the Board would be apprised of the following:

1. Handover delays remained extremely high.
2. Military withdrawal at the end of March 2022.
3. The good levels of hear and treat were noted.
4. The 2 week reset within the NHS had shown little improvement to date.
5. 111 had gone live in the Cardiff and Vale; all of Wales was now covered.
6. Concerns have been noted regarding amber calls
7. Red activity would continue at high levels
8. IMTP – recommended the plan to the Board subject to some minor revisions and the financial plan being finalised.
9. Financial position remained on track.
10. Risks; the BAF reporting had been suspended.
11. Decarbonisation – plans have been approved and recommended for Board.
12. Value based Healthcare – update planned for 18 July 2022 meeting.
13. The Fire policy was approved.

**29/22 ANY OTHER BUSINESS**

The Chair reminded the Committee it was his last meeting and thanked everyone for their valued support.

Chris Turley expressed his personal thanks for the Chair's contribution and overall support during his time with the Trust and also on behalf of all members of the Committee

**Date of next meeting: 16 May 2022**



## **OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2021-22 Q4**

### **❖ PANDEMIC RESPONSE**

Case rates of Covid 19 have continue to decline across Wales and Public Health Wales and Welsh Government have arguably commenced a transition from pandemic to endemic. Now that community transmission has declined and generally at steady and sustained pace, we have reviewed the use of the pandemic call handling protocol.

Protocol 36 was first de-escalated to the surveillance level on 24/02/22, with a subsequent removal of the protocol in its entirety and a move to EIDS (Emerging Infectious Diseases Surveillance) tool on 10<sup>th</sup> March 2022.

On 17<sup>th</sup> March 2022 the Senior Pandemic Team took forward a recommendation for the organisation to alter its position according to our Pandemic Plan. As a result, on 21<sup>st</sup> March 2022 the organisation transitioned from the Response Phase Monitor Position to the Recovery Phase of the Pandemic Plan. This coincided with a phased withdrawal of the military as part of military aid to civil agency arrangements with a full withdrawal of military colleagues that was effected by 31<sup>st</sup> March.

We place on record our full and unreserved thanks to our military partners for the support they have afforded the Trust since October 2021. Our Business Continuity and Recovery Team (BCRT) now has primacy for the organisation's recovery efforts.

The BA2 Omicron variant took hold as we moved toward the end of March, increasing staff absence to Covid in the region of 220. This occurred as military support wound down.

### **❖ EMERGENCY MEDICAL SERVICE (EMS)**

#### **EMS Roster Review**

The purpose of the EMS Roster Review project is to: deliver EMS Response rosters for Rapid Response Vehicles (RRV), Emergency Ambulance (EA) and Uniformed Care Service (UCS) aligned to patient demand; improve staff well-being and achieve an efficiency gain (not saving) of 72 FTEs, by December 2024.

A series of 'Working Parties 2' commenced on 17<sup>th</sup> January 2022. These were well attended by all staff groups. Feedback to the Project Board was that the sessions were positive and engaging with a number of questions posed from the attending representatives.

Working Parties are supported by Working Time Solutions Consultants (WTS) who assist the Operational Lead chairing the meeting, staff and TU colleagues engaged in the process. 'Working Parties 3' commenced on 28<sup>th</sup> February 2022. These further sessions provide an opportunity for staff to feedback on iterations of roster options with final amendments expected.

## **Cymru High Acuity Response Unit (CHARU)**

A series of CHARU drop-in roadshows were held on 24th and 25th February 2022. The purpose of the roadshows was to share further information for staff affected by the change. The CHARU resource type will be staffed by a paramedic who has successfully completed the training and education requirements.

The three-day training course will comprise of numerous assessments both written and practical on the latest evidence-based practice, adhering at all times to the policies and standards inherent within WAST. The course includes training and education in new medicines, additional equipment, technical and non-technical skills associated with clinical management of patients who have critical injuries or illnesses.

## **❖ RESOURCING & EMS COORDINATION**

Following the move from Response Phase Monitor position to the Recovery Phase of the Pandemic Plan, Contact Centres across WAST have eased lockdown restrictions to enable key educational, leadership, wellbeing and partnership working visits. Infection Prevention Control measures remain in place but this is a first step towards living with Covid.

EMS Coordination have been recruiting new Emergency Medical Dispatchers (EMDs) across all three Emergency Clinical Contact Centres, four cohorts of staff are nearing completion of their training in Carmarthen and Llanfairfechan with two further cohorts scheduled for later in March and early April for Vantage Point house.

As part of the Emergency Services Mobile Communication Programme (ESMCP) EMS Coordination teams have been supporting the project to implement a new control room solution for Integrated Communication Control Systems (ICCS). As we move to a planned transition in July 2022 the EMS Coordination team have taken the first steps by training 12 members of the team as instructors in the new LifeX software solution. As we move towards Q1 of 2022/23 these new instructors will be rolling out training across EMS Coordination, NEPTS and EMRTS and supporting key critical systems testing in readiness for the next stages towards transition.

## **❖ INTEGRATED CARE**

### **111 and 111 First Service**

Cardiff and Vale core 111 and '111 First' service went live on 16<sup>th</sup> March 2022. This marks the culmination of a six-year programme of roll out, as a result 111 is now live across Wales. This national platform provides the basis for 111 to continue towards the organisational ambition of 111 representing the 'Gateway to Care' in Wales.

### **EMS Physician Triage and Streaming (PTaS),**

Building on the success of the EMS Physician Triage and Streaming (PTaS), two trials using two different models have commenced in the 111 environment. One with the South West Clinical Support Hub and the second with Aneurin Bevan Health Board. Evaluation of both models is taking place to inform a wider 111 PTaS approach.

## **Clinical Support Desk (CSD)**

The expansion of the Clinical Support Desk (CSD) continues apace with 35.2FTEs of the additional 36FTEs recruited, 20FTEs of which are now trained and operating on the CSD with the rest expected by early April. Early indications are positive as this growth, combined with the 111 contribution, is showing increased consult and close outcomes. In March some daily levels have been as high as 14%. As the remaining 16FTEs become operational we expect this contribution to grow in volume.

## **Emergency Communication Nurse System (ECNS)**

Training of CSD staff in the new Emergency Communication Nurse System (ECNS) has commenced alongside other areas of the project. A go live date is being honed by the Project Board with a view to during May.

## **❖ NATIONAL OPERATIONS AND SUPPORT**

### **NHS Wales System Reset – WAST Coordination Group**

In response to broader health and social system pressures, a period of reset took place from 3<sup>rd</sup> March for two weeks. To coordinate the WAST response in support of the reset a coordination group was established. The WAST Coordination Group implemented a range of actions with our partners across the system to contribute to delivering the ambitions of the reset with particular focus on clinically safe admission avoidance. An internal debrief is scheduled to capture the learning from our approach with an emphasis on identifying the WAST activity that has been of most benefit, with a view to then considering the sustainability and appetite for continuation of support for these most beneficial activities.

### **Mobile Testing Unit Programme (MTU)**

The Mobile Testing Unit (MTU) Programme has been extended by Welsh Government until the end of June 2022. Welsh Government continues to determine testing needs for Wales, however in anticipation of the contract end we are now starting to consider our exit strategy and explore potential opportunities that may exist within the organisation for MTU staff who were employed on fixed term arrangements.

### **Volunteering**

Our very first National Volunteer Manager has been appointed – Jenny Wilson joined the Trust on 24<sup>th</sup> January 2022 and brings with her a wealth of knowledge and an extensive background in volunteering. Jenny is reviewing progress against the year one deliverables set out in the action plan which accompanied our Volunteer Strategy.

### **Business Continuity**

This year we are due a revision of our business continuity arrangements. Ahead of this revision, a lot of work has already been done, however, whilst there is not any specific threat we have brought forward some planning activity given events occurring with Europe at the moment. A tabletop exercise has been undertaken and in response, some further work is being completed to review plans, determine and agree critical systems and exercise these plans once again.



<b>AGENDA ITEM No</b>	<b>6</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

<b>Financial Performance as at Month 12 / year end 2021/22</b>
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<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	16 <sup>th</sup> May 2022
<b>EXECUTIVE</b>	Chris Turley (Executive Director of Finance & Corporate Resources)
<b>AUTHORS</b>	Navin Kalia (Deputy Director of Finance & Corporate Resources) Edward Roberts (Head of Financial Business Intelligence & Capital Planning)
<b>CONTACT</b>	Chris.Turley2@wales.nhs.uk

<b>EXECUTIVE SUMMARY</b>
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This paper presents to the Committee the Financial Performance Report of the 2021/22 financial year, as at Month 12 (March 2022) / year end.

The Committee is asked to review, note and receive assurance on the financial out turn position of the Trust for 2021/22, subject to audit and ahead of the Trust Board presentation of the 2021/22 accounts in June 2022.

<b>KEY ISSUES/IMPLICATIONS</b>
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Key highlights from the report for the Committee to note are:

- The Trust is reporting a small revenue surplus (£75k) for the 2021/22 financial year (subject to audit);
- Capital expenditure is fully spent in line with updated plans;
- In line with the financial plans that support the IMTP gross savings of £2.861m have been achieved against a target of £2.800m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.2% for the number, and 98.4% of the value of non NHS invoices paid within 30 days.

<b>REPORT APPROVAL ROUTE</b>
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- EMT – 11<sup>th</sup> May 2022
- F&PC – 16<sup>th</sup> May 2022
- Trust Board – 26<sup>th</sup> May 2022
- Trust Board – receipt of 2021/22 accounts – 13<sup>th</sup> June 2022

## REPORT APPENDICES

*Appendices 1 – 2 – Monitoring returns submitted to Welsh Government for month 12 – as required by WG*

## REPORT CHECKLIST

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

**WELSH AMBULANCE SERVICES NHS TRUST  
FINANCE & PERFORMANCE COMMITTEE**

**FINANCIAL PERFORMANCE AS AT MONTH 12 2021/22**

**INTRODUCTION**

1. This report provides the Committee with a summary of the revenue financial performance of the Trust as at 31<sup>st</sup> March 2022 (Month 12 2021/22 and therefore the draft 2021/22 year end position), along with an update on the 2021/22 capital programme, both of which are subject to audit.

**BACKGROUND**

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for the 2021/22** (1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022) are that:
  - The revenue financial position reported is a small **underspend against budget of £0.075m** (subject to audit).
  - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £2.861m have been achieved against a target of £2.800m, thus a small **over achievement** of plan.
  - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.2% for the number, and 98.4% of the value** of non-NHS invoices paid within 30 days.
3. Any risks previously reported were continued to be reviewed and fully assessed right up to the year end, however there are now no reported financial risks included in the year-end position.

**REVENUE FINANCIAL PERFORMANCE**

4. The table below presents an overview of the financial position for the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022.

Revenue Financial Position for the period 1st April - 31st March				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-266,469	-266,469	-268,432	-1,963
Expenditure				
Pay	185,977	185,977	183,814	-2,163
Non-pay	57,380	57,380	61,436	4,056
<b>Total pay &amp; non-pay expenditure</b>	<b>243,357</b>	<b>243,357</b>	<b>245,250</b>	<b>1,893</b>
Depreciation & Impairments / interest payable & receivable	23,112	23,112	23,107	-5
<b>Total</b>	<b>0</b>	<b>0</b>	<b>-75</b>	<b>-75</b>

## Treatment of Covid-19 spend

5. Due to the Covid-19 pandemic, the Trust has recorded additional unavoidable spend up to the Month 12 position totalling **£12.959m**, of which **£7.680m** are pay costs, and **£5.279m** are non-pay costs. This is in line with that suggested in the submitted financial Annual Plan within the IMTP.
6. A summary of the Covid-19 revenue costs reported in the Month 12 financial position are shown in the table below:

<b>Covid-19 Revenue Costs</b>	<b>YTD £'000</b>	<b>FYF £'000</b>
Total Pay	7,680	7,680
Total Non Pay	5,279	5,279
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
<b>NET COVID</b>	<b>12,959</b>	<b>12,959</b>

7. All of this cost has been separately funded by Welsh Government.

### Income

8. Reported Income against the budget set to Month 12 shows an overachievement of **£1.963m**.

### Pay costs

9. Overall, the total pay variance at Month 12 is an underspend of **£2.163m**.
10. As noted above, unavoidable Covid-19 related pay costs incurred to date amounted to **£7.680m**.

### Non-pay Costs

11. The overall non-pay position at Month 12 is an overspend of **£4.051m**, this was due to overspends on fleet maintenance costs, fuel and Taxis.
12. As again noted above, Covid-19 related additional unavoidable non pay expenditure incurred to Month 12 totalled **£5.279m**. Areas of additional spend included:
  - Clinical and General Supplies, Rent, Rates and Equipment - £0.888m;
  - PPE - £1.232m;
  - Health care services provided by other NHS Bodies - £2.661m;
  - Cleaning Standards - £0.422m
  - Think 111 First Campaign - £0.030m
  - Six Goal Emergency Funding - £0.046m

## Savings

13. In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £2.861m have been achieved against a target of £2.800m, thus an over achievement of plan.

## Financial Performance by Directorate

14. Whilst there is a small surplus reported at Month 12 there are some variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies.

15. As would be expected and planned, some additional expenditure has been agreed through Q4 2021/22 to be managed through either the Trust reserves and contingencies, or other centrally held budgets within F&CR, as also highlighted in the table below.

Financial position by Directorate @ 31st March	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
<b>Directorate</b>					
Operations Directorate	134,569	134,569	134,471	-98	-0.1%
Chief Executive Directorate	1,895	1,895	1,871	-24	-1.3%
Board Secretary	340	340	312	-28	-8.1%
Partnerships & Engagement Directorate	702	702	659	-43	-6.1%
Finance and Corporate Resources Directorate	32,132	32,132	32,749	617	1.9%
Planning and Performance Directorate	1,212	1,212	1,072	-140	-11.5%
Quality, Safety and Patient Experience Directorate	4,816	4,816	4,236	-580	-12.0%
Digital Directorate	10,993	10,993	10,751	-242	-2.2%
Workforce and OD Directorate	4,487	4,487	4,465	-22	-0.5%
Medical & Clinical Services Directorate	2,723	2,723	2,649	-74	-2.7%
Trust Reserves	-1,705	-1,705	-1,206	499	29.3%
Trust Income (mainly WHSSC)	-192,165	-192,165	-192,105	61	0.0%
<b>Overall Trust Position</b>	<b>0</b>	<b>0</b>	<b>-75</b>	<b>-75</b>	

16. A brief commentary on highlighted key variances above is as follows:-

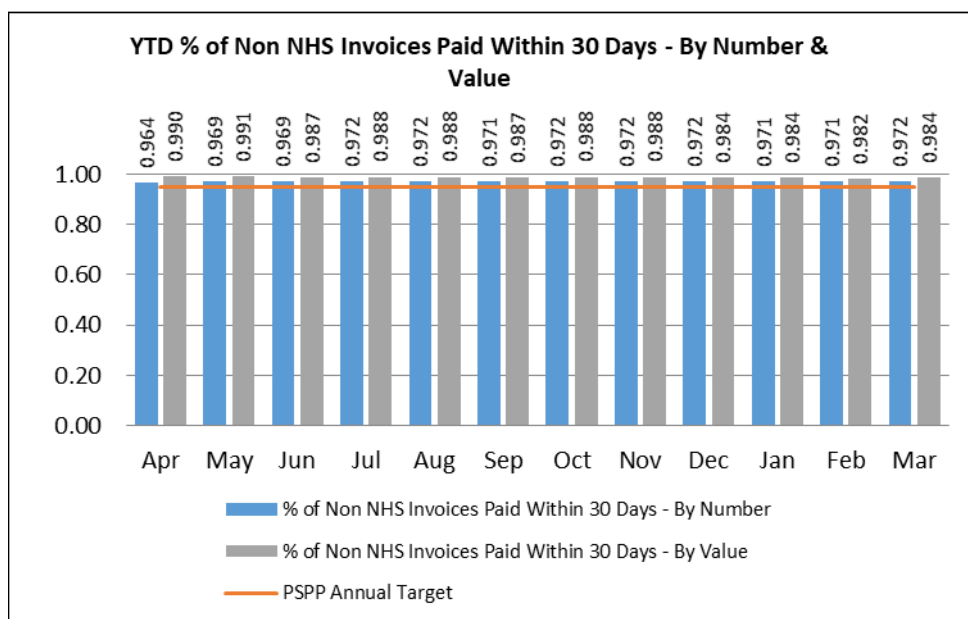
- Board Secretary - Funded vacancies from turnover of staff together with time taken to recruit as well as travel reduction and some software savings;
- Partnerships & Engagement - Funded vacancies from turnover of staff together with time taken to recruit. Travel reductions and majority of awards ceremonies currently arranged online;
- Planning & Performance - Funded vacancies savings from maternity, staff funded via development projects and turnover of staff together with time taken to recruit;
- Quality, Safety & Patient Experience – the vast majority of this underspend is on pay budgets and is broadly due to some recruitment challenges in filling vacancies linked to recruitment routes and limitations of talent pool once posts have been advertised, with a number of posts needing multiple attempts before suitable candidates can be appointed. This is across the varied portfolio of the directorate and not therefore necessarily concentrated in one area with the team progressing appointments as soon as possible, accepting the pressure such vacancies can put on remaining teams. As with

other corporate areas there has also been a significant reduction in travel and subsistence spend;

- Trust Reserves – agreed additional expenditure such as equipment & consumable purchases and provisions to offset underspends in other areas. Much of which is accelerating spend that would be required in early 2022/23.

## PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

17. Public Sector Payment Policy (PSPP) compliance up to Month 12 was **97.2%** against the **95%** WG target set for non-NHS invoices by number and **98.4%** by value.



## CAPITAL

18. At Month 12 the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2021/22 is £27.942m. The Trust achieved the CEL target of £27.942m, with a very small underspend against plan of £12.07 (subject to audit).
19. Below is a summary of the capital position. This table is presented in the WG MR format and as such, vehicles are included within the equipment line below. A more detailed paper highlighting the final year end spend across a range of capital schemes, and in particular those funded via the Trust's discretionary capital allocation, and the resulting impact this has on an updated initial 2022/23 capital programme, will also be provided separately to Committee.

	Actual £'000
<b>All Wales Capital Programme:</b>	
<b>Schemes:</b>	
ESMCP – Control Room Solution	49
111 Project Costs	742
WAST - Make Ready Depot - Cardiff	3,483
GUH transfer vehicles	110
WAST vehicle replacement programme	6,929
EPCR	822
National Programme – Fire	161
National Programme – Infrastructure	195
National Programme – Decarbonisation	604
COVID-19 Recovery Plans - 2021-22	200
NDR Programme	238
Additional Capital Funding - November - 2021-22	887
Purchase of Unit 2 Triangle Business Park, Merthyr Tydfil.	1,650
WAST vehicle replacement programme b/f 22-23	3,814
Additional DPIF Capital Allocations	1,169
Wrexham ARC Land Transfer to BCUHB	(29)
Extension to the Airwave contract 2021-22	704
<b>Sub Total</b>	<b>21,729</b>
<b>Discretionary:</b>	
I.T.	538
Equipment	416
Statutory Compliance	0
Estates	5,102
Other	157
Unallocated Discretionary Capital	0
<b>Sub Total</b>	<b>6,214</b>
<b>Total</b>	<b>27,942</b>
Less NBV reinvested	
<b>Total Funding from WG</b>	<b>27,942</b>

## RISKS AND ASSUMPTIONS

20. There are currently no remaining or expected financial risks to the reported draft year end position (subject to audit).

## 2021/22 YEAR END AND FOCUS ON 2022-25 FINANCIAL PLANNING

21. The finance function will be focussing on the following priorities for the organisation:

### 2021/22 Year end accounts & audit work

22. Finalisation of the Accounts and audit work continues in respect of the 2021/22 Trust Annual Accounts. The draft accounts were submitted to WG and Audit Wales, as per the issued guidance, on 29<sup>th</sup> April 2022, with the audited accounts

to be presented to Audit Committee on 7<sup>th</sup> June 2022 ahead of seeking final approval of these at Trust Board on 13<sup>th</sup> June 2022.

23. The 2021/22 year-end audit will again be conducted virtually maximising the use of technology and building on the experiences of the 2019/20 and 2020/21 audits and the pandemic.

### **2022/23 Financial Plan & IMTP 2022-25**

24. The focus of the teams operationally and financially has also been to produce the detailed financial plan for 2022/23 that underpins the IMTP for 2022-25 which was signed off by Trust Board and submitted to WG by 31<sup>st</sup> March 2022 deadline. Given the financial outlook, planning for 2023/24 and beyond has already begun in earnest, across the organisation.

### **RECOMMENDED that the Committee:**

- a) **Notes** and gains **assurance** in relation to the Month 12 (and therefore draft 2021/22 year end) revenue and capital financial position and performance of the Trust as at 31<sup>st</sup> March 2022.
- b) **Notes** the Months 12 Welsh Government monitoring return submissions included within Appendices 1 - 2 below (as required by WG).
- c) **Agree** for this report to be submitted to Trust Board for its meeting on 26<sup>th</sup> May 2022.

**Appendix 1 Attached**

**Appendix 2 Attached**

## VALIDATION SUMMARY 2021-22

Your organisation is showing as :	WELSH AMBULANCE TRUST
Period is showing :	MAR 22
TABLE A : MOVEMENT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A1 : UNDERLYING POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A2: RISKS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B2 : PAY & AGENCY/LOCUM	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B3 : COVID-19	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C, C1 & C2 : SAVINGS SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C3 : TRACKER	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E1 : INVOICED INCOME	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE F : STATEMENT OF FINANCIAL POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : MONTHLY CASHFLOW	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE J: CAPITAL IN YEAR SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K : CAPITAL DISPOSALS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
<b>TOTAL ERRORS FOR YOUR MAR 22 RETURN IS</b>	<b>YOUR RETURN HAS ZERO ERRORS</b>

# Welsh Ambulance Trust

Period : Mar 22

## Summary Of Main Financial Performance

### Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	75	75

Welsh Ambulance Trust

Period : Mar 22

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG

Lines 1 - 14 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	0	0	0	0
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-16,120	0	-16,120	-16,120
3 Planned Expenditure For Covid-19 (Negative Value)	-3,996	-3,996		
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	0	0	0	0
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	3,996	3,996		
6 Planned Provider Income (Positive Value)	13,320	0	13,320	13,320
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8 Planned (Finalised) Savings Plan	2,800	0	2,800	2,800
9 Planned (Finalised) Net Income Generation	0	0	0	0
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12	0	0		
13 Planning Assumptions still to be finalised at Month 1	0	0		
14 <b>Opening IMTP / Annual Operating Plan</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
15 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive)	0	0		
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	-371	-371		
18 Underachievement of Month 1 Finalised Income Generation Due to Covid-19 (Negative Value)	0	0		
19 Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
20 Underachievement of Month 1 Finalised Savings Due to Covid-19 (Negative Value)	0	0		
21 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	0	0	0	0
22 Additional In Year Identified Savings - Forecast	61	61	0	0
23 Variance to Planned RRL & Other Income	0	0		
24 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional)	8,814	8,814		
25 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
26 Additional In Year & Movement Expenditure for Covid-19 (Positive Value - additional/Negative Value - reduction)	-8,963	-8,963		
27 In Year Expenditure Cost Reduction Due To Covid-19 (Positive Value)	0	0		
28 In Year Slippage on Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive Value)	0	0		
29 In Year Accountancy Gains (Positive Value)	0	0	0	0
30 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	34	34		
31 Operational mitigating actions (Action Point 11.4)	500	500		
32	0	0		
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 <b>Forecast Outturn (- Deficit / + Surplus)</b>	<b>75</b>	<b>75</b>	<b>0</b>	<b>0</b>

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	In Year Effect £'000
1													0	0
2	-1,228	-1,228	-1,287	-1,683	-1,344	-1,295	-1,343	-1,348	-1,339	-1,342	-1,339	-1,340	-16,120	-16,120
3	-325	-255	-512	-539	-529	-530	-217	-218	-218	-217	-217	-219	-3,996	-3,996
4													0	0
5	437	367	288	539	529	530	217	218	218	217	217	219	3,996	3,996
6	784	772	891	1,426	1,144	1,157	1,180	1,189	1,197	1,195	1,193	1,188	13,320	13,320
7													0	0
8	337	345	621	257	200	138	163	159	142	144	143	151	2,800	2,800
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10													0	0
11													0	0
12													0	0
13													0	0
14	5	1	1	0	0	0	0	0	0	-3	-3	-1	0	0
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16													0	0
17												-371	-371	-371
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	-112	-112	224	0	0	0	0	0	0	0	0	0	0	0
21	112	112	-224	0	128	17	5	5	-20	-7	-21	-107	0	0
22	0	0	0	0	0	0	0	0	0	0	0	61	61	61
23													0	0
24	0	0	0	-16	15	67	264	2,822	1,088	1,047	1,028	2,499	8,814	8,814
25													0	0
26	0	0	0	16	-15	-67	-264	-2,822	-1,088	-1,047	-1,028	-2,648	-8,963	-8,963
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30					-127	-16	5	11	36	28	24	73	34	34
31												500	500	500
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	5	1	1	0	1	1	10	16	16	18	0	6	75	75



# Welsh Ambulance Trust

Period : Mar 22

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
<b>Opportunities to achieve IMTP/AOP (positive values)</b>			
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	<b>Total Opportunities to achieve IMTP/AOP</b>	<b>0</b>	
<b>Risks (negative values)</b>			
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	<b>Total Risks</b>	<b>0</b>	
<b>Further Opportunities (positive values)</b>			
27			
28			
29			
30			
31			
32			
33			
34	<b>Total Further Opportunities</b>	<b>0</b>	
<b>Current Reported Forecast Outturn</b>		<b>75</b>	
<b>IMTP / AOP Outturn Scenario</b>		<b>75</b>	
<b>Worst Case Outturn Scenario</b>		<b>75</b>	
<b>Best Case Outturn Scenario</b>		<b>75</b>	

# Welsh Ambulance Trust

YTD Months to be completed from Month: **1**  
 Forecast Months to be completed from Month: **1**

Table B - Monthly Positions

Period : Mar 22

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast												0	0
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast												0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	3,348	3,370	3,318	3,303	3,294	3,363	3,405	3,355	3,872	3,641	3,585	3,923	41,777
4	WHSSC Income	Actual/F'cast	13,862	15,408	13,900	14,766	15,579	14,907	14,903	11,499	16,745	17,250	17,050	19,720	185,589
5	Welsh Government Income (Non RRL)	Actual/F'cast	450	282	540	4,541	793	4,230	600	5,592	2,760	1,619	1,234	3,311	25,952
6	Other Income	Actual/F'cast	1,333	591	2,142	1,794	580	837	2,671	2,409	862	248	902	745	15,114
7	<b>Income Total</b>		<b>18,993</b>	<b>19,651</b>	<b>19,900</b>	<b>24,404</b>	<b>20,246</b>	<b>23,337</b>	<b>21,579</b>	<b>22,855</b>	<b>24,239</b>	<b>22,758</b>	<b>22,771</b>	<b>27,699</b>	<b>268,432</b>
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast												0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast												0	0
10	Provided Services - Pay	Actual/F'cast	13,760	14,358	14,500	13,986	14,298	16,784	14,402	15,041	17,260	16,284	15,643	17,498	183,814
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	3,109	3,334	3,310	3,463	3,474	3,704	3,094	4,274	3,667	4,462	4,514	7,265	47,670
12	Secondary Care - Drugs	Actual/F'cast	34	35	35	33	35	35	34	35	33	35	35	(9)	370
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast												0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast												0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast												0	0
16	Other Private & Voluntary Sector	Actual/F'cast	774	662	778	793	916	1,313	1,065	1,121	1,245	1,263	1,175	1,494	12,599
17	Joint Financing and Other	Actual/F'cast												0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	65	65	53	8	25	25	34	32	521	33	33	33	927
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	(5)	(9)	(14)
21	Total Interest Payable - (Trust Only)	Actual/F'cast	3	3	3	3	3	3	3	3	3	2	3	12	44
22	DEL Depreciation/Accelerated Depreciation/Impairments	Actual/F'cast	1,244	1,244	1,244	2,243	1,494	1,494	1,509	1,496	1,496	675	1,387	1,410	16,936
23	AME Donated Depreciation/Impairments	Actual/F'cast	0	0	0	3,885	0	0	1,437	843	0	(13)	(12)	0	6,140
24	Uncommitted Reserves & Contingencies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Profit/Loss Disposal of Assets	Actual/F'cast	(1)	(51)	(24)	(10)	0	(22)	(9)	(6)	(2)	(1)	(2)	(1)	(129)
26	<b>Cost - Total</b>		<b>18,988</b>	<b>19,650</b>	<b>19,899</b>	<b>24,404</b>	<b>20,245</b>	<b>23,336</b>	<b>21,569</b>	<b>22,839</b>	<b>24,223</b>	<b>22,740</b>	<b>22,771</b>	<b>27,693</b>	<b>268,357</b>
27	<b>Not surplus/ (deficit)</b>	Actual/F'cast	<b>5</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>10</b>	<b>16</b>	<b>16</b>	<b>18</b>	<b>0</b>	<b>6</b>	<b>75</b>

## B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000
28. Actual YTD surplus/ (deficit)	75
29. Actual YTD surplus/ (deficit) last month	69
30. Current month actual surplus/ (deficit)	6
31. Average monthly surplus/ (deficit) YTD	6
32. YTD /remaining months	#DIV/0!

Trend ▼

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	75
34. Year to Date Trend Scenario	75



# Welsh Ambulance Trust

Period : Mar 22

YTD Months to be completed from Month: 1  
Forecast Months to be completed from Month: 1

This Table is currently showing 0 errors

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

REF	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Administrative, Clerical & Board Members	2,140	2,244	2,223	2,162	2,162	2,583	2,244	2,433	2,391	2,439	2,358	2,867	28,246	28,246
2	Medical & Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Nursing & Midwifery Registered	871	930	952	910	973	1,113	958	958	1,036	975	1,002	1,138	11,816	11,816
4	Prof Scientific & Technical	8	8	23	15	15	17	15	25	18	15	13	14	186	186
5	Additional Clinical Services	5,885	6,131	6,210	5,972	6,184	7,135	6,008	6,312	7,377	7,197	6,687	7,429	78,527	78,527
6	Allied Health Professionals	4,701	4,860	4,919	4,764	4,794	5,738	5,005	5,149	6,240	5,462	5,400	5,877	62,909	62,909
7	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Estates & Ancillary	155	185	173	163	170	198	172	164	198	196	183	173	2,130	2,130
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	<b>TOTAL PAY EXPENDITURE</b>	<b>13,760</b>	<b>14,358</b>	<b>14,500</b>	<b>13,986</b>	<b>14,298</b>	<b>16,784</b>	<b>14,402</b>	<b>15,041</b>	<b>17,260</b>	<b>16,284</b>	<b>15,643</b>	<b>17,498</b>	<b>183,814</b>	<b>183,814</b>

Analysis of Pay Expenditure

11	LHB Provided Services - Pay	13,760	14,358	14,500	13,986	14,298	16,784	14,402	15,041	17,260	16,284	15,643	17,498	183,814	183,814
12	Other Services (incl. Primary Care) - Pay													0	0
13	<b>Total - Pay</b>	<b>13,760</b>	<b>14,358</b>	<b>14,500</b>	<b>13,986</b>	<b>14,298</b>	<b>16,784</b>	<b>14,402</b>	<b>15,041</b>	<b>17,260</b>	<b>16,284</b>	<b>15,643</b>	<b>17,498</b>	<b>183,814</b>	<b>183,814</b>

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

REF	TYPE	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Administrative, Clerical & Board Members	35	37	59	58	35	105	79	71	83	96	62	184	904	904
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered					2	0				(2)		7	7	7
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services					5	0		(17)	135	129	212	255	719	719
6	Allied Health Professionals													0	0
7	Healthcare Scientists													0	0
8	Estates & Ancillary		2		(2)	3	1			2	11	7	3	27	27
9	Students													0	0
10	<b>TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE</b>	<b>35</b>	<b>39</b>	<b>59</b>	<b>56</b>	<b>45</b>	<b>106</b>	<b>79</b>	<b>54</b>	<b>220</b>	<b>234</b>	<b>281</b>	<b>449</b>	<b>1,657</b>	<b>1,657</b>

11	Agency/Locum (premium) % of pay	0.3%	0.3%	0.4%	0.4%	0.3%	0.6%	0.5%	0.4%	1.3%	1.4%	1.8%	2.6%	0.9%	0.9%
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C - Agency / Locum (premium) Expenditure

- Analysed by Reason for Using Agency/Locum (premium)

REF	REASON	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD £'000	Forecast year-end position £'000
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000		
1	Vacancy	31	32	48	42	38	71	76	55	80	83	61	136	753	753
2	Maternity/Paternity/Adoption Leave													0	0
3	Special Leave (Paid) - inc. compassionate leave, interview													0	0
4	Special Leave (Unpaid)													0	0
5	Study Leave/Examinations													0	0
6	Additional Activity (Winter Pressures/Site Pressures)	4	7	11	14	7	35	3	(1)	140	151	220	313	904	904
7	Annual Leave													0	0
8	Sickness													0	0
9	Restricted Duties													0	0
10	Jury Service													0	0
11	WLI													0	0
12	Exclusion (Suspension)													0	0
13	COVID-19													0	0
14	<b>TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE</b>	<b>35</b>	<b>39</b>	<b>59</b>	<b>56</b>	<b>45</b>	<b>106</b>	<b>79</b>	<b>54</b>	<b>220</b>	<b>234</b>	<b>281</b>	<b>449</b>	<b>1,657</b>	<b>1,657</b>







A7	Other (Additional costs due to C19) enter as positive value - actual/forecast														
172	Provider Pay (Establishment, Temp & Agency)														
173	Administrative, Clerical & Board Members								583	78	77	77	78	893	893
174	Medical & Dental													0	0
175	Nursing & Midwifery Registered	4	3	7	20	28	16	14	15	22	10	9	148	148	
176	Prof Scientific & Technical													0	0
177	Additional Clinical Services	29	42	52	77	31	118	67	942	409	403	402	474	3,045	3,045
178	Allied Health Professionals	48	55	109	106	130	35	101	609	236	195	189	126	1,938	1,938
179	Healthcare Scientists													0	0
180	Estates & Ancillary								134	17	17	17	16	201	201
181	Students													0	0
182	Other (only use with WG Agreement & state SoCNE/I line ref)													0	0
183	Unused Bonus accrual returned								(45)					(45)	(45)
184	Annual Leave impact												1,000	1,000	1,000
185	Think 111 first												500	500	500
186	<b>Sub total Other C-19 Provider Pay</b>	<b>77</b>	<b>101</b>	<b>164</b>	<b>190</b>	<b>181</b>	<b>181</b>	<b>184</b>	<b>2,237</b>	<b>754</b>	<b>713</b>	<b>695</b>	<b>2,203</b>	<b>7,680</b>	<b>7,680</b>
187	Primary Care Contractor (excluding drugs)													0	0
188	Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS Income													0	0
189	Primary Care - Drugs													0	0
190	Secondary Care - Drugs													0	0
191	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see separate line	32	47	48	81	115	103	89	115	36	91	37	94	888	888
192	Provider - Non Pay - PPE	49	47	106	91	36	138	44	140	91	124	163	203	1,232	1,232
193	Healthcare Services Provided by Other NHS Bodies	133	34	161	121	178	141	125	513	386	297	311	261	2,661	2,661
194	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - Wales NHS													0	0
195	Healthcare Services Provided by Other NHS Bodies - Additional Costs due to Block Contracts - England NHS													0	0
196	Non Healthcare Services Provided by Other NHS Bodies													0	0
197	Continuing Care and Funded Nursing Care													0	0
198	Other Private & Voluntary Sector													0	0
199	Other Private & Voluntary Sector - Private Hospital Providers													0	0
200	Joint Financing and Other (includes Local Authority)													0	0
201	Think 111 First Campaign 21/22							5	5	5	5	5	5	30	30
202	SIX GOALS FUNDING												46	46	46
203														0	0
204														0	0
205														0	0
206	<b>Sub total Other C-19 Non Pay</b>	<b>214</b>	<b>128</b>	<b>315</b>	<b>293</b>	<b>329</b>	<b>382</b>	<b>263</b>	<b>773</b>	<b>518</b>	<b>517</b>	<b>516</b>	<b>609</b>	<b>4,857</b>	<b>4,857</b>
207	<b>TOTAL OTHER C-19 EXPENDITURE</b>	<b>291</b>	<b>229</b>	<b>479</b>	<b>483</b>	<b>510</b>	<b>563</b>	<b>447</b>	<b>3,010</b>	<b>1,272</b>	<b>1,230</b>	<b>1,211</b>	<b>2,812</b>	<b>12,537</b>	<b>12,537</b>
208	<b>PLANNED OTHER C-19 EXPENDITURE (In Opening Plan)</b>	<b>291</b>	<b>229</b>	<b>479</b>	<b>505</b>	<b>495</b>	<b>496</b>	<b>183</b>	<b>184</b>	<b>184</b>	<b>183</b>	<b>183</b>	<b>184</b>	<b>3,596</b>	<b>3,596</b>
209	<b>MOVEMENT FROM OPENING PLANNED OTHER C-19 EXPENDITURE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22</b>	<b>(15)</b>	<b>(67)</b>	<b>(264)</b>	<b>(2,826)</b>	<b>(1,088)</b>	<b>(1,047)</b>	<b>(1,028)</b>	<b>(2,628)</b>	<b>(8,941)</b>	<b>(8,941)</b>
210	<b>TOTAL ADDITIONAL EXPENDITURE DUE TO COVID</b>	<b>325</b>	<b>255</b>	<b>512</b>	<b>523</b>	<b>544</b>	<b>597</b>	<b>481</b>	<b>3,040</b>	<b>1,306</b>	<b>1,264</b>	<b>1,245</b>	<b>2,867</b>	<b>12,959</b>	<b>12,959</b>
211	<b>PLANNED ADDITIONAL EXPENDITURE DUE TO COVID (In Opening Plan)</b>	<b>325</b>	<b>255</b>	<b>512</b>	<b>539</b>	<b>529</b>	<b>530</b>	<b>217</b>	<b>218</b>	<b>218</b>	<b>217</b>	<b>217</b>	<b>219</b>	<b>3,996</b>	<b>3,996</b>
212	<b>MOVEMENT FROM OPENING PLANNED ADDITIONAL COVID EXPENDITURE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>(15)</b>	<b>(67)</b>	<b>(264)</b>	<b>(2,822)</b>	<b>(1,088)</b>	<b>(1,047)</b>	<b>(1,028)</b>	<b>(2,648)</b>	<b>(8,963)</b>	<b>(8,963)</b>

B - In Year Non Delivery of Savings / Net Income Generation Schemes Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<i>Enter as Positive values</i>															
213	Non Delivery of Savings (due to C19) - Actual/Forecast														
214	Non Delivery of Finalised (M1) Savings	112	112	(224)										0	0
215	Non finalisation of Planning Assumptions (savings) at M1	0	0	0										0	0
216	Non Delivery of Finalised (M1) Net Income Generation Schemes - Actual/Forecast													0	0
217	<b>TOTAL NON DELIVERY OF SAVINGS/NET INCOME GENERATION DUE TO COVID</b>	<b>112</b>	<b>112</b>	<b>(224)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

C - In Year Operational Expenditure Cost Reduction Due To C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<i>Enter as Negative values</i>															
218	<b>Expenditure Reductions (due to C19) - Actual/Forecast</b>														
219	Reduction of non pay costs due to reduced elective activity													0	0
220	Reduction of outsourcing costs due to reduced planned activity													0	0
221	WHSSC C-19 Slippage (as advised by WHSSC)													0	0
222	Other (please specify):													0	0
223														0	0
224														0	0
225														0	0
226														0	0
227														0	0
228	<b>TOTAL EXPENDITURE REDUCTION</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

D - In Year Slippage on Planned Investments/Repurposing of Developmental Initiatives due to C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<i>Enter as Negative values</i>															
229	<b>Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19) - Actual/Forecast</b>														
230														0	0
231														0	0
232														0	0
233														0	0
234														0	0
235														0	0
236														0	0
237														0	0
238														0	0
239	<b>TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

240	<b>ACTUAL / FORECAST - EXPENDITURE IMPACT DUE TO COVID-19</b>	<b>437</b>	<b>367</b>	<b>288</b>	<b>523</b>	<b>544</b>	<b>597</b>	<b>481</b>	<b>3,040</b>	<b>1,306</b>	<b>1,264</b>	<b>1,245</b>	<b>2,867</b>	<b>12,959</b>	<b>12,959</b>
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E - Additional Welsh Government Funding for C19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<i>Enter as Positive values</i>															
241	<b>PLANNED WG FUNDING FOR COVID-19</b>	<b>437</b>	<b>367</b>	<b>288</b>	<b>539</b>	<b>529</b>	<b>530</b>	<b>217</b>	<b>218</b>	<b>218</b>	<b>217</b>	<b>217</b>	<b>219</b>	<b>3,996</b>	<b>3,996</b>
242	<b>MOVEMENTS FROM OPENING PLANNED WG FUNDING FOR COVID-19</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(16)</b>	<b>15</b>	<b>67</b>	<b>264</b>	<b>2,822</b>	<b>1,088</b>	<b>1,047</b>	<b>1,028</b>	<b>2,499</b>	<b>8,814</b>	<b>8,814</b>
243	<b>TOTAL ACTUAL / FORECAST WG FUNDING FOR COVID-19</b>	<b>437</b>	<b>367</b>	<b>288</b>	<b>523</b>	<b>544</b>	<b>597</b>	<b>481</b>	<b>3,040</b>	<b>1,306</b>	<b>1,264</b>	<b>1,245</b>	<b>2,718</b>	<b>12,810</b>	<b>12,810</b>

244	<b>ACTUAL / FORECAST NET IMPACT ON OVERALL FINANCIAL POSITION DUE TO COVID-19</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(149)</b>	<b>(149)</b>	<b>(149)</b>
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Table C1- Savings Schemes Pay Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000		£'000
1	Changes in Staffing Establishment	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0
4	Variable Pay	Budget/Plan	222	234	169	143	111	94	123	118	107	104	105	101	1,631	1,631		1,631	0				
5		Actual/F'cast	222	234	169	175	224	117	139	138	98	117	111	93	1,837	1,837	100.00%	1,837	0	61	1,776	1,776	
6		Variance	0	0	0	32	113	23	16	20	(9)	13	6	(8)	206	206	12.63%	206	0				
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0	
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0	
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0	
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0	
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0	
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0	
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0	
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0	
19	Total	Budget/Plan	222	234	169	143	111	94	123	118	107	104	105	101	1,631	1,631		1,631	0				
20		Actual/F'cast	222	234	169	175	224	117	139	138	98	117	111	93	1,837	1,837	100.00%	1,837	0	61	1,776	1,776	
21		Variance	0	0	0	32	113	23	16	20	(9)	13	6	(8)	206	206	12.63%	206	0				

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

	Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings £'000
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	
1	Reduced usage of Agency/Locums paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0
2		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
3		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0
4	Non Medical 'off contract' to 'on contract'	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0
7	Medical - Impact of Agency pay rate caps	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0
10	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0
13	Total	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			0

This Table is currently showing 0 errors

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect	
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	337	345	621	257	200	138	163	159	142	144	143	151	2,800	2,800	0	2,800	0	2,800	
	Month 1 - Actual/Forecast	337	345	621	257	328	155	168	164	122	137	122	44	2,800	2,800	0	2,800	0	2,800	
	Variance	0	0	0	0	128	17	5	5	(20)	(7)	(21)	(107)	0	0	0	0	0	0	
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	61	61	61	0	0	0	
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	61	61	61	0	0	0	
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	337	345	621	257	200	138	163	159	142	144	143	212	2,861	2,861	61	2,800	0	2,800	
	Total Actual/Forecast	337	345	621	257	328	155	168	164	122	137	122	105	2,861	2,861	61	2,800	0	2,800	
	Total Variance	0	0	0	0	128	17	5	5	(20)	(7)	(21)	(107)	0	0	0	0	0	0	
	Net Income Generation	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Accountancy Gains	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total	Month 1 - Plan	337	345	621	257	200	138	163	159	142	144	143	151	2,800	2,800	0	2,800	0	2,800	
	Month 1 - Actual/Forecast	337	345	621	257	328	155	168	164	122	137	122	44	2,800	2,800	0	2,800	0	2,800	
	Variance	0	0	0	0	128	17	5	5	(20)	(7)	(21)	(107)	0	0	0	0	0	0	
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	61	61	61	0	0	0	
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	61	61	61	0	0	0	
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total Plan	337	345	621	257	200	138	163	159	142	144	143	212	2,861	2,861	61	2,800	0	2,800	
	Total Actual/Forecast	337	345	621	257	328	155	168	164	122	137	122	105	2,861	2,861	61	2,800	0	2,800	
	Total Variance	0	0	0	0	128	17	5	5	(20)	(7)	(21)	(107)	0	0	0	0	0	0	

## Welsh Ambulance Trust

Period : Mar 22

Table D - Income/Expenditure Assumptions

### Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University	5,743	350	<b>6,093</b>
2	Aneurin Bevan University	13,071	685	<b>13,756</b>
3	Betsi Cadwaladr University	6,558	235	<b>6,793</b>
4	Cardiff & Vale University	4,768	3	<b>4,771</b>
5	Cwm Taf Morgannwg University	2,234	820	<b>3,054</b>
6	Hywel Dda University	5,091	252	<b>5,343</b>
7	Powys	1,467	30	<b>1,497</b>
8	Public Health Wales	0	108	<b>108</b>
9	Velindre	956	65	<b>1,021</b>
10	NWSSP	0	0	<b>0</b>
11	DHCW	0	208	<b>208</b>
12	Wales Ambulance Services			<b>0</b>
13	WHSSC	0	0	<b>0</b>
14	EASC	185,237	499	<b>185,736</b>
15	HEIW	0	407	<b>407</b>
16	NHS Wales Executive	0	0	<b>0</b>
17	<b>Total</b>	<b>225,125</b>	<b>3,662</b>	<b>228,787</b>

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
0	97	<b>97</b>
0	348	<b>348</b>
239	236	<b>475</b>
11	23	<b>34</b>
0	84	<b>84</b>
0	417	<b>417</b>
0	52	<b>52</b>
6	46	<b>52</b>
886	1,425	<b>2,311</b>
0	0	<b>0</b>
652	106	<b>758</b>
		<b>0</b>
0	0	<b>0</b>
0	50	<b>50</b>
0	22	<b>22</b>
0	0	<b>0</b>
<b>1,794</b>	<b>2,906</b>	<b>4,700</b>

Welsh Ambulance Trust

This Table is currently showing 0 errors

Period : Mar 22

Table E - Resource Limits

	STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit £'000	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered into Table
	HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000						
<b>1. BASE ALLOCATION</b>										
1 LATEST ALLOCATION LETTER/SCHEDULE REF:										
2 Total Confirmed Funding					0					

2. ANTICIPATED ALLOCATIONS

3 DEL Non Cash Depreciation - Baseline Surplus / Shortfall					0					
4 DEL Non Cash Depreciation - Strategic					0					
5 DEL Non Cash Depreciation - Accelerated					0					
6 DEL Non Cash Depreciation - Impairment					0					
7 AME Non Cash Depreciation - Donated Assets					0					
8 AME Non Cash Depreciation - Impairment					0					
9 AME Non Cash Depreciation - Impairment Reversals					0					
10 Removal of Donated Assets / Government Grant Receipts					0					
11 Total COVID-19 (see below analysis)	0	0	0	0	0					See below analysis
12					0					
13					0					
14					0					
15					0					
16					0					
17					0					
18					0					
19					0					
20					0					
21					0					
22					0					
23					0					
24					0					
25					0					
26					0					
27					0					
28					0					
29					0					
30					0					
31					0					
32					0					
33					0					
34					0					
35					0					
36					0					
37					0					
38					0					
39					0					
40					0					
41					0					
42					0					
43					0					
44					0					
45					0					
46					0					
47					0					
48					0					
49					0					
50					0					
51					0					
52					0					
53					0					
54					0					
55					0					
56 Total Anticipated Funding	0	0	0	0	0			0	0	0

3. TOTAL RESOURCES & BUDGET RECONCILIATION

57 Confirmed Resources Per 1. above	0	0	0	0	0			0	0	0
58 Anticipated Resources Per 2. above	0	0	0	0	0			0	0	0
59 Total Resources	0	0	0	0	0			0	0	0

ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE

	Allocated Total £'000	Anticipated HCHS £'000	Anticipated Pharmacy £'000	Anticipated Dental £'000	Anticipated GMS £'000	Total RRL £'000	WG Contact and date item first entered into table.
60 Testing (inc Community Testing)						0	
61 Tracing						0	
62 Mass COVID-19 Vaccination						0	
63 Extended Flu Vaccination						0	
64 Field Hospital / Surge						0	
65 Cleaning Standards						0	
66 PPE						0	
67 Private Providers						0	
68 Urgent & Emergency Care						0	
69						0	
70						0	
71						0	
72						0	
73						0	
74						0	
75						0	
76						0	
77						0	
78						0	
79						0	
80						0	
81						0	
82						0	
83						0	
84						0	
85						0	
86						0	
87						0	
88						0	
89						0	
90 Total Funding	0	0	0	0	0	0	

Welsh Ambulance Trust

Period : Mar 22

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref	Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morgannwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	DHCW £'000	HEIW £'000	WG £'000	EASC £'000	WHS&C £'000	Other (please specify) £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
1	6,093	13,756	6,793	4,771	3,054	5,343	1,497	108		1,021	0	208	407	17,804	185,736	0		246,591	
	<b>Details of Anticipated Income</b>																		
2														(3,172)				(3,172)	Jackie Salmon M4, amended M7 not invoiced
3														5,176				5,176	Jackie Salmon M4, amended M8 not invoiced
4																		0	
5																		0	
6														8				8	Jackie Salmon, M11 Not Invoiced
7														6,136				6,136	Jackie Salmon M4, amended M7 not invoiced
8																		0	
9														0				0	See below analysis
10																	13,693	13,693	Other income
11																		0	
12																		0	
13																		0	
14																		0	
15																		0	
16																		0	
17																		0	
18																		0	
19																		0	
20																		0	
21																		0	
22																		0	
23																		0	
24																		0	
25																		0	
26																		0	
27																		0	
28																		0	
29																		0	
30																		0	
31																		0	
32																		0	
33																		0	
34																		0	
35	6,093	13,756	6,793	4,771	3,054	5,343	1,497	108	0	1,021	0	208	407	25,952	185,736	0	13,693	268,432	

**ANALYSIS OF WG FUNDING DUE FOR COVID-19 INCLUDED ABOVE**

	Allocated £'000	Anticipated £'000	Total £'000	WG Contact, date item first entered into table and whether any invoice has been raised.
36			0	
37			0	
38			0	
39			0	
40			0	
41	400	0	400	by, all Invoiced 138800 & 139192
42	966	0	966	by, all Invoiced 138800 & 139192
43			0	
44	5,000		5,000	Invoiced 139003
45	4,913		4,913	ced 138549 & 138922
46	30		30	eghes, M7, Invoiced 138701
47	(45)		(45)	credited 138869
48	500		500	enham-Jones M11, 139451
49	1,000		1,000	Invoice 139403
50	46		46	Invoice 139472
51			0	
52			0	
53			0	
54			0	
55			0	
56			0	
57			0	
58			0	
59			0	
60			0	
61			0	
62			0	
63			0	
64			0	
65			0	
66	12,810	0	12,810	

Welsh Ambulance Trust

Period : Mar 22

This table needs completing monthly from Month: 3  
This Table is currently showing 0 errors

Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 21 £'000	Closing Balance End of Mar 22 £'000	Forecast Closing Balance End of Mar 22 £'000
<b>Non-Current Assets</b>			
1 Property, plant and equipment	89,390	96,606	96,606
2 Intangible assets	3,463	2,031	2,031
3 Trade and other receivables	2,278	2,278	2,278
4 Other financial assets	0	0	0
5 Non-Current Assets sub total	95,131	100,915	100,915
<b>Current Assets</b>			
6 Inventories	1,628	1,827	1,827
7 Trade and other receivables	14,481	14,174	14,174
8 Other financial assets	0	0	0
9 Cash and cash equivalents	18,468	18,708	18,708
10 Non-current assets classified as held for sale	130	130	130
11 Current Assets sub total	34,707	34,839	34,839
12 TOTAL ASSETS	129,838	135,754	135,754
<b>Current Liabilities</b>			
13 Trade and other payables	28,521	34,318	34,318
14 Borrowings (Trust Only)	1,616	1,364	1,364
15 Other financial liabilities	0	0	0
16 Provisions	6,949	2,520	2,520
17 Current Liabilities sub total	37,086	38,202	38,202
18 NET ASSETS LESS CURRENT LIABILITIES	92,752	97,552	97,552
<b>Non-Current Liabilities</b>			
19 Trade and other payables	0	0	0
20 Borrowings (Trust Only)	1,059	0	0
21 Other financial liabilities	0	0	0
22 Provisions	11,887	11,887	11,887
23 Non-Current Liabilities sub total	12,946	11,887	11,887
24 TOTAL ASSETS EMPLOYED	79,806	85,665	85,665
<b>FINANCED BY: Taxpayers' Equity</b>			
25 General Fund	0	0	0
26 Revaluation Reserve	9,413	10,332	10,332
27 PDC (Trust only)	76,354	81,219	81,219
28 Retained earnings (Trust Only)	(5,961)	(5,886)	(5,886)
29 Other reserve	0	0	0
30 Total Taxpayers' Equity	79,806	85,665	85,665

	Opening Balance Beginning of Apr 21	Closing Balance End of Mar 22	Closing Balance End of Mar 22
<b>EXPLANATION OF ALL PROVISIONS</b>			
31 Clinical Negligence	3,351	1,698	1,698
32 Personal Injury and special payments	2,105	980	980
33 Personal Injury-PIBS	10,512	10,150	10,150
34 Defence legal fees and other administration	404	369	369
35 Pensions-other staff PIBS	78	72	72
36 Redress	158	206	206
37 Restructurings	0	0	0
38 Other	2,228	932	932
39			
40 Total Provisions	18,836	14,407	14,407

	£'000
<b>ANALYSIS OF WELSH NHS RECEIVABLES (current month)</b>	
41 Welsh NHS Receivables Aged 0 - 10 weeks	6,923
42 Welsh NHS Receivables Aged 11 - 16 weeks	40
43 Welsh NHS Receivables Aged 17 weeks and over	1

	£'000	£'000	£'000
<b>ANALYSIS OF TRADE &amp; OTHER PAYABLES (opening, current &amp; closing)</b>			
44 Capital	3,620	8,531	3,620
45 Revenue	24,901	25,787	30,698

	£'000	£'000	£'000
<b>ANALYSIS OF CASH (opening, current &amp; closing)</b>			
46 Capital	3,620	8,531	50
47 Revenue	14,848	10,177	18,658

# Welsh Ambulance Trust

Period : Mar 22

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000	
<b>RECEIPTS</b>														
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only													0
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3	813	3,790	934	2,965	30	319	5,784	3,239	15	7,184	1,256	10,178	36,507	
4	WG Capital Funding - Cash Limit - LHB & SHA only													0
5	16,799	16,111	22,238	19,627	19,518	18,116	17,640	18,848	17,557	18,382	19,292	23,753	227,881	
6	Short Term Loans - Trust only													0
7	0	0			0			8,826	0			704	9,530	
8	0	0	0	0	0	0	0	0	0	1	3		13	
9	1	51	25	10	0	22	9	6	2	0	2	1	129	
10	Other - (Specify in narrative)													9,615
11	<b>18,190</b>	<b>20,486</b>	<b>23,549</b>	<b>22,861</b>	<b>20,198</b>	<b>18,885</b>	<b>26,186</b>	<b>31,523</b>	<b>18,791</b>	<b>26,200</b>	<b>21,868</b>	<b>34,938</b>	<b>283,675</b>	
<b>PAYMENTS</b>														
12	Primary Care Services - General Medical Services													0
13	Primary Care Services - Pharmacy Services													0
14	Primary Care Services - Prescribed Drugs & Appliances													0
15	Primary Care Services - General Dental Services													0
16	Non Cash Limited Payments													0
17	13,949	16,380	15,713	14,078	15,816	16,671	15,569	15,000	14,998	15,222	15,379	15,472	184,247	
18	6,262	5,277	5,921	5,545	4,580	5,869	4,407	6,614	6,581	6,628	6,490	9,506	73,680	
19	Short Term Loan Repayment - Trust only													0
20	0											4,665	4,665	
21	1,913	975	984	2,266	1,065	566	746	1,270	495	1,971	4,030	4,044	20,325	
22	Other Items (Specify in narrative)													518
23	<b>22,251</b>	<b>22,638</b>	<b>22,618</b>	<b>21,889</b>	<b>21,461</b>	<b>23,233</b>	<b>20,722</b>	<b>23,009</b>	<b>22,074</b>	<b>23,821</b>	<b>26,032</b>	<b>33,687</b>	<b>283,435</b>	
24	(4,061)	(2,152)	931	972	(1,263)	(4,348)	5,464	8,514	(3,283)	2,379	(4,164)	1,251		
25	18,468	14,407	12,255	13,186	14,158	12,895	8,547	14,011	22,525	19,242	21,621	17,457		
26	14,407	12,255	13,186	14,158	12,895	8,547	14,011	22,525	19,242	21,621	17,457	18,708		

Table G : Monthly Cashflow Forecast

Opening Cash Balance	Ok
WG Revenue Cash Draw Down	Ok
WG Capital Cash Draw Down	Ok

# Welsh Ambulance Trust

Period : Mar 22

Table H - PSPP

This table needs completing on a quarterly basis  
NOTE: Data to 1 decimal place

30 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
PROMPT PAYMENT OF INVOICE PERFORMANCE														
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	86.3%	-8.7%	95.2%	0.2%	96.4%	1.4%	82.1%	-12.9%	90.0%	-5.0%	90.0%	-5.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	90.7%	-4.3%	89.6%	-5.4%	95.8%	0.8%	93.8%	-1.2%	92.8%	-2.2%	92.8%	-2.2%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	98.7%	3.7%	98.8%	3.8%	97.6%	2.6%	98.4%	3.4%	98.4%	3.4%	98.4%	3.4%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	96.9%	1.9%	97.3%	2.3%	97.4%	2.4%	97.1%	2.1%	97.2%	2.2%	97.2%	2.2%

10 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
		Actual %			Actual %		Actual %		Actual %		Actual %		Actual %	
PROMPT PAYMENT OF INVOICE PERFORMANCE														
5	% of NHS Invoices Paid Within 10 Days - By Value		53.1%		69.8%		56.3%		46.3%		56.4%		56.4%	
6	% of NHS Invoices Paid Within 10 Days - By Number		47.5%		64.9%		75.5%		69.3%		65.6%		65.6%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		84.1%		85.1%		71.3%		64.9%		75.7%		75.7%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		64.0%		57.9%		61.1%		71.5%		63.9%		63.9%	

# Welsh Ambulance Trust

Period : Mar 22

This Table is currently showing 0 errors

Table I - 2021-22 Capital Resource / Expenditure Limit Management

£'000 27,942  
 Approved CRL / CEL issued at : 6/4/22

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure (accrued, to include capitalised finance leases)</i>						
	<b>All Wales Capital Programme:</b>						
	<b>Schemes:</b>						
1	ESMCP – Control Room Solution	49	49	0	49	49	0
2	111 Project Costs	742	742	0	742	742	0
3	WAST - Make Ready Depot - Cardiff	3,483	3,483	0	3,483	3,483	0
4	GUH transfer vehicles	110	110	0	110	110	0
5	WAST vehicle replacement programme	6,929	6,929	0	6,929	6,929	0
6	EPCR	822	822	0	822	822	0
7	National Programme – Fire	161	161	0	161	161	0
8	National Programme – Infrastructure	195	195	0	195	195	0
9	National Programme – Decarbonisation	604	604	0	604	604	0
10	COVID-19 Recovery Plans - 2021-22	200	200	0	200	200	0
11	NDR Programme	238	238	0	250	250	0
12	Additional Capital Funding - November - 2021-22	887	887	0	881	881	0
13	Purchase of Unit 2 Triangle Business Park, Merthyr Tydfil	1,650	1,650	0	1,650	1,650	0
14	WAST vehicle replacement programme b/f 22-23	3,814	3,814	0	3,814	3,814	0
15	DPIF	1,169	1,169	0	1,158	1,158	0
16	Wrexham ARC Land Transfer to BCUHB	(29)	(29)	0	(29)	(29)	0
17	Extension to the Airwave contract 2021-22	704	704	0	704	704	0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	<b>Sub Total</b>	<b>21,729</b>	<b>21,729</b>	<b>0</b>	<b>21,723</b>	<b>21,723</b>	<b>0</b>
	<b>Discretionary:</b>						
43	I.T.	541	541	0	546	546	0
44	Equipment	416	416	0	416	416	0
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	5,097	5,097	0	5,097	5,097	0
47	Other	159	159	0	159	159	0
48	<b>Sub Total</b>	<b>6,214</b>	<b>6,214</b>	<b>0</b>	<b>6,219</b>	<b>6,219</b>	<b>0</b>

	<b>Other Schemes:</b>						
49				0			0
50				0			0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56				0			0
57				0			0
58				0			0
59				0			0
60				0			0
61				0			0
62				0			0
63				0			0
64				0			0
65				0			0
66				0			0
67				0			0
68				0			0
69	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

70	<b>Total Expenditure</b>	<b>27,942</b>	<b>27,942</b>	<b>0</b>	<b>27,942</b>	<b>27,942</b>	<b>0</b>
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	<b>Less:</b>						
	<b>Capital grants:</b>						
71				0			0
72				0			0
73				0			0
74				0			0
75				0			0
76	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	<b>Donations:</b>						
77				0			0
78	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	<b>Asset Disposals:</b>						
79				0			0
80				0			0
81				0			0
82				0			0
83				0			0
84				0			0
85				0			0
86				0			0
87				0			0
88				0			0
89				0			0
90	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

91	<b>Technical Adjustments</b>			0			0
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92	<b>CHARGE AGAINST CRL / CEL</b>	<b>27,942</b>	<b>27,942</b>	<b>0</b>	<b>27,942</b>	<b>27,942</b>	<b>0</b>
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93	<b>PERFORMANCE AGAINST CRL / CEL (Under)/Over</b>			0		(0)	
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Welsh Ambulance Trust

YTD Months to be completed from Month: 2  
Forecast Months to be completed from Month: 2

Period : Mar 22

This Table is currently showing 0 errors

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
			Min. £'000	Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
1	ESMCP – Control Room Solution	A WILLIAMS	49	49	(16)	0	4	0	9	0	0	8	0	0	11	33	49	49	Low
2	111 Project Costs	A WILLIAMS	742	742	45	38	31	47	69	50	13	31	60	94	71	193	742	742	Low
3	WAST - Make Ready Depot - Cardiff	R DAVIES	3,483	3,483	10	130	378	164	684	16	233	673	16	263	274	642	3,483	3,483	Low
4	GUH transfer vehicles	D HOLMES	110	110	1	0	0	0	0	0	0	0	(2)	2	32	77	110	110	Low
5	WAST vehicle replacement programme	D HOLMES	6,929	6,929	284	41	84	1,550	69	27	88	69	(21)	289	51	4,398	6,929	6,929	Low
6	EPCR	A WILLIAMS	822	822	6	6	7	6	13	101	117	73	37	23	163	270	822	822	Low
7	National Programme – Fire	R DAVIES	161	161	0	10	0	0	0	0	0	7	0	0	0	144	161	161	Low
8	National Programme – Infrastructure	R DAVIES	195	195	0	0	0	0	0	0	0	2	0	3	0	190	195	195	Low
9	National Programme – Decarbonisation	R DAVIES	604	604	0	0	0	0	0	0	0	18	12	33	122	419	604	604	Low
10	COVID-19 Recovery Plans - 2021-22	A WILLIAMS	200	200	0	0	0	0	0	200	0	0	0	0	0	0	200	200	Low
11	NDR Programme	A WILLIAMS	238	238	0	0	0	0	0	0	0	0	9	0	6	223	238	238	Low
12	Additional Capital Funding - November - 2021-22	J WILSON	887	887	0	0	0	0	0	0	0	0	0	58	235	594	887	887	Low
13	Purchase of Unit 2 Triangle Business Park, Merthyr Tydfil	R DAVIES	1,650	1,650	0	0	0	0	0	0	0	0	0	0	1,650	0	1,650	1,650	Low
14	WAST vehicle replacement programme b/f 22-23	D HOLMES	3,814	3,814	0	0	0	0	0	0	0	0	0	357	368	3,089	3,814	3,814	Low
15	DPIF	A WILLIAMS	1,169	1,169	0	0	0	0	0	0	0	0	0	403	245	521	1,169	1,169	Low
16	Wrexham ARC Land Transfer to BCUIB	R DAVIES	(29)	(29)	0	0	0	0	0	0	0	0	0	0	0	(29)	(29)	(29)	Low
17	Extension to the Airwave contract 2021-22	A WILLIAMS	704	704	0	0	0	0	0	0	0	0	0	0	0	704	704	704	Low
18																	0	0	
19																	0	0	
20																	0	0	
21																	0	0	
22																	0	0	
23																	0	0	
24																	0	0	
25																	0	0	
26																	0	0	
27																	0	0	
28																	0	0	
29																	0	0	
30																	0	0	
31																	0	0	
32																	0	0	
33																	0	0	
34	Sub Total		21,729	21,729	330	225	504	1,767	844	394	451	881	111	1,525	3,228	11,469	21,729	21,729	
<b>Discretionary:</b>																			
35	I.T.	A WILLIAMS	541	541	86	58	0	(9)	76	(154)	51	216	85	6	64	62	541	541	Low
36	Equipment	D HOLMES	416	416	1	3	164	5	66	4	77	49	53	(10)	0	4	416	416	Low
37	Statutory Compliance	R DAVIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Low
38	Estates	R DAVIES	5,097	5,097	24	57	34	98	58	111	139	416	677	3,270	5,097	5,097	5,097	5,097	Low
39	Other	E ROBERTS	159	159	0	6	4	16	1	5	5	15	17	7	61	22	159	159	Low
40	Sub Total		6,214	6,214	111	124	202	110	201	(87)	289	391	294	419	802	3,357	6,214	6,214	
<b>Other Schemes:</b>																			
41																	0	0	
42																	0	0	
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
49																	0	0	
50																	0	0	
51																	0	0	
52																	0	0	
53																	0	0	
54																	0	0	
55																	0	0	
56																	0	0	
57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61	Sub Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
62	Total Capital Expenditure		27,942	27,942	441	349	706	1,877	1,045	307	740	1,272	405	1,944	4,030	14,826	27,942	27,942	

# Welsh Ambulance Trust

Period : Mar 22

Table K - Capital Disposals

This Table is currently showing 0 errors

**A: In Year Disposal of Assets**

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 21)	MM/YY (text format, e.g. Apr 21)	MM/YY (text format, e.g. Feb 22)	£'000	£'000	£'000	£'000	
1								0	
2	Vehicles & Equipment disposals	N/A	N/A	2021-22	0	129	0	129	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	<b>Total for in-year</b>				0	129	0	129	

**B: Future Years Disposal of Assets**

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 22)	MM/YY (text format, e.g. Apr 22)	MM/YY (text format, e.g. Feb 23)	£'000	£'000	£'000	£'000	
20	St Asaph HQ - HM Stanley	N/A	N/A	2021-22	130	400	26	244	
21								0	
22								0	
23								0	
24								0	
25								0	
26								0	
27								0	
28								0	
29								0	
30								0	
31								0	
32								0	
33								0	
34								0	
35								0	
36								0	
37								0	
38								0	
	<b>Total for future years</b>				130	400	26	244	

# Welsh Ambulance Trust

Period : Mar 22

This Table is currently showing 0 errors

This table needs completing monthly from Month: 3

**Table L: EXTERNAL FINANCING LIMIT**

		Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
REF	<i>NET FINANCIAL CHANGE</i>	A	B	C	D
1	Retained surplus/(deficit) for period	0	75	75	75
2	Depreciation	16,933	16,936	3	16,936
3	Depreciation on Donated Assets	8	5	(3)	4
4	DEL and AME Impairments	6,136	6,136	0	6,136
5	Net gain/loss on disposal of assets		(129)	(129)	(129)
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals		129	129	129
8	Other Income (specify)			0	
9	<i>APPLICATION OF FUNDS</i>				
10	Capital Expenditure	(27,942)	(27,942)	0	(27,942)
11	Other Expenditure			0	
	<i>MOVEMENTS IN WORKING CAPITAL</i>				
12	Inventories	(199)	(199)	0	(199)
13	Current assets - Trade and other receivables	307	307	0	307
14	Current liabilities - Trade and other payables	5,797	5,797	0	5,797
15	Non current liabilities - Trade and other payables	0	0	0	0
16	Provisions	(4,429)	(4,429)	0	(4,429)
17	Sub total - movement in working capital	<b>1,476</b>	<b>1,476</b>	<b>0</b>	<b>1,476</b>
18	<b>NET FINANCIAL CHANGE</b>	<b>(3,389)</b>	<b>(3,314)</b>	<b>75</b>	<b>(3,315)</b>
	<i>EFL REQUIREMENT TO BE MET BY</i>				
19	Increase in Public Dividend Capital	4,865	4,865	0	4,866
20	Net change in temporary borrowing			0	0
21	Change in bank deposits and interest bearing securities	(165)	(240)	(75)	(240)
22	Net change in finance lease payables	(1,311)	(1,311)	0	(1,311)
23	<b>TOTAL EXTERNAL FINANCE</b>	<b>3,389</b>	<b>3,314</b>	<b>(75)</b>	<b>3,315</b>



Welsh Ambulance Trust

Period : Mar 22

Table N - General Medical Services  
Table to be completed from Q2 / Month:

6

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
	LINE NO.	£000's	£000's	£000's	£000's	£000's
Global Sum	1					
MPIG Correction Factor/Practice support payment	2					
<b>Total Global Sum and MPIG</b>	<b>3</b>				<b>0</b>	<b>0</b>
Quality Aspiration Payments	4					
Quality Achievement Payments	5					
Quality Assurance Improvement Framework (QAIF)	6					
QAIF (In hours Access)	7					
<b>Total Quality</b>	<b>8</b>				<b>0</b>	<b>0</b>
Direct Enhanced Services (To equal data in Section A (i) Line 32)	9					
National Enhanced Services (To equal data in Section A (ii) Line 42)	10					
Local Enhanced Services (To equal data in Section A (iii) Line 95)	11					
<b>Total Enhanced Services (To equal data in section A Line 96)</b>	<b>12</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
LHB Administered (To equal data in Section B Line 109)	13					
Premises (To equal data in section C Line 138)	14					
IM & T	15					
Out of Hours (including OOHDF)	16					
Dispensing (To equal data in Line 154)	17					
<b>Total</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

SUPPLEMENTARY INFORMATION

Directed Enhanced Services Section A (i)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Learning Disabilities	19					0
Childhood Immunisation Scheme	20					0
Mental Health	21					0
Influenza & Pneumococcal Immunisations Scheme	22					0
Services for Violent Patients	23					0
Minor Surgery Fees	24					0
<b>MENU of Agreed DES</b>						
Asylum Seekers & Refugees	25					0
Care of Diabetes	26					0
Care Homes	27					0
Extended Surgery Opening	28					0
Gender Identity	29					0
Homeless	30					0
Oral Anticoagulation with Warfarin	31					0
<b>TOTAL Directed Enhanced Services (must equal line 9)</b>	<b>32</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

National Enhanced Services A (ii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
INR Monitoring	33					0
Shared care drug monitoring (Near Patient Testing)	34					0
Drug Misuse	35					0
IUCD	36					0
Alcohol misuse	37					0
Depression	38					0
Minor injury services	39					0
Diabetes	40					0
Services to the homeless	41					0
<b>TOTAL National Enhanced Services (must equal line 10)</b>	<b>42</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Local Enhanced Services</b>	<b>A (iii)</b>	<b>LINE NO.</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
ADHD		43					0
Asylum Seekers & Refugees		44					0
Cardiology		45					0
Care Homes		46					0
Care of Diabetes		47					0
Chiropody		48					0
Counselling		49					0
Depo - Provera (including Implanon & Nexplanon)		50					0
Dermatology		51					0
Dietetics		52					0
DOAC/NOAC		53					0
Drugs Misuse		54					0
Extended Minor Surgery		55					0
Gonaderlins		56					0
Homeless		57					0
HPV Vaccinations		58					0
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm)		59					0
Learning Disabilities		60					0
Lithium / INR Monitoring		61					0
Local Development Schemes		62					0
Mental Health		63					0
Minor Injuries		64					0
MMR		65					0
Multiple Sclerosis		66					0
Muscular Skeletal		67					0
Nursing Homes		68					0
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)		69					0
Osteopathy		70					0
Phlebotomy		71					0
Physiotherapy (inc MT3)		72					0
Referral Management		73					0
Respiratory (inc COPD)		74					0
Ring Pessaries		75					0
Sexual Health Services		76					0
Shared Care		77					0
Smoking Cessation		78					0
Substance Misuse		79					0
Suturing		80					0
Swine Flu		81					0
Transport/Ambulance costs		82					0
Vasectomy		83					0
Weight Loss Clinic (inc Exercise Referral)		84					0
Wound Care		85					0
Zoladex		86					0
		87					0
		88					0
		89					0
		90					0
		91					0
		92					0
		93					0
		94					0
<b>TOTAL Local Enhanced Services (must equal line 11)</b>		<b>95</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL Enhanced Services (must equal line 12)</b>		<b>96</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**GENERAL MEDICAL SERVICES  
Operating Expenditure**

<b>LHB Administered</b>	<b>Section B</b>	<b>LINE NO.</b>	<b>WG £000's</b>	<b>Current Plan £000's</b>	<b>Forecast £000's</b>	<b>Variance £000's</b>	<b>Year to Date £000's</b>
Seniority		97					
Doctors Retention Scheme Payments		98					
Locum Allowances consists of adoptive, paternity & maternity		99					
Locum Allowances : Cover for Sick Leave		100					
Locum Allowances : Cover For Suspended Doctors		101					
Prolonged Study Leave		102					
Recruitment and Retention (including Golden Hello)		103					
Appraisal - Appraiser Costs		104					
Primary Care Development Scheme		105					
Partnership Premium		106					
Supply of syringes & needles		107					
Other (please provide detail below, this should reconcile to line 128)		108					
<b>TOTAL LHB Administered (must equal line 13)</b>		<b>109</b>				<b>0</b>	<b>0</b>

Analysis of Other Payments (line 108)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Additional Managed Practice costs (costs in excess of Global Sum/MPIG)	110					
CRB checks	111					
GP Locum payments	112					
LHB Locality group costs	113					
Managing Practice costs (LHB employed staff working in GP practices to improve GP services)	114					
Primary Care Initiatives	115					
Salaried GP costs	116					
Stationery & Distribution	117					
Training	118					
Translation fees	119					
COVID vaccination payments to GP practices	120					
	121					
	122					
	123					
	124					
	125					
	126					
	127					
<b>TOTAL of Other Payments (must equal line 108)</b>	<b>128</b>					<b>0</b>

Premises	Section C	LINE NO.	£000's	£000's	£000's	£000's	£000's
Notional Rents		129					
Actual Rents: Health Centres		130					
Actual Rents: Others		131					
Cost Rent		132					
Clinical Waste/ Trade Refuse		133					
Rates, Water, sewerage etc		134					
Health Centre Charges		135					
Improvement Grants		136					
All other Premises (please detail below which should reconcile to line 146)		137					
<b>TOTAL Premises (must equal line 14)</b>		<b>138</b>				<b>0</b>	<b>0</b>

Analysis of Other Premises (Line 137)	LINE NO.	£000's	£000's	£000's	£000's	£000's
	139					
	140					
	141					
	142					
	143					
	144					
	145					
<b>TOTAL of Other Premises (must equal line 137)</b>	<b>146</b>					<b>0</b>

Memorandum item						
Enhanced Services included above but in dispute with LMC (TOTAL)	147					
Enhanced Services included above but not yet formally agreed LMC	148					

**GENERAL MEDICAL SERVICES**  
Dispensing

Dispensing Data	LINE NO.	WG £000's	Current Plan £000's	Forecast £000's	Variance £000's	Year to Date £000's
<b>Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)</b>						
Dispensing Doctors	149					
Prescribing Medical Practitioners - Personal Administration	150					
Dispensing Service Quality Payment	151					
<b>Professional Fees and on-cost</b>						
Dispensing Doctors	152					
Prescribing Medical Practitioners - Personal Administration	153					
<b>TOTAL DISPENSING DATA (must equal line 17)</b>	<b>154</b>				<b>0</b>	<b>0</b>

Welsh Ambulance Trust

Period : Mar 22

Table O - General Dental Services

This Table is currently showing 0 errors

Table to be completed from Q2 / Month: 6

Operating Expenditure from the revenue allocation for the dental contract

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER (PLEASE DETAIL BELOW)	12				0	
<b>TOTAL DENTAL SERVICES EXPENDITURE</b>	<b>13</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	LINE NO.	£000's	£000's	£000's	£000's
Emergency Dental Services (inc Out of Hours)	14				
Additional Access	15				
Sedation services including GA	16				
Continuing professional development	17				
Occupational Health / Hepatitis B	18				
Gwen Am Byth - Oral Health in care homes	19				
Refund of patient charges	20				
Design to Smile	21				
Other Community Dental Services	22				
Dental Foundation Training/Vocational Training	23				
DBS/CRB checks	24				
Health Board staff costs associated with the delivery / monitoring of the dental contract	25				
Oral Surgery	26				
Orthodontics	27				
Special care dentistry e.g. WHC/2015/002	28				
Oral Health Promotion/Education	29				
Improved ventilation in dental practices	30				
Attend Anywhere	31				
	32				
	33				
	34				
	35				
	36				
	37				
	38				
	39				
	40				
	41				
	42				
<b>TOTAL OTHER (must equal line 12)</b>	<b>43</b>			<b>0</b>	<b>0</b>

RECEIPTS

<b>TOTAL DENTAL SERVICES INCOME (Enter as a negative value)</b>	<b>44</b>				<b>0</b>	
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## Swyddfa Cyllid ac Adnoddau Corfforaethol

### Finance and Corporate Resource Office

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Mrs AJ Hughes  
Head of NHS Financial Management  
Welsh Government  
North Wales NHS Financial Management  
Sam Mynach  
Llandudno Junction  
LL31 9RZ

25<sup>th</sup> April 2022

Your ref: WAST\m11\ajh

Dear Andrea

**Re: MARCH 2022 (MONTH 12 2021/22) MONITORING RETURN**

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for March 2022.

All automatic validation rules incorporated in the reporting template have been successfully passed.

In line with our submitted Annual Plan, our opening budgets and financial plan for the year reflected the level of funding, expenditure plans and savings requirement included and submitted to our Commissioners and approved by the Trust Board in March 2021.

The Trust's performance against financial targets for Month 12 2021/22 is as follows:-

#### 1. Actual Year to Date 21/22 (Tables A & B)

Income assumptions reflect those agreed within the Annual Plan and are used to support cost pressures identified in the Trust's detailed budget setting. The key funding assumptions for 2021/22 being that the 2020/21 funding is, where applicable, fully recurrent, and the 2021/22 funding includes:-

- The nationally made available uplift for core cost growth, which includes funding to meet the 2021/22 pay award costs,
- Impact of previously agreed developments/other adjustments including income support to implement the EMS Demand & Capacity Review, in line with support by Commissioners in the previous IMTP and Annual Plan, along with funding for other nationally delivered projects, including 111 First and the Operational Delivery Unit.

Month 12 2021/22 includes an income assumption to offset the net additional unavoidable direct revenue costs incurred by WAST in its planning and continuing response to COVID-19. The year to date COVID-19 value stands

at £12.913m as shown in Table B3. We can confirm that £12.764m has been invoiced for the year, with the variance between this and the figure in B3 being mainly related to PPE outturn being slightly higher than previously invoiced but as confirmed this income is not assumed within the position and has been managed locally. **(Action Point 11.2 & 11.3)**

The resulting reported performance at Month 12 as per Table B is therefore a very small under-spend against budget of £0.075m, and will be the position within our draft 2021/22 accounts (subject to Audit) after allowing for the above COVID-19 funding assumptions.

The reported total pay variance against plan as at Month 12 is an underspend of £2.163m. As per Table B3 the cumulative COVID-19 pay related costs up to Month 12 totaled £7.680m, including the £1.000m for the Annual leave impact.

The non-pay position at Month 12 is a reported overspend of £4.051m, this is made up of overspends on fleet maintenance costs, fuel, and Taxis. As per Table B3 the cumulative COVID-19 non pay related costs (including cleaning) up to Month 12 totaled £5.233m.

Income at Month 12 shows an over achievement of £1.963m.

## **2. Movement (Table A)**

The Movement table has been completed in accordance with the guidance, incorporating the submitted Annual Plan (AOP) data. Included within the Movement table is the additional income and expenditure assumed in association with the COVID-19 costs.

As requested, the two lines have now been removed from Table A for the 111 Think First, as this has now confirmed as relating to COVID and subsequently shown in Table B3 and E 1, with £0.500m shown as Operational mitigating actions **(Action Point 11.4)**

Due to underachievement of disposals these have now been excluded from Table A.

## **3. Risk (Table A2)**

Any risks previously reported in Table A2 were continued to be reviewed right up to year end, however there are now no expected material financial risks to the reported draft year end position, subject to audit.

## **4. Monthly Profiles (Table B)**

This table has now been completed in full; it should be noted that following a review of planned disposals, given the supply chain issues the Trust has been experiencing especially around fleet the Trust delayed sending vehicles to auction, also the planned sale of HM Stanley was also delayed, this resulted in the planned profits not being recognised in the year, and have been deducted from table A.

## **5. Pay and Agency/Locum (premium) Expenditure (Table B2)**

Agency costs for Month 12 totalled £0.449m. The current percentage of agency costs against the total pay figure is 0.9%, this is to cover vacancies and additional activity. The Trust is always attempting to minimise agency costs by recruiting into permanent positions where possible.

## **6. COVID-19 (Table B3)**

Table B3 has been completed in accordance with the guidance.

The COVID-19 value stands at £12.913m as shown in Table B3. Table B3 includes £1.000m in respect of the impact on annual leave and the £0.500m in relation to Think 111 first. As stated above £12.764m has been invoiced (net of £0.045m returned unused bonus accrual).

These costs exclude any costs relating to assistance from the military which will be made under MACA on the basis that, as with previous such agreements, WG will be paying directly for these services.

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

For Month 12 the Trust is reporting savings of £2.861m against a plan of £2.800m thus a non-recurrent overachievement of £0.061m.

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

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

The Trust has been engaging with colleagues across NHS Wales to eliminate any variance, and the figures quoted are in line with the TMS process.

WHSSC / EASC and WAST continued to meet up until the end of month 12 and we are happy to confirm that we were able to fully agree the year end funding position; this is reflected in Table D.

The c£5.000m for COVID Urgent Emergency Care has now been shown on line 44 of Table E1 as requested. (Action Point 11.1)

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

The Statement of Financial Position for Month 12 has been completed as per the guidance.

At Month 12 there are two invoices with a total value of £0.001m over 11 weeks both relating to Aneurin Bevan ULHB. As at the MR date one invoice had been paid and the second was agreed to be paid as part of the TMS agreements.

## 10. Cash flow (Table G)

The cash flow has been completed in accordance with the guidance.

MONTHLY CASHFLOW FORECAST 2021-22	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
<b>RECEIPTS</b>													
other (specify in narrative)													
CRU Income	25	18	17	22	20	16	19	19	23	16	15	21	231
Other Non NHS Income	164	141	71	237	85	84	2,329	167	372	249	920	272	5,091
Pensions Agency	0	0	0	0	0	0	0	0	59	0	0	0	59
Vat Refund	388	375	264	0	545	324	405	418	763	368	380	0	4,230
Risk Pool Refund	0	0	0	0	0	4	0	0	0	0	0	0	4
<b>Total</b>	<b>577</b>	<b>534</b>	<b>352</b>	<b>259</b>	<b>650</b>	<b>428</b>	<b>2,753</b>	<b>604</b>	<b>1,217</b>	<b>633</b>	<b>1,315</b>	<b>293</b>	<b>9,615</b>
<b>PAYMENTS</b>													
Other items (specify in narrative)													
VAT Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Pensions / Retirements	127	6	0	0	0	127	0	125	0	0	133	0	518
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>127</b>	<b>0</b>	<b>125</b>	<b>0</b>	<b>0</b>	<b>133</b>	<b>0</b>	<b>518</b>

Details of 'Other' receipts and 'Other' payments as shown within lines 10 and 22 of Table G are shown above.

## 11. Public Sector Payment Compliance (Table H)

This table has been completed in accordance with the guidance. The Trust will endeavour to ensure that NHS invoices along with Non-NHS invoices are paid within targets moving through the final quarter of 2021/22 with regular staff communications being made.

The cumulative percentage of Non-NHS invoices paid within 30 days by number was 98.4% against a target of 95%.

## 12. Capital (Tables I, J and K)

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

The Trust can confirm that it achieved the CEL target of £27.942m, with a very small underspend against plan of £9.80 (subject to audit).

The sale of HM Stanley did not take place in year.

Following a generous donation to our associated charity during 2020/21, an ambulance to the value of £0.185m was procured recently. In accordance with guidance supplied by the WG in relation to this donation, the receipt has been excluded from the SoCNE.

## 13. Committee to receive Financial Monitoring Return

The Trust confirms that financial information reported in the monitoring return is entirely consistent with financial details reported internally, including details within Trust Board papers and that of its Committees.

The Month 12 Financial Monitoring Return will be presented to the Finance and Performance Committee on 16<sup>th</sup> May 2022.

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

## 14. Other Issues

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

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

Yours sincerely



Chris Turley  
Executive Director of Finance & Corporate Resources



Jason Killens  
Chief Executive

Enc

cc:

Mr M Woodford, Chairman  
Non-Executive Directors Executive Directors



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services  
NHS Trust

# Welsh Ambulance Services NHS Trust

## Pan-Wales Shift Post-Production Lost Hours (PPLH) Deep Dive

Finance & Performance Committee  
16<sup>th</sup> May 2022





# Executive Summary

- i. PPLH is complex and its comparison with hospital handover lost hours needs to be done with caution.
- ii. Whereas hospital handover lost hours are all hours over the 15 minute time available for hospital handover, PPLH includes 16 different reasons, many of which are unavoidable e.g. traumatic incident stand down, and cannot be viewed as a potential efficiency.
- iii. Dialogue with TU partners has highlighted a concern about data accuracy for PPLH. Further investigation confirmed this concern and work is currently being undertaken around data accuracy including data entry. This work is not complete at this time so the data is improved, but interim.
- iv. Some limited benchmarking information is available, which indicates that WAST compares favourably; however, working on WAST's data accuracy and modelling of this data is considered a better option for understanding and improving PPLH in WAST.
- v. PPLH forms one of three key efficiencies via the commissioning process: re-rostering, absences/sickness absence and PPLH. The Trust has clear plans on two and developing plans on the third.
- vi. Handover lost hours equated to 29% of Ambulance Response production in Mar-22. RTB/MB equated to 7% and not all of this 7% can be viewed as a potential efficiency.
- vii. Productivity improvements should also be considered alongside staff well-being considerations. Dialogue with TU partners has identified shift overruns as a key staff well-being metric.



# Post-Production Lost Hours – Definition

***Number of hours lost due to ambulance vehicles being unavailable due to a variety of reasons.***

- i. There are to be 16 ambulance resource unavailable reasons.
- ii. Not all of these codes are considered to contribute to post production lost time.
- iii. The unavailable reason is selected by an Allocator or Dispatcher in EMS Coordination; therefore it is paramount that EMS Coordination employs the use of each code with rigorous consistency i.e. there is room for human error, and data inaccuracy currently.
- iv. To help with this consistency a new Standard Operating Procedure is due to be released for staff. This will provide users clarity on how to apply these codes.





# Post-Production Lost Hours – Codes

Unavailable Reason	Definition & Application	Pre-set Time	Included in PPLH
U/A RTB STAND DOWN MEAL BREAK	Call-sign is overdue a rest break. Crew must notify EMS Coordination via MDT or radio of arrival at base – escalate to DOM when required	N/A	✓
U/A CREW OFF DUTY	Crew has finished the shift	N/A	*
U/A UNDISTURBABLE REST BREAK	Rest-break	30 minutes	*
U/A MEETING	e.g. police interview, Coroner's statement, or undisturbable meeting (should be prearranged so far as possible)	30 minutes	✓
U/A EQUIPMENT	Call-sign requires vital equipment without which they cannot practice safely, such as defibrillator pads, drugs, or vital PPE – please specify. This differs from NPR 'Restock Duties' (see NPR reasons)	30 minutes	✓
U/A PATIENT DOCUMENTATION	e.g. ASHICE PCR, safeguarding referrals, domestic abuse referral	15 minutes	✓
U/A VEHICLE CLEANING	All vehicle cleaning	30 minutes	✓
U/A TRAUMATIC INCIDENT STAND DOWN	Any traumatic incident where welfare/debrief is required – inform DOM at earliest opportunity	60 minutes	✓
U/A VEHICLE DEFECT	Any vehicle defect including IT – please specify	30 minutes	✓

U/A HALO DUTIES	Call-sign is en route to hospital to relieve another crew for meal break/end shift, but the vehicle/patient is not yet known	N/A	✓
U/A DOM DUTIES	DOM is not available for auto-allocation. Verbal contact should be made for escalation/Civil Contingencies	N/A	*
U/A SOILED UNIFORM	Soiled uniform, staff should have a change of uniform on their base station	30 minutes	✓
U/A STAFF ILLNESS/INJURY	Operational staff on call-sign unwell or injured. Inform DOM at earliest opportunity	60 minutes	✓
U/A CLINICIAN TRAVELLING	Clinician on a different call-sign travelling in with conveying resource. Clinician to clear from incident, and EMS Coordination to apply this code to call-sign	N/A	✓
U/A LEAVE – NOT AVAILABLE	For any other reason where a resource is logged on but un-crewed e.g. staff involved in vehicle move, or assisting with a red call	N/A	*
PAPER OPERATIONS	EMS Coordination is operating without key IT systems due to planned work or failure (not to be used against a specific call-sign as an unavailable reason)	N/A	*



# Post-Production Lost Hours – Reporting Changes

- TU partners queried the data accuracy of PPLH in a series of workshops held last year.
- The feedback from TU partners was acted upon and issues were discovered.
- As a result the Trust is introducing a new Standard Operating Procedure (as per slide three) to aid Allocators and Dispatchers in EMS Co-ordination with data accuracy.
- However, this is an interim solution because it is still reliant on the Allocator and Dispatcher i.e. human error. The longer term solution is a fix within the Computer Aided Dispatch (CAD) system, provided by the supplier. The Trust is engaged with the supplier, but does not have a timeline for this fix currently.
- Health Informatics (HI) have therefore created an alternative interim report on PPLH which improves reporting, but is an interim fix pending the work on the CAD as described.

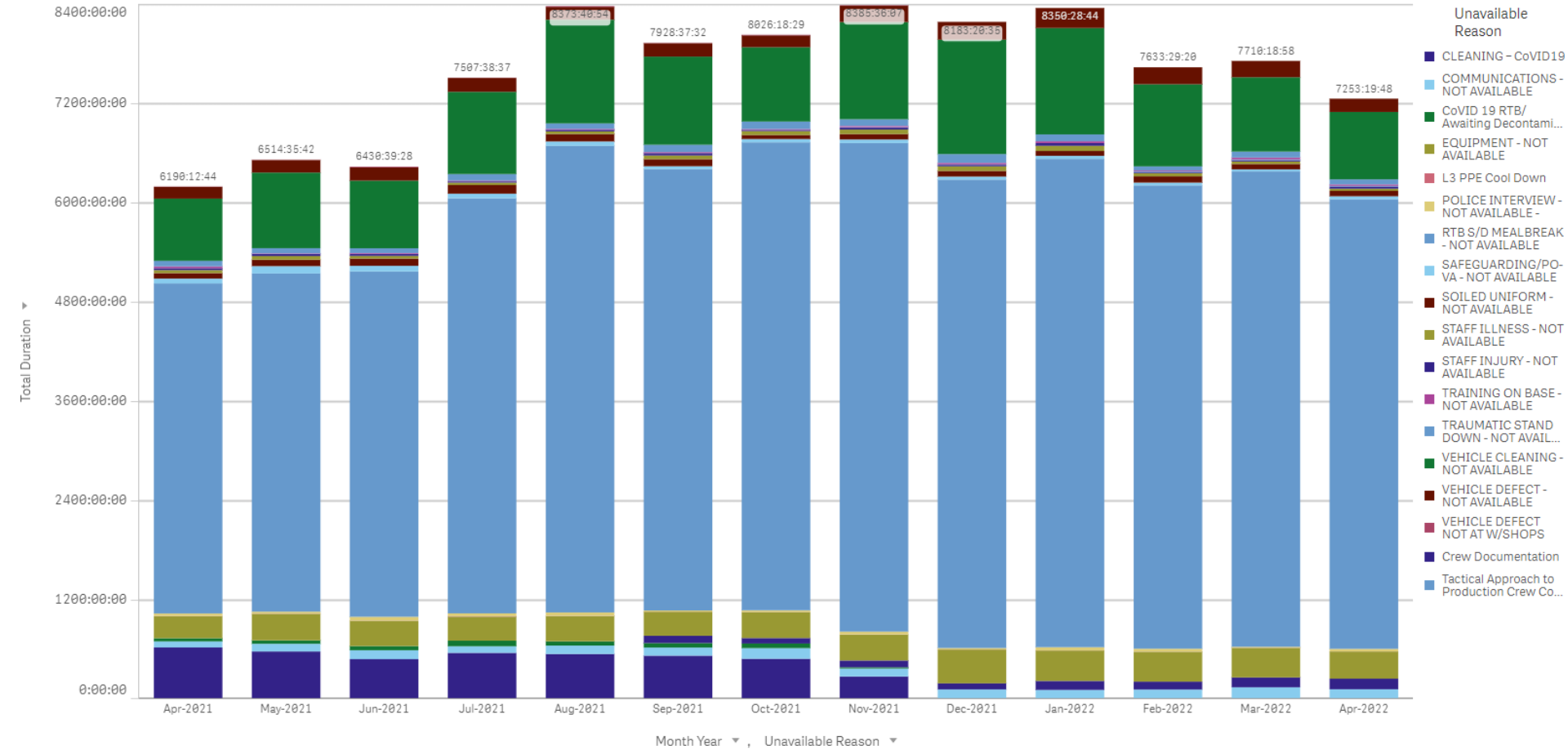




# Post-Production Lost Hours for EA, UCS and RRV



Unavailable Status  
Unavailable Reason Trend by Reason



- Unavailable Reason
- CLEANING - CoVID19
- COMMUNICATIONS - NOT AVAILABLE
- CoVID 19 RTB/ Awaiting Decontami...
- EQUIPMENT - NOT AVAILABLE
- L3 PPE Cool Down
- POLICE INTERVIEW - NOT AVAILABLE -
- RTB S/D MEAL BREAK - NOT AVAILABLE
- SAFEGUARDING/PO-VA - NOT AVAILABLE
- SOILED UNIFORM - NOT AVAILABLE
- STAFF ILLNESS - NOT AVAILABLE
- STAFF INJURY - NOT AVAILABLE
- TRAINING ON BASE - NOT AVAILABLE
- TRAUMATIC STAND DOWN - NOT AVAIL...
- VEHICLE CLEANING - NOT AVAILABLE
- VEHICLE DEFECT - NOT AVAILABLE
- VEHICLE DEFECT NOT AT W/SHOPS
- Crew Documentation
- Tactical Approach to Production Crew Co...

NOTE: These codes have not yet been brought in line with revision as outlined on previous slides.

Most lost time is for returning to base for meal break and hospital ambulance liaison officer (patient cohorting at ED).





# Post-Production Lost Hours - Return to Base Meal Break



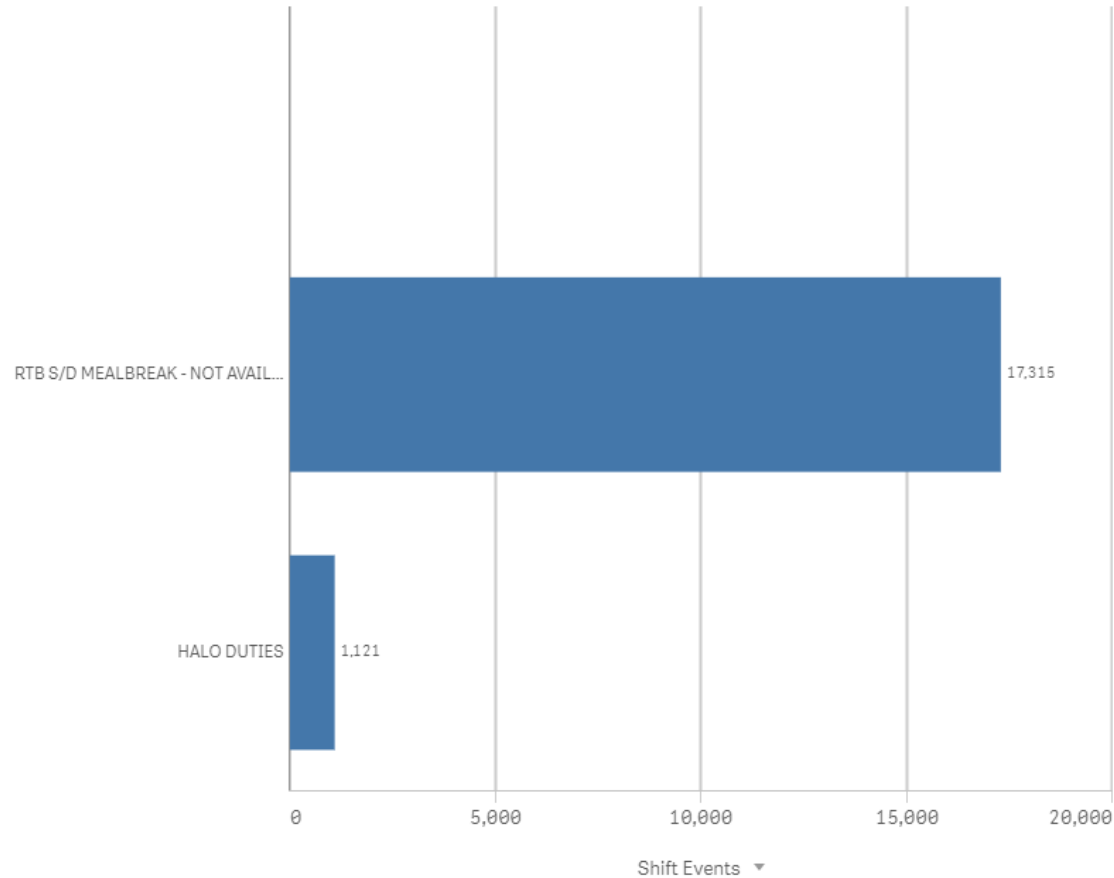
- The current Rest Break Policy indicates that ambulance resources cannot be allocated to any incident other than a Red call within their rest break window.
- As a result of being available for Red calls or P1 back up whilst travelling to a location to undertake their meal break within the window, this is not classed as post production lost hours (unavailability)
- 6.7 of the Rest Break Policy states that if any rest break window is exceeded no further work can be allocated until a break is completed; this will also include the journey time to return to the appropriate location where the break will begin.
- As a result where an ambulance resource is marked unavailable during this exceeded rest break journey it is classed as post production lost hours. The time allocated to the stand down primary break is not classed as post production lost hours as the staff members are not paid for this element of their shift.



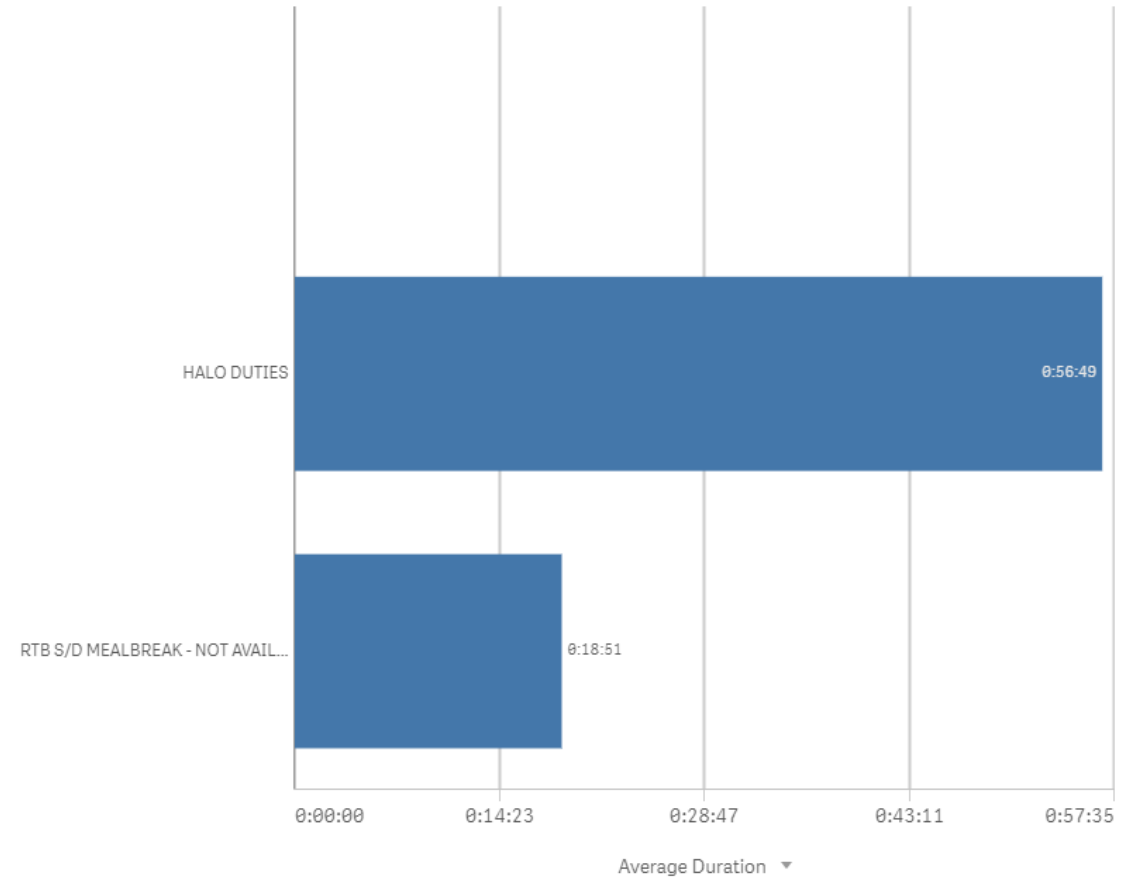
# Post-Production Lost Hours for EA, UCS and RRV April 2022, Event Count and Average Duration



Unavailable Reason



Unavailable Reason





# Post-Production Lost Hours for EA, UCS and RRV April 2022, Average Duration Comparison



<p><b>Central – 20m31s on 3,584 events</b></p> <p>RTB S/D MEALBREAK - NOT AVAIL...</p> <p>Average Duration ▾</p>	<p><b>South East – 17m16s on 5,537 events</b></p> <p>RTB S/D MEALBREAK - NOT AVAIL...</p> <p>Average Duration ▾</p>
<p><b>North – 19m01s on 4,642 events</b></p> <p>RTB S/D MEALBREAK - NOT AVAIL...</p> <p>Average Duration ▾</p>	<p><b>South Central – 19m23s on 3,552 events</b></p> <p>RTB S/D MEALBREAK - NOT AVAIL...</p> <p>Average Duration ▾</p>





# Post-Production Lost Hours - Benchmarking

The Trust has recently undertaken more benchmarking on PPLHs which suggests that it compares favorably with two other ambulance services, but less so with a third; however precise benchmarking is difficult and modelling the current WAST approach versus a change in practice within WAST considered a more reliable guide to improvement.

Proportion of Vehicle Hours Unavailable	WAST		Service 1	Service 2	Service 3
	Jan 2020 - Oct 2021	May 2018 - March 2019	Jan 2019 - Oct 2019	April 2018 - March 2019	Jan 2019 - Dec 2019
<b>Total</b>	<b>11.0%</b>	<b>11.9%</b>	<b>12.7%</b>	<b>12.1%</b>	<b>5.9%</b>

Source: Operational Research in Health





# Post-Production Lost Hours – CSAM Optima Modelling



The Trust has recently undertaken some modelling on PPLH via CSAM Optima, in particular, return to base/meal break and what would happen if ambulances went to the nearest suitable station, rather than return to base:-

Scenario	Number of Locations	RED (%)	AMBER1 MEDIAN (mins)	AMBER2 MEDIAN (mins)	AMBER1 95th (mins)	Util (%)	Distance Travelled (miles)	On-Time (%)	Overrun 0-30 mins (%)	Overrun 30-60 mins (%)	Overrun 60+ mins (%)
2) Suitable Station	27	+ 1.1%	- 4 mins	- 9 mins	- 5 mins	- 0.2%	+ 538 k	- 2%	0%	0%	+ 2%

The modelled performance gains are relatively small compared to re-rostering or handover. The modelling includes ambulance resource returning to base within their rest break window and those that have exceeded the rest break window.





# Commissioning Intentions: Productivity

## EMS Commissioning Intention – CI3 – Productivity

### Aims

- |        |  |
|--------|--|
| CI3-A1 | <p><b>Reducing Post-Production Lost Hours</b> – Post-production lost hours have long been a significant contributor to reduced productivity. Using an agreed baseline measurement period, post-production lost hours will be reduced in line with a quarterly agreed improvement trajectory.</p> <p>The improvement trajectory will be included in the new commissioning framework that will be collaboratively agreed ahead of 1st April 2022.</p>  |
| CI3-A2 | <p><b>Reducing Notification to Handover Time</b> – NHS Wales is a significant outlier in the UK and internationally for lost productivity due to extended notification to handover times. EASC is committed to delivering less than 150 hours per day across Wales and 95% of handovers completed within 1 hour, with a backstop of no handover taking more than 4 hours.</p> <p>Individual improvement trajectories will be agreed for each site and will be included in the new commissioning framework.</p> |

The Trust has two commissioning intentions for Productivity, one of which is PPLH. The other is for handover lost hours, which is a health board responsibility.

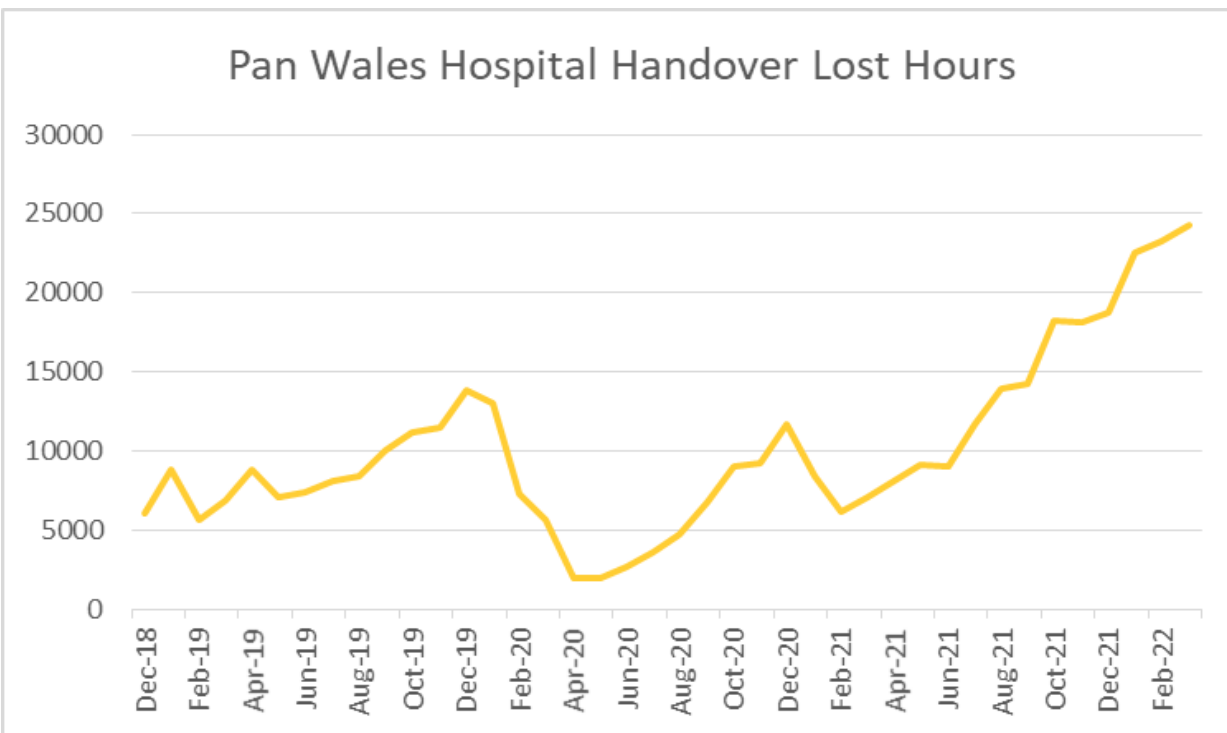


# Emergency Medical Services – Hospital Handover



Hospital handover lost hours are 358% higher (Mar-22) compared to the EMS Demand & Capacity Review parameter (Dec-18). In Mar-22 WAST lost 29% of its conveying capacity to hospital handover. RTB/meal break was 5,935 or 7% of actual hours and not all of the 5,935 can be classified as a lost efficiency in the way hospital handover can.

Pan Wales Hospital Handover Lost Hours



Mar-22			
Health Board	EA/UCS Hours Produced	Handover Lost Hours	% Lost
AB	13,195	3,111	23.6%
BCU	22,997	7,193	31.3%
C&V	8,496	3,448	40.6%
CTM	7,244	2,740	37.8%
HD	12,727	3,548	27.9%
P	7,003	1,356	19.4%
SB	12,777	3,083	24.1%
	84,439	24,479	29.0%





# Commissioning Intentions: Availability



## EMS Commissioning Intention – CI2 Availability

### AIMS

CI2-A1	<b>Workforce Stability</b> - Maintaining the increased staff base following closure of the relief gap identified in the ORH Demand and Capacity Review (2019). Maximising the availability of these staff through reducing sickness levels and abstractions by ensuring that their wellbeing needs are appropriately supported.
CI2-A2	<b>Workforce Availability</b> - Grow the workforce in line with the strategic ambition, agreed forecasting and modelling and within financial allocation when made available by Commissioners.
CI2-A3	<b>Rosters Aligned to Demand</b> - The current demand profile is not matched by available resource. This has a significant impact on quality of service for patients and wellbeing of staff. Roster reviews have been undertaken with partners throughout 2021-22 to agree core principles and working parties have progressed the design and building of rosters. Rosters aligned to demand will be available for each area in 2022-23 and an implementation programme will be developed and delivered.

The Trust also has commissioning intentions for Availability, which includes the re-roster project.



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Gwasanaethau Ambiwylans Cymru  
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NHS Trust

<b>AGENDA ITEM No</b>	<b>9</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

## MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – March/April 2022

<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	16 May-22
<b>EXECUTIVE</b>	Rachel Marsh – Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Hugh Bennett – Assistant Director of Commissioning and Performance Kerri Hitchings – Commissioning & Performance Manager Nicola Quiller – Commissioning & Performance Officer
<b>CONTACT</b>	<a href="mailto:Hugh.bennett2@wales.nhs.uk">Hugh.bennett2@wales.nhs.uk</a> <a href="mailto:Nicola.Quiller@wales.nhs.uk">Nicola.Quiller@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

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

### RECOMMENDATION

Trust Board is asked to:-

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

## KEY ISSUES/IMPLICATIONS

### Overview

March 2021 Trust Board & QUEST received a revised Integrated Quality & Performance Report which contained 28 key indicators at a highly summarised level and demonstrated how the Trust is performing across four integrated areas of focus:

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

These four areas of focus broadly correlate with the Quadruple aims set out in 'A Healthier Wales'.

The Strategy, Planning & Performance Directorate has continued the formal update of the report, based on feedback from Board, committees and individual responses from non-executive directors and executives. The report will continue to be reviewed on an iterative basis, likely to be on an annual basis in line with the IMTP.

The review of the Quality & Performance Management Framework has concluded with the Framework approved by March 2022 Trust Board. The focus is now on a work programme of deliverables for identified areas of improvement e.g. local frameworks.

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

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

999 answering times have been challenged through significant increases in demand. The median and 65<sup>th</sup> percentile performance remain good, but the call answering tail remains at just under one minute. 111 call answering performance (answered within 60 seconds/abandoned after 60 seconds), saw a decline in April 2022 linked to increasing demand, call abandonment rates increased (therefore, worsening) and did not meet the 5% target.

Actions to improve both of these areas involve the recruitment of additional call handlers. For the 999 calls, additional recruitment was being undertaken to uplift the call taker establishment by 32 FTEs in 2021/22; however, recurrent funding has not been secured into 2022/23. Forecasting and modelling is being undertaken on the future call taker requirement through to December 2024, but as above funding is not available at this time. The CCC Reconfiguration Project deliverables for 2022/23 are currently being revisited in the light of the 2022/23 budget settlement.

Similarly 111 had successfully delivered two cycles of additional Call Handler and Clinical Advisor recruitment in January & February 2022; however, the 111 establishment and future transformational actions are now being reviewed as the service stabilises post pandemic and after a recent demand & capacity review of 111 by Operational Research in Health (ORH) with a report due to EMT in May 2022. Also, discussions are continuing with stakeholders on how to manage the over-established position for 111 Call Handlers following the decision by Welsh government not to continue to fund the 111 First programme.

Within the 111 service, a recently implemented telephony system for interactive voice response provides callers with expected answer times and sets out alternative options as the caller waits (for example, informing callers that they may find answers on the 111 website). In due course, there will also be an option for the caller to be called back rather than hold on. This will improve the patient experience, reduce numbers of calls that end up with the call handler and reduce abandonment rates.

**111 Clinical response:** whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls, a decline in performance across all the priorities was seen in March 2022. The Trust knows that the waits for a clinical ring back are too long.

**Ambulance Response** (safety / patient experience): Red and Amber response times declined into March 2022 caused by an increase in patient demand and the extreme number of hours lost to hospital handover which cannot be offset by increased ambulance production. Red performance marginally improved in April 2022, but Amber continued to worsen. Response times continue to be much longer than the Trust would want. Actions within the Trust's control include:

Capacity:

- Recruitment of an agreed funded additional 127 FTE front line staff as part of the Year 2 EMS Operational Transformation Programme. The Trust was on course to close the relief gap early in 2022/23; however, in order to fund the uplift of 36 Paramedic FTEs into the Clinical Support Desk (CSD) the Trust will now have to hold open 46 ACA2 vacancies in 2022/23 i.e. recurrent funding has not been made available by EASC. On this basis the Trust will deliver an uplift of 217 FTEs for the relief gap (263 FTEs), 36 Paramedic FTEs for the CSD and a further five mental health practitioners, in total an uplift of 258 FTEs which clearly demonstrates that the Trust can recruit and support the wider unscheduled care system if funded to do so. No funding is available at this time for the Transition Plan which offered the system a further uplift of 294 FTEs including 95 FTEs to fill the Cymru High Acuity Response Unit (CHARU) roster keys.
- Securing of additional temporary capacity from alternative sources, for example St John Cymru. Military aid ended in March 2022. A significant number of additional hours have been provided through the winter period as a result of support from the Trust's partners, however emergency ambulance unit hour's production (UHP) achieved 90% in April 2022 i.e. falling below the benchmark of 95% as military aid stopped on 31 March 2022, The level of hours that the Trust can provide, even with all efficiencies delivered, cannot off set the level of handover lost hours.

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

- The Ambulance Response roster review is on target for go live between September 2022 and November 2022. There is an increasing amount of stakeholder interest which is being fielded by senior officers of the Trust;
- A Managing Attendance Programme has been agreed with EMT, which includes seven work-streams. This is now live and being reported to EMT every two weeks.

- Work around workforce modernisation proposals, including post production lost hours (PPLH) is currently paused pending further dialogue with trade union partners.

#### Demand Management

- The Trust has prioritised 41 additional clinicians into the Clinical Support Desk, with 36 Paramedic FTEs and five mental health practitioners successfully recruited, with on-boarding and full go live occurring through February 2022 and March 2022 (on-target/recruited). As well as improving the safety of the calls that are waiting, this investment will also mean an increase in hear and treat rates.

The Trust has combined various tactical plans into a single Performance Improvement Plan (PIP) which is being reported to the Executive Management Team every two weeks (and onto the CASC). Actions are set out under four main headings with actions including:

- Better management of demand;
- Increasing capacity;
- Increasing effectiveness and efficiency of resources; and
- Supporting staff well-being.

Good progress has been made on the PIP. The PIP is supported by tactical forecasting and modelling, with the results for spring provide to senior decision makers. The focus is now on forecasting, modelling and planning for summer.

The modelling results are very concerning due to the end of military support and the extreme levels of handover. The Transition Plan could mitigate some of the patient safety concerns, but is not funded at this time.

**Ambulance Care (formally NEPTS) (Patient Experience):** performance was above target for enhanced renal patient arrivals prior to appointment in April 2022 and has improved for patients requiring discharge; however, overall demand for the service continues to increase and Ambulance Care core (outpatient demand) has not yet recovered to pre CoVID-19 levels. EASC (10<sup>th</sup> May 2022) has a “focus on” development session on NEPTS, which will include looking at the in-balance of demand and capacity and options for resolving this. Other areas of focus include call answering performance, which is currently being addressed through a range of actions and oncology. Oncology may require a change in performance standard at the NEPTS Demand & Capacity Review identified that achieving the current standard through increasing FTEs would be prohibitively expensive.

**National Reportable Incidents (NRIs) / Concerns Response:** The Trust reported 3 NRIs to the Delivery Unit in April 2022, compared to 7 in March 2022; and 19 patient safety incidents were referred to health boards under the “Appendix B” arrangement, compared to 7 in March 2022; this clearly indicates the impact military aid was having. Complaint response times declined to 52% therefore failing to meet the 75% target. In the main, many of these incidents will be as a result of continued longer response times and the actions outlined below therefore are key.

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

**Hours Produced:** 111,067 EMS ambulance unit hours were produced in April 2022. The emergency ambulance UHP was 90% in April 2022 and RRV UHP was 71%.

Military aid ended in Mar-22. There is some continued support from St John Ambulance Cymru.

**Response Abstractions:** Abstraction levels saw a significant reduction in April 2022, however, they remain very high at 41% (benchmark 30%). COVID-19 has had a significant impact on abstractions with sickness abstractions being 13% in April 2022 (benchmark 5.99%). Workforce fatigue is also an issue.

**Trust Sickness absence:** The Trust's overall sickness percentage (March 2022) was 11.88% and high sickness levels were seen across all areas of the Trust's operations including Ambulance Response, CCC, 111 and NEPTS, affecting capacity in all areas. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level, although it is difficult to forecast the ongoing impact that CoVID-19 will have on staff and volunteers. In addition, Employee Assistance Provider (EAP) data suggests that most requests for counselling are as a result of work related stress. As outlined above, the PIP contains additional actions being taken in relation to staff well-being. A specific Managing Attendance programme has been established, led by the Deputy Director of WOD, to identify and implement actions across a range of areas to improve sickness absence and alternative duties.

**Staff training and PADRs:** PADR compliance and Stat / Mand training compliance are below target. This has been impacted on by the pandemic. The Learning and Development Team will continue to utilise Siren using the #WASTMakeItHappen tagline to reinvigorate My Learning on ESR to improve compliance rates for corporate staff.

## **Finance and Value**

**Financial Balance:** The Trust achieved financial balance in 2021/22, with a small revenue surplus of £0.075m and met its statutory duty to breakeven during the 2021-22 financial year.

**Post-production lost hours:** The efficient and effective use of the capacity that the Trust produces is a key indicator. This is measured within the EMS service by the calculation of post-production lost hours (PPLHs). EMS Response lost over 11,000 PPLHs in April 2022, compared to the 111,067 hours produced. The reasons for PPLHs are many and varied. There is a separate "PPLH Deep Dive" on the Committee's agenda, which looks at this area in more detail.

## **Partnerships/ System Contribution**

**Shift left:** much of our work as a Trust relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **hear and treat** rates after 999 calls; and the Trust achieved 11.8% in April 2022, compared to the benchmark of 10.2%.

The Trust has an ambition to shift more patient demand left, where it is clinically safe to do so through both hear & treat and see & treat (Finance & Performance Committee received a separate Deep Dive report on their agenda, which is available to all Trust Board members), a position consistent with the EMS commissioning framework. To this end the Trust has increased the establishment in the Clinical Support Desk by 41 FTEs, almost doubling the existing establishment, with 36 Paramedic FTEs and a 5 mental health professionals FTEs into the Clinical Support Desk (CSD). Recruitment is complete with staff on-boarding and going live in

quarter four. The Trust is also implementing new clinical triage software and working with health boards on how they can support remote demand management. There will be a revised benchmark of 15% for hear & treat into 2022/23.

The Trust **conveyed** 32% of patients to emergency departments in March 2022, a decrease compared to 35% in February 2022; analysis shows that this may be linked to pressures within the system and the application of the Clinical Safety Plan (CSP), which will trigger the Trust being unable to send ambulances to lower acuity calls. Further strategic modelling work has recently been completed on “inverting the triangle”.

**Handover lost hours:** 23,382 hours were lost in April 2022. These levels are extreme and whilst the Trust can seek to mitigate the impact of handover lost hours, the Trust cannot offset this scale of lost hours. The Trust continues to raise this issue with EASC, Health Boards and Welsh Government and will continue to support any improvement programmes such as the EDQDF. The 2022/23 EASC commissioning intentions for handover lost hours focuses on setting improvement trajectories per site; however, the pressure on the unscheduled care system as Wales emerges from the pandemic means that the Trust can expect these extreme levels to continue into 2022.

### Summary

Both People & Culture Committee and QUEST committee held detailed discussions on March 2022’s quality and performance across the three patient pathways: 111, Ambulance Care (NEPTS) and EMS. Both committees expressed deep concern about the extreme levels of handover and its impact on patient safety and staff well-being. The committees recognised that the Trust has actions in place to deliver efficiencies to help boost capacity, but that modelling clearly indicates these will not be anywhere near sufficient to offset the handover lost hours currently being witnessed. QUEST identified a need for health board Quality & Safety Committees to be sighted on Appendix B referrals and resulting National Reportable incidents.

For 111, the committees recognised that performance targets (with the exception of the highest priority) are not currently being delivered, but that the Trust is reviewing demand and capacity modelling information and emerging actions from this. Demand should stabilise as the country moves out of the pandemic. For Ambulance Care (NEPTS) the committees acknowledged that the service was generally performing well, but discussions are going to be required with stakeholders on options for aligning demand and capacity in 2022/23 as the system re-sets and demand returns and exceeds pre-pandemic levels.

## REPORT APPROVAL ROUTE

Date	Meeting
12 May 2022	Commissioning & Performance Manager Assistant Director of Commissioning & Performance Director of Strategy Planning & Performance
16 May 2022	Finance & Performance Committee

**REPORT APPENDICES**

**Appendix 1 – Top Indicator Dashboard**

**REPORT CHECKLIST**

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



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Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services  
NHS Trust

# Monthly Integrated Quality & Performance Report

## March/April 2022

### Annex 1 – Top Indicator Dashboard





# Section 1: Monthly Indicators / Top Indicators Dashboard



Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Mar-22	Apr-22	2 Year Trend	RAG
<b>Our Patients - Quality, Safety and Patient Experience</b>						
111 Abandoned Calls	< 5%	11.00%	9.2%	10.2%		R
111 Patients called back within 1 hour (P1)	90%	95.30%	94.5%	93.0%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:03	01:35	-		R
999 Red Response within 8 minutes	65%	63.6%	51.1%	51.2%		R
Red 95th percentile	00:14:00	00:17:59	00:24:15	00:24:24		R
999 Amber 1 95th percentile	01:18:00	02:24:10	06:37:49	07:18:40		R
Return of Spontaneous Circulation (ROSC)	Improve	9.97%	-	-		G
Stroke Patients with Appropriate Care	95%	95.83%	-	-		G
Acute Coronary Syndrome Patients with Appropriate Care	95%	73.50%	-	-		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	74%	81%	79%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	88.00%	88%	91%		G
National Reportable Incidents reports (NRI)	-	4	7	3		R
Concerns Response within 30 Days	75%	75%	76%	52%		R

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Mar-22	Apr-22	2 Year Trend	RAG
<b>Our People</b>						
EMS Abstraction Rate	29.92%	37.00%	49%	41%		R
Hours Produced for Emergency Ambulances	95%	96.0%	98%	90%		A
Sickness Absence (all staff)	5.99%	7.30%	11.88%	-		R
Frontline CoVID-19 Vaccination Rates	-	-	4,279	-		-
Statutory & Mandatory Training	>85%	83.1%	84.15%	84.64%		A
PADR/Medical Appraisal	>85%	52%	51.46%	52.89%		R
Ambulance Response FTEs in Post	1700	1702	-	-		A
Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	-	1117	1754	-		-
<b>Value</b>						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	-		G
EMS Utilisation metric	57%	-	-	-		-
Post-Production Lost Hours (All Vehicle Types)	Reduction Trend	11,053	12,886	11,624		R
<b>Partnerships / System Contribution</b>						
111 Consult and Close	Improve	5,612	8,432	10,295		G
Combined 999 & 111 Hear & Treat	10.2%	9.9%	11.8%	11.8%		G
% Incidents Conveyed to Major EDs	<48.6%	44.58%	32.21%	-		G
Number of Handover Lost Hours	< 150 hrs per day	6,093	24,479	23,382		R

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (To Be Determined)





# COVID-19 Virus Monitoring

FPC

QUEST



## Wales Situation Report

Source: Welsh Government  
Waste Water Monitoring Report extracted 12/04/2022

Since last week, SARS-CoV-2 viral load has decreased across the country. However, the signal continues to increase in Clwyd, Wye and Ynys Môn.

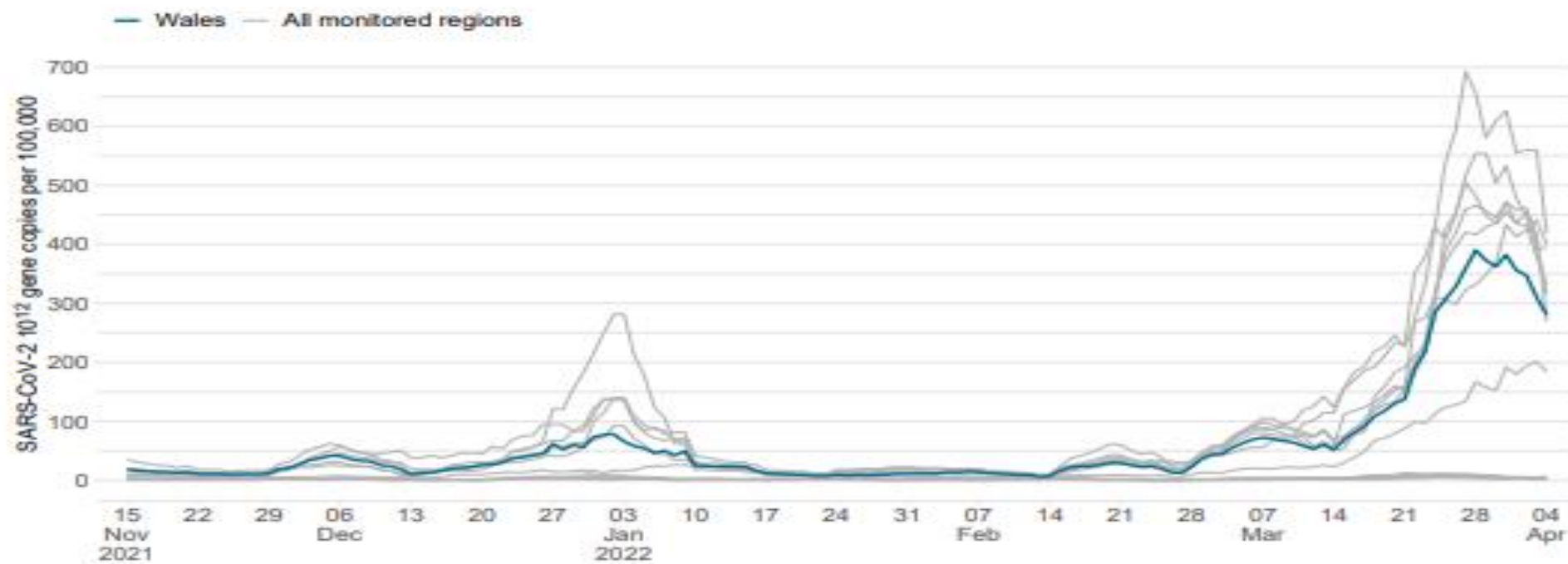


Figure 2 - National (blue lines) and Regions (grey lines) Rolling Mean SARS-CoV-2 gc/day per 100k

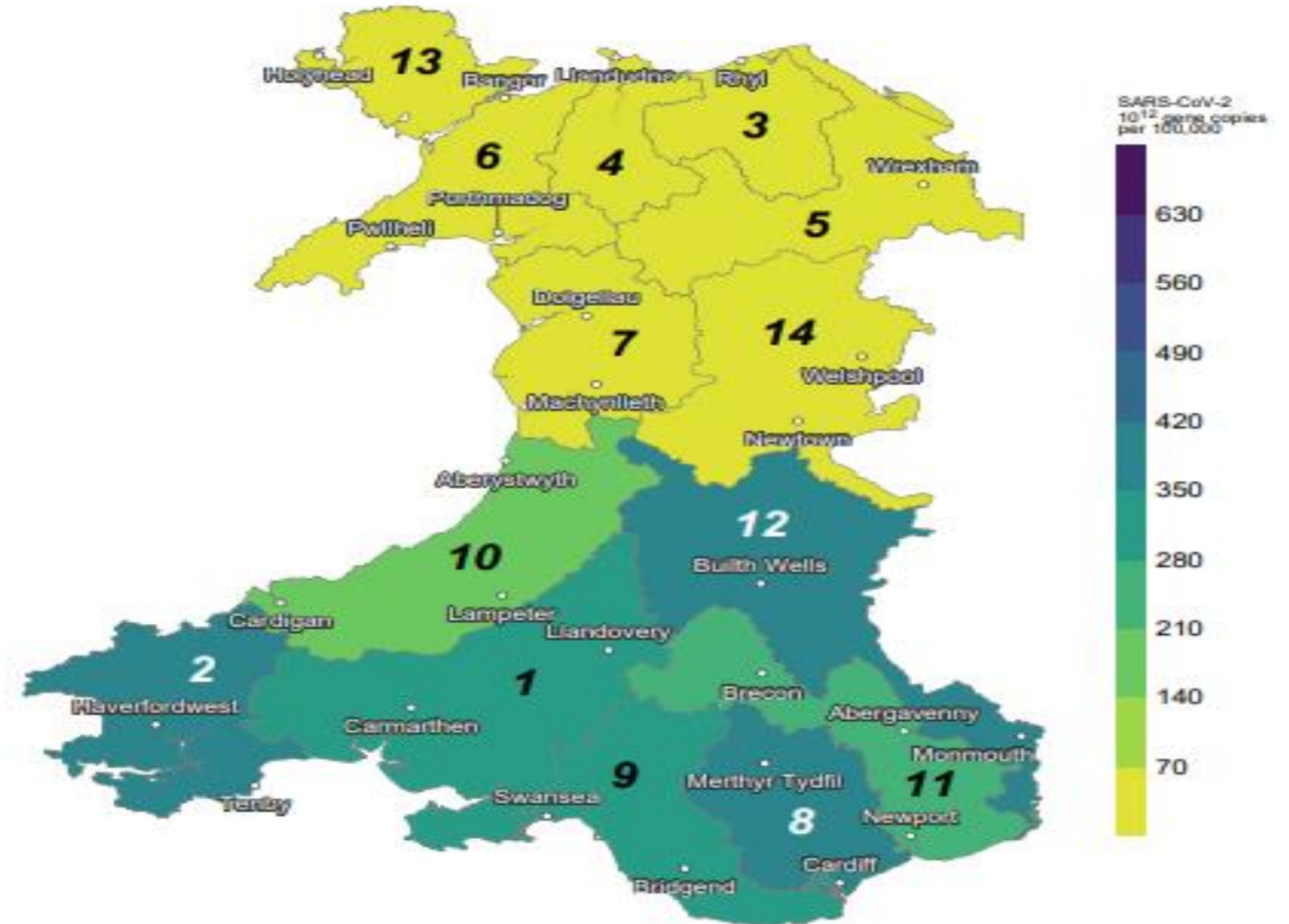


Figure 3 - National Heat Map showing Regional Mean SARS-CoV-2 gc/day per 100k



(Responsible Officer: Rachel Marsh)

Welsh Ambulance Services NHS Trust



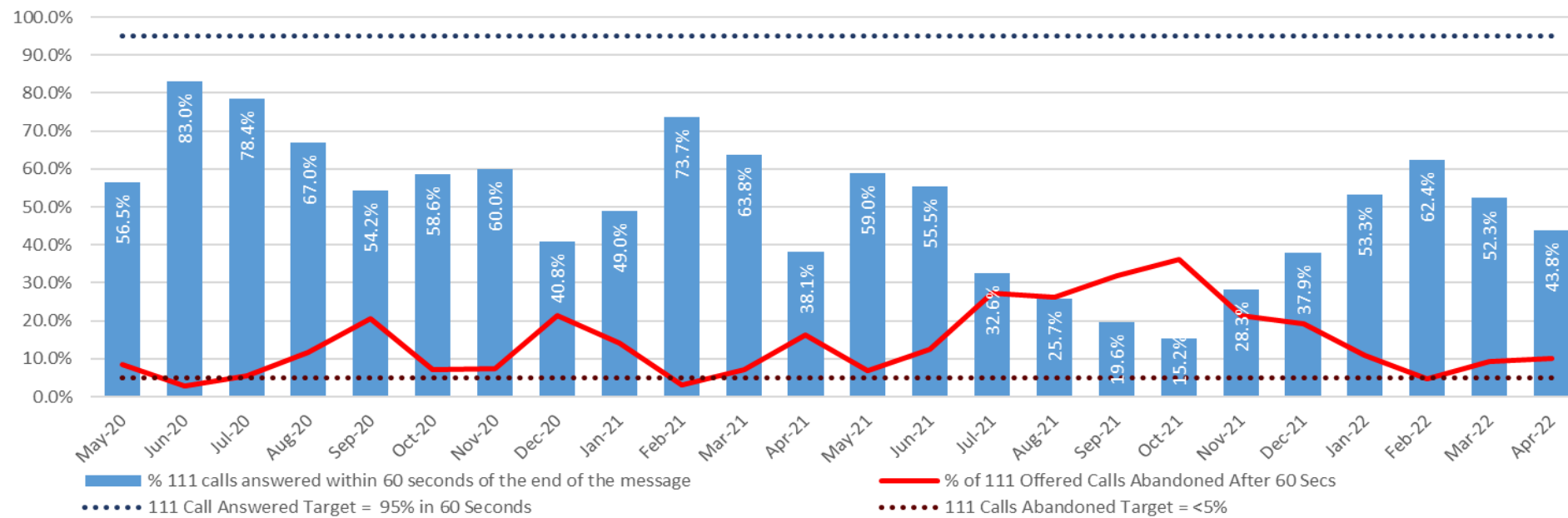
# Our Patients: Quality, Patient Safety & Experience

## 111 Call Answering/Abandoned Performance Indicators



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

111 Calls Answered vs Calls Abandoned within 60 Seconds



#### Analysis

111 call abandonment is a key patient safety indicator for the service. April 2022 saw a decline (worsening) in abandonment rates to 10.2%, therefore failing to meet the 5% target.

The percentage of 111 calls answered within 60 seconds of the end of the message also declined in April 2022 to 43.8%. Given the continued high volumes of calls per month, this still represents a significant number of people who receive a patient experience which didn't meet the levels achieved during February 2022 however the delivery in March continues to represent a significant improvement trajectory.

111 call demand increased in April 2022 compared to the previous month, as seen in the graph. This is principally due to 111 becoming available in Cardiff and Vale UHB.

The graph alongside also shows that capacity (staff hours) has been increasing in line with the roll-outs and as planned; however, despite recruiting significant numbers of additional staff as agreed with commissioners, there are high sickness absences (which includes COVID-19 Sickness), which sat at 14.08% for NHS111 in March 2022. This means that demand is higher than forecast, capacity is lower than planned leading to the longer average call answer times as seen.

Communication regarding the use of 111 is regularly circulated to the public, which includes utilising online 111 Wales; in April 2022 there were 351,750 visits to the website. In April 2022 COVID-19 symptom checker stomach accounted for 33,190 hits followed by generally unwell symptom checker which recorded 19,956 hits and abdominal pain symptom checker which saw 16,201 searches.

#### Remedial Plans and Actions

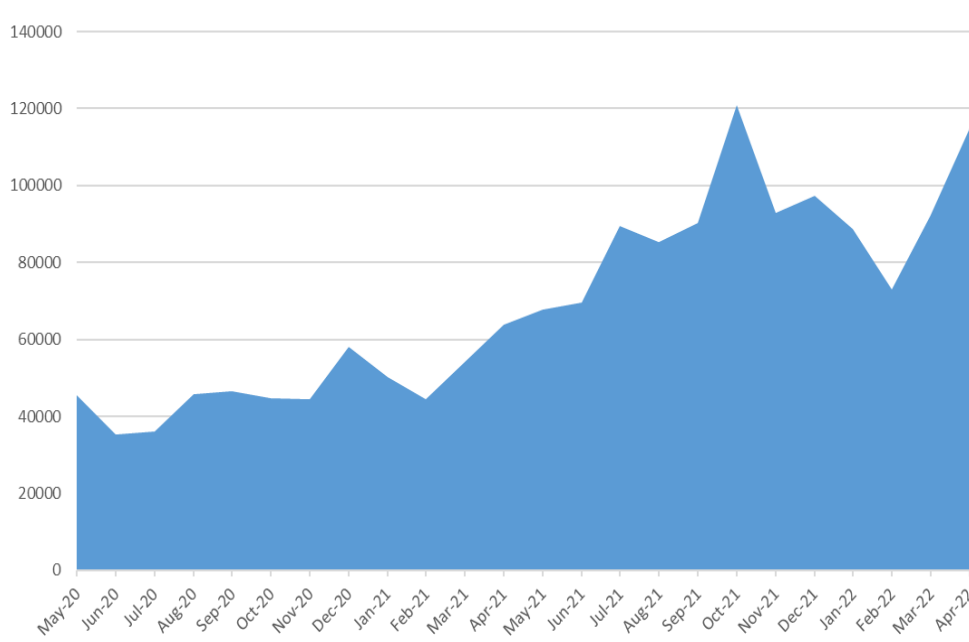
- Following a successful launch in Cardiff & Vale Health Board (C&VUHB) on the 16th March the 111 service is now live across Wales. Bringing an end to the NHS Direct Wales Service. Additionally, the Trust saw CaV24/7 being replaced by the 111 First service.
- To enable the launch of 111 service in C&VUHB strong progress has been made in Q3 & Q4 to deliver the accelerated 111 Recruitment & training plan to increase the Call Handler & Clinical Advisor workforce.
- The increased estates and training capacity enabled the January training cycle to deliver 24 X FTE Call Handlers & 11 FTE Clinicians, with a further 50 WTE Call Handlers and 11.6 WTE Clinical Advisors on the February cycle.
- The additional w/f numbers meet the Call handler requirements for the C&V core 111 roll out and the projected expansion for the 111 First Service. The Clinical Advisor numbers meet the requirements for C&V core 111 roll out, however further recruitment would be required to meet the 111 First service needs Pan Wales (if funded).
- Welsh Government have indicated that there is unlikely to be recurrent funding to continue the implementation of the 111 First Service across Wales. Discussions are continuing with Welsh Government and plans are being considered to manage the impact of this decision.
- A number of service improvement initiatives including the introduction of new IVR messaging, review of the Clinical Advice Line (CAL) and the ongoing recruitment positions have had a positive impact to help stabilise the 111 call abandonment rate and improve call to answer times.

The workforce FTE table has been removed in this iteration as the numbers are linked to the budget deliberations, in particular, 111 First; consequently, it is difficult to provide numbers with any degree of certainty at this point in time

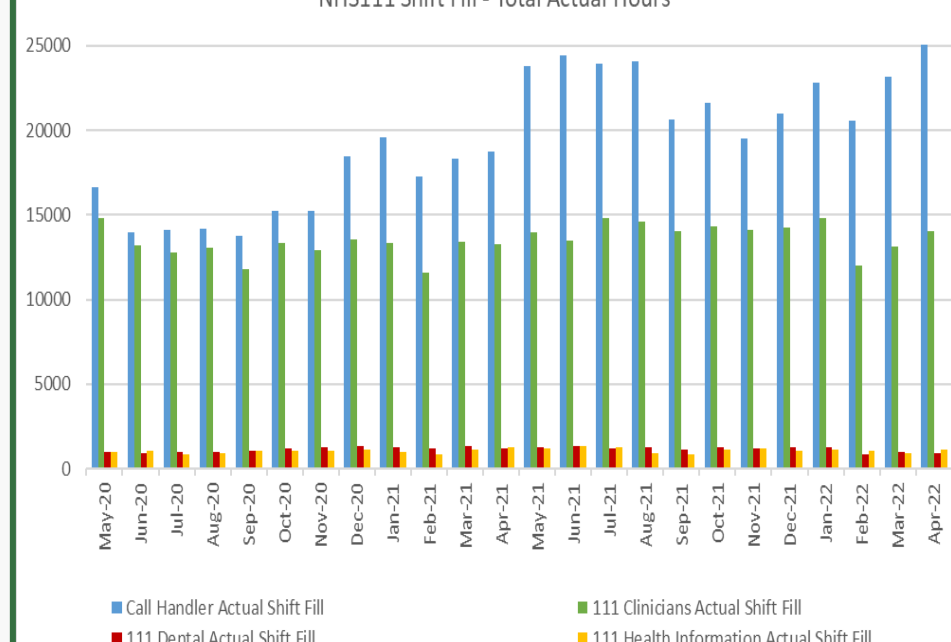
#### Expected Performance Trajectory

The new IVR system will improve patient experience and is likely to reduce abandonment rates (people take up option of call back); however, call answering times will only be improved through additional capacity and this relies on our continued recruitment into funded posts and improved efficiency gains, with work ongoing to develop innovative solutions

Total 111 Calls



NHS111 Shift Fill - Total Actual Hours

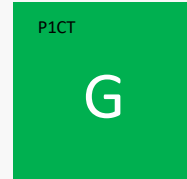




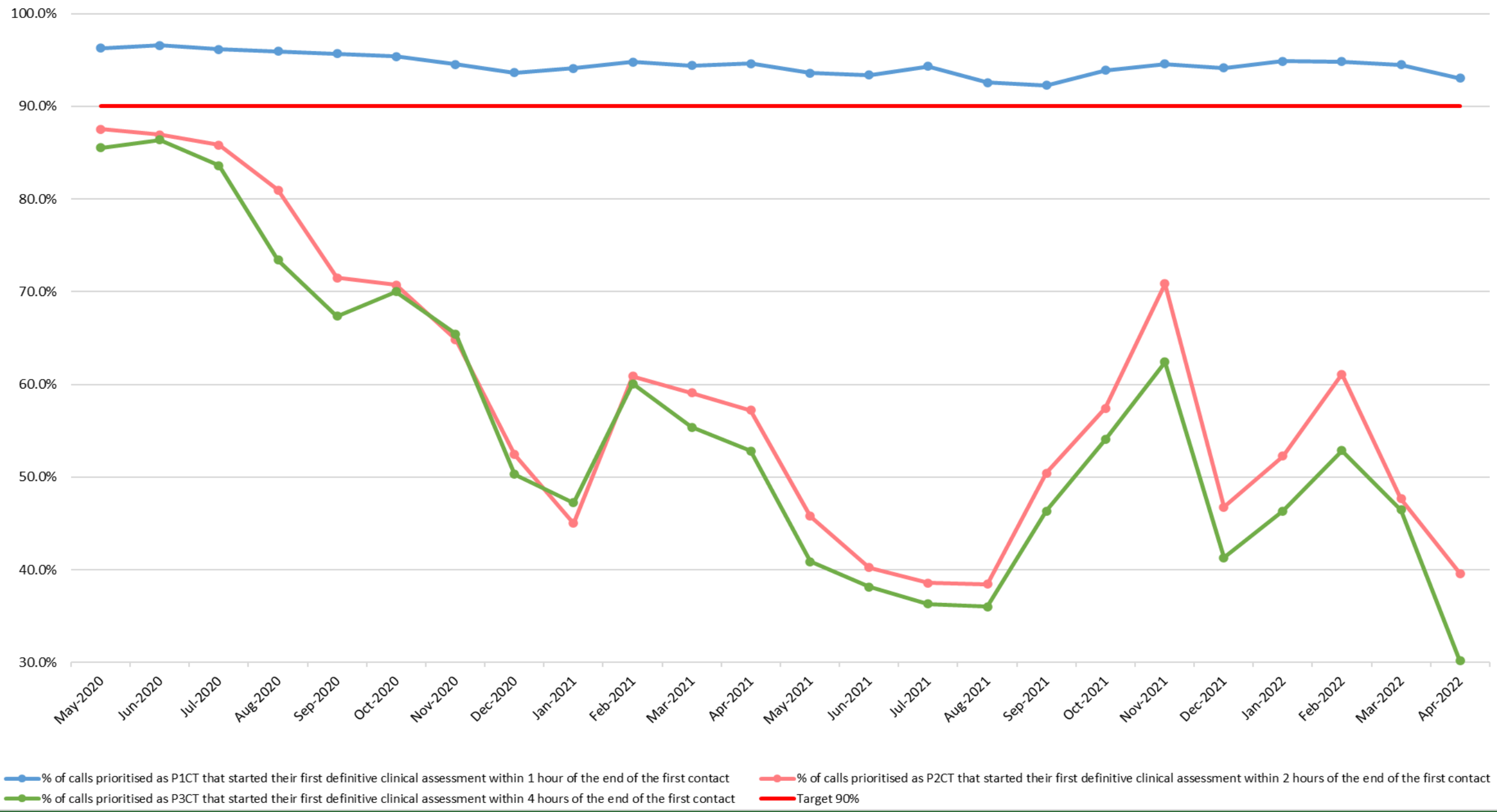
# Our Patients: Quality, Safety & Patient Experience

## 111 Clinical Assessment Start Time Performance Indicators

### Influencing Factors – Demand and Clinical Hours Produced



111 Timely Clinical Triage of Patients



#### Analysis

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

The highest priority calls, P1CT, continue to receive a timely response which, with the exception of March 2020, has continuously achieved the 90% target.

For lower category calls, we are not meeting the 90% target, in April 2022 a decline was seen in all categories with the exception of P1CT.

Demand for the service continues to grow (see previous slide) which will affect performance, but in addition, recruitment and retention of clinical staff also remains problematic.

#### Remedial Plans and Actions

The main driver of improved performance will be the correct number of clinicians in post to manage current and expected demand. Urgent work is now underway through the Gateway to Care Transformation Board to consider:

- Opportunities to widen the scope of clinicians who can apply, for example through offering remote working, exploring use of different clinicians or considering call centres in other areas.
- Opportunities to understand better and potentially reduce the number of tasks that clinicians have to undertake so that the Trust needs fewer in the future, in particular, work is focusing on the use of the Clinical Advice Line.

#### Expected Performance Trajectory

Risks have been highlighted in previous reports about the ability to recruit sufficient clinicians and this is now being seen. Urgent work is now underway to agree a series of actions that might help to increase recruitment, reduce turnover and reduce demand on clinicians, but performance is likely to be poorer than the Trust would want for some time to come.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## 999 Call Performance Indicators

### Influencing Factors – Demand and Clinical Hours Produced



NB: April 2022 data unavailable as AQIs not yet published

#### Analysis

The 95<sup>th</sup> percentile 999 call answering performance saw a further decline in March 2022 to 1 minute 35 seconds, compared to 59 seconds February 2022, failing to meet the 6 second answer target for the ninth consecutive month largely as a result of increased call demand, particularly at weekends. Increasing call answering times are a significant concern in relation to patient safety.

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

The Trust received 48,792 emergency 999 calls in March 2022, an increase compared to February 2022, and significantly higher than both March 2020 and March 2021. The continued high call volumes are likely to be a result of public activity returning to normal levels, along with the impact of the continuing pandemic. Although not shown here, there are increasing levels of staff abstraction due to sickness and COVID (17%) in the call centres which is reducing capacity.

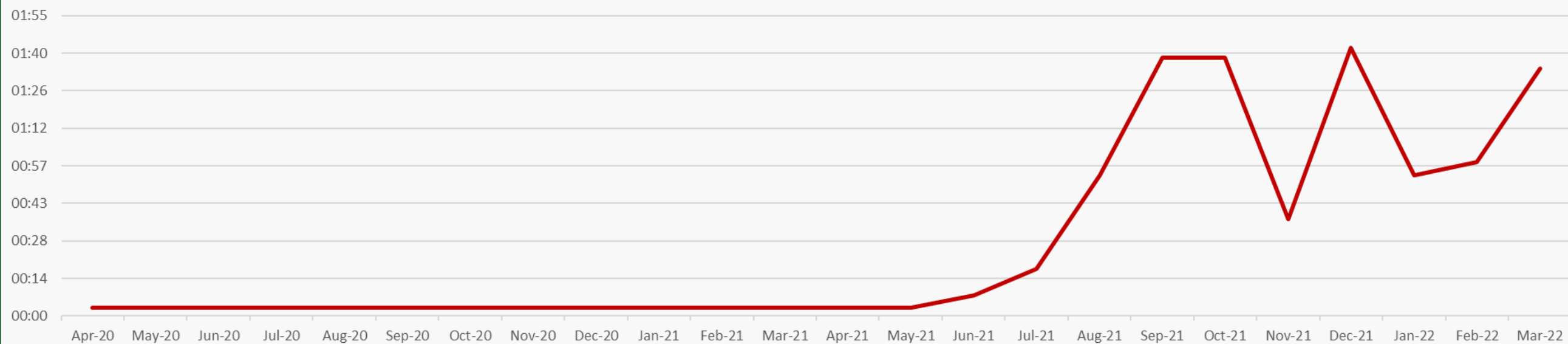
#### Remedial Plans and Actions

- EMS CCC meet twice weekly to review demand profiles and align staffing levels appropriately. Resources teams are focussing on balancing capacity across the 7 day period, targeting overtime to weekends and Mondays where patterns of demand and reduced UHP are identified.
- Additional funding original approved has been withdrawn this fiscal year and as such EMD establishment will remain at baseline demand levels within the financial envelope for EMS Coordination.
- Increased pressure and sustained levels of 999 demand above baseline is impacting on staff attrition and wellbeing.

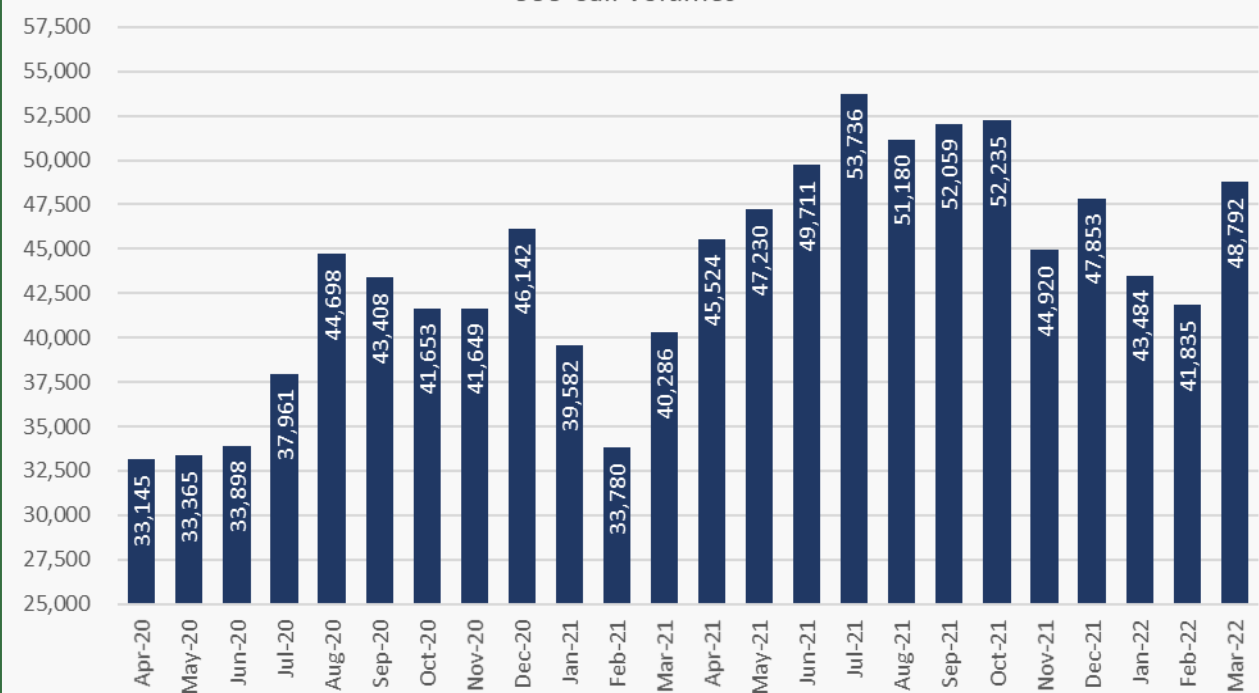
#### Expected Performance Trajectory

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

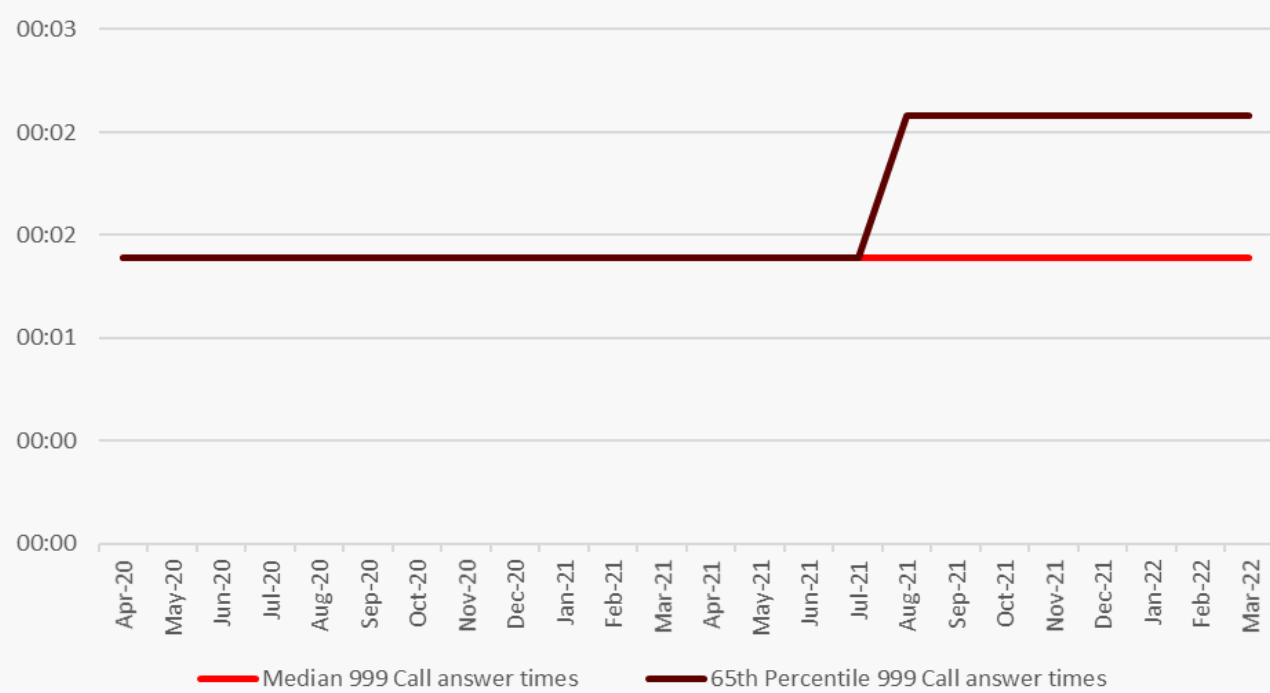
95th Percentile 999 Call answer times



999 Call Volumes



Median & 65th Percentile 999 Call Answer Times



(Responsible Officer: Lee Brooks)

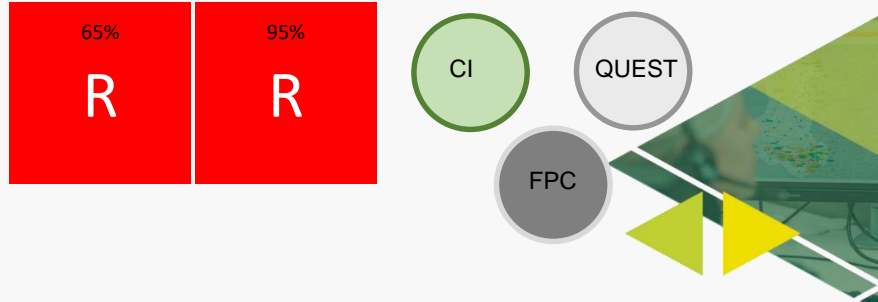
Welsh Ambulance Services NHS Trust



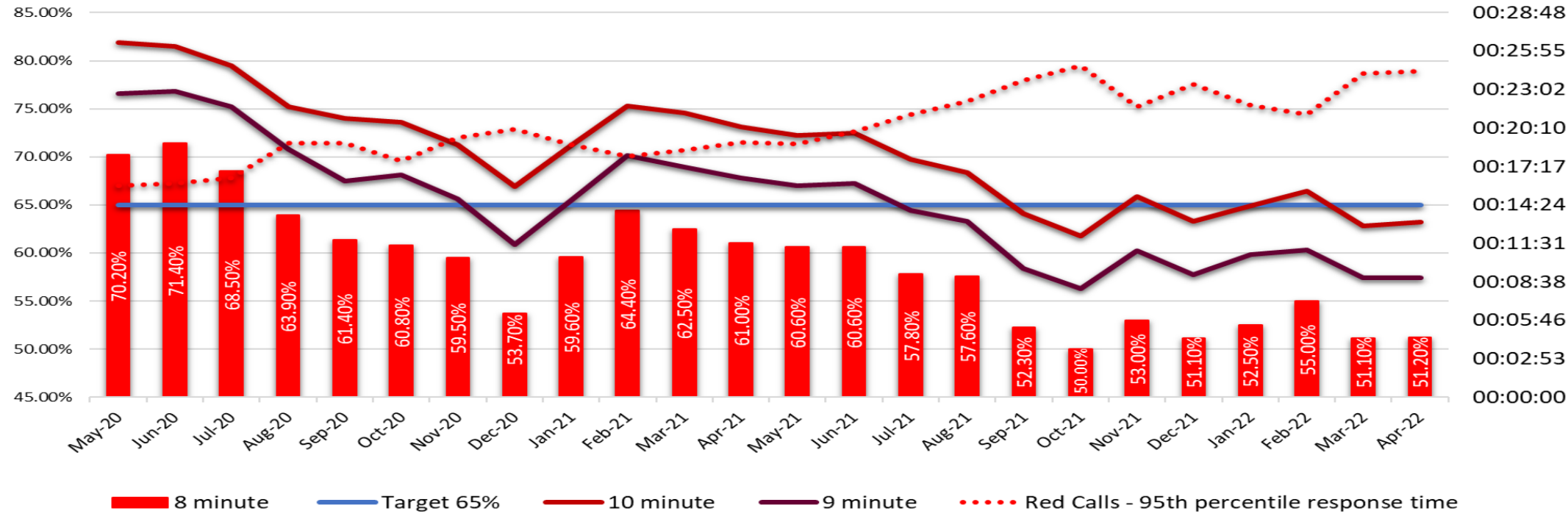
# Our Patients: Quality, Safety & Patient Experience

## Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



% Of Emergency Responses to Red Calls Arriving Within (up to and including) 8, 9 & 10 Minutes Against Red Calls 95th Percentile



00:28:48  
00:25:55  
00:23:02  
00:20:10  
00:17:17  
00:14:24  
00:11:31  
00:08:38  
00:05:46  
00:02:53  
00:00:00

### Analysis

Although minor improvements have been seen, red performance did not achieve the 65% target in April 2022 and the target has not been achieved since July 2020. There was also significant health board level variation with none of the seven health board areas achieved the 65% target. A continuing level of poor performance was forecast in the spring plan based on predictions of demand, lost hours and hours produced. Ongoing poor performance also continues to affect Red 9 minute responses, which achieved 57.4% and Red 10 minute performance, achieving 63.2% in April 2022.

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

Red demand in the last 2 years has seen a particular increase, outside of normal expected variation which is impacting on response times.

The lower centre graph demonstrates the correlation of performance with hospital handover lost hours with April 2022 having the highest ever recorded. The number of EA hours produced fell slightly in April 2022 likely as a result of support from the military having now ceased, RRV hours again saw less actual hours for April 2022 than planned.

Other factors continue to affect performance including prioritising EA hours over RRV, and the additional time taken to don level 3 PPE to Red calls relating to respiratory disease/issues. The latter in particular was shown to add several minutes to a response, and this requirement remains in place.

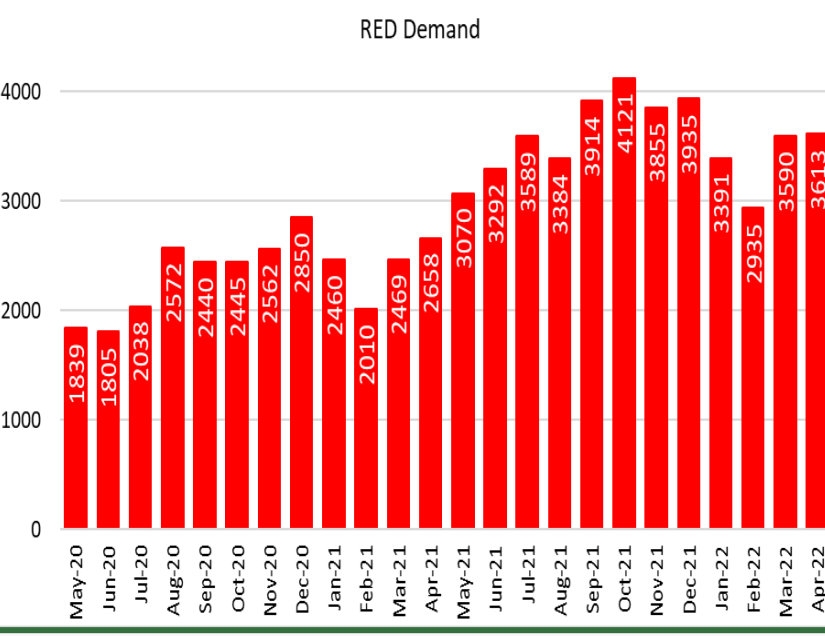
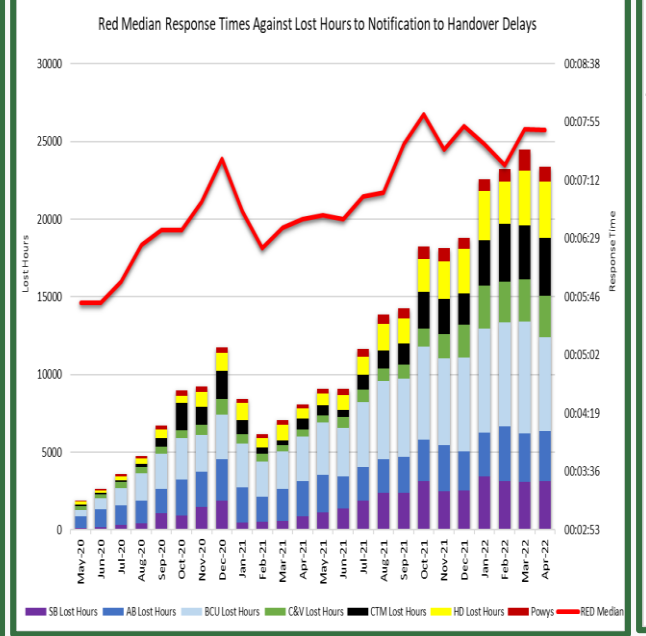
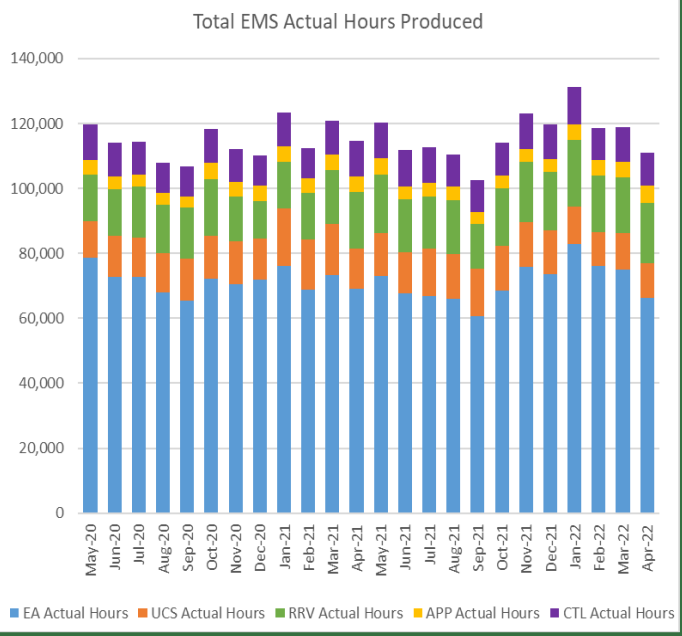
### Remedial Plans and Actions

The main improvement actions are:

- Increase capacity – 136 WTE were recruited by end of March 2021. This will be complemented by a further 81 FTEs early 22/23. This is revised down from 127 FTEs due to lack of recurrent funding to fill 46 ACA2s as the last part of the backfill on the 36 FTE Paramedic FTEs into the CSD.
- Reduce hours lost through modernisation of practices and supporting staff well-being. This is temporarily paused.
- Working with partners to reduce hours lost at hospital. Handover reduction plans and trajectories are currently being developed by health boards facilitated by the NCCU.
- A very detailed set of strategic and more tactical actions have been pulled together into a performance improvement plan, many of which are also included in an action plan for the Ministerial oversight through the commissioning process. This is monitored every 2 weeks at EMT.

### Expected Performance Trajectory

Unless Red demand reduces or the Trust is able to boost its RRV production Red performance is unlikely to achieve the 65% target; however, the Trust is building the CHARU keys into the re-rostering project, which along with other aspects of the Transition Plan (if funded) could stabilise performance. Funding is not currently expected.



(Responsible Officer: Lee Brooks)

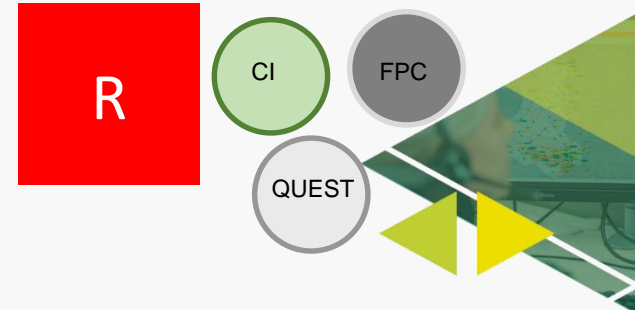
Welsh Ambulance Services NHS Trust



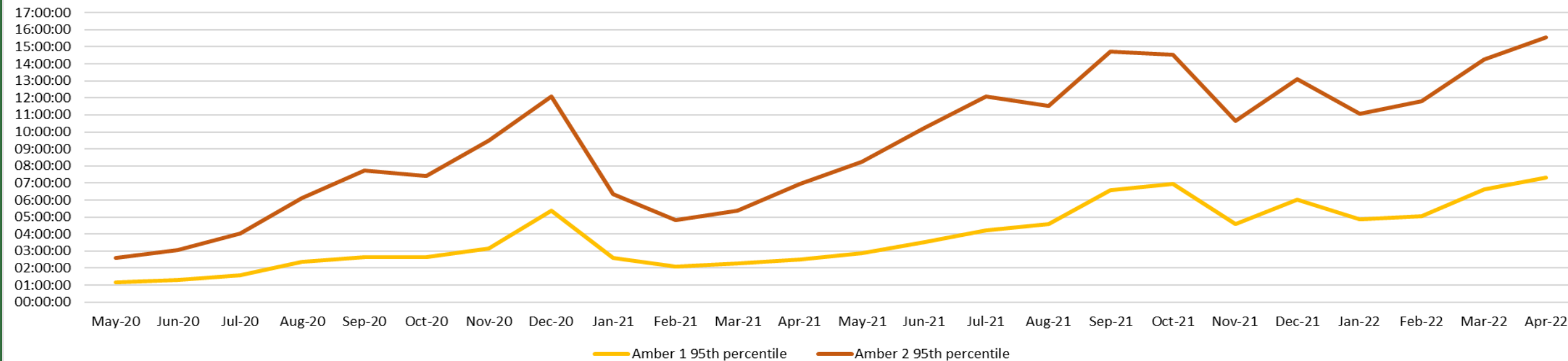
# Our Patients: Quality, Safety & Patient Experience

## Amber Performance Indicators

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



#### Amber 1 & 2 - 95th Percentile



#### Analysis

Amber performance declined across the percentiles in April 2022; with some very long patient waits. The ideal Amber 1 median response time is 18 minutes.

In April 2022, 819 patients (all categories, not just Amber) waited over 12 hours, an increase when compared to March 2022, continuing to represent a very poor quality and experience of service. 695 of these patients were in the Amber category.

Amber demand decreased in April 2022; however, activity remains at a high level and handover times continued to worsen.

There is strong correlation between Amber performance and lost hours due to notification to handover delays, as demonstrated in the graph on the bottom left of this page. The number of hours lost to notification to handover delays in April 2022 decreased to 23,382. However, this remains higher than the worst recorded in December 2019 (13,820).

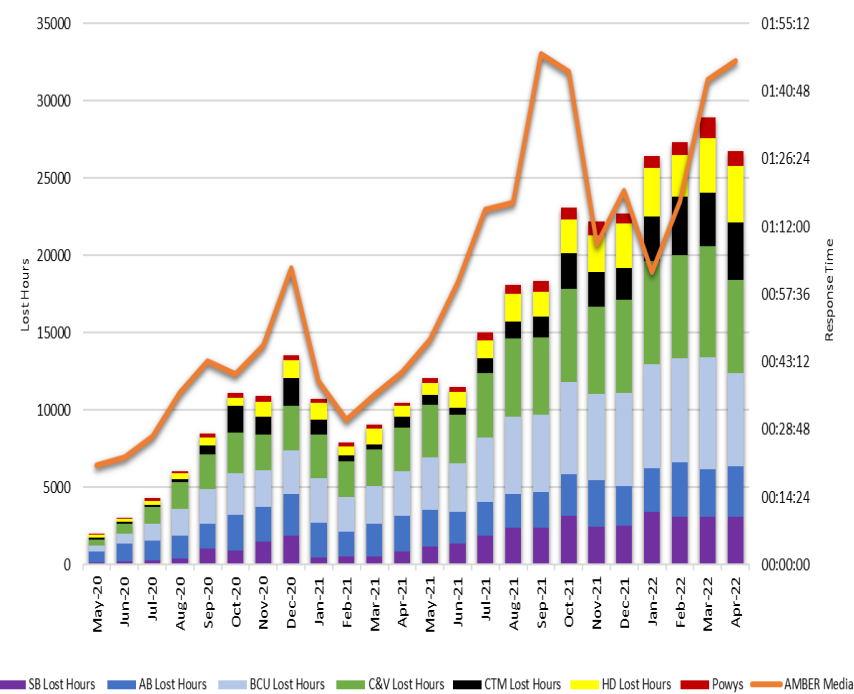
#### Remedial Plans and Actions

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

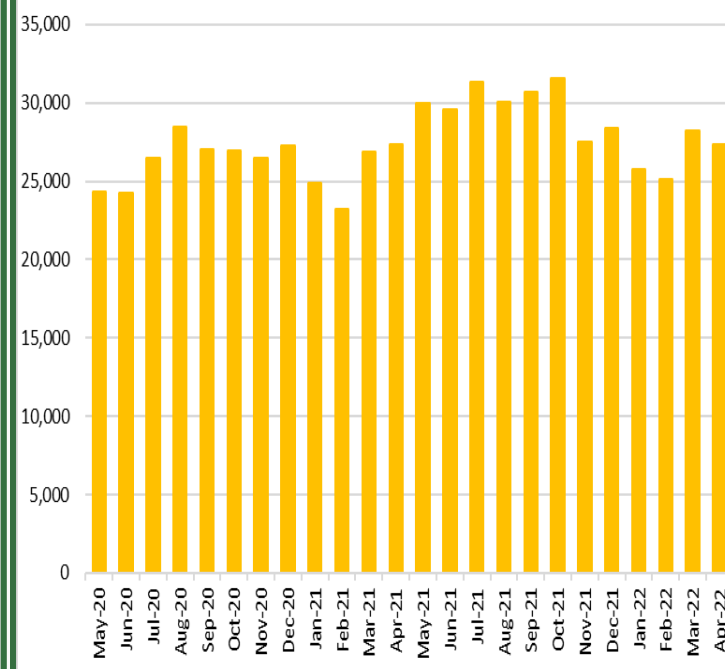
#### Expected Performance Trajectory

The EMS Operational Transformation Programme is the Trust's key strategic response to Amber. The programme models an Amber 1 median of 35 minutes and 90th percentile of 78 minutes in December 2021. These are key benchmarks for the Trust. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments, efficiencies and system efficiencies, not all of which are within the Trust's control, and which are unlikely to show improvement in the coming months.

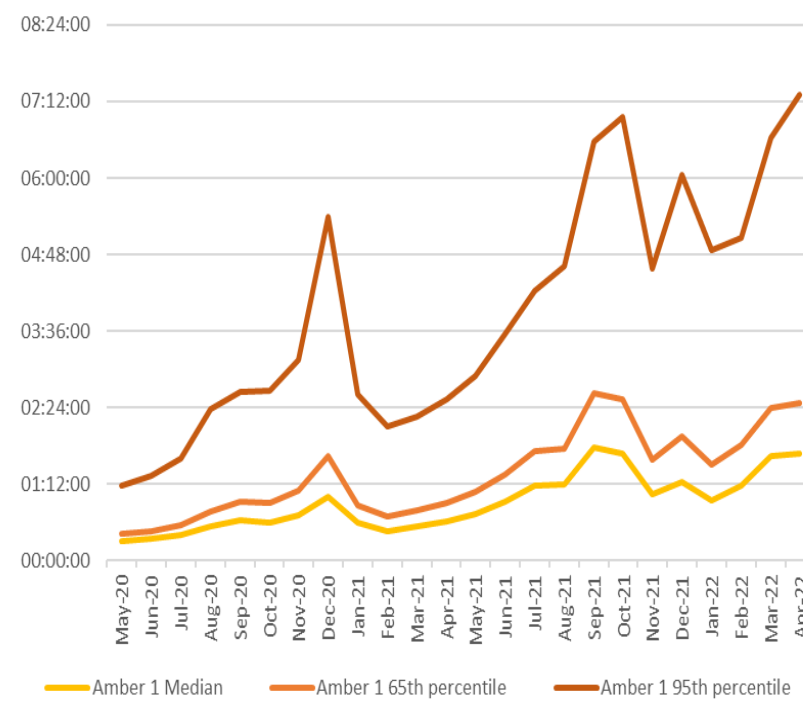
#### Amber Median Response Times against Lost Hours to Notification to Handover Delays



#### Total Verified AMBER Demand



#### Amber 1 Median, 65th and 95th Percentile





# Our Patients: Quality, Safety & Patient Experience

## Clinical Outcomes Indicators

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

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

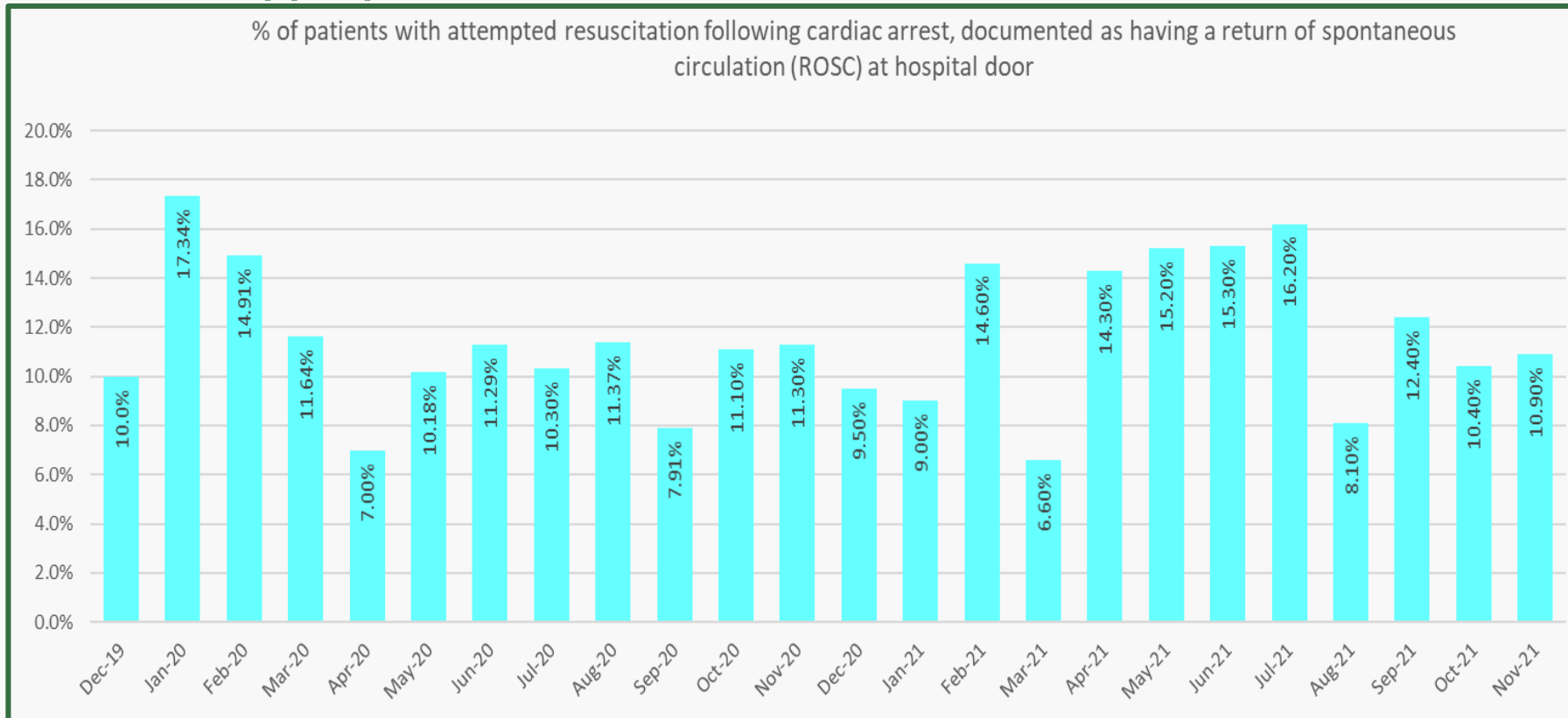
QUEST

Self Assessment: Strength of Internal Control: Moderate

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

NB: Currently unable to report Clinical Indicators due to implementation of ePCR / Next reporting cycle Apr-Jun-22 due Jul-22

% of patients with attempted resuscitation following cardiac arrest, documented as having a return of spontaneous circulation (ROSC) at hospital door



#### Analysis

**Clinical Outcomes:** The % of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door was 10.9% in November 2021. Rates of ROSC are complex and determined by numerous factors which contribute to the speed of response and the application of early defibrillation and chest compressions. These factors can include location of the incident, resource availability, public access defibrillation, willingness of bystanders to engage in resuscitation

Overall, performance remains a changeable picture for all clinical indicators. **The % of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 98.4% in November 2021** a continued increase which saw it achieve the 95% target for the 6 of the last 7 months.

**The ST segment elevation myocardial infarction (STEMI) indicator** was previously an area of concern but has recovered in recent months, reporting 85.7% in December 2021. The Clinical Audit and Effectiveness Department (CA&ED) undertook a deep dive of the STEMI compliance, and an improvement plan was agreed and is being progressed. These percentages refer to the application of a whole bundle of care.

**Mortality Review:** There remains a challenge in undertaking mortality reviews in a timely manner due to the inability to access Corpuls records to support individual cases.

The Delivery Unit has issued guidance to all NHS bodies in Wales on how mortality reviews should be undertaken moving forward. This aligns mortality reviews with request for information from the Medical Examiner, this should then link with organisation Putting Things Right process.

#### Remedial Plans and Actions

**Clinical Outcomes:** A new chronic obstructive pulmonary disease (COPD) clinical indicator has been developed to support the Band 6 Paramedic project. The onward referral aspect of this indicator is work in progress and forms part of the national COPD pathway development. The Clinical Audit & Effectiveness Department have undertaken a benchmarking exercise to test the COPD Clinical Indicator which has been presented to the Clinical Intelligence Assurance Group. The testing highlighted the requirement for manual scrutiny of all COPD Patient Clinical Records and the need to refine the criteria to automatically capture more of the data. Feedback from the group will Finalise the required criteria, Health Informatics can then develop the reporting dashboard.

In relation to ROSC rates, whilst there are many system-wide factors affecting performance, within WAST's control it is felt that the introduction of a Cymru High Acuity Response Unit (CHARU) model, based on improved clinical leadership and enhanced training, will further improve outcomes for patients. This will be developed and implemented through 2022/23, subject of course to funding being agreed.

It is anticipated that the ePCR will be implemented by the end of 2021 and once accomplished it will allow the Clinical Audit Team to quality assure data and provide better information on which to target improvement work.

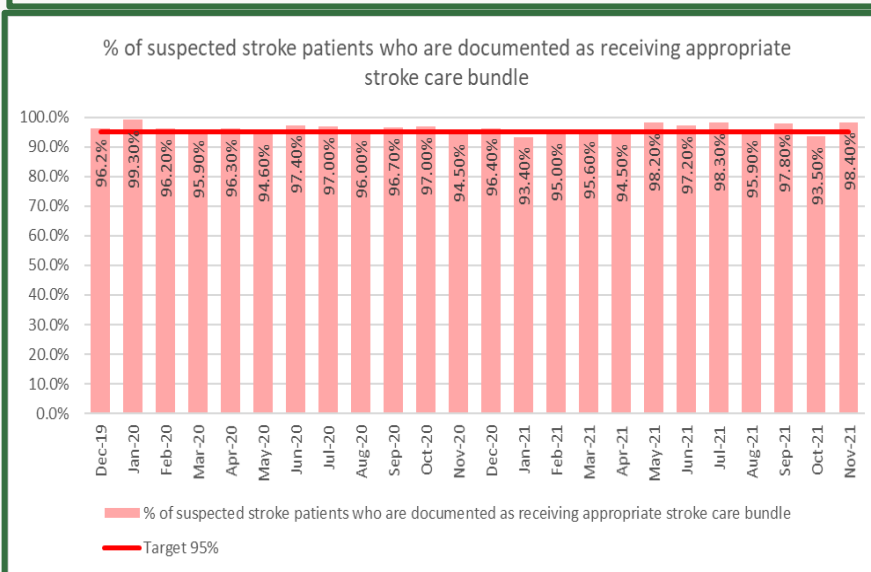
**Mortality Review:** The Trust is currently looking to change the way it undertakes Mortality Reviews; this will follow guidance offered by the Delivery Unit to align mortality reviews with requests for information received by the Medical Examiner. This same guidance highlights that mortality reviews should link with the Trust Putting things Right (PTR) processes. Work is progressing with the PTR team, and a paper will be presented to the Clinical Quality Governance Group on 29 April 2022.

#### Expected Performance Trajectory

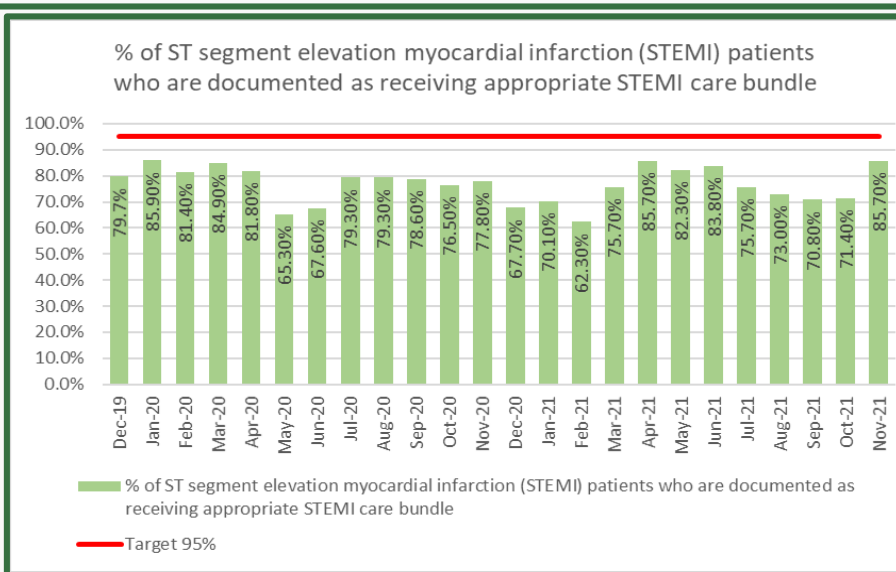
**Clinical Outcomes:** As part of its plans for 2021/22, the Trust is developing the concept of CHARU for implementation. This concept is in place in several areas across the UK and has been very successful in increasing ROSC rates. Once CHARU has been implemented it is anticipated that ROSC rates should increase.

**Mortality Review:** Changes to reporting systems will allow for more accurate and timely mortality reviews in line with Putting Things Right processes.

% of suspected stroke patients who are documented as receiving appropriate stroke care bundle



% of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle



Mortality Reviews Data source: Internal Web Application



(Responsible Officer: Andy Swinburn)

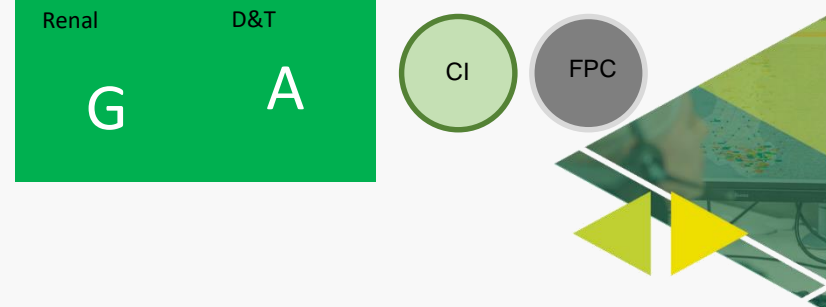
Welsh Ambulance Services NHS Trust



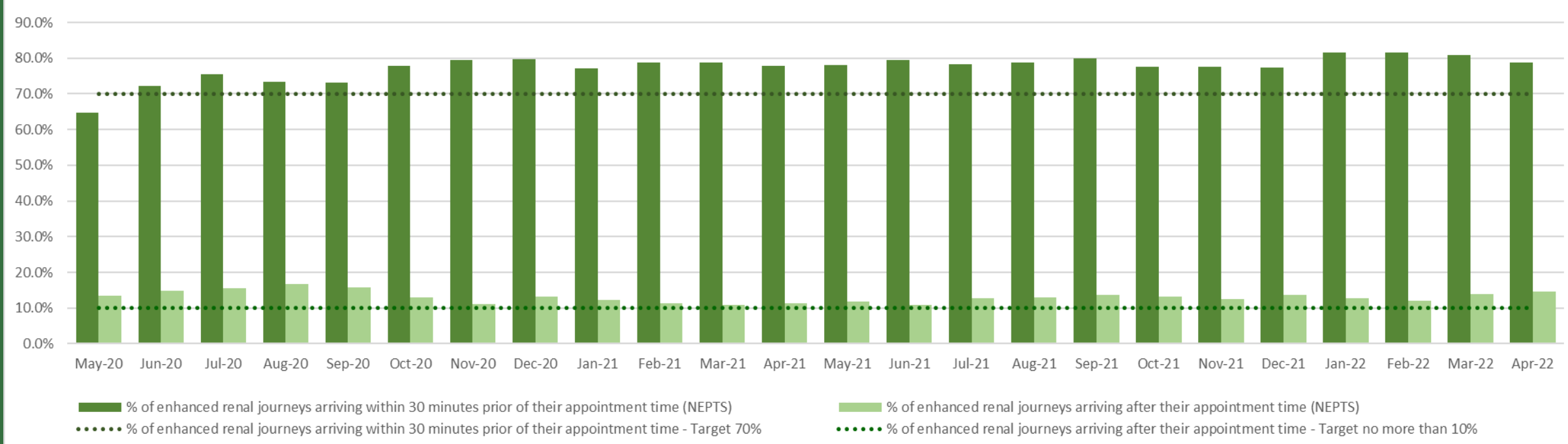
# Our Patients: Quality, Safety & Patient Experience

## Ambulance Care Indicators

### Patient Experience



% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



#### Analysis

**Ambulance Care has seen a continued improvement in key areas of service delivery affecting patient experience.** In April 2022 91% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, an improvement compared to March 2022 (88%). 79% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target and 15% arrived after their booked appointment time, falling just outside of the 10% target.

Key factors affecting these indicators are demand and capacity:

- The service is still impacted by the effects of physical distancing, although in Apr-22 steps have been taken to begin a move towards a new Living with Covid position by increasing maximum patient loading by 1 per vehicle.
- **Capacity** has also been adversely affected by other COVID-19 factors: journeys taking longer due to PPE, staff sickness, staff shielding, staff training and testing, infection prevention and control arrangements and so on;
- Overall demand for the service continues to increase across all areas and in March 2022, overall demand was at 90% of the equivalent month in 2019 and was 10% busier than any month since February 2020. Only outpatient activity remains suppressed with all other areas at or in excess of pre-pandemic activity levels
- As the Trust emerges out of pandemic response and the health system is “re-set” it is anticipated that further demand increases will be experienced at which point capacity may be an issue. This has been modelled and mitigations put in place.

#### Remedial Plans and Actions

- **Demand:** Continue to work with health boards to understand and model the impact of their recovery plans;
- **Demand:** In the absence of additional funding, the service has implemented a capacity management plan to assist it in ensuring it remains within budget and prioritises resources for those most in need
- **Efficiencies:** Work is underway on actions to improve efficiency, including those actions identified through the D&C review.
- **Capacity:** discussions with EASC on options for balancing demand and capacity.

#### Expected Performance Trajectory

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

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Patient National Reportable Incidents & Patient Concerns Responses Indicators

SCIF. **A**

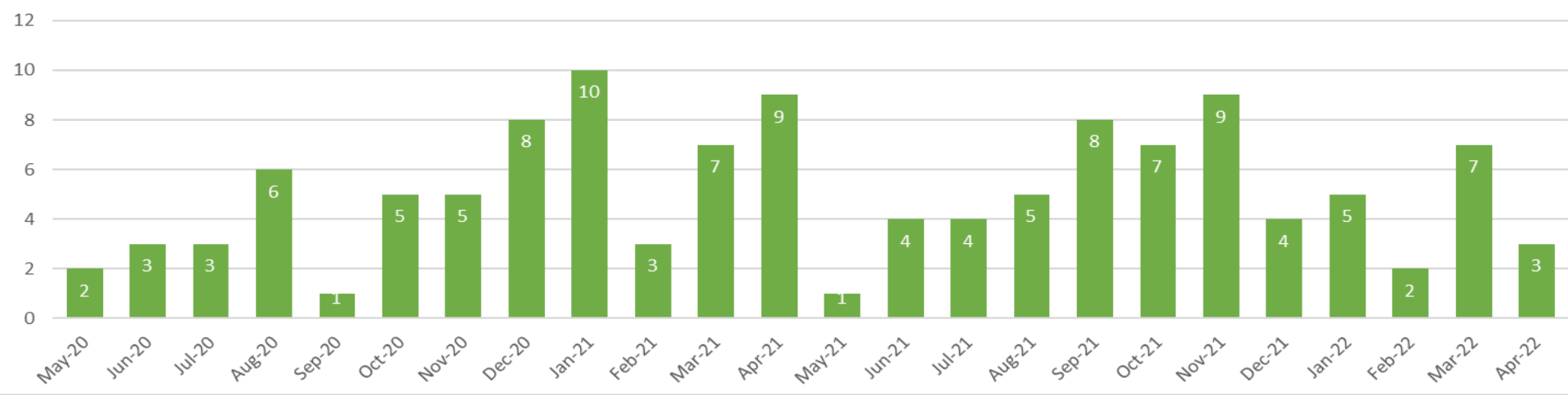
Self Assessment:  
Strength of Internal  
Control: Moderate

QUEST

Health & Care  
Standard  
Health - Safe Care /  
Timely Care

NB: March 2022 CCP data unavailable

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



### Analysis

The **percentage of responses to concerns decreased** in April 2022 to 52%, compared to 76% in March 2022, therefore not achieving the 75% target for the first time in 12 months. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of NRI's and the availability of other departments to provide a timely response to requests for information. The number of total concerns decreased in April 2022 (60) when compared to March 2022 (107).

**There were 3 SCIF forums held in April 2022, during which 26 cases were discussed, 3 of these cases were reported to the Delivery Unit and 19 were passed to Health Boards as National Reportable Incident Framework 'Appendix B' incident referrals.**

**Year on year the overall volumes of NRIs is on an increasing trend.** The sharp increase seen in September – November 2021 and again in March 2022 is concerning and has been linked to the significant delays across the system along with the continued levels of NRIs. In April 2022 there were 0 NRIs relating to Red calls, 3 relating to Amber calls and 0 relate to Green calls. There were 0 NRIs as a result of calls prioritised Amber which should have been Red.

The cases within the Complex Case Panel and Redress figures, indicate the number of cases within the reporting period, where the Trust has potentially breached its duty of care to the patient. In February 2022 there were 2 complex cases, however at the date of reporting neither if these have been referred to the redress panel.

In April 2022 819 patients waited over 12 hours a continued increase month on month and when compared to 210 in April 2021 and 17 in April 2020.

42 Compliments were received from patients and/or their families in April 2022, an increase compared to the previous month.

### Remedial Plans and Actions

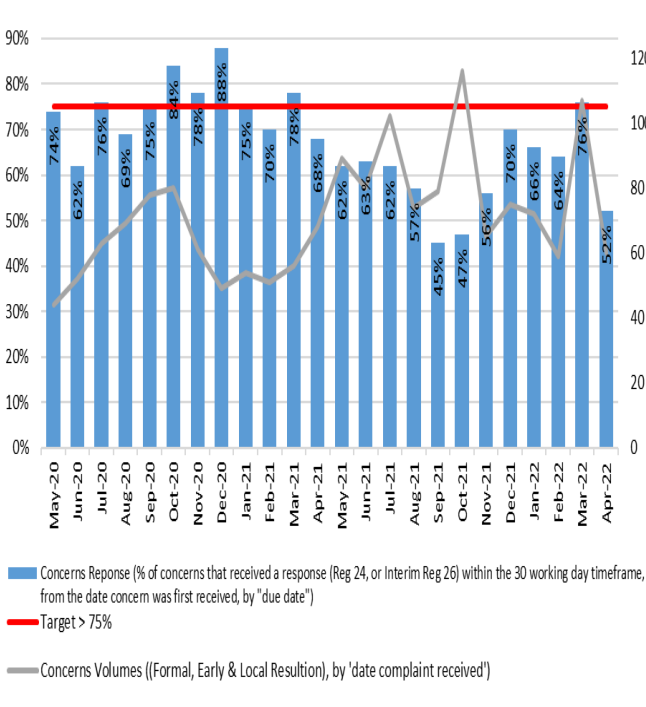
- A range of actions are in place:-
- The general theme in relation to the Trust's concerns portfolio is timeliness to respond.
  - There is continued engagement with Health Boards in relation to Joint investigations where the primary causal factor is in relation to delayed handover.
  - Concerns have been highlighted following a Delivery Unit report into the Health Boards handling of Appendix B cases, some of which should potentially have been reported as Nationally Reportable Incidents (NRI's) by the HBs.
  - Health Board specific QSPE reports are being shared with each respective HB Directors of Nursing.
  - The key strategic action is the EMS Operational Transformation Programme.

### Expected Performance Trajectory

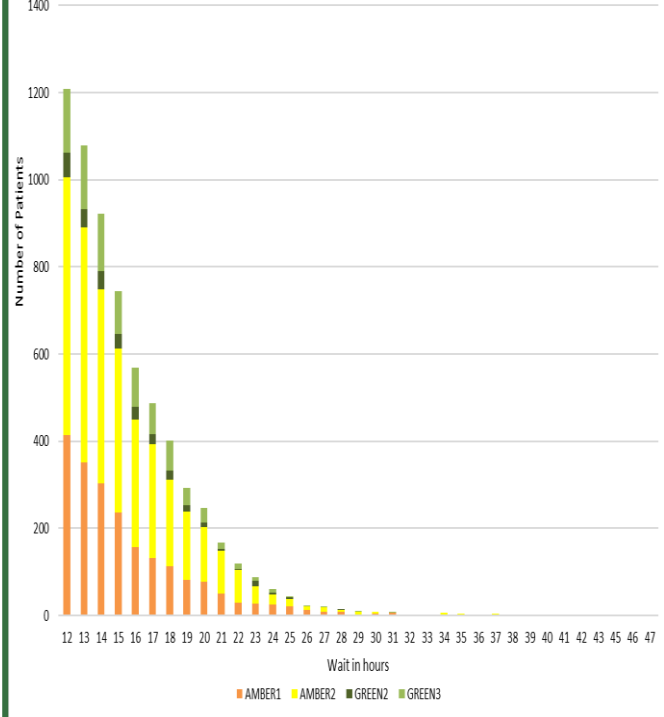
Following the end to Military assistance on 31 March 2022, the Trust is expecting continuing challenges with performance especially as hospital delays remain a significant challenge for the Trust.

**\*\*NB: April 2022 data is correct on the date and time it was extracted; therefore, these figures are subject to change**  
**\*\*NB: Complex Cases will always report one month in arrears**

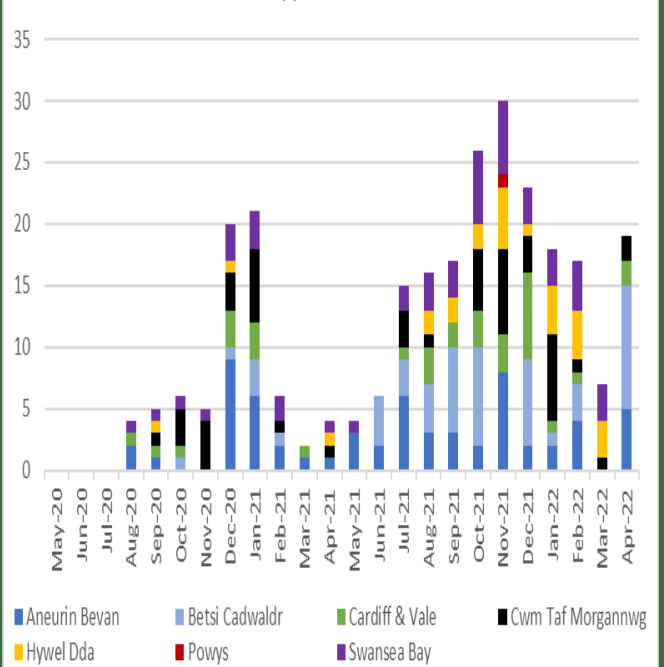
% of concerns with a response within 30 working days against concerns volumes



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



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



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



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Patient Safety Indicators

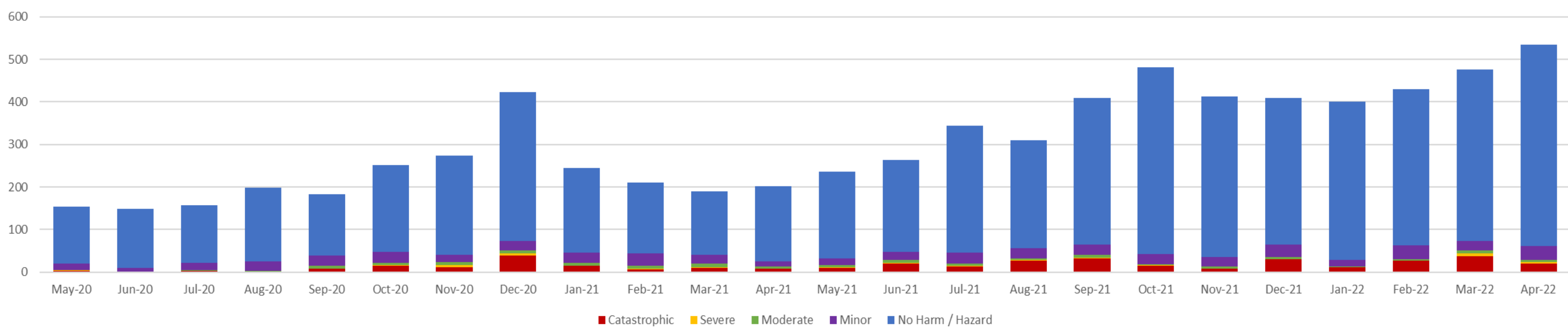
Self Assessment:  
Strength of Internal  
Control: Moderate

QUEST

Health & Care  
Standard  
Health – Safe Care



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



### Analysis

**Patient Safety:** The number of patient safety adverse incidents submitted within April 2022 increased to 535; 474 of these were in relation to incidents where there was no harm or hazard, 33 were minor, 5 was moderate, 3 were severe and 20 incidents were catastrophic. 389 cases were closed in April 2022 in comparison to 363 in March 2022.

### Remedial Plans and Actions

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

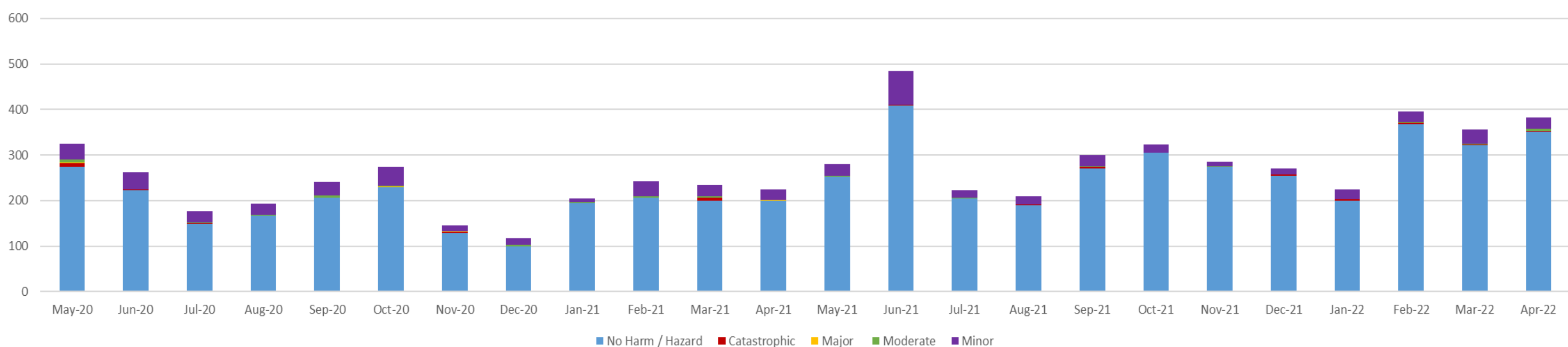
### Expected Trajectory

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

### Performance

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

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



Data source: Datix



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

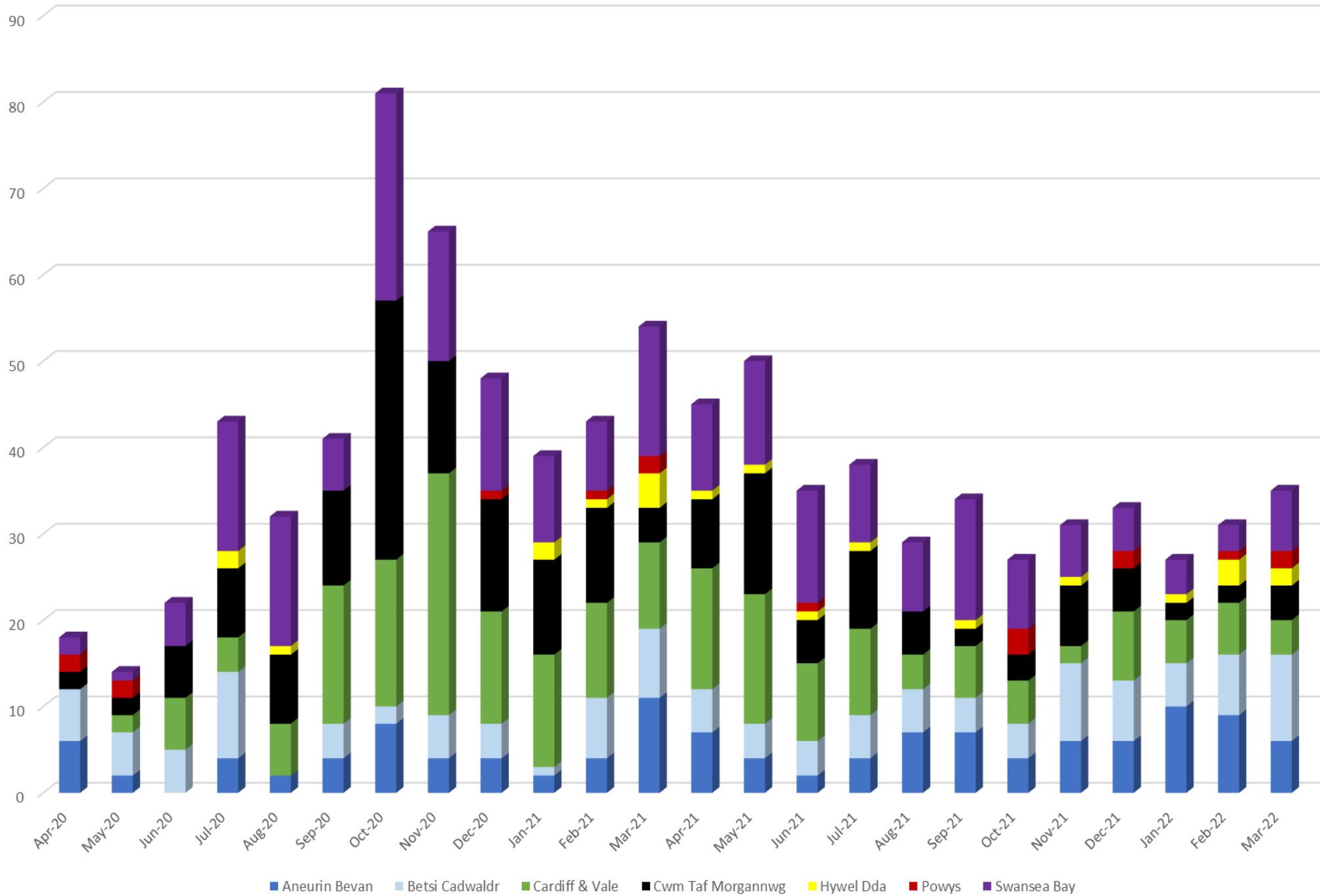
## Coroners and Ombudsmen Indicators

Self Assessment:  
Strength of Internal  
Control: Strong



Health & Care  
Standard  
Health – Safe Care

Number of Coroner Requests by Health Board



### Analysis

**Coroners:** April 2022 has seen those cases identified as having the potential for the Trust to be an interested party, move into cases where it is confirmed that the Trust is an interested party in the inquests. The number of in month requests continue to be increased from pre-pandemic request. The timeliness of the Trust's response and unexpected deaths continues to be the main themes. The complexity of the requests being received continues to be high, with multiple statements and additional information being requested, sometimes at very short notice.

**Ombudsman:** There are currently 19 open Ombudsman cases in April 2022. At present cases are not being investigated, which supports the Trusts actions.

### Remedial Plans and Actions

**Coroners:** The Team is recovering from the unprecedented number of requests for information from Coroner's courts, that have been received from July 2020. There has been an increase in the number of cases in which staff attend to provide continuity evidence. The complexity of requests continue to be high, with multiple statements being requested for each inquest. The pandemic has brought many challenges in relation to these requests, however inquests, where possible, continue to be heard remotely or hybrid (mixture of video, telephone, in person).

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

### Expected Performance Trajectory

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

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

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

The Trust also continues to engage with our Health Board colleagues where the Trust has utilised the Joint Investigation Framework and/or where there is a focus on joint investigations and learning.

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

Data source: Datix



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Safeguarding, Data Governance & Public Engagement Indicators

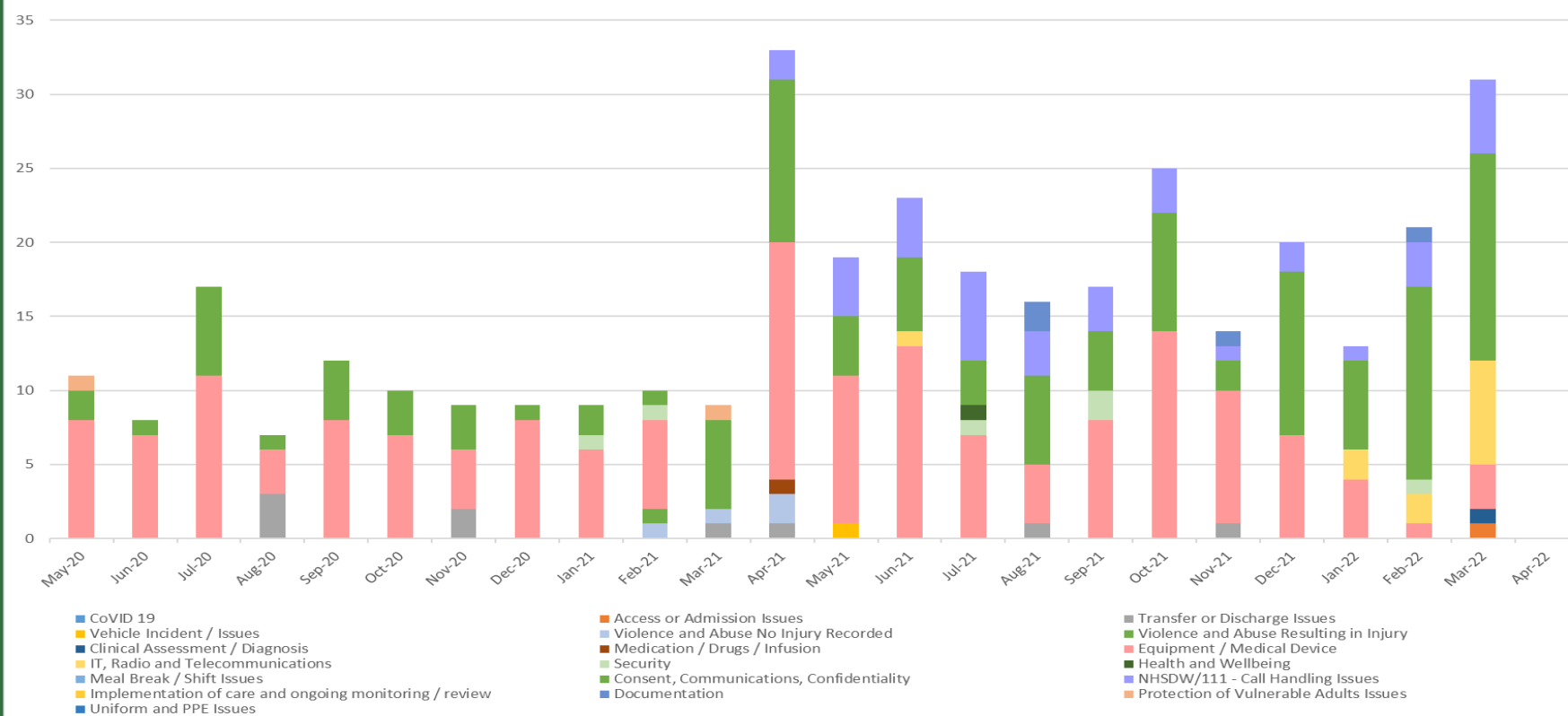
Health & Care Standard  
Health – Safe Care

Self Assessment:  
Strength of Internal Control: Strong

QUEST

NB: Public Engagement next update (Apr-Jun 22) due Jul-22

Volume of High Level Breaches of the UK General Data Protection Regulation (GDPR) 2018



### Analysis

**Safeguarding:** In April 2022 staff completed a total of 97 Adult at Risk Reports, a decrease compared to March 2022 when 98 were reported. 95% of these were processed within 24 hours.

There have been 170 Child Safeguarding Reports in April 2022, a decrease from March 2022 when 172 reports were made. In April 2022 94% were sent within 24 hours.

**Data Governance:** In April 2022 there were 33 information governance (IG) related incidents reported on Datix categorised as an Information Governance (IG) breaches, an increase when compared to March 2022. 20 related to Consent, Communications or Confidentiality; 8 related to IT, Radio and Telecommunications, 2 related to 111 Call Handling issues, 2 related to equipment / medical devices and 1 related to documentation. All have been investigated by the IG team and received feedback on the IG Policy and practice elements, and where appropriate learning has been put in place.

**Public Engagement:** There were 77 engagement events held in Quarter 4, allowing engagement with 1,450 people. Easing of COVID-19 restrictions has allowed the Trust to make a cautious return to face-to-face engagements within the community, along with a continuation of some online virtual engagement sessions. 68 NHS 111 Wales website surveys were returned, 28 people completed a new survey about their experience of calling NHS 111 Wales. The Trust continues working with NEPTS colleagues to promote patient experience surveys for users, surveys are sent direct via post, text and online. 280 NEPTS surveys were completed in this quarter. 131 compliments were also logged and processed and 104 people left comments, suggestions and messages through our 'Have Your Say' function on the Welsh Ambulance Service Website. Engaging with people and communities continues to be a priority for the PEI Team, this engagement allows us to share important information about WAST services with communities and enables the collection of feedback and experiences which help us understand if services are meeting patient needs and expectations.

### Remedial Plans and Actions

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

**Data Governance:** During the reporting period, of the 31 information governance related incidents reported on Datix all incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate. 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office.

**Public Engagement:** Within this reporting period remaining COVID-19 restrictions ended, and the Trust made a cautious return to engaging with people and communities in person again. The PEI Team are extremely happy to be engaging with people in person again and look forward to re-building relationships with groups and communities whom the Trust have not been able to meet due to the pandemic. To ensure the safety of our Team members and communities whilst we do this, the Trust have reviewed and updated our existing processes and risk assessments to incorporate some additional COVID-19 safety elements. Recognising that not all people feel ready to return to engaging with us in the way they would have before the pandemic, the Trust continues to offer opportunities to engage using online platforms that have become so familiar.

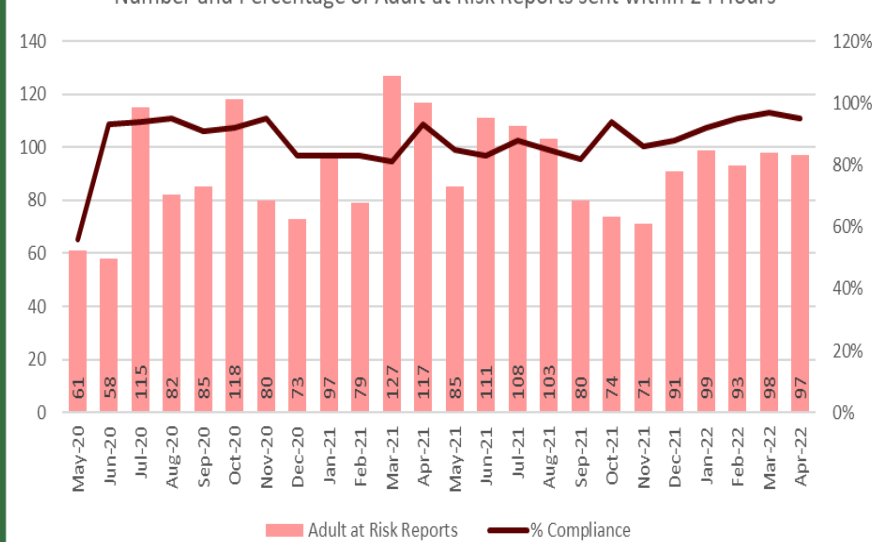
### Expected Performance Trajectory

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

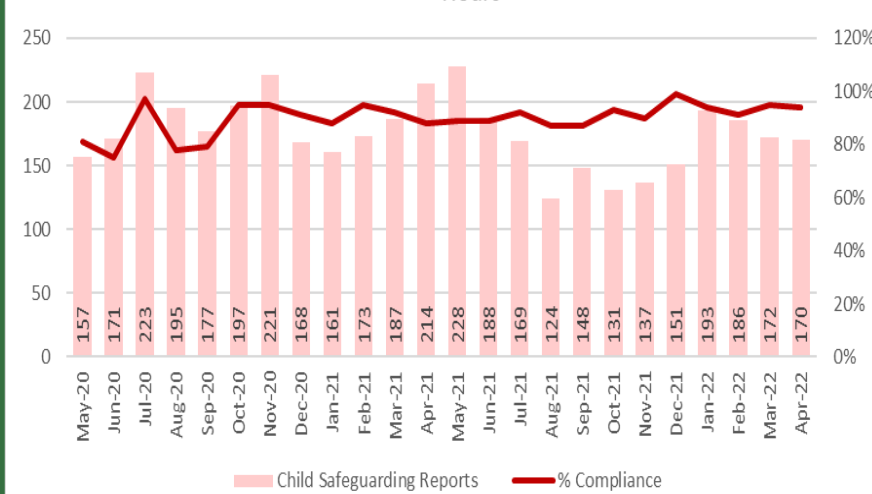
**Data Governance:** An annual assessment of compliance using the Welsh NHS IG Toolkit; an individual evidence-based assessment consisting of 255 items will continue to be utilised to measure the Trust against National Information Governance and Security Standards, and the Trust's FY21-22 IG Toolkit responses have now been submitted.

**Public Engagement:** The PEI Team will continue to share good practice and learning from our engagement with partners, stakeholders and colleagues at Ambulance Services across the UK. The Trust will continue to proactively communicate with people and communities, sharing important information regarding Trust services, appropriate use of these during the current period of increased demand. With most coronavirus restrictions now lifted in Wales, the team are receiving invitations to engage with people and communities, and are looking forward to attending these over the coming months.

Number and Percentage of Adult at Risk Reports sent within 24 Hours



Number and Percentage of Child Safeguarding Reports sent within 24 Hours



Safeguarding Data source: Doc Works



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Health & Safety (RIDDORS) Indicators

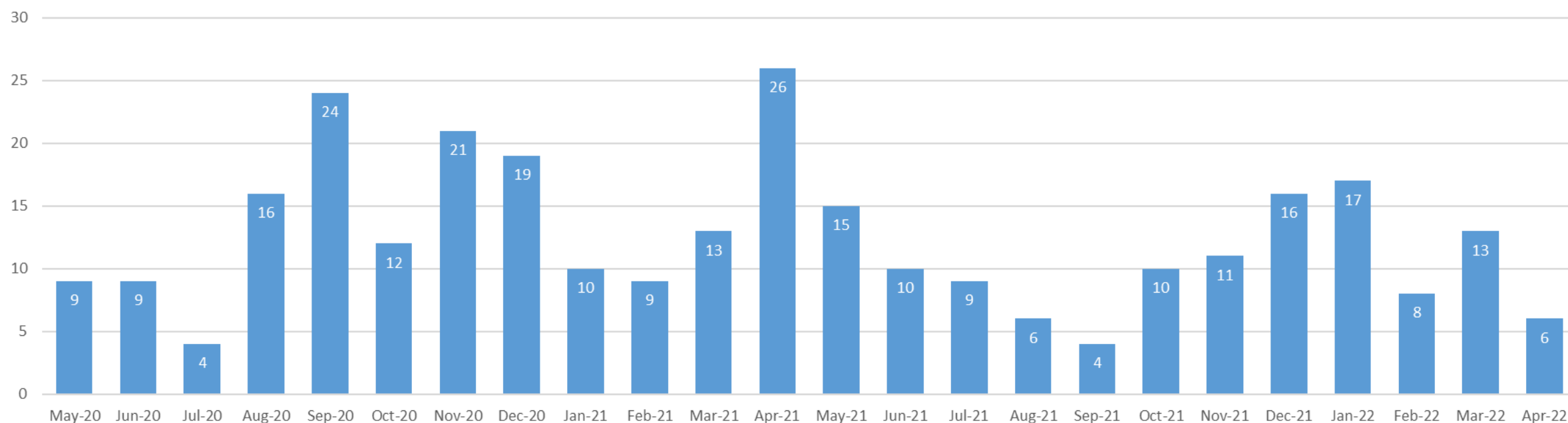
Self Assessment:  
Strength of Internal  
Control: Moderate

QUEST

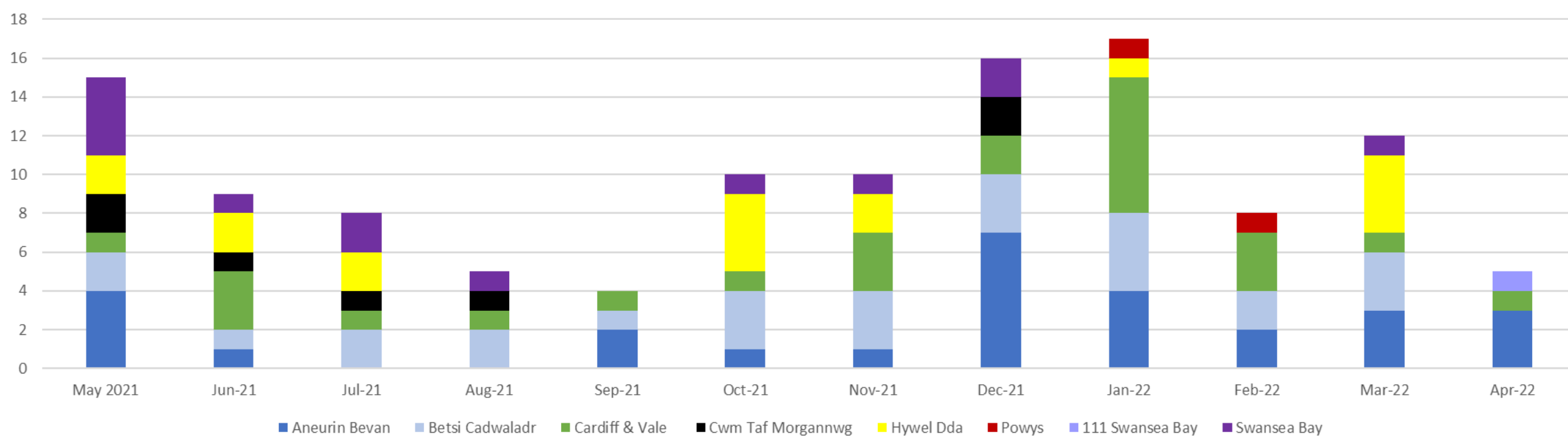
Health & Care  
Standard  
Health – Safe Care



Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



### Analysis

Whilst there is a strong level of internal control with respect to GL1 Metrics provided to the Health & Safety Executive (HSE), there are moderate levels of internal control. Challenges around obtaining staff details are impacting on timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive (HSE). During Quarter 4 (January - March 2022) there were no fines, prosecutions, HSE improvement or Prohibition notices.

In April 2022 RIDDORS reported were for 111 ABUHB (1), ABUHB (3), CVUHB (1) and 111 SBUHB (1).

### Remedial Plans and Actions

Some members of the Health & Safety Team have been granted authorisation to access details from the Electronic Staff Record (ESR) which will provide timely access to key details in relation to RIDDOR reporting. However, one key member responsible for reporting of RIDDORS left the organisation in November 2021. Additionally, the Regional H&S Manager also responsible for reporting is on long terms sickness absence.

The Trust's compliance with Health and Safety legislation requires further work to specify and detail areas to improve compliance. A draft transformation plan has been approved by EMT endorsing the commencement of this comprehensive holistic action plan, through a Working Safely Programme.

### Expected Performance Trajectory

The Trust continues to work towards improving internal controls and the timeliness of reporting RIDDORS.

The Trust has recently reviewed its reporting process and has developed new arrangements for reporting RIDDOR reportable incidents. This change will be reflected in the Trust's Health and Safety Policy and the Adverse Incident Reporting Policy. Both policies will be going through the Trust's policy approval process within the next couple of months

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

Data source: Datix



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



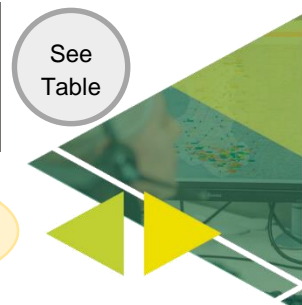
# Our Patients: Quality, Safety & Patient Experience

## Corporate Risk Indicators

Self Assessment: Strength of Internal Control: Moderate - Strong

See Table

Health & Care Standard - GLA3



RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
223	The Trust's inability to reach patients in the community causing patient harm and death  <b>Previous title:</b> <i>Unable to attend patients in community who require See &amp; Treat</i>	<b>IF</b> significant internal and external system pressures and abstractions continue  <b>THEN</b> there is a risk of an inability and/or a delay in ambulances reaching patients in the community  <b>RESULTING IN</b> patient harm and death	Director of Operations	25 (5x5)  ➔
224	Significant handover delays outside A&E impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service  <b>Previous title:</b> <i>Patients delayed on ambulances outside A&amp;E Departments</i>	<b>IF</b> patients are significantly delayed in ambulances outside A&E departments  <b>THEN</b> access to definitive care is delayed and standards of patient care are compromised, and the environment of care will deteriorate  <b>RESULTING IN</b> patients potentially coming to harm	Director of Operations  <b>Transferred to:</b> Director of Quality & Nursing	25 (5x5)  ➔
199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation  <b>Previous title:</b> <i>Compliance with Health and Safety legislation</i>	<b>IF</b> there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance  <b>THEN</b> there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments  <b>RESULTING IN</b> death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation	Director of Quality & Nursing	20 (4x5)  ➔
160	High sickness absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service  <b>Previous title:</b> <i>High Sickness Absence Rates</i>	<b>IF</b> there are high levels of sickness absence rates  <b>THEN</b> there is a risk of a reduced resource capacity  <b>RESULTING IN</b> an inability to deliver services which adversely impacts on quality, safety and patient/staff experience	Director of Workforce & Organisational Development	16 (4x4)  ↑ New score 20 (5x4)
316	Potential for a high volume of personal injury claims due to work acquired covid infection  <b>Previous title:</b> <i>Increased risk of personal injury claims citing COVID exposure</i>	<b>IF</b> we are unable to determine the point of Covid infection due to a lack of documented evidence that proves the point of exposure  <b>THEN</b> there is a risk of a high increase in personal injury claims being awarded against WAST citing work acquired Covid infection  <b>RESULTING IN</b> potential, significant financial loss and adverse media coverage and reputational damage	Director of Quality & Nursing	16 (4x4)  ↓ New Score 12 (3x4)

### Analysis

There are currently 16 Corporate Risks on the register, with the 5 highest scoring detailed in the table. Sessions have taken place in February and March 2022 to review the highest scoring risks and determine new titles, clearly articulate the risks, descriptions and map controls and assurances.

The Assistant Directors Leadership Team (ADLT) reviewed the existing and proposed new corporate risks during the last quarter. The full Corporate Risk Register was presented to Trust Board on 24<sup>th</sup> March 2022.

EMT have approved the rearticulation of the highest scoring risks: Risks 223, 224, 199, 316 and 160 and identified gaps and articulate further actions to mitigate the risks in addition to reviewing scores and controls rating assurances.

Risk ID 223 and Risk ID 224 remain the highest scoring risks at scores of 25, this is due to pressure in the unscheduled care system and emergence of long handover delays at Hospital Emergency Departments. Risk ID 160 has been revaluated and scored at 20 due to ongoing high sickness levels and the risk to the inability of the Trust to deliver services.

### Remedial Plans and Actions

Principal risks assigned to Committees detailed in the table and are considered for scrutiny and strategic oversight. The committees convened on the following dates:

- a) **Quality, Safety & Patient Experience** (17<sup>th</sup> February 2022)
- b) **People & Culture Committee** (22<sup>nd</sup> February 2022)
- c) **Finance & Performance Committee** (17<sup>th</sup> March 2022)

- d) Controls, assurances and any mitigating actions will be presented to the Board at the next meeting in May 2022

### Expected Performance Trajectory

The Governance team are developing a transitional Board Assurance Framework which will be presented to Audit Committee in June 2022 and Trust Board in July 2022.

**NB: Next Update (April- June 2022) due July 2022**

Data source: Electronic Risk Register



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust

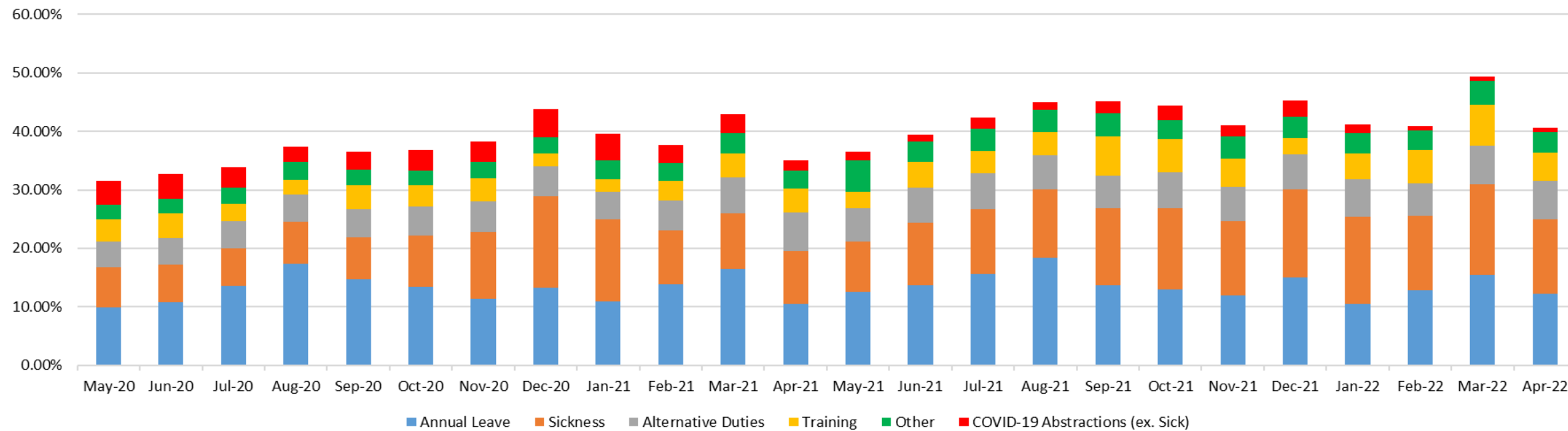


# Our People Ambulance Abstractions and Production Indicators

Abstractions **R** EA Production **A**

CI PCC FPC

Pan Wales EMS Total Rota Abstraction Hours



### Analysis

As shown in the top graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In April 2022, total abstractions stood at 40.53%. This compares to a benchmark set in the Demand & Capacity Review of 30% which the Trust was achieving pre-COVID-19. The highest proportion was sickness at 12.81% and Annual Leave at 12.21%. Sickness abstractions for April 2022 were higher than the previous year (9.12%); however, COVID-19 related abstractions decreased in March 2022 when compared to March 2021 accounting for 0.64% of overall abstractions.

**Emergency Ambulance Unit Hours Production (UHP) was 90% in April 2022** (66,276 Actual Hours), therefore falling below the 95% benchmark. RRV UHP achieved 78% (18,552 Actual Hours) compared to 71% in March 2022. The total hours produced is a key metric for patient safety (included on slide 7 red performance). In April 2022 the Trust produced 111,067 hours, but the graph shows that even despite significant funding for increased substantive numbers of staff, total hour produced has not risen sustainably.

Following a short period in REAP 3, the Trust escalated to REAP 4 on 18 March 2022 and is now operating under the Pandemic Monitor Mode which was introduced on 21 March 2022. The Trust continues to maintain a Performance Improvement Plan bringing together all tactical and transformative actions across the three services. Additional capacity have been actioned to help offset the level of abstractions.

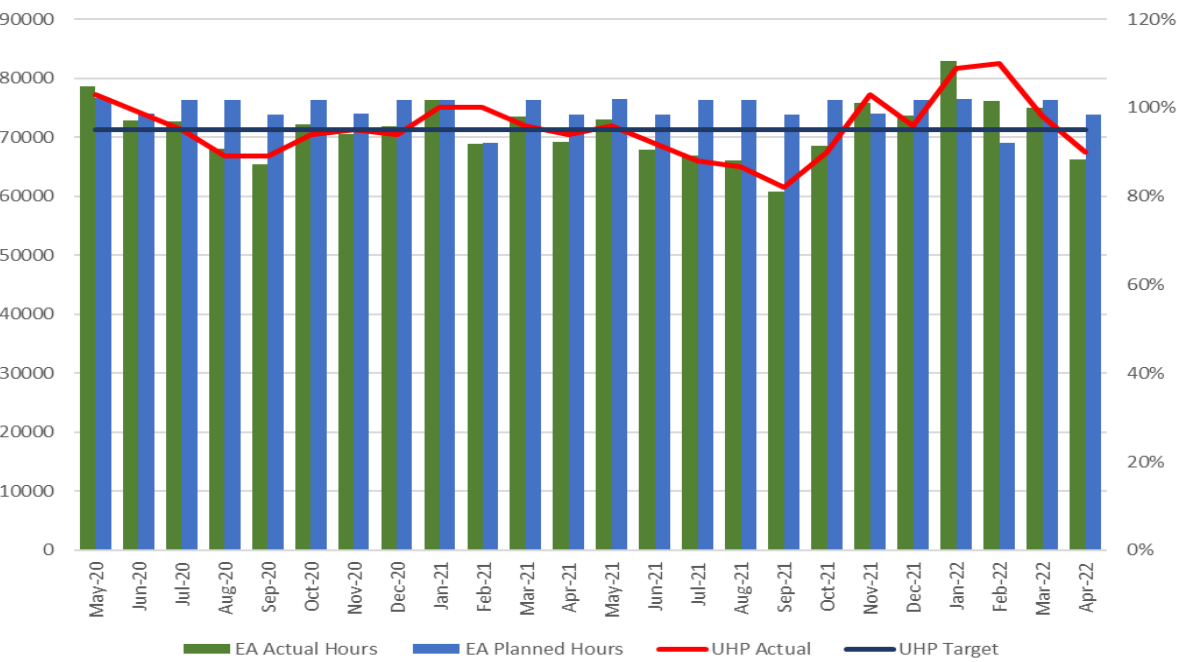
### Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A new programme of work is being commenced to review and take action to reduce sickness absence / alternative duties. The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 81 WTE to be recruited this year; however, the current impact of COVID-19 means that the Performance Improvement Plan contains a range of tactical responses to increasing capacity in the short term e.g. military aid.

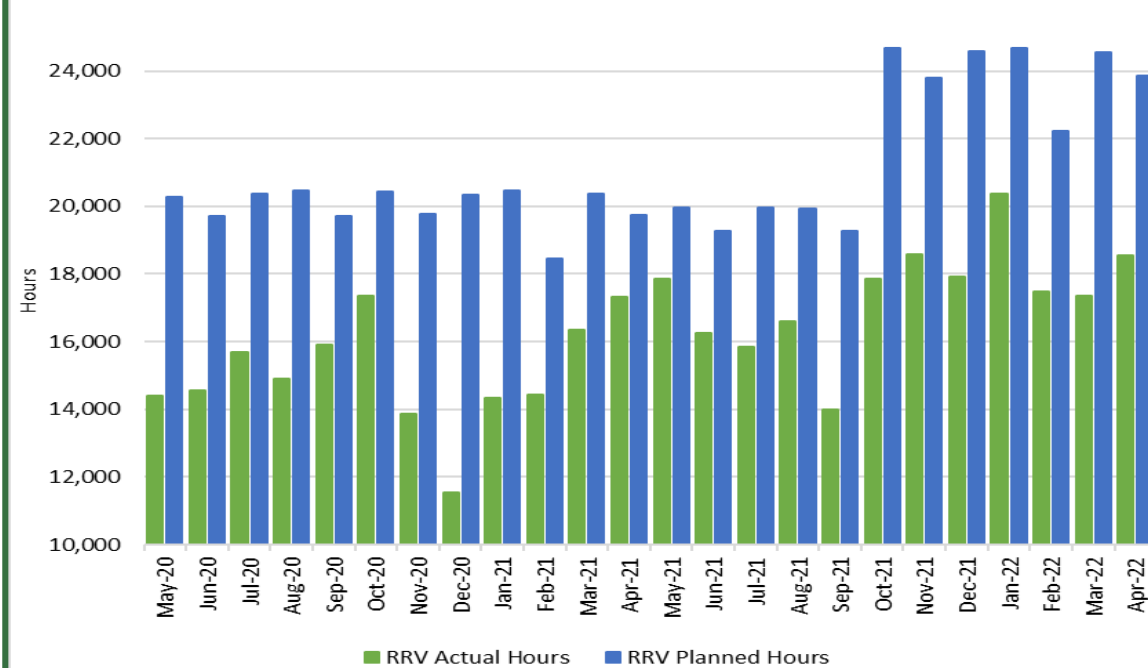
### Expected Performance Trajectory

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

Emergency Ambulance Unit Hours Production



RRV Hours Planned vs Actual



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our People Sickness Absence Indicators



NB: April 2022 data not yet available to report

### Analysis

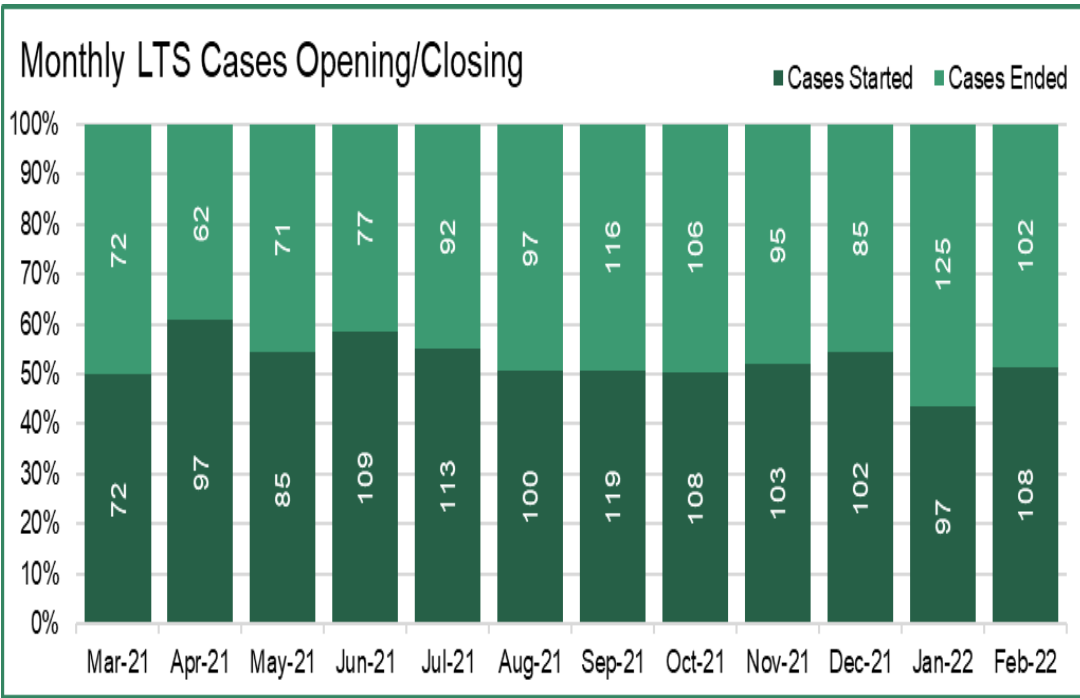
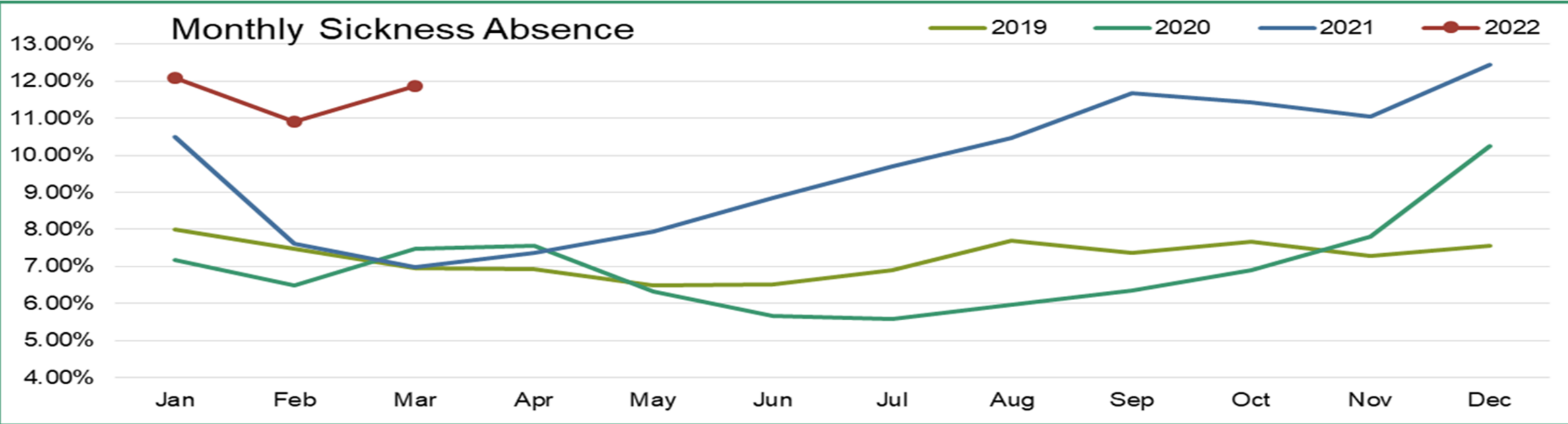
The monthly sickness absence figure for March 2022 was 11.88%, a decrease of 0.97% from last month; however, sickness levels remain the highest recorded in a 5 year period with increases in both short term and long term absence.

### Remedial Plans and Actions

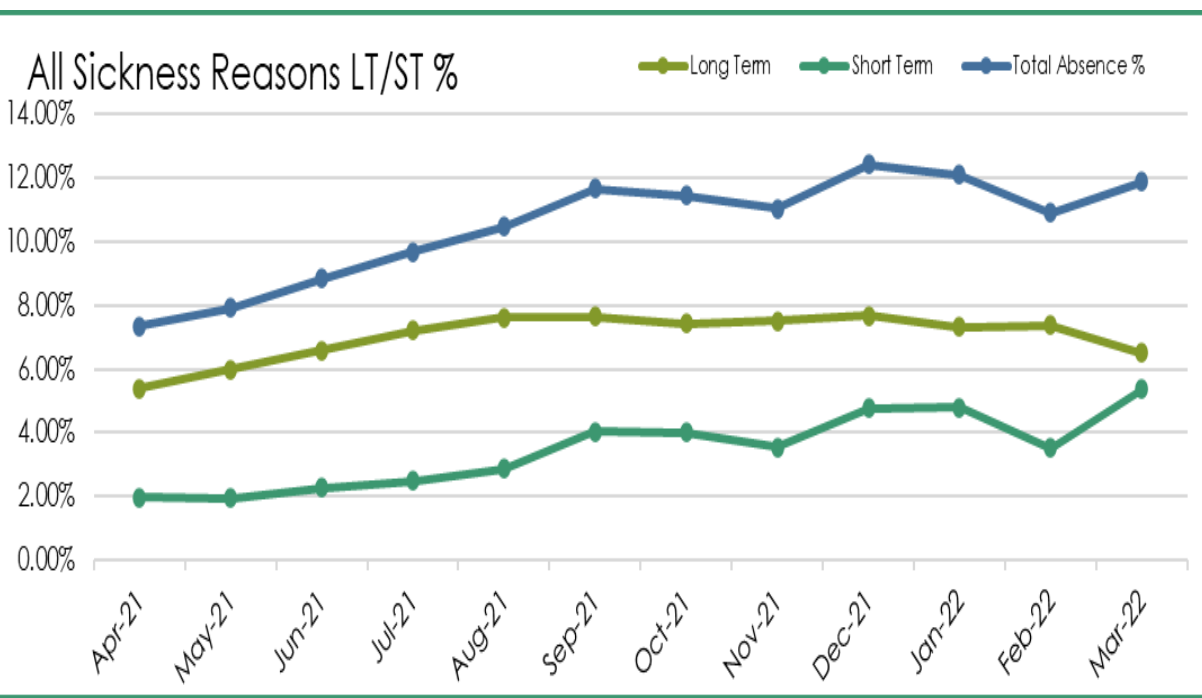
Physiotherapy referrals slightly increased to 31 referrals for this month, with 45% off work at time of referral. Majority of referrals were for back symptoms, closely followed by shoulder issues. Referrals to our EAP decreased against February at 72 calls. 10 of these calls were for legal concerns which is a large increase in this area.

### Expected Performance Trajectory

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



Average working days lost per FTE (Annual)	
23.96 days	
Single month Absence %	
11.88%	
Long Term	Short Term
6.51%	5.37%
Mental Health	Other MSK
(S10 Stress/Anxiety) 2.80%	(excluding Back) 1.37%



(Responsible Officer: Catherine Goodwin)

Welsh Ambulance Services NHS Trust



# Our People Staff Vaccination Indicators

NB: April 2022 COVID-19 Vaccine Data not Available

Self Assessment:  
Strength of Internal  
Control: Moderate

Flu  
R

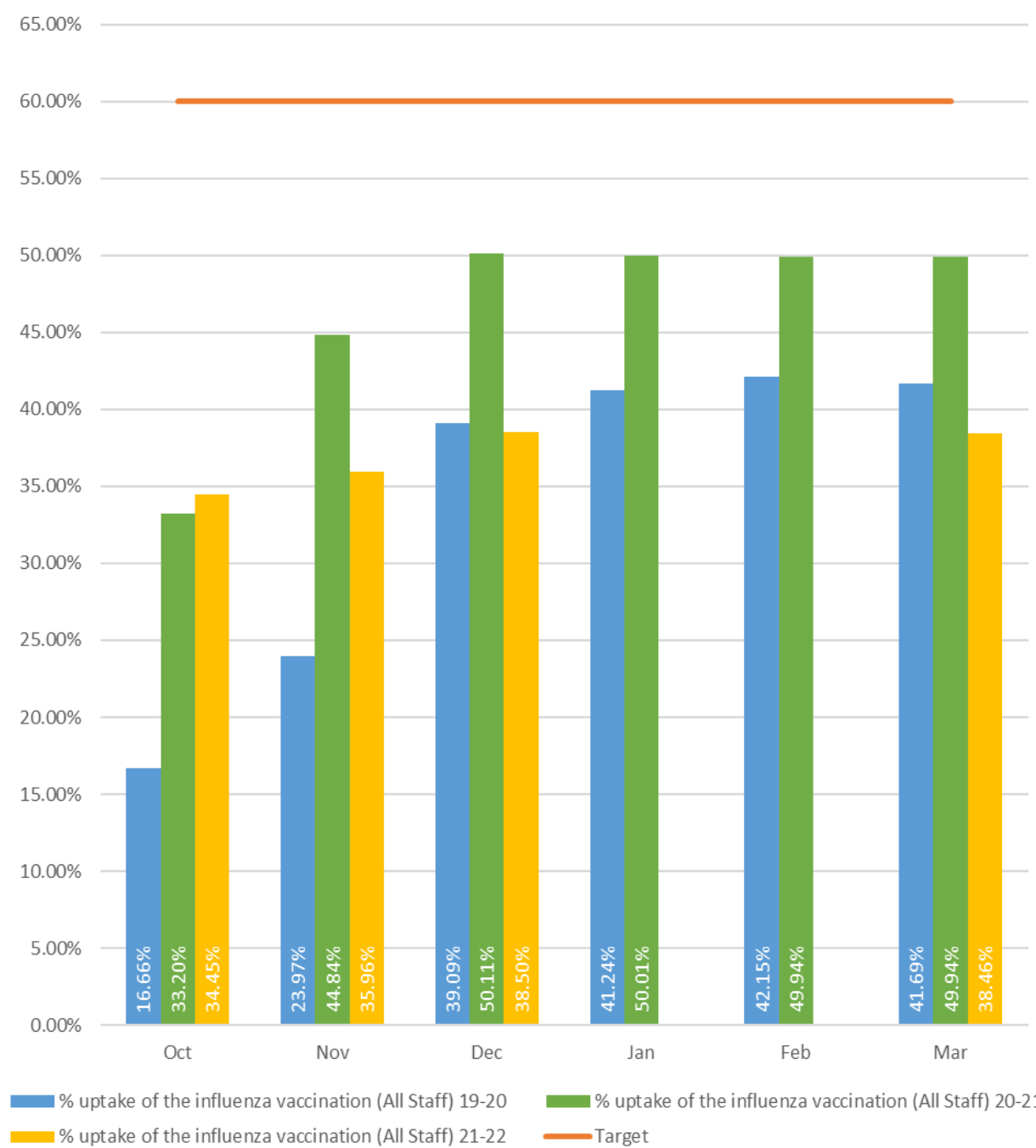
CI

PCC

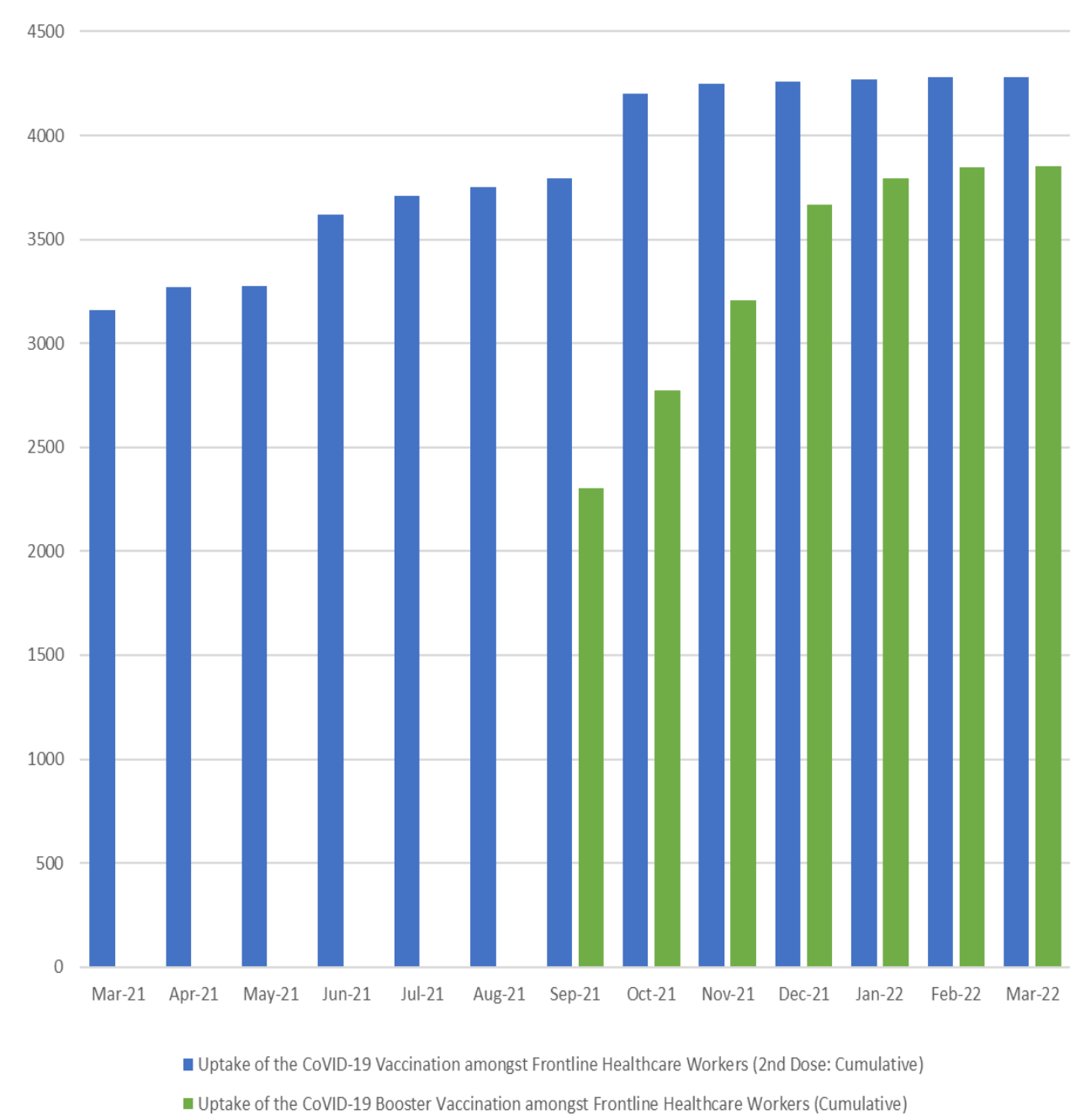
Health & Care  
Standard  
- Health (PPI)

NB: Next Reporting Flu Campaign October 2022

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



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



#### Analysis

The 2021-22 flu campaign got underway in Oct-21 and has now concluded; as indicated in the graph to the left 38.46% of EMS (response) and NEPTS staff received a vaccination, therefore not achieving the 60% target.

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

Of the 4,532 staff currently employed (All staff) front line (Patient Facing and Non-Patient Facing staff), 95% of staff have received a first dose COVID-19 vaccination, 94% (4,279) have received a second dose and 85% (3,853 Staff) have received a booster vaccination. In addition 94% of volunteers have received a first dose vaccination, 93% have received a 2<sup>nd</sup> dose and 2.1% have received a booster vaccination.

#### Remedial Plans and Actions

Staff data has been refreshed to accurately staff numbers employed by WAST.

#### Expected Performance Trajectory

Due to the escalation to Alert Level 2 in Wales and a reduction in public mixing over the festive period, to date the expected surge in flu rates have not been seen in the 2021/22 winter period. This, combined with an uptake in vaccination across priority groups in Wales has meant that more people than ever before received an influenza vaccination and for the first time ever, over one million vaccinations were given in Wales. The Trust is still cautious that an easing of restrictions could see cases increase and winter planning has been key in preparing for this scenario.

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



(Responsible Officer: Catherine Goodwin)

Welsh Ambulance Services NHS Trust



# Our People

## PADR and Training Rates Indicators

R

Self Assessment:  
Strength of Internal  
Control: Strong

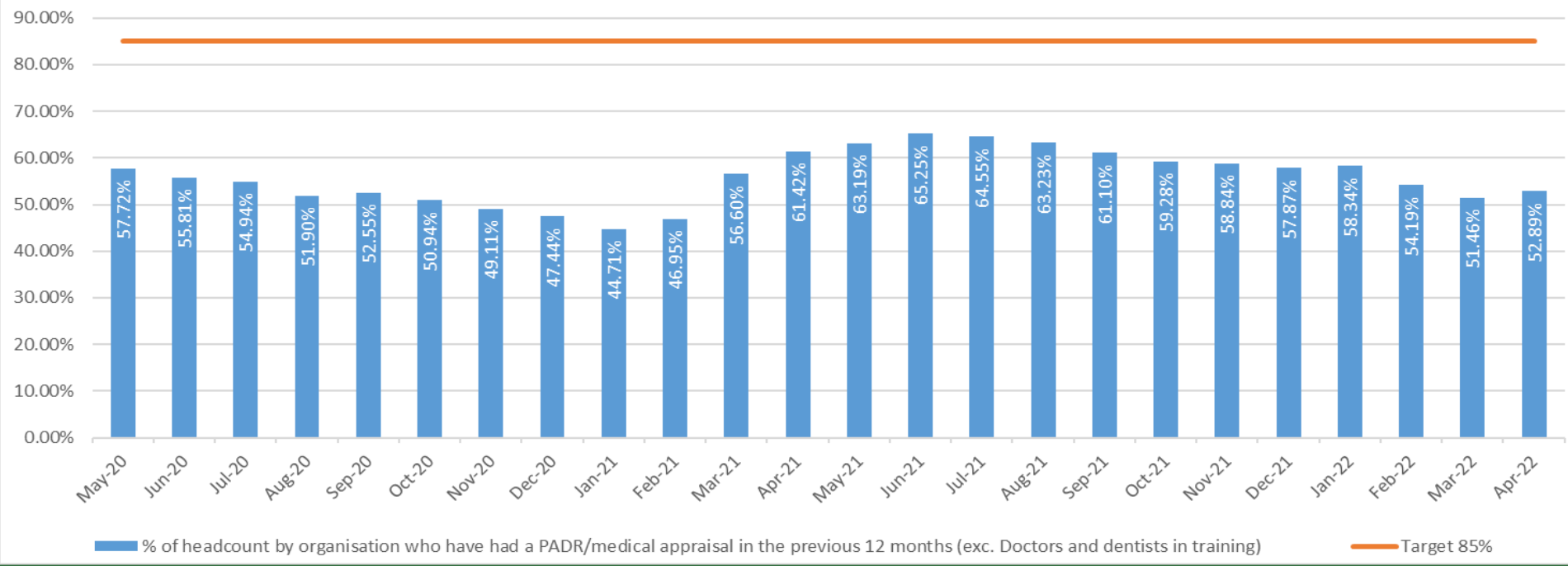
CI

PCC

Health & Care  
Standard  
Health – Staff &  
Resources

NB: April 2022 Band 6 Competency Data unavailable

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



### Analysis

PADR rates for April 2022 improved marginally to 52.89% however they continue to remain well below the 85% target.

April 2022 Statutory & Mandatory Training rates increased by 0.49% from the March 2022 figure remaining just under the 85% target. Fire Safety (67.09%), and Moving & Handling (82.97%) both failed to achieve the 85% target; however, Information Governance (85.41%) and Safeguarding Adults (88.26%) achieved the target in April 2022.

In March 2022 Band 6 Paramedic Competency rates (All Staff) are 83.71% for year 1, 78.44% for year 2 and 72.93% for year 3. These figures exclude newly qualified Paramedics and staff on Long-Term Sickness and Maternity. Of the original Band 6 paramedic cohort, the rates are 100% for year 1, 99.86% for Year 2 and 97.18% for year 3.

Skills and Training Framework	NHS Wales Minimum Renewal Standard
Equality, Diversity & Human Rights (Treat me Fairly)	3 years
Fire Safety	2 years
Health, Safety & Welfare	3 years
Infection Prevention & Control - Level 1	3 years
Information Governance (Wales)	2 years
Moving and Handling - Level 1	2 years
Resuscitation - Level 1	3 years
Safeguarding Adults - Level 1	3 years
Safeguarding Children - Level 1	3 years
Violence & Aggression (Wales) - Module A	No renewal
<b>Mandatory Courses</b>	
Violence Against Women, Domestic Abuse and Sexual Violence	3 years
Dementia Awareness	No renewal
Environment, Waste and Energy (Admin & Clerical staff Only)	Yearly

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

### Remedial Plans and Actions

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

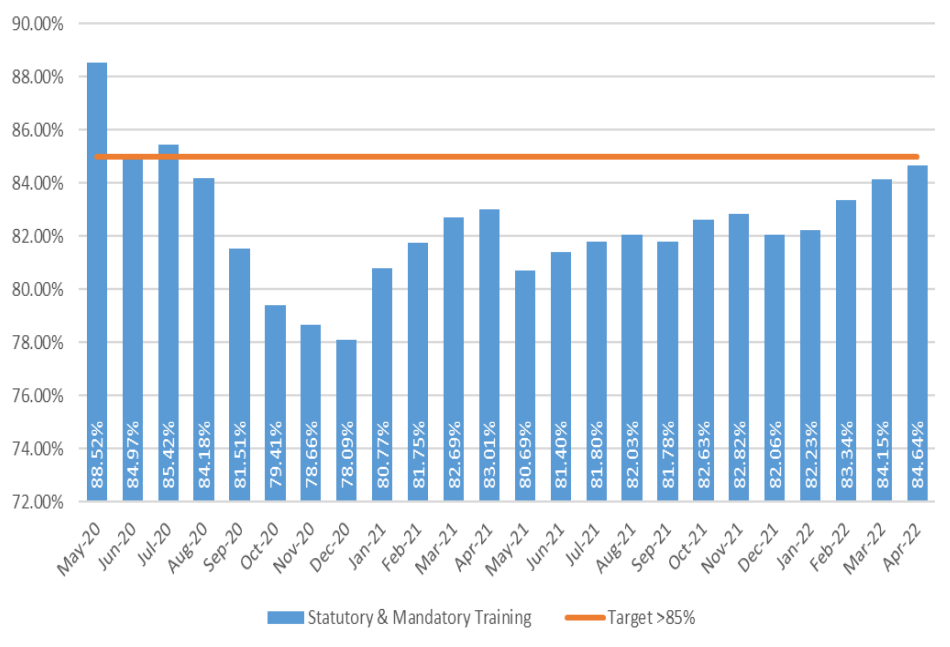
Targeted communication via Siren and Yammer will continue using the #WASTMakItHappen tagline to reinvigorate My Learning on ESR for Corporate Compliance will continue. In addition, meetings are ongoing with the Ambulance Response Team to highlight compliance rates for Frontline staff and continue to monitor.

### Expected Performance Trajectory

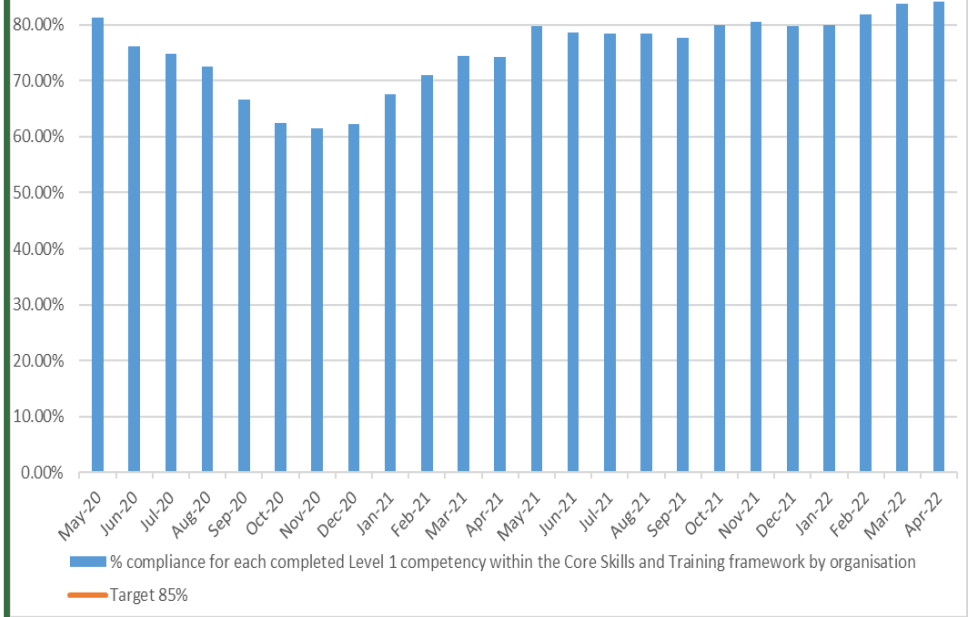
Uptake in the e-learning based topics continues to be very positive and staff of all grades have embraced the concept and are engaged with this new concept. Staff seem to have bought into the "new normal" and the Trust expects to continue to see improving compliance figures across the Trust.

Data source: ESR

% Compliance Statutory and Mandatory Training (10 CSTF Modules)



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



(Responsible Officer: Catherine Goodwin)

Welsh Ambulance Services NHS Trust

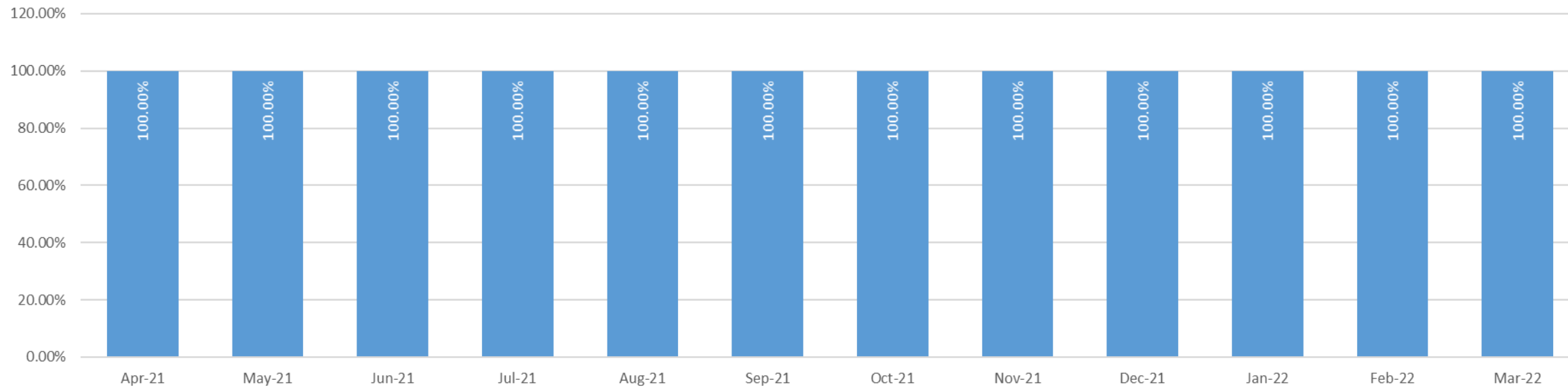


# Finance and Value Finance Indicators

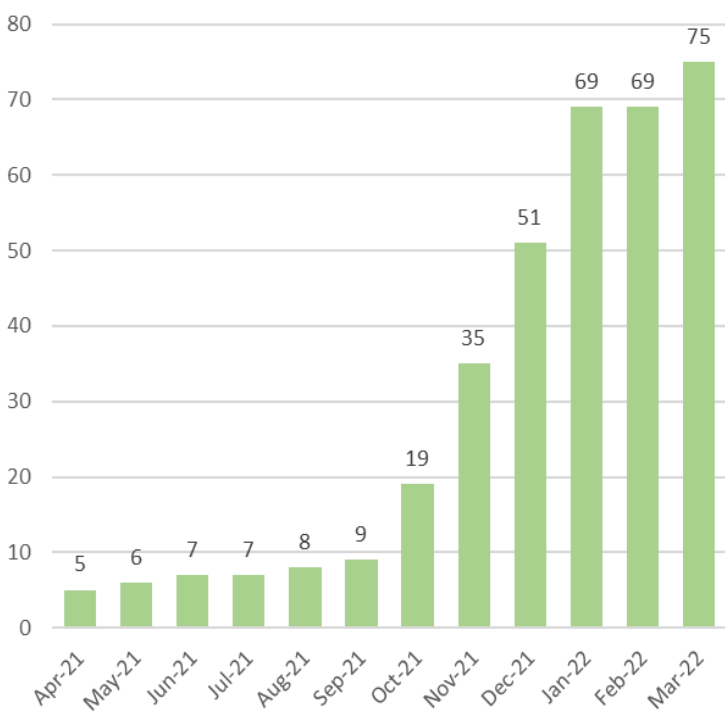


NB: April 2022 Data Update unavailable

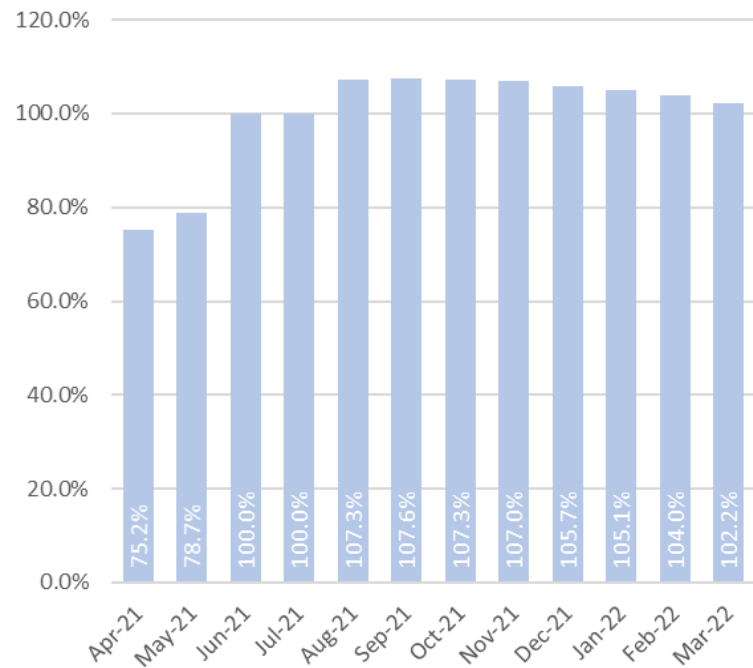
Financial balance - annual expenditure YTD as % of budget expenditure YTD



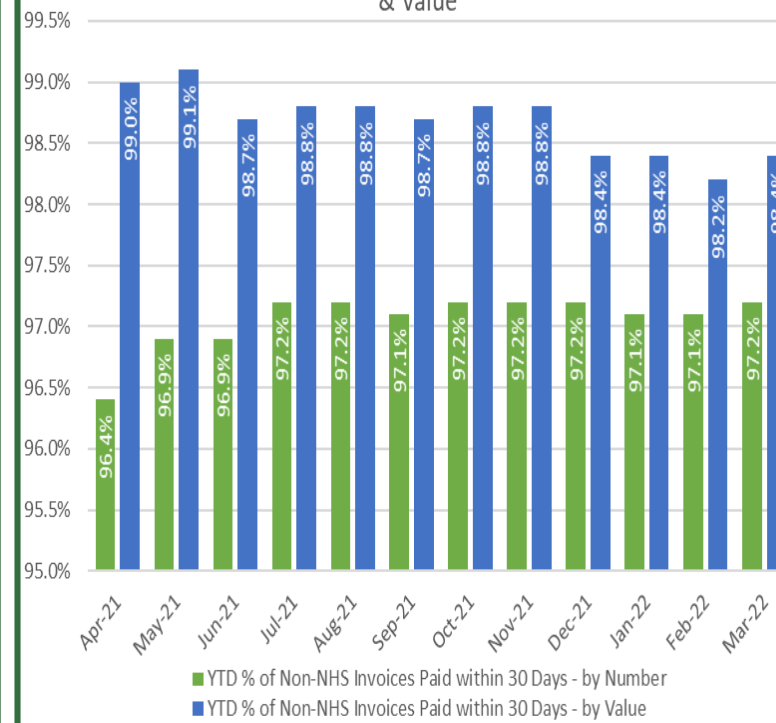
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



## Analysis

At the end of the 2021-22 financial year, the reported outturn performance at month 12 is a surplus of £75k.

For month 12 the Trust is reporting planned savings of £2.800m and actual savings of £2.861m, an achievement rate of 102.2%.

Cumulative performance against the Public Sector Purchase Programme (PSP) as of March 2022 was 97.2% against a target of 95%.

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

## Remedial Plans and Actions

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

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

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

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

## Expected Performance Trajectory

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



(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust



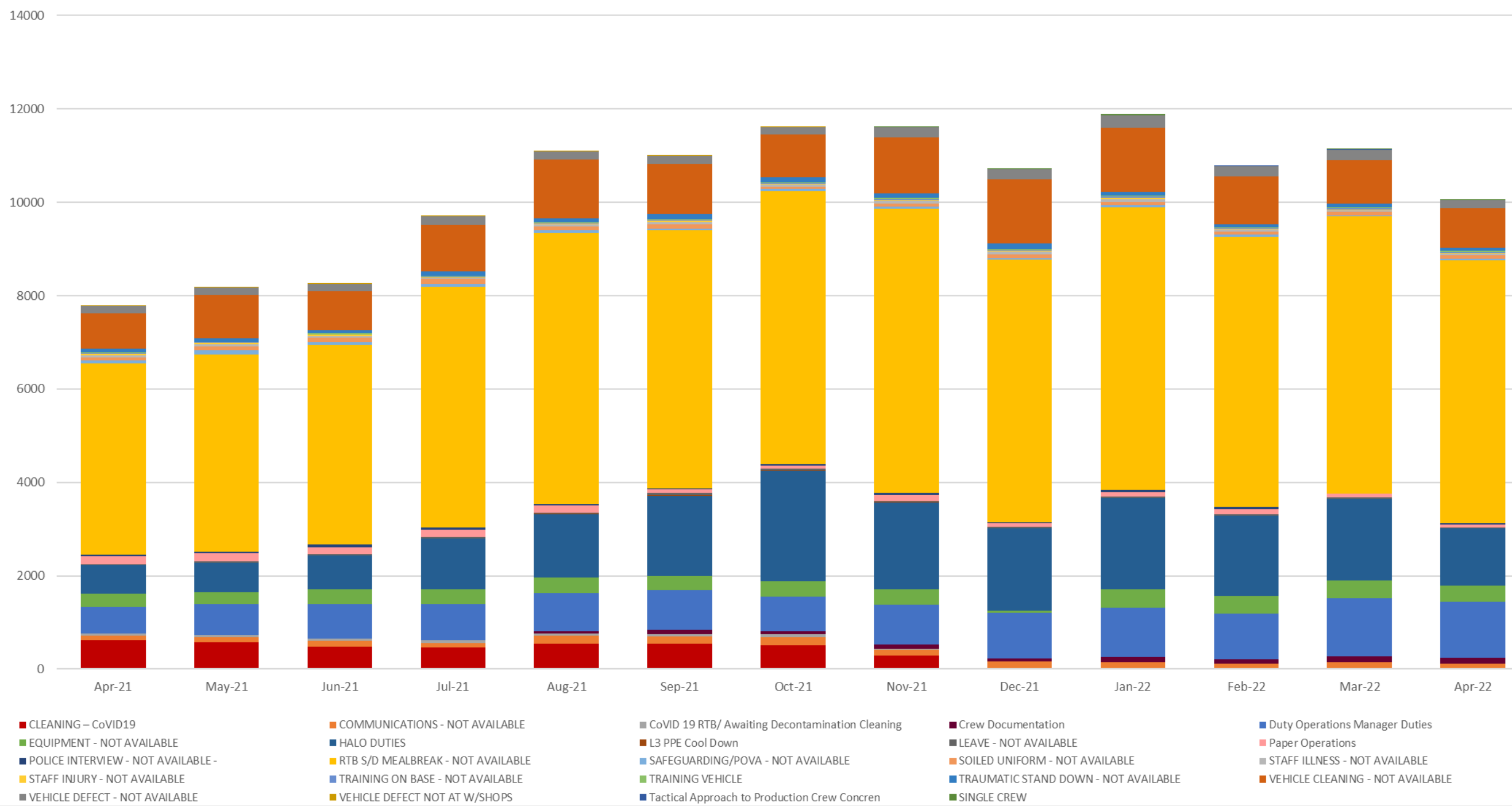
# Value / Partnerships & System Contribution

## EMS Utilisation & Post Production Lost Hours Indicators



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

Post Production Lost Hours - By Unavailability Reason



### Analysis

There were 11,624 post production lost hours (PPLH) in April 2022; a decrease when compared to March 2022 (12,886).

In April 2022 hours lost through PPLH can be down to numerous factors, including, but not limited to Return to Base, Meal Breaks (5,634 Hours), HALO duties (1,222 hours), Duty Operations Manager duties (1,203 Hours) and Vehicle cleaning (848 hours). It can also be as a result of different processes at hospital sites causing variation in process in flow throughout the system that contribute towards post- production lost hours.

### Remedial Plans and Actions

This is currently an area of focus via a series of workshops with TU Partners, which commenced in Sep-21. The current focus continues to be on data accuracy, modelling of options and potential tests of change.

### Expected Performance Trajectory

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

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

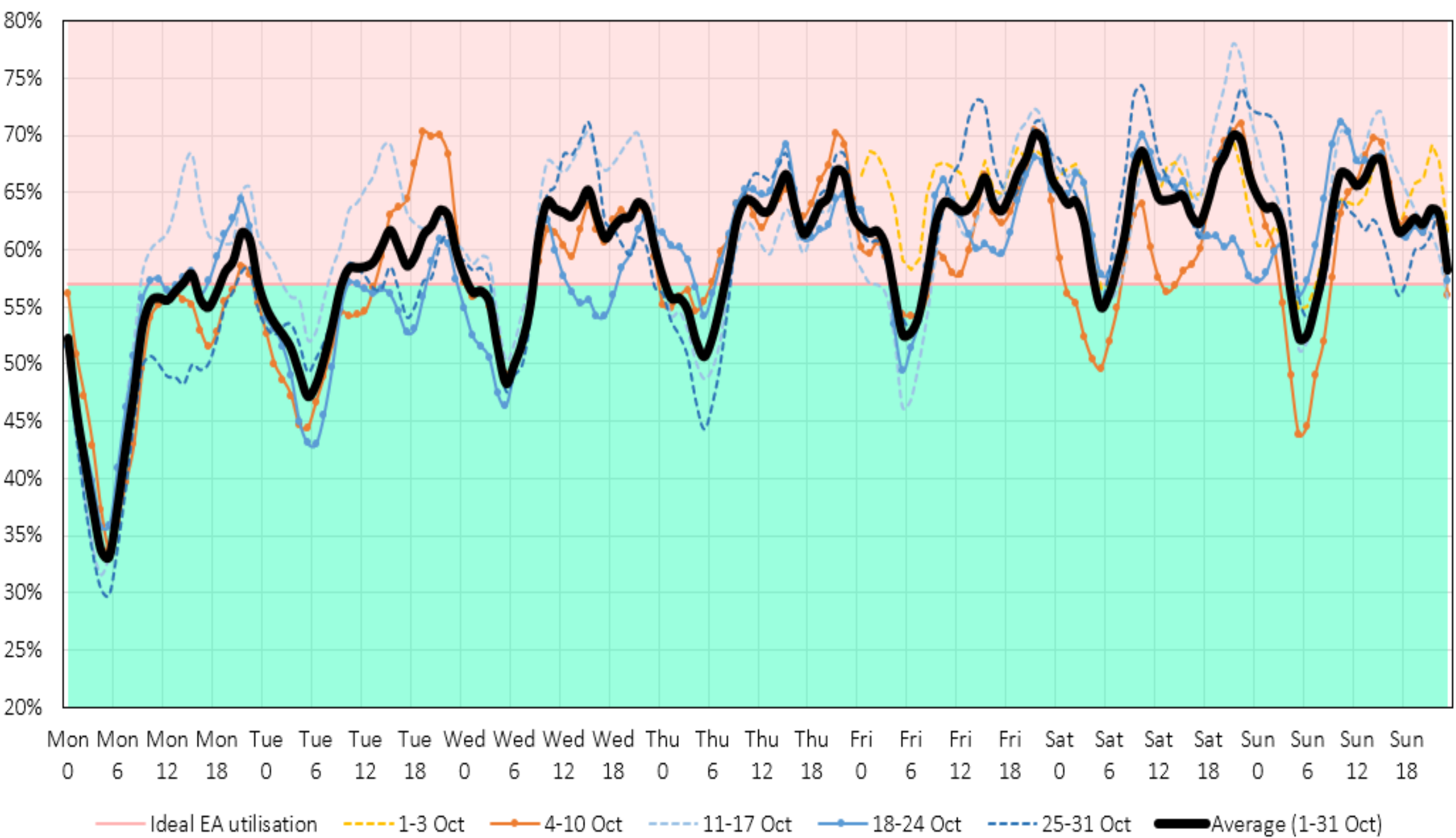


# Value & Partnership Contribution Utilisation Indicators



Slide Under Development to provide Net Utilisation – there is an issue with PPLH data that is preventing this indicator being further developed at this point of time. Optima liaising with new AD Data & Analytics

### EA Historical Gross Utilisation October 2021 (Busy Hours / Actual Hours)



#### Analysis

The chart outlines the gross utilisation for WAST; the ideal gross utilisation has been set as 57% after an extensive data analysis (the split between green and pink area in the chart). Achieving this level of utilisation enables the Trust to exactly deliver a 30 minute Amber 1 response time.

In addition each health board area has their own ideal EA utilisation. Analysis has indicated that this is higher for urban areas and lower for rural areas. A high degree of rurality means that more resources need to remain available more often to achieve the 30 minute Amber 1 response times.

The chart shows that's the EA utilisation has consistently been much higher than the Trust would like in October 2021; this extensive utilisation also explains why response times have been much slower than desired.

The dip seen during the early hours on a Monday is as a result of the data being available in weekly blocks which causes some of the workload within the first few hours of the dataset to be invisible. The 'tuning' of the ideal utilisation is revised periodically on larger datasets that do not contain these dips.

*NB: The thick black line identify the average hour-of-week EA utilisation for WAST, the thin lines indicate the values for every week within October. The green and pink indicate the split below and above ideal utilisation*

#### Remedial Plans and Actions

The Trust is currently receiving support through additional hours obtained from the Military Aid to the Civil Aid (MACA) and Fire Service.

The Trust has combined various tactical plans into a single Performance Improvement Plan (PIP) which is being reported into Executive Management Team every 2 weeks set out under four main headings with actions including:

- Better management of demand;
- Increasing capacity;
- Increasing effectiveness and efficiency of resources; and
- Supporting staff well-being.

Application of the clinical Safety Plan is being utilised to ease pressures on the Trust during periods of excessive demand.

#### Expected Performance Trajectory

Further work is required on the measure, in particular, data issues around PPLH.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



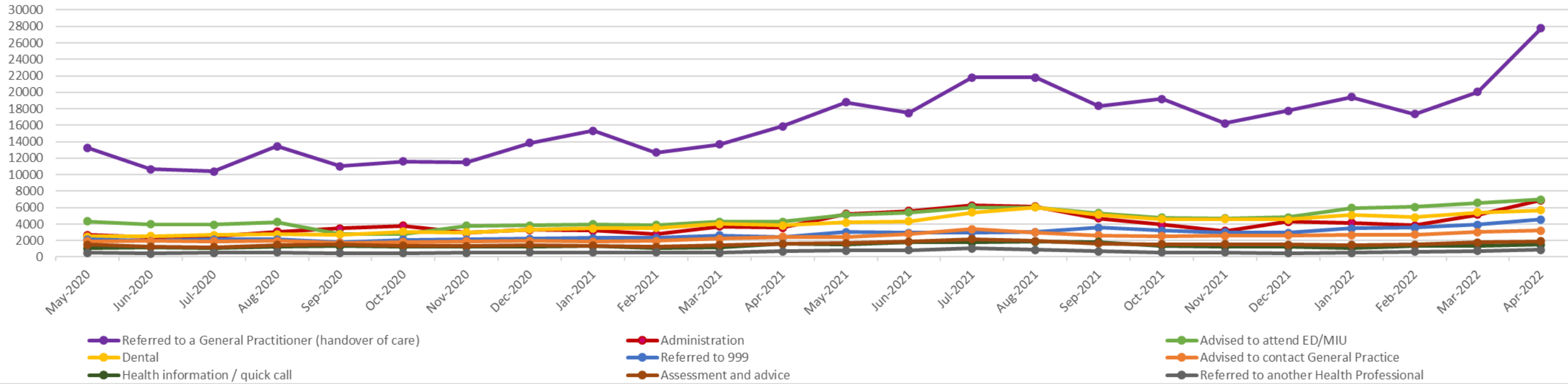
# Our Patients: Quality, Safety & Patient Experience

## 111 Hand Off Metrics and 111 Consult & Close Indicators

### Influencing Factors – Demand and Clinical Hours Produced



111 Calls By Final outcome



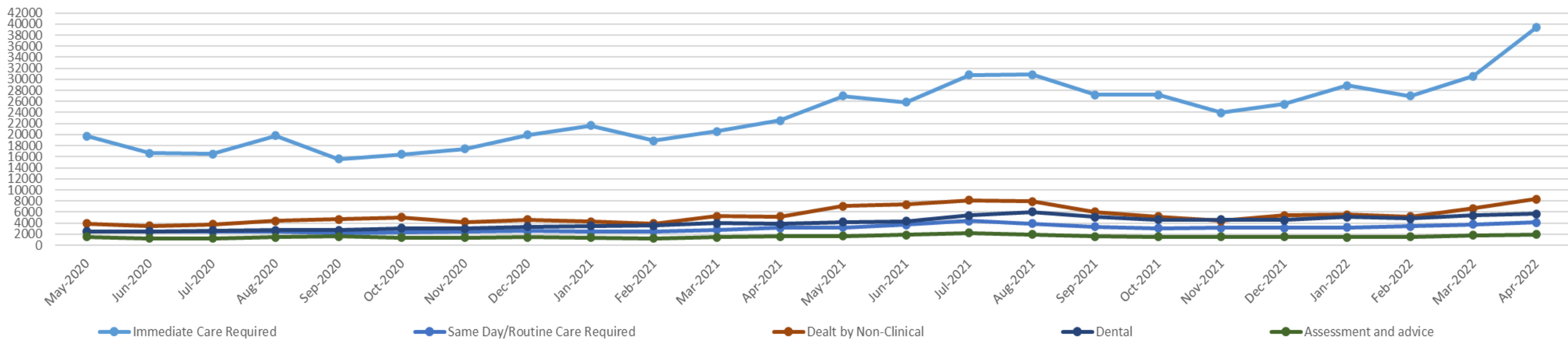
#### Analysis

In April 2022 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 47% of calls.

Calls falling in the Immediate Care Required category saw the highest volume; this includes calls referred to General Practitioner (27,775) and advised to attend ED/MIU (7,004), following this calls in relation to Dental was the next highest category (5,689).

In April 2022 59,438 calls were received in the 9 categories displayed in the top graph, an increase when compared to 48,120 in March 2022; 24,050 in April 2020 and 36,301 in April 2021.

111 Calls by Final Outcome



#### Remedial Plans and Actions

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

#### Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

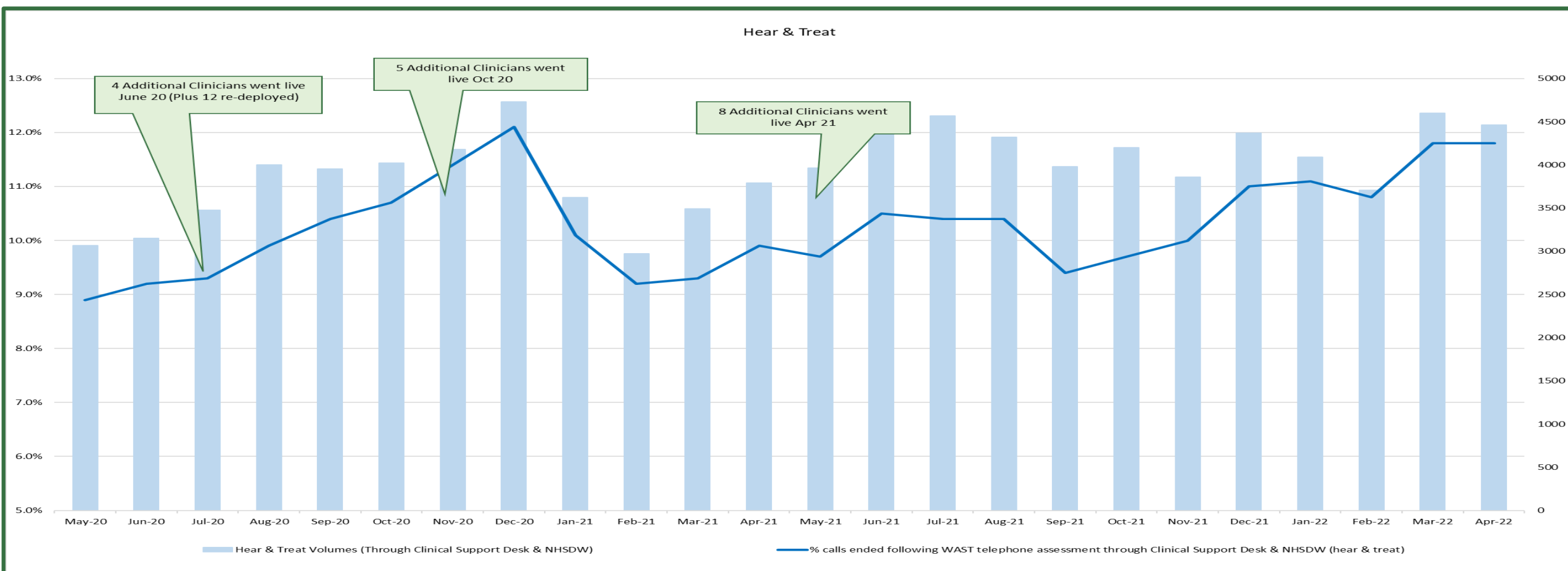


# Partnerships / System Contribution

## Hear & Treat Indicators



NB: Re-Contact % & % Calls Triaged by Nurse Advisor data unavailable as April 2022 AQIs not published.



**Analysis**  
 The **Clinical Service Desk (CSD)** and **NHSDW (Hear & Treat)** achieved 11.8% performance in April 2022, therefore continuing to achieve the 10.2% target for the sixth consecutive month.

8.6% of hear & treat volumes were achieved by the CSD in March 2022. In comparison, 3.2% of hear & treat was by NHSDW/111.

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

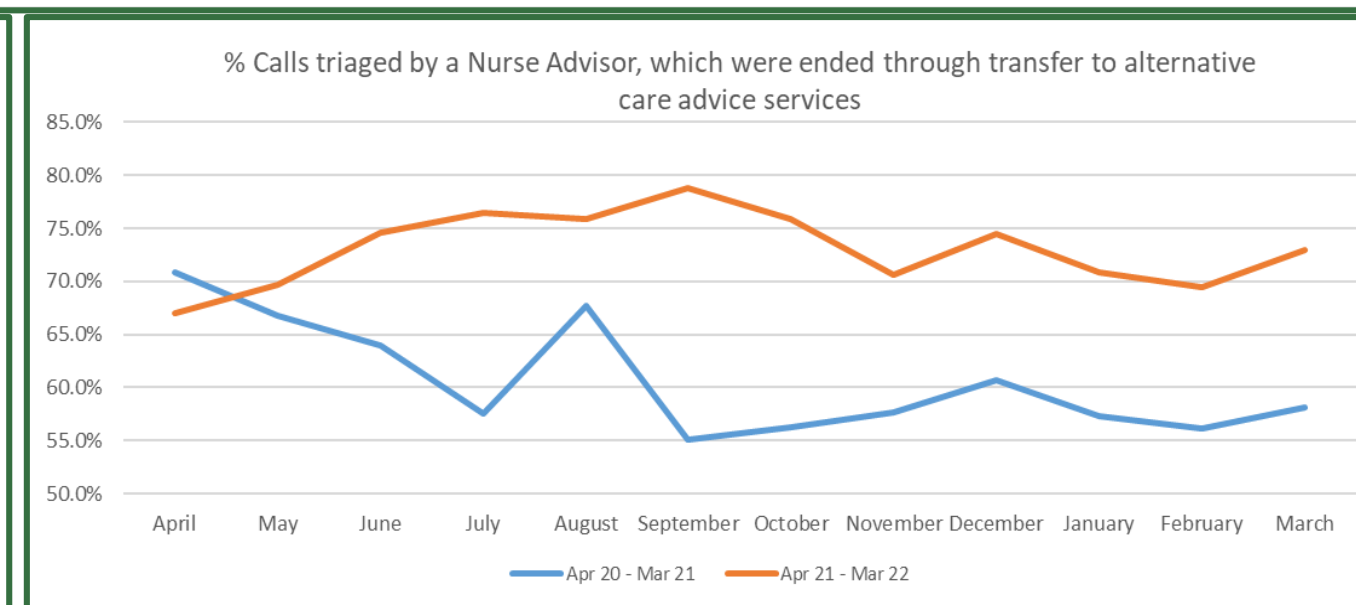
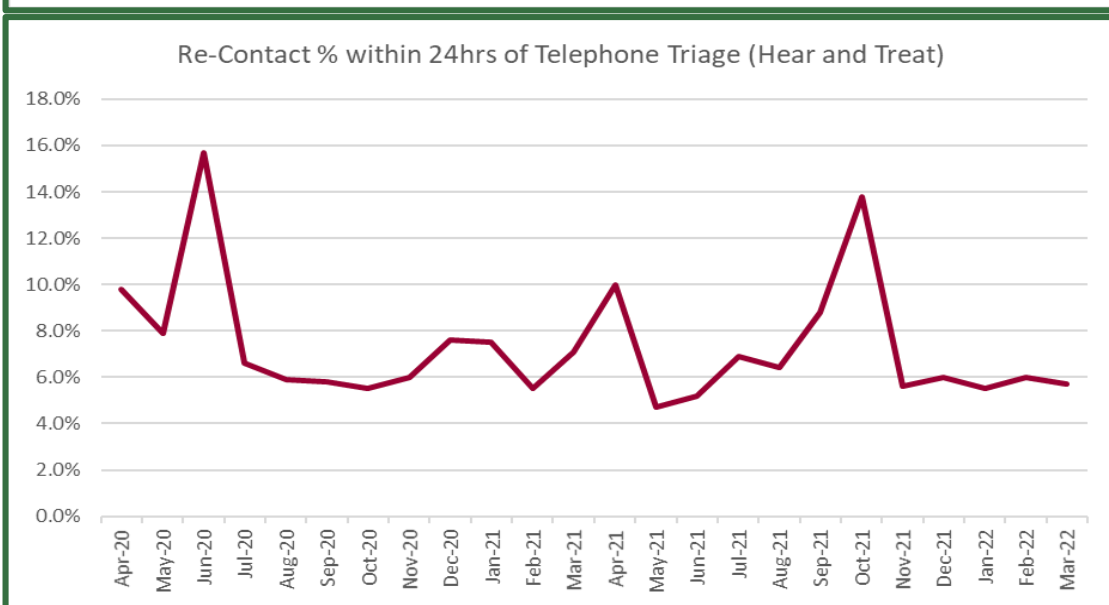
**Re-contact rates in March 2022 were 5.7%** a decrease compared to 6% in February 2022, this is also a decrease compared to 7.1% in March 2021.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services decreased month on month to 73% in March 2022; by comparison, this figure was 58.1% in Mar-21.

**Remedial Plans and Actions**

- The work to implement the findings of the CCC Clinical Review will be the main driver of change and improvement. The predicted impact on hear and treat rates is currently being considered.
- Commissioners have agreed funding for 4 FTE mental health practitioners into the 999 clinical teams which would increase hear and treat rates significantly based on findings of a pilot during the pandemic. Recruitment complete, onboarding in February 2022.
- Commissioners have also agreed to fund an additional 36 paramedics (achieved) into the clinical service desk, to be backfilled through recruitment of additional EMTs and ACA2s respectively. Work is ongoing to develop the service model in a department that will therefore almost double in size.

**Expected Performance Trajectory**  
 The current benchmark is 10.2% hear and treat rate. The Trust is developing a trajectory of 15% for 2022/23 as part of the development of the 2022-25 IMTP and associated forecasting and modelling.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

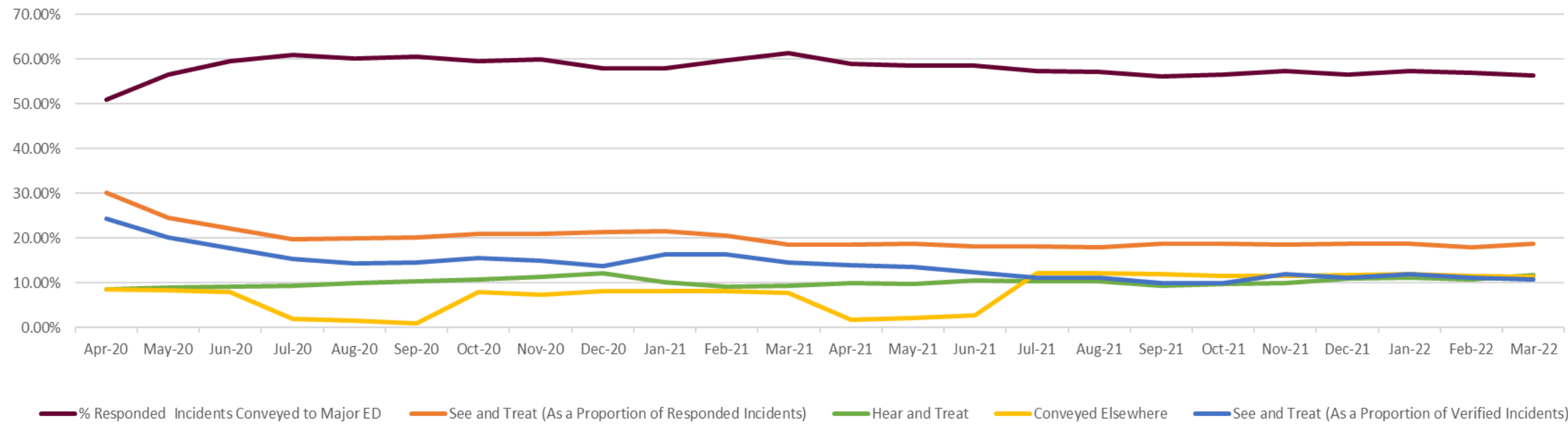


# Partnerships / System Contribution Conveyance to ED Indicators



NB: Conveyance & Incidents data unavailable as April 2022 AQIs not published.

% of Patients Conveyed to Major ED, Triaged through Hear or See and Treat or Conveyed Elsewhere



### Analysis

The percentage of patients conveyed to EDs decreased (i.e. improved) compared to the same period last year. In March 2022 conveyance to EDs as a proportion of total verified incidents was 32.21% (compared to 48.02% in Mar-21).

The combined number of incidents treated at scene and referred to alternate providers increased in March 2022 when compared to February 2022. 2,128 incidents were referred to alternative providers in March 2022 and 2,096 incidents were treated at scene; however, a review of other outcomes (see graph) shows that the number of incidents where there was a no send, patient cancelled or went via their own transport remains an indicator which may mean patients reach hospital via another route. In April 2022 11,759 ambulances were cancelled by patients, 623 fell in the unable to send category due to the escalation of the Clinical Safety Plan (CSP) and 362 patients made their way to hospital using their own transport.

### Remedial Plans and Actions

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

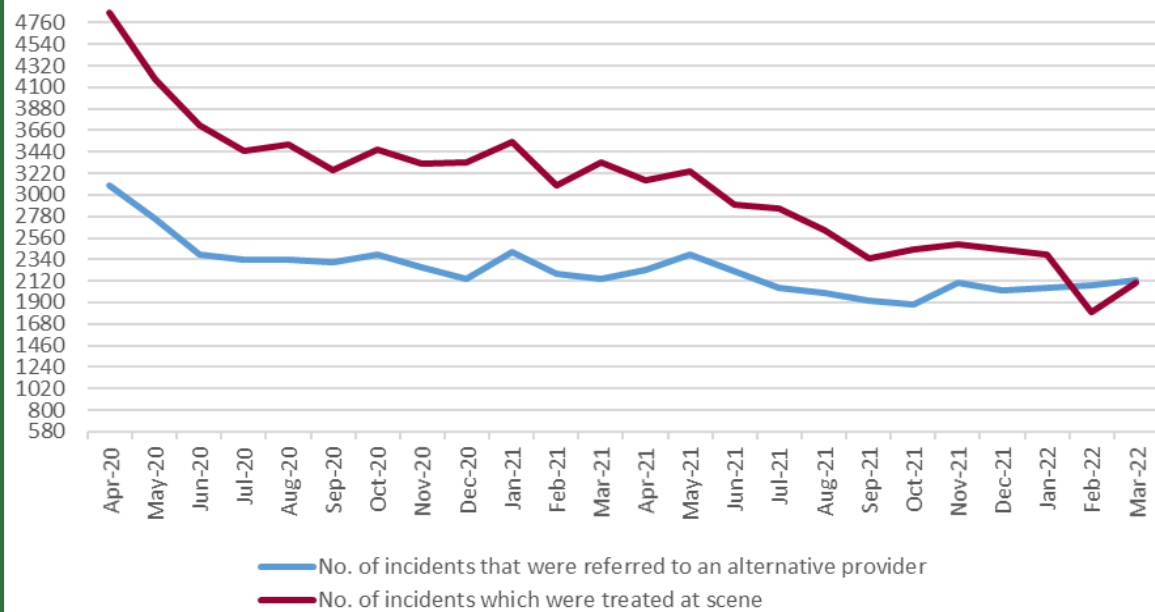
As part of the IMTP and working with partners across the health system. WAST has been asked to lead on the development of a National Respiratory work stream. A four phased proposal has been designed to deliver sustainable service level improvement for respiratory patients across Wales aligned to the national strategic direction and delivered in collaboration with Health Boards & key stakeholders: Delivery will be dependent on cooperation with health boards who will need to provide a service to refer into; however, this has the opportunity to increase referrals to alternative providers.

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

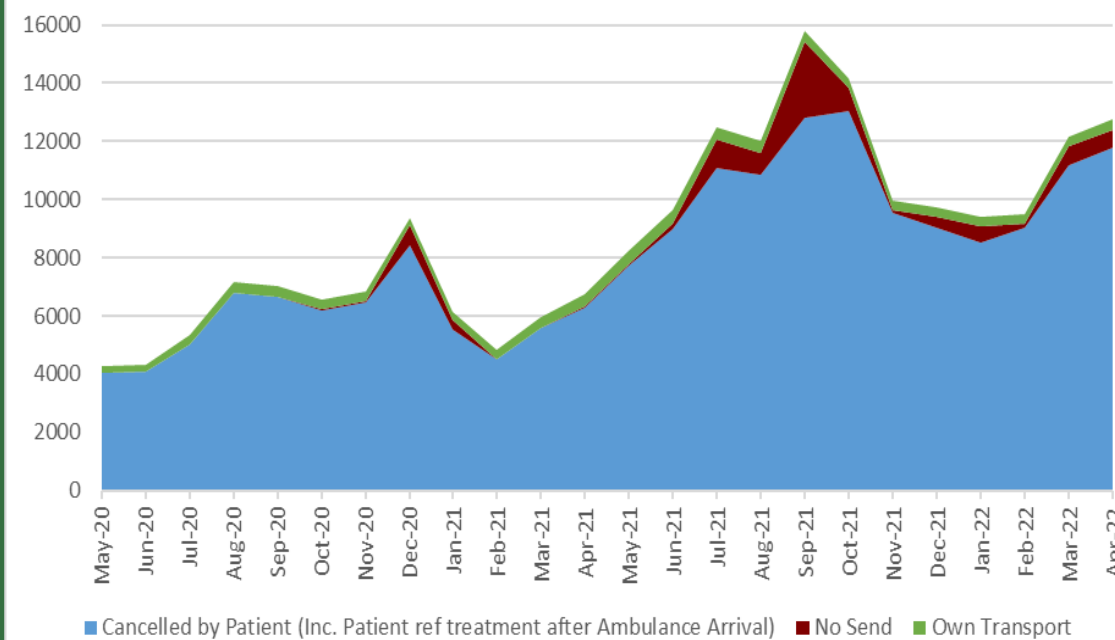
### Expected Performance Trajectory

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

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



Number of Incidents Stopped by reason

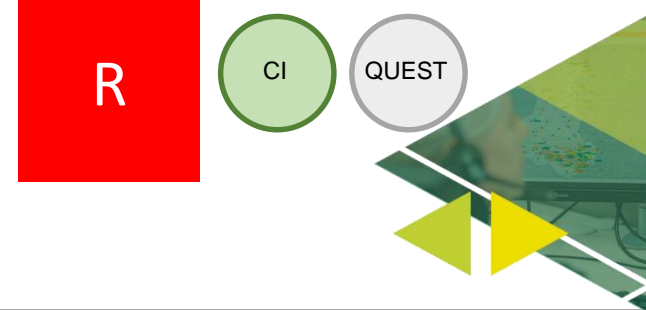


(Responsible Officer: Andy Swinburn)

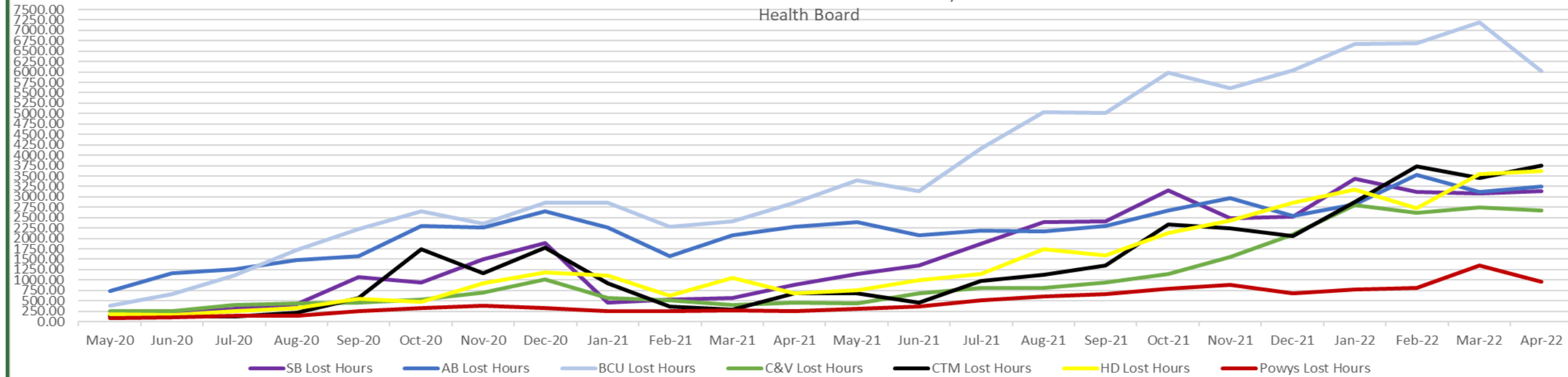
Welsh Ambulance Services NHS Trust



# Partnerships / System Contribution Handover Indicators



Notification to Handover Lost Hours by Health Board



## Analysis

**206,755 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 79,284 in same period a year ago (May 2020 to April 2021).** 23,382 hours were lost in April 2022, a 65% increase compared to 8,088 lost hours in April 2021 and also an increase when compared to 13,820 recorded in December 2019, the previously worst recorded month, prior to August 2021. The hospitals with highest levels of handover delays during April 2022 were Morrision Hospital (SBUHB) at 2,958 lost hours, Glan Clwyd Hospital Bodelwyddan (BCUHB) at 2,840 lost hours, Grange University Hospital (ABUHB) at 2,668 lost hours and University Hospital of Wales (CVUHB) at 2,469 lost hours.

Notification to handover lost hours averaged 783 hours a day in April 2022, 522% higher than the commissioning intention of no more than 150 hours per day.

## Remedial Plans and Actions

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

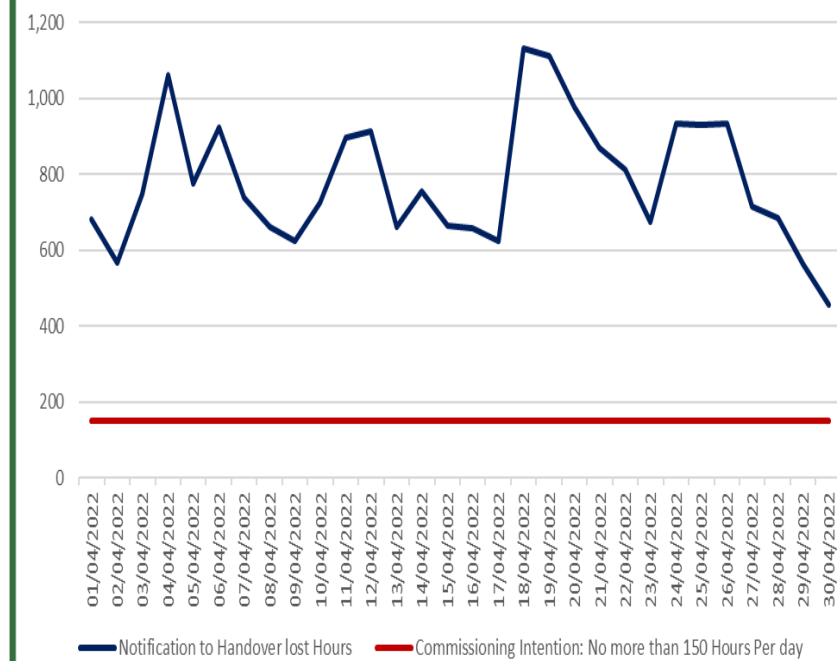
Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the COVID-19 pandemic.

The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR). 31 ideas have been received through the WIIN platform from staff in March 2022

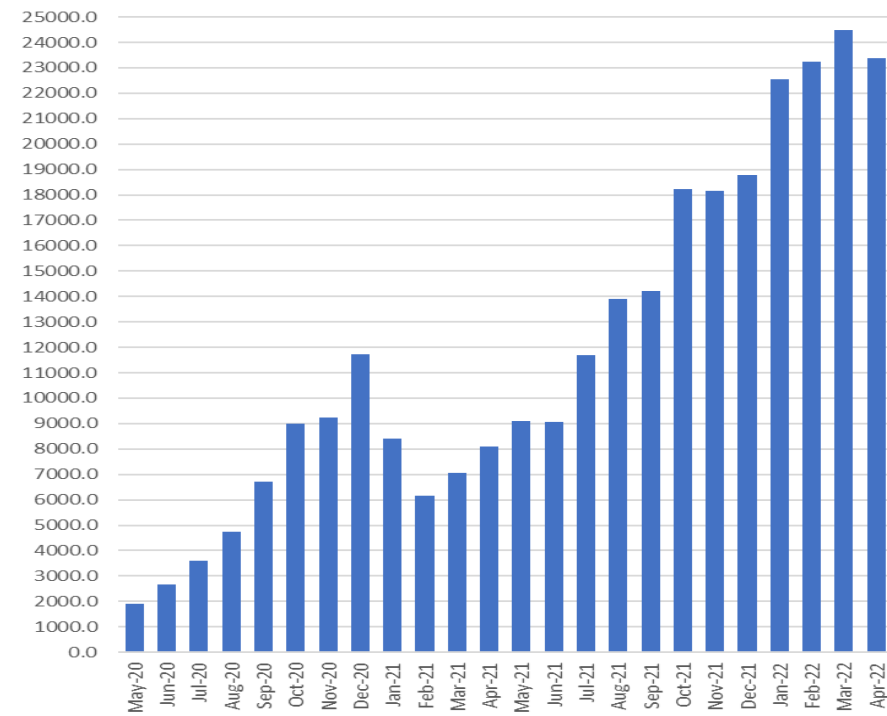
## Expected Performance Trajectory

The NCCU is currently facilitating discussions between each health board and WAST on handover reduction plans and improvement trajectories.

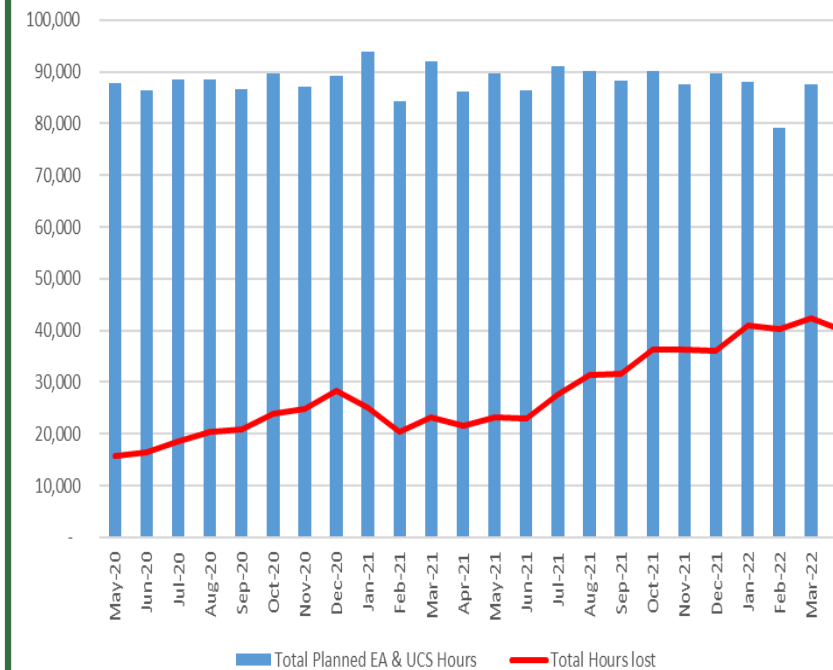
Notification to Handover Lost Hours - April 2022



Pan-Wales Notification to Handover Lost Hours



Total Planned hours VS Total Hours Lost



# Definition of Indicators

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



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





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

<b>AGENDA ITEM No</b>	<b>10</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>3</b>

## Integrated Medium Term Plan 2022-25: Outturn for 2021/22

<b>MEETING</b>	Finance and Performance Committee
<b>DATE</b>	16 May 2022
<b>EXECUTIVE</b>	Rachel Marsh- Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Alexander Crawford - Assistant Director of Strategy and Planning
<b>CONTACT</b>	Alexander.Crawford2@wales.nhs.uk

### EXECUTIVE SUMMARY

The purpose of this report is to set out the end of quarter 4 2021/22 outturn position on delivery of the Integrated Medium Term plan as WAST commences delivery of its 2022-25 IMTP.

#### **RECOMMENDED:**

That the Committee:

1. Notes the IMTP Delivery Assurance Report attached (appendix 1) and headlines highlighted in this executive summary;
2. Advises of any further information required to assure the Board around IMTP delivery.

## KEY ISSUES/IMPLICATIONS

**Appendix 1** is an assurance report which provides the following information about transformation and enabling programme activity due by the end of quarter four and any risks going into next year's IMTP delivery cycle. It covers the following:

- Programme Governance
- IMTP Delivery;
- Achievements;
- Escalation of barriers and challenges to Strategic Transformation Board (STB);
- Remedial actions against any deviation from IMTP delivery timescales.

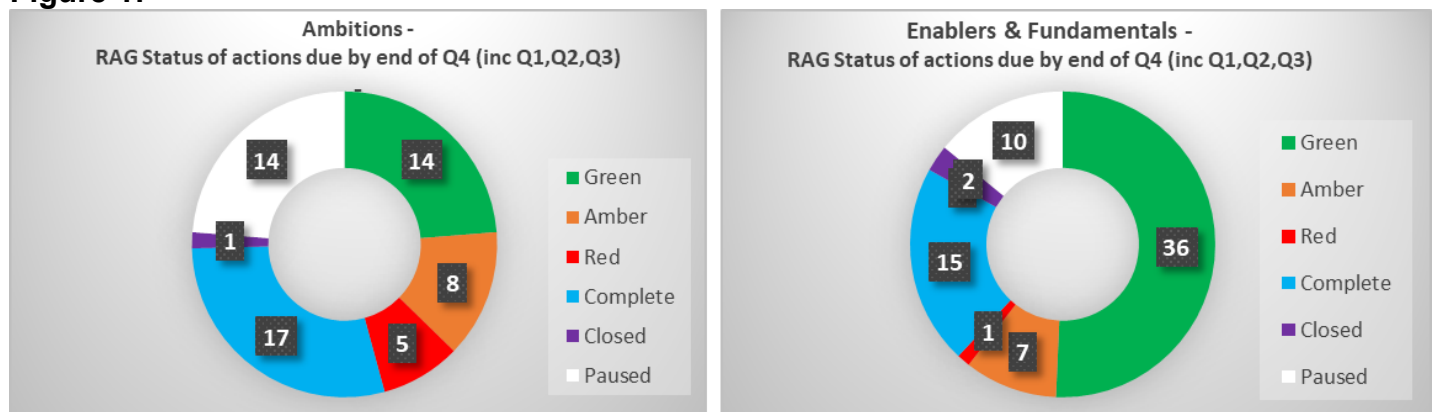
An IMTP delivery tracker has been established by mapping back all 2021-22 actions back into the agreed transformation and enabling programmes established within the STB structure.

- **EMS Operational Transformation** – builds upon the EMS Demand and Capacity (D&C) Programme to deliver wider projects to improve performance and transform services, also to address EMS commissioning intentions;
- **Ambulance Care** – this incorporates the implementation of the NEPTS D&C Review, ongoing NEPTS transformation projects and the emerging work around a Transfer and Discharge model for Wales, again in line with NEPTS and EMS commissioning intentions;
- **Gateway to Care** – this establishes a programme to bring together transformative projects around 111 and the CCC clinical review, including the ambitions for an Integrated Clinical Hub; This now includes elements of 111 digital programme
- **Clinical Transformation** – this has been established to drive forward the Clinical Strategy and our ambitions for mobile urgent care and mental health.

“Enablers & Fundamentals” relate to the deliverables associated with enabling workstreams (workforce, digital, estates, fleet and partnerships) and fundamentals of a quality driven, clinically led and value focussed organisation, including the programme of work to establish a culture of working safely.

**Appendix 2 & 3** provides the detailed progress status and year end position for each of the priorities in the IMTP. Delivery is summarised in figure 1 below.

**Figure 1:**



## Six actions are considered RED

- **Implement the new 111 system:** SALUS delivery has slipped until at least May 22. New date to be agreed.
- **Under Empower the digital patient-** Deliver new interactive services to the 111 website via SALUS – this is linked to SALUS implementation delay.
- Develop a **Quality Strategy Implementation Plan** to support us to self-assess our progress with Quality Governance – Implementation Action Plan drafted, A small Quality, Safety & Patient Experience (QSPE) Working Group has been initiated in November 2021 to accelerate progress, ahead of wider organisational consultation on actions proposed.
- **CHARU:** No funding for 90 FTEs required for CHARUs. Options have subsequently been discussed at EMT and Strategic Transformation Board. The preferred option is to maintain the CHARU Keys and partially fill (targeting a lower UHP to reflect the partial fill)
- **Roll out of Contact First:** 111 First service commenced in C&VUHB on the 16th March 2022 aligned to the roll out of the core 111 service. However, further funding to roll out 111 First is not forthcoming and plans are being developed to mitigate the impact of this within the core 111 service.
- **111 as access point for mental health crisis:** Continue to work with HBs on delivery of '111 press 2 for mental health support', 111 Press 2 scheduled for roll out across Wales by the end of March, this deadline will not be met by the 111 Programme Team Requirements include: MOU, agreed governance processes and further discussion on implementation and roll out. This has been rolled over into this year's IMTP

### REPORT APPROVAL ROUTE

Strategic Transformation Board 28 March 2022

### REPORT APPENDICES

1. IMTP Delivery Assurance Report – Q4 final
2. Deliverables tracker detail - Ambitions
3. Deliverables tracker detail - Enablers

### REPORT CHECKLIST

Confirm that the issues below have been considered and addressed

Confirm that the issues below have been considered and addressed

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

## IMTP Delivery Programmes – Assurance Report

### Quarter 4 Interim Position

#### Ambitions - Programmes

#### EMS Operational Transformation

Overall RAG - Amber

##### Key Achievements

- Relief gap on target for closure and establishment in CSD almost doubled.
- A benefits map has been produced.
- A benefits scorecard is produced every month, which details progress on key metrics. This is reported to programme board every six weeks.
- The scorecard is reported to EASC Management.
- CASC requested focus on “soft” benefits measures e.g. patient experience and staff well-being. This remains an outstanding action.
- The processes are in place to measure benefits, but it is difficult to quantify currently due to impact of pandemic e.g. staycation demand, CoVID-19 abstractions, support from FRS, SJA and Military etc.

##### Summary

###### Recruitment & Training

Currently forecasting a year end position of 1,680 FTEs including the 36 Paramedic FTEs and 5 MHPs into the CSD again what was a very ambitious target. The underlying relief gap is -52 FTEs. This would have been closed in Q1, but due to the non-recurrent funding of the CSD uplift an SBAR is going to EMT 21/03/22 recommending that 46 FTE ACA2s vacancies are held open to achieve the £1.8m saving. In addition, a further 90 FTEs are required to populate the CHARU roster keys, with funding not secure at this time., this will give a relief gap of 136 FTEs.

###### Roster Review

Roster review project which was paused to take account of stakeholder feedback and further modelling has been agreed to restart in January 2022. This has now restarted and includes the CHARU Keys (unfunded). If the CHARU keys remain unfunded a plan B SBAR has been submitted to EMT, which recommends that the roster keys are retained and that a partial file of the roster keys is undertaken using the existing Paramedics on RRVs rotas, but no option for current EA paramedics to transfer across to CHARUs. A lower targeted UHP would need to be set.

###### Estate Contingency

Estate interim plan on target, with exception of Llanelli station where work around required

###### The CCC Reconfiguration Project

Further dialogue on CCC reconfiguration options required with internal and external stakeholders (on hold pending budget issues).

##### Risk & Issues

###### Risk for Noting

- (1) The 22/23 budget issues are now the biggest risk to the programme, in particular the re-emerging relief gap linked to CHARUs and UCS.
- (2) There is some workforce unease around the roster review project, in particular CHARUs and also a collective grievance in CTM North.

(3) There is high public/political interest, in particular, in Monmouthshire (3 RRVs being removed no CHARUs) with active management by the CEO, Director of Partnerships and Engagement and AD Commissioning & Performance.

**Issue for Noting**

- (1) C1 Licence issue – paper submitted to STB 6<sup>th</sup> January 22
- (2) COVID Sickness abstraction

**Ask from STB**

**None**

## Ambulance Care Transformation Programme

Overall RAG - Green

### Key Achievements

- NEPTS Roster Review: Surgeries are taking place with General Managers regarding reviewing the demand keys.
- Transport Solutions 'Contract Redesign and Renewal': the Schedule of Work (SoW) has been shared with providers for consideration as to the work providers wish to bid for. The Tenders for the initial tranche of work have been released and a programme to extend the use of a dynamic procurement system has been agreed with NWSSP.
- Transfer and Discharge: The membership of the T&D project group was agreed at the ACT Programme Board meeting on 16th March 2022.
- Upgrade of Existing CAD: The extension to the contract for cleric has been awarded and Cleric have advised with a 7 week building time. The date for delivering the training account is now 12th May, and the go live date is 24th August.
- NEPTS Operational Improvement: The trial of the oncology bookings process will start on 4th April and the trial of the focused usage of discharge lounges will start on 28th March. The first version of the post production lost hours reports are available to view within Qlik.

### Summary

#### NEPTS Demand & Capacity Review

*Roster Review:* Surgeries are taking place with General Managers regarding reviewing the demand keys.

*Oncology:* The PID is being reviewed by the ACT D&C project team

*Outbound Ready Times:* The automated cancellation line and cisco agent tool have been introduced in December 2021 and January 2022 respectively. The PDSA regarding updating the throughput time in Cleric from 90 minutes to 30 minutes is in progress and a review is expected in early April on the findings.

*NET Centre, Planning and Day Control:* An SBAR has been submitted to EASC regarding an uplift of 12 FTEs. Work in ongoing with regards to NetCall to introduce a ring back service (the patient will not have to stay on hold, they will be called back when they reach the front of the queue) and this is expected to be implemented at the end of March 2022.

*T1 Walkers Reduction:* A workshop took place with the Chief Ambulance Services Commissioner's office on 4th March 2022 in which the future of eligibility was discussed. Further work will be carried out when guidance is received from Welsh Government and CASC.

#### NEPTS Plurality Model

The Procurement Plan has been created which breaks the procurement process down into 10 steps. Working Groups are to be established for each of the 10 steps.

An issue has been identified regarding the low value of the original contract for Response 365 The Dynamic Purchasing System (DPS). The contract will be re-tendered for the higher values expected to go through a DPS. This process is to begin immediately, with the current contract to remain in place until September 2022.

#### Transport Solution

The National Project Group, focusing on 'Contract Redesign and Renewal' have completed Alternative Provider engagement meetings with a focus on both quality and value for money and how that will shape procurement going forward.

The Local Resource Vehicle Pilot scheme is due to end on 31 March 2022 and an evaluation will be completed before decisions on further use are made.

The SOP has been updated regarding the booking system, and Health Boards are receiving training on the SOP and booking system as and when requested.

### **Transfer and Discharge**

The NCCU are facilitating a Senior group to review the future service development. To date, meetings have not been scheduled with regards to discussing the future service development.

WAST has completed the self-assessment on time regarding the internal evaluation of the Major Trauma Network. A review meeting is due to take place on the 24<sup>th</sup> March which will focus on Operational policy, annual report and work plan.

The membership of the Transfer and Discharge project team has been confirmed.

The tender process for private provision of time critical transfers did not identify a suitable supplier. A recommendation is to be provided to the Executive Management Team and NCCU that this process is restarted in the new financial year.

### **NEPTS CAD**

*Upgrade of the existing CAD:* The contract has been awarded and Cleric have been issued with a 7 week building time. The date for delivering the training account is now 12<sup>th</sup> May, and the go live date is 24<sup>th</sup> August. (As opposed to March and May).

*New CAD system:* The new CAD system is currently paused as previously agreed within the Ambulance Care Transformation Programme Board. This has been included in the IMTP as an action for years 2 and 3 (2023/24).

### **NEPTS Operational Improvement**

*Oncology:* The National Process Document has been agreed in principle by Velindre. The PDSA regarding the national booking process is due to start on the 4<sup>th</sup> April and be reviewed after two weeks. The results will be shared with the Senior Team within NEPTS to consider the next steps.

*Cancellations:* The trial regarding maximising the use of the discharge lounge will commence with Ysbyty Gwynedd on the 28<sup>th</sup> March and run for one month, with weekly reviews. At the end of the trial, the process will be evaluated with a view to extending this across the 3 main sites in BCUHB.

*National standardised guidance and risk assessments:* The Working Group was established on the 16<sup>th</sup> March. Work is to be undertaken on the SOPs to support the risk assessments in those areas where a SOP does not currently exist.

*Post Production Lost Hours:* HI have created a new sheet for post production lost hours, which is within the existing Qlik report and the Project team have agreed the codes which need to feed into the report. These include, but are not limited to: Vehicle Moves, Wait and Return, Completing Datix, Training. The project team are exploring the creation of 3 reports within Qlik, the first version of which is available for review. These cover the total PPLH overview, PPLH breakdown, and PPLH trends.

### **Risk & Issues**

#### **Risk for Noting**

The two highest scoring risks on the risk register with a risk impact score of 16 are:

1. *The Programme members' capacity to deliver during periods of high demand and pressure on resources.*

In terms of mitigations, the Programme Board will ensure regular communication with STB to inform of the Programme's progress, risks and issues. The objectives of the Ambulance Care Transformation Programme Board

form part of the IMTP and should therefore be treated as a Trust priority. Reducing the frequency of the ACT meetings to 6 weekly helps to mitigate this action. The post mitigation risk score is 8.

2. *The impact of service changes by Health Boards on the Programme, resulting in resources being required elsewhere which affect the delivery of the programme.*

In terms of mitigations, Health Board representatives are included in the programme board membership and standing agenda item has been added to allow Health Board representatives and Commissioner representatives to provide updates as and when required. The post mitigation risk score is 12.

### Issues for Noting

Within the NEPTS Plurality project, an issue has been identified regarding the low value of the original contract for Response 365 The Dynamic Purchasing System (DPS). The contract will be re-tendered for the higher values expected to go through a DPS. This process is to begin immediately, with the current contract to remain in place until September 2022.

### Ask from STB

None

## Gateway to Care

### Overall RAG - Amber

#### Key Achievements

- 111 Service successfully launched in C&VUHB on the 16<sup>th</sup> March 2022.
- 111 Accelerated Training Plan – January cycle completed with 24 X FTE Call Handlers & 11 FTE Clinicians joining becoming operational. February training cycle in progress with 50 WTE Call Handlers and 11.6 WTE Clinical Advisors.
- 111 Stabilisation Plan - CAL training and changes to flows implemented. IVR English and Welsh language Live.
- ECNS – Phase 1 'Implementation Planning' has been completed. Phase 2 'Software Install and CAD Testing' has commenced. Phase 3 'Training' has commenced. Starting to prepare for Phase 4 'go live'.
- 24.2 FTE equivalents paramedics recruited and operational in CSD, with a further 7.3 in mentoring and 1.8 awaiting start dates. Space has been made available by Estates in the C&W CCC for additional CSD staff.
- Clinical leadership 111 - Majority of clinical leadership posts recruited – 4x audit roles remain.
- Released 6 new web-guides for dealing with winter pressures (6 new of total 29 now live), and new landing pages for 'Check your symptoms' and 'Health A-Z'. Released v2 of 111.Wales DOS, and new homepage for 111.Wales.

#### Summary

The G2C programme continues to deliver good progress. The 111 service is now a national service following the successful launch in C&VUHB. 111 performance continues to show positive trends and stabilisation of key performance metrics including call abandonment and call answer times. Good progress with the CSD expansion and review of the CSD rosters.

Some projects are reporting amber due to delays against programme timelines. ECNS will be delayed due to testing issues and SALUS continues to be delayed by the external provider.

111 First is unlikely to be funded recurrently (awaiting formal confirmation from WG). This will impact delivery of the service and work continues to manage the financial impact on the Trusts 2022/23 budget.

Prioritisation of the CCC clinical review. 'Go live' delayed due to UAT issues.

#### Core 111 roll out

C&V UHB 111 service successfully launched on the 16th March 2022. Monitoring arrangements in place to embed the service with Operational teams.

### **111 First**

111 First service commenced in C&VUHB on the 16th March 2022 aligned to the roll out of the core 111 service. Welsh Government have indicated that this project may not receive recurrent funding for 2022/23 and beyond. Impact on WAST IMTP funding has taken place with EMT.

### **111 Stabilisation & Transformation plan and Care in Time Improvement Programme**

New IVR (Phase 1) is live in English and Welsh. Following review of the stabilisation plan, the recommendation to the Board is to close the stabilisation plan and repackage those actions which are ongoing into other deliverables for monitoring or as Business As usual activity.

### **CCC Clinical Review**

**ECNS:** 31% of CSD staff are trained in both MPDS and ECNS. 16% are trained in MPDS only. 17% are trained in ECNS only. 41% of the documentation for ACE accreditation has been completed. Phase 1 'Implementation Planning' has been completed. Phase 2 'Software Install and CAD Testing' has commenced. Phase 3 'Training' has commenced. Starting to prepare for Phase 4 'go live'. Issues during UAT may impact on the go live date.

**CSD Roster Review:** A lessons learned meeting is scheduled for the 29th March and a feedback meeting is scheduled for 26th April to discuss if the benefits of the roster are being realised in terms of both UHP and staff well-being.

**Increasing the Clinical Support Desk (CSD) by 36 FTE Paramedics:** 24.2 FTE equivalents paramedics recruited and operational in CSD, with a further 7.3 in mentoring and 1.8 awaiting start dates. Space has been made available by Estates in the C&W CCC for additional CSD staff. A lessons learned meeting is scheduled for the 29th March and a feedback meeting is scheduled for 26th April on the roster review.

**Physician Triage Assessment and Streaming (PTAS):** Currently, Hywel Dda and Betsi remain the only Health Boards who are live with PTAS. All other Health Boards are being contacted on a regular basis for an update on scheduling training and signing the required documentation (MoU, DPIA and JCA).

**111 Digital Programme** Capita continuing to develop the SALUS operating software and provide clear documentation to support User Acceptance Testing but continued delays regarding the readiness and quality of the SALUS system to enable User Acceptance Testing. Further delays to SALUS roll out puts more pressure on the CAS system and possible system issues due to the pausing of key software updates / development that may be required for continued use of the system.

Released version 2 of the 111.Wales DOS, introducing new features such as location services, and a new homepage for 111.Wales. Added additional links between webguides and pre-filtered DOS / Services Near you pages; which autopopulates the user's postcode (a field gathered during webguide completion) to highlight local services. Released new Check your symptoms and Health A-Z landing pages, to improve the ease with which content is found. Released 6 new webguides for dealing with winter pressures (29 new webguides made live in total). Added animations to the Live Well section.

### **Key Risk & Issues**

#### **Risk for Noting:**

Capita Readiness: Continued delays regarding the readiness and quality of the SALUS system to enable User Acceptance Testing.

CAS system stability - further delays to SALUS roll out puts more pressure on the CAS system and possible system issues due to the pausing of key software updates / development that may be required for continued use of the system.

Lack of recurrent funding for 111 First service in relation to the circa £3million of committed funding for the project.

ECNS has faced issues during testing. The biggest unresolved issues is that LowCode does not allow the call to progress through the protocol questions when selecting the 'Yes' button on certain questions and protocols. The solution (and therefore the amount of work involved to resolve this) is currently unknown. This may impact on the go live date. This has been included as a caveat to the revised project plan.

Due to the delay in receiving the job descriptions back from the panel, there is a risk to recruiting audit positions as part of the expert leadership team around 111 First in the next financial year due to ongoing funding discussions.

Impact on 111 First funding position is currently unknown in respect to the 111 Workforce plan.

**Ask from STB**

(3) None

## Clinical Transformation Programme

Overall RAG - Green

### Key Achievements

#### Care Closer to Home:

- Consultant Paramedic commenced in post on 17/01/22
- COPD: Agreement on the Swansea Bay UHB COPD Referral Process. SOP developed and seeking approval by the Care Closer to Home Group.
- Non-Injury Falls: Ongoing discussions with TerraFIX regarding the design specification and referral process to be agreed prior to testing.
- Agreement by EMT to recruit (at risk) as many suitable APPs to backfill 14 vacancies; 23 interviewed and recruited 19.3 FTEs.
- Future APP provision submitted via the EMS Transition Business Case to support the concept of “Inverting the Triangle”, awaiting outcome from EASC.
- Agreement by WG to extend current service provider (Consultant Connect) until new provider has been sourced. Procurement Process has commenced with WAST representation on the scoring panel.

#### ePCR:

- Electronic Patient Handover: Progress made to complete all Health Boards with the exception of ABUHB. English Hospital connections commenced.
- DigiPen Decommissioning: ABUHB Implementation may impact. DigiPen return campaign underway.
- TerraPACE Project: Agreement to continue implementation plan to complete remaining workstreams. CFRs, WGPR interface & Major Incidents application
- Delivery Recruitment Team: Ongoing recruitment into the OCM and PM positions. Training Manager commenced in post.
- EMRTS Cymru Handover/Collaboration: Complete - EMRTS continue to use Welsh Clinical Portal to access records

#### Older Persons & Falls:

- BCUHB, SBUHB and ABUHB looking for longer term funding solutions / sustainable services for the Falls Response Teams
- Falls Framework now Falls & Frailty Framework, approved by EMT (Dec-21)
- Falls Assistants by Night commenced on 27/01/22 up until end March-22.
- Dedicated Falls Assistant by Night vehicle, funded by C&V up until end March-22, with initial negotiations to extend beyond this date.
- Presentation delivered to CPAS in relation to 4 codes that had been identified as suitable for Falls Assistants to attend without initial triage.
- Ongoing discussions with Care Homes to decrease the demand to 999 with patients who have fallen
- Frailty Response Unit introduced into ABUHB with Local Clinical and Operational Management Teams, operating under the “Pause & Reset” Programme of Work.

#### Mental Health & Dementia:

- Mental Health Practitioners in the CSD have commenced induction programmes
- 111 Press 2 Mental Health Pathway was not rolled out by March 2022 as planned.

### Summary

#### Alternative pathway

- COPD now been implemented in ABUHB and CTMUHB and engagement continues. Initial discussions have taken place with ABUHB to explore the option to expand the pathway to breathlessness. Final governance arrangements are underway to implement the pathway in SBUHB.

- National Non-Injury Falls Pathway refreshed Paramedic Field guide approved by CC2HG based on information sent from Health Boards. Further discussions with TerraFIX regarding the design specification and referral process to be agreed. Once agreed, this would require testing and final sign off prior to implementation.

#### **Expansion of APP workforce**

- EMS Transition Plan Business Case submitted to EASC outlining an increase in APP provision in addition to increasing Independent Prescribing skillset to support the concept of "Inverting the Triangle". Awaiting outcome on funding.
- Two workshop held for initial thinking and shaping the vision of "Inverting the Triangle".
- Feedback received on the Specialist APP in CCC (as part of the rotational model) Job Description. Amendments require which will need resubmission to the job evaluation team for consideration by consistency panel. Aiming to recruit 9 APPs to provide a 24/7 cover in the CCC. Interim solution is to recruit the APPs on a 6 month secondment basis into the CCC. To date, 4 FTEs have been appointed. Ongoing recruitment via Expression of Interest underway to fill the posts.

#### **Independent Prescribers**

- Appointed 9 out of 10 Independent Prescribers. University Course have started.

#### **Older Person**

- ABUHB Frailty Pilot Evaluation was presented to CQGG, results demonstrating that patients with a high frailty score were able to be safely managed in the Community. This was by utilising a direct pathway between the Falls Response Service and the Community Rapid Medical Team (Consultant Led).
- Frailty Response Unit introduced into ABUHB with Local Clinical and Operational Management Teams. This included a Consultant and Paramedic Response Vehicle that was specifically responding frailty presentations, operating under the "Pause & Reset" Programme Work.
- Advice from Strategic Education Group that the frailty training would not be made compulsory. Training materials are being developed for ESR and Ambulance Learning LaunchPad.

#### **Falls**

- Betsi Cadwaladr UHB funding received until end April-22 and looking at longer term funding solutions. Swansea Bay UHB Falls Response Team ending in March-22 and looking at longer term funding solutions Aneurin Bevan UHB have had funding extended until the end Sep-22. Conversations ongoing between WAST and ABUHB Transformation Lead to develop a sustainable service model.
- ABUHB Frailty Pilot Evaluation was presented to CQGG, results demonstrating that patients with a high frailty score were able to be safely managed in the Community. This was by utilising a direct pathway between the Falls Response Service and the Community Rapid Medical Team (Consultant Led). CQGG to receive regular updates on progress.
- Frailty Response Unit introduced into ABUHB with Local Clinical and Operational Management Teams. This included a Consultant and Paramedic Response Vehicle that was specifically responding frailty presentations, operating under the "Pause & Reset" Programme Work. Learning has been identified. SBAR to be presented at SOT and CQGG (Q1).
- Falls Assistants by Night commenced on 27/01/22, a temporary in variation in contract notice was provided to St John's to cover up to Mar-22. Funding will cease, however SBAR will detail the evaluation of the period and will be presented to FIIG and SOT. Dedicated Falls Assistant by Night vehicle, funded by C&V up until March but negotiating an extension beyond this date.
- Presentation delivered to CPAS in relation to 4 codes that had been identified as suitable for Falls Assistants to attend without initial triage. Data shared which demonstrated improved number of attendances at scene, there were no clinical adverse clinical incidents reported during that period in relation to this change.

#### **Mental Health & Dementia**

- 2 out of 5 MH Practitioners (CSD) have begun their induction programme, remaining 3 due to start in April. Interviews held for the 6th post however no suitable candidates. Post to be re-advertised.

- 111 Press 2 scheduled for roll out across Wales by the end of March, this deadline will not be met. This work is being externally led by the 111 Programme, to mitigate this the 111 Programme are exploring the options for a new roll out date and currently there is no impact on WAST current.

#### **EPCR**

- Excellent progress made to complete Electronic Handover in all Health Boards, except for ABUHB. The delay in ABUHB implementation may impact on the Digipen Decommissioning, albeit DigiPen return campaign underway.
- Agreement from TerraPACE that they will continue to support the implementation plan to complete the remaining workstreams, this includes the following workstreams: CFRs, WGPR interface & Major Incidents application
- Ongoing recruitment into the Delivery Team, OCM and PM positions remain unfilled. Temporary PM in post. Training Manager has commenced in post.

#### **Risk & Issues**

##### **Risks-For Noting**

- **Programme:** Failure to deliver the IMTP objectives aligned to Clinical Transformation Programme Board due to increased operational pressures. MA: Prioritisation exercise to be undertake and decision made by EMT/STB (complete)
- **Older Persons:** Failure to deliver Frailty training and subsequent roll out of the Frailty Tool due to sustained REAP 4. MA: Potential for the sign up of the training package to be voluntarily, this creating a limited assurance around the benefits of the training and inability to understand the improvements that have been made.
- **Falls:** Unable to appropriately identify, assess and triage patients who have fallen via the Clinical Support Desk MA: Summer and Winter Tactical Bid submitted but no approved due to competing priorities. Extraordinary Falls Meeting with CCC to discuss urgent improvements.
- **Falls:** Failure to secure funding for the Level 2 Falls Response Model. MA: Develop a benefits realisation paper to be submitted to CTPB for decision.

##### **Ask from STB**

**None**

## Enablers and Fundamental

### Our People

The conditions relating to sick pay for long COVID are due to end at the end of March. The team has been working with those colleagues who are affected by the change who are currently absent to confirm routes back to work or alternative options for the longer term. We continue to press ahead with wellbeing commitments and supporting all colleagues in line with the Wellbeing strategy.

We have launched the new Behaviours, shared through a recent Leadership Symposium and CEO Roadshow events. We have now recruited the Head of Inclusion and Engagement and the Trust has commenced its Allyship Journey during quarters 3 and 4.

The project plan for developing the Strategic Workforce Plan has been drafted. We continue to deliver workforce aspects of the EMS Demand and Capacity Review implementation, with final cohort of EMTs due to operationalise in May 2022. Our offer has been supported by the development of modern training and education facilities across EMS, Ambulance Care and 111 at Matrix House, Cardiff Ambulance Station (opening week commencing 28.03.22) and Ty Elwy (works ongoing).

The development of the new People and Culture Strategy has been pushed into quarter 1 2022/23 and this will provide the context and basis for the refresh of the Leadership strategy/plan.

Some risks around our partnership relationships with TUs as well as the risk of temporary disruption due to the leadership changes in WOD senior team.

### Innovation & Technology

Following TOM report presented to EMT and OCP in initial draft in Quarter 2 Recruitment ongoing. Significant number of gapped roles now filled.

Development of digital strategic outline programme is in progress, however, will not be submitted for approval until next financial year. This will be first of type for Digital in NHS Wales and is being worked through in consultation with WG leads who are supportive of the approach.

Funding secured for additional pilot activity in Digital Workplace with Robotic Process Automation (RPA). Activity and rollout will form part of next year's IMTP

Significant uplift in maturity and content, with new SALUS webg-uides included. However, majority of delivery is due to the interim web team funded by the 111 Programme. **SALUS delivery remains flagged as RED** - Refer to Gateway to Care section for detailed update

Technology for pilot video for patient and clinical interaction is now available however Operational and clinical processes still to be developed. **It will be pragmatic to build this into one of the key transformation programme delivery for 2022-23.**

New Control Room Solution as part of ESMCP- Ambulance Radio Programme – rollout plan agreed for January – August 2022

Full business case (FBC) for Mobile Data Vehicle Solution submitted to WG

Yammer rollout complete. Further development under consideration

Qlik being rebuilt in Power BI prior to testing and migration. CCC Dashboard complete. Additional development being conducted on ODU dashboard.

999 re-platforming being re-planned after resource diverted to 111 expansion, this should be viewed as a separate deliverable as 111 platform update has been completed.

## **Estate and Fleet SOP**

Estate SOP continues to support the different short term contingency plans and long term strategic ambitions, however areas of resource constraint are highlighted and these will impact on timely completion. Actions, risks and issues are being managed via Estate SOP Delivery Group.

Commissioning of Cardiff Make Ready Depot (MRD) facility on track for revised opening date of 29<sup>th</sup> March 2022

The development of an OBC for Swansea MRD replacement will be rolled into 2022/23 IMTP.

CCC capability being increased at VPH and Ty Elwy. Timescales reprofiled to account for the VPH business case and full scope of required works. Works progressing well at Ty Elwy. Acknowledged from the start of the project that the work would continue into very early in next financial year for completion.

Site purchase completed on 18th February 2022 for the South East Fleet Workshop. Therefore action complete, with new programme of delivery to be scheduled within next year's plans and capital development programme.

Beacon House on track to finalise works at end of March with occupation from April 2022.

Revised vehicle replacement programme confirmed with WG and on target for new plan. BJC 22/23 document submitted to WG and gained formal approval to proceed.

The Trust has approved its first Environmental Strategy. This Strategy highlights the ongoing work, future requirements, plus a commitment to retaining the ISO14001 accreditation. WAST Decarbonisation Action Plan approved by F&P Committee in March 2022. Link to be included with IMTP submission.

## **Partnerships & Engagement**

### **University Status**

Application for UTS has been submitted and we await decision.

### **RIIC Hub**

The WAST hub continues to engage with partners, stakeholders, and others, opening additional opportunities for research, innovation, and improvement (RI&I) collaboration.

A RIIC hub Sustainability Plan (beyond 2022) has been submitted to Welsh Government and the funding stream has now been confirmed for 2022-23. Information on specific delivery plans and alignment areas in line with investment objectives submitted will be available in quarter 4.

### **ODU**

Moved to Business as Usual

### **MTU**

The contract has been further extended to the end of June 2022. However, it is anticipated that testing will reduce over the coming months in line with national Pandemic to Endemic plans. Currently NHS staff will continue to be tested. MTU is now BAU for Operations.

## **Volunteer Strategy**

In 2021/22 the Trust approved its Volunteer Strategy. The Volunteer Strategy concentrates on the themes of Governance, Value and Engagement. Year one brought together the Volunteer Car Service, Community First Responders and Alternative Responders services under the portfolio of the new National Volunteer Manager. The COVID-19 pandemic has impacted WAST ability to implement year one ambitions and so the ambitions for year two have been revised.

Year two will focus on a governance review to ensure our volunteers are supported by a suite of fit for purpose policies and procedures. We aim to develop a robust volunteer-led steering committee which will provide a structure across the volunteering portfolio, ensuring the voice of volunteers is heard across the organisation. We will also develop an engagement plan, working with colleagues across the Trust to extend our volunteer reach across diverse communities within Wales to ensure these communities are represented within the volunteer portfolio

## **Working Safely Programme**

Working safely action group is making good systematic progress with the prioritised urgent actions with leads and task and finish groups taking responsibility of each action. Considering the operational pressures current work programme is focusing on areas that can be progressed without much involvement required from the operational teams but will get the actions in a state of readiness to engage with the teams later in the year.

## **Quality Fundamentals**

The Quality Strategy Implementation Plan was endorsed at QUEST in February 2022; the implementation will continue into 2022/23 in preparedness for the enforcement of the Duty of Quality and Duty of Candour from April 2023. Significantly, 4WTE Senior Quality Lead roles were set to be introduced into the Trust over Q4 and Q1; this has ceased due to identified funding not being available into the next financial year. Consideration of mitigating options is currently being considered.

The Quality and Performance Management Framework was signed off at Board in March 2022. A Steering Group will commence in April to develop sub-frameworks which are the basis for the metrics/measurements of the quality management system. A review of Clinical Quality Governance Group sub-groups has not yet commenced in Q4 (at time of writing) due to competing demands and reduced workforce. It is expected this will commence from April 2022.

## Management of overarching areas of risks to delivery

### Securing stakeholder support

As recognised in the IMTP the importance of the stakeholder support required to achieve the Trust's ambition which applies both to external system partners such as WG, commissioners, health boards and clinical leaders, but also to our people and Trade Union Partners. The Trust continues to engage with all stakeholders at all levels for executing the in-year actions and long-term ambitions. "Voice of the stakeholder" currently being scoped to influence engagement framework moving forward. Stakeholder briefing issued August 2021 with a slew of political engagement either undertaken or in hand with MPs, MSs, local government councillors and officers/CEOs. Trust engages regularly with commissioners (NCCU) and Health Boards and Welsh Government through different forums on progress and performance issues. Internally all key stakeholders including Trade Union partners have membership on all key IMTP delivery programme boards.

### Ongoing impacts or potential future waves of the COVID-19 pandemic

The key area of concern was the anticipated impact on staff Health and Wellbeing and sickness levels remain high ( **CRR ID 160** ) . At the beginning of the 2021-22 one of the key actions was to encourage the organisation to take time to pause and support a process of healing as we recover from the pandemic response. Staff feedback that the concept of pause was not helpful and this has been reframed as a reset and being explored through the culture work being carried alongside year one actions of Health and Wellbeing Strategy and sickness action plan.

### Capacity within the organisation to deliver the change required

This will be mitigated in part by the growth in the corporate infrastructure to mirror the growth in front line services, which will provide some additional capacity, Example 2 x FTE additional project managers recruited into Transformation Support office . Additionally, this is being managed on case by case basis where change resource required is raised as part of funding request example ECNS Project.

Acknowledging additional resource there will still be pressure points and constrains due to timeline of various projects (Planned & Slippage) and ask on enabling functions to support delivery in different areas. Any such constrains on enabling functions will need escalated to STB and will need direction to prioritise resources.

### Demand for our services increasing

Considering current service escalation levels and anticipating further pressure on services due to winter demand this is an area of concern. There is a need to prioritise IMTP deliverables to balance out time, resource and energies spent in dealing with today's problem and making steady progress in long term strategic direction. (**Prioritisation exercise completed**)

### **Pressures on the service arising from external factors**

Handover delays remain an area of concern with crews waiting outside emergency department. WAST Improvement & Innovation Network (WIIN) has been collating ideas from staff on how WAST can influence and improve this partly.

### **Policy change as a result of the election**

Welsh Parliament elections concluded in May 2021 and the results have not had any major change on overall policy and direction of NHS Wales that could have had impacted the submitted IMTP. The new Health Minister has outlined ministerial priorities and most actions in Trusts IMTP are within the envelope of these.

### **Financial Risk -**

#### **Revenue– (CRR ID 109)**

**NB the CRR 109 has been closed and has been replaced**

The organisation has an ambitious IMTP which cannot be delivered in its totality without appropriate level of revenue income from EASC and other sources and associated staffing resources. There are deliverables waiting to make further progress as decision on funding is pending, Example **Level 2 Falls Response Model across Wales**

#### **Capital – (CRR ID 424)**

If capital investment is not available from the Welsh Government from the all Wales Capital programme or sufficient for our discretionary capital internal programme then IMTP deliverables requiring capital funding may not be funded or prioritised, thus resulting in delay or non-delivery of IMTP deliverables which will impact on our ability to deliver our strategic ambitions and improvements in digital, equipment, fleet and estate to enhance staff wellbeing and their ability to provide quality patient care. The likelihood of this risk is low as verbal assurance of funding requirements being met has been received but formal confirmation is still to be received. This is reflected in the corporate risk register and other programme board risk registers (EMS OPS Transformation – Capital Risk).

## Appendix 2 Deliverables Tracker Detail Q4 2021-22 - Ambitions

Prog Ref.	Actions in 2021-22	Start	End	Q4 Status
<b>EMS Operational Transformation Programme</b>  <b>SRO: HB</b>	Implement second year of EMS D&C programme including recruitment of 127 WTE to close the relief gap and rosters aligned to demand for each area	Q1	Q4	A
	Develop demand and capacity strategy for the future (Forecasting & Modelling)	Q1	Q2	P
	Develop a rural model and pilot in one area of Wales, aimed at improving red response times	Q1	Q2	P
	In partnership, implement a range of modernisation practices to increase productivity	Q1	Q3	A
	Develop plans and commence implementation of video consultation / consultant connect (or replacement)	TBC	Q3	P
	Implement concept of Cymru High Acuity Response Units (CHARU) in order to secure improvement in Return on Spontaneous Circulation (ROSC) rates	Q1	Q3	R

Prog Ref.	Actions in 2021-22	Start	End	Q4 Status
<b>Ambulance Care Transformation Programme</b>  <b>SRO: MH</b>	Establish a NEPTS Transformation Programme Board	Q1	Q1	C
	Review recommendations from the NEPTS Demand & Capacity Review and agree action plan with commissioners	Q1	Q4	G
	Increase the efficiency of our service, maximising use of resources to meet demand	Q1	Q4	G
	Bring all non-emergency healthcare transport services in Wales under WAST management and oversight by completing transfers from ABUHB and BCUHB	Q1	Q1	C
	Deliver business case to Welsh Government for procurement of a new CAD	Q1	Q3	P
	Identify the transport needs of non-eligible patients across Wales	Q1	Q1	C
	Work in partnership with the patient and alternative service providers to deliver solutions that meet patient transport needs	Q1	Q2	G
	Undertake a review of the transfer and discharges services in Aneurin Bevan	Q1	Q1	C
	Undertake evaluation of MTN	Q1	Q2	A
	Develop in partnership with the NCCU a sustainable model to meet the needs of the future system for Transfer and Discharge across Wales	Q2	Q3	A
	Support the NCCU in the development of the business case for the delivery of National Transfer and Discharge Services by the end of 2021	Q3	Q4	A
	Work in collaboration with Health Boards to implement improvements to booking systems which reduce aborted journeys	Q1	Q4	G

Prog Ref.	Actions in 2021-22	Start	End	Q4 Status
<b>Gateway to Care Programme</b> <b>SRO: RM</b>	Roll-out core 111 service to BCU Health Board	Q1	Q1	C
	Roll out core 111 service to C&V Health Boards	TBC	Q4	C
	Complete the roll out of Contact First across Wales, including robust governance agreements	Q1	Q2	R
	Work with 111 Programme Team to support the development of the 111 strategy	Q1	Q4	P
	Develop and implement a 111 Stabilisation Plan	Q1	Q4	G
	Work with health boards to improve the Directory of Service	Q1	Q4	Closed
	Pilot and implement a booking system for patients requiring an ED appointment, to improve seamless experience for patients	Q1	Q4	P
	Implement the new 111 system; SALUS	Q1	Q4	R
	Develop within commissioners a remote clinical support strategy and commence implementation of recommendations from the CCC Clinical Review	Q1	Q4	G
	Introduce mental health practitioners, integrated across 111/999 clinical teams (subject to funding) <b>(clinical transformation)</b>	TBC	Q2	G
	Develop a case for change for discussion with stakeholders on the integration of clinical teams	TBC	Q2	G
	Recruit the agreed level of additional call takers and clinicians recruited to meet demand and to ensure that calls are answered promptly and call backs within agreed timeframes - renamed Develop and implement the 111 Workforce plan	Q1	Q3	A
	Recruit to operational and clinical leadership and governance structures and embed them fully	Q1	Q2	A

Prog Ref.	Actions in 2021-22	Start	End	Q4 Status
<b>111 Digital Programme</b> <b>SRO: AH</b>	Establish a 111 Digital Programme, inclusive of funding request for a standalone 111.wales team to deliver;  Improved Directory of Services & Improved Website with digital patient pathways.	Q1	Q4	G
	Implement the new 111 system: SALUS	Q1	Q2	R

Prog Ref.	Actions in 2021-22	Start	End	Q4 Status
<b>Clinical Transformation Programme</b>	Reviewing the Clinical Strategy and incorporating learning from the Covid-19 pandemic	Q1	Q2	C
	Implementation, planning and delivery of the Clinical strategy	Q1	Q4	C
	Needs assessment for the implementation of the Clinical Strategy including Care Closer to Home and ePCR	Q1	Q3	C
	Develop with commissioners an optimising conveyance improvement plan to analyse and identify the optimal response to safely reduce hospital conveyance and increase care delivered closer to home or in the community	Q1	Q4	P
	Complete roll out of the national Respiratory pathway and refresh of the national Falls pathway	Q1	Q3	A
	Develop a forward-looking workforce plan to deliver this service, including consideration of expansion of APP workforce	Q1	Q3	P
	Consolidate the CCC rotation for the APP model and explore the most effective dispatch model	Q1	Q2	G
	Increase our Independent Prescribing capacity (min 5 new IPs funded)	Q1	Q2	C
	Evaluate and further develop the band 6 paramedic skills and competencies	Q1	Q4	P
	Establish a programme for delivery for "Care Closer to Home"	Q1	Q1	C
	Recruit clinical leadership and project management resources to support roll out of the Care Closer to Home programme across Wales	Q1	Q3	C
	Formalise our relationship with national urgent & emergency and primary care programmes and develop collaborative plans to maximise contribution WAST makes to the system	Q1	Q4	C
	Develop a specialist Mental Health See and Treat offer for consideration by commissioners	Q1	Q4	P
	Embed preferred technical platform to access senior clinical support *linked to IMTP deliverable in EMS Transformation and Innovation & Technology programme enabler	Q1	Q4	C
	Develop a business case to support Level 2 Falls Response Model across Wales	Q1	Q1	P
	Scale up and spread the use of frailty scoring across service areas including development of the education/training for internal and external audiences	Q1	Q4	G
	Review and Mature the Falls Response Model	Q3	Q4	G

<b>Clinical Transformation Programme</b>	Continue evaluation of the impact of Independent prescribing	TBC	Q2	
	Deliver an evaluation /visionary document of the all Wales opportunities to improve the health and care system for Older People from a WAST & system –partner perspective	TBC	Q3	C
	Establish a user involvement infrastructure to ensure co-production in service development for Older People	TBC	Q4	P
	Develop a clinical indicator plan and audit cycle	TBC	Q2	G
	Review of clinical response model (comparison with England)	Q1	Q2	P
	Deliver new Mental Health and Dementia Plan setting out in detail how we will improve WAST services	Q1	Q2	C
	Take the first steps in implementation of 111 as access point for Mental Health crisis response	TBC	Q4	R
	Work with WG and NCCU to design a National Mental Health Conveyancing Service for Wales (Ambulance Care)	Q1	Q4	P
Scope our pathways development work for mental health and dementia	TBC	Q4	C	
Operationally implement the electronic Patient Care Record system for frontline response staff	Q1	Q3	G	

### Appendix 3 Deliverables Tracker Detail Q4 2021-22 - Enablers

Prog Ref.	Actions in 2021-22	Start	End	Q4 Status	
<b>Our People</b>  <b>CV</b>	Encourage the organisation to take time to pause and support a process of healing as we recover from the pandemic response	Q1	Q1	CLOSED	
	Implement Year 1 of the Wellbeing Strategy with focus on plans to support staff with long COVID and mental wellbeing	Q1	Q4	G	
	Prepare ourselves to support the vaccination (COVID 19) programme delivery	Q3	Q4	CLOSED	
	Engage colleagues across WAST in conversations to enable us to reset our culture, leadership and behaviours learning from the pandemic	Q1	Q4	C	
	Review and refresh out Partnership Working arrangements building on the achievements of Go Together Go Far (GTGF)	Q1	Q4	G	
	Increase change management capacity and skills across the Trust to support the organisation to deliver the benefits of service transformation programmes of work	Q2	Q3	P	
	Deliver our strategic equality objectives to enable an inclusive culture across the organisation	Q1	Q4	G	
	Scope the development of a strategic workforce plan that defines the shape of the workforce to deliver our long-term ambitions	Q3	Q4	G	
	Deliver the front line and corporate workforce changes emerging from the EMS Capacity and Demand Growth / NEPTS D&C / Contact First / Mobile Testing / CCC growth / Ministerial Ambulance Availability Taskforce to deliver	Q1	Q4	G	
	Shape the plan for a technology enabled workforce (as part of Strategy delivery), to include agile working model	Q1	Q4	A	
	Enable and support transformational learning throughout the organisation with modern well equipped education facilities at Matrix House, Cardiff MRD and Ty Elwy	Q1	Q4	G	
	Deliver the organisational change required to support the restructure of the Operations Directorate	Q1	Q2	G	
	Refresh our Leadership Strategy and reset our leadership ambitions enabled through the delivery of accessible leadership resources	Q1	Q4	A	
	Deliver the Duty Operations Manager development programme to support new leadership model in operations supporting our front-line colleagues	Q1	Q2	C	
Produce a succession plan for the Trust, identifying key posts and opportunities and develop and approach to identify and manage talent	Q2	Q3	A		

Prog Ref.	Actions in 2021-22	Start	End	Q4 Status
<b>Innovation &amp; Technology</b>  <b>AH</b>	Develop and transition towards a new operating model	Q1	Q3	G
	Develop a Strategic Outline Programme	Q1	Q3	P
	Deliver pilot activity to test new technology for each of the digital missions	Q1	Q3	G
	Deliver the electronic Patient Care Record (ePCR) solution into live service	Q1	Q4	A
	Deliver new interactive services to the 111 website via SALUS	Q1	Q3	R
	Develop and pilot video for patient and clinical interaction	Q1	Q4	G
	Deliver the new Control Room Solution as part of ESMCP	Q1	Q3	G
	Submit the full business case (FBC) for Mobile Data Vehicle Solution	Q1	Q3	C
	Roll out improved corporate communications, including Yammer	Q1	Q2	C
	Build an improved single data portal, based on user need	Q1	Q3	G
	Design and procure the WAST Local Data Resource as part of the National Data Resource	Q1	Q4	G
	Transform our interaction with data and provision of information	Q1	Q4	CLOSED
	Upgrade the 999 and 111 call platform resilience	Q1	Q3	G
	Develop a service improvement plan and an infrastructure improvement plan as part of the SOP	Q1	Q4	G
	Implement the recommendations of the Target Operating Model review	Q1	Q3	G
	Pilot or extend use of video/phone consultation to improve advice	Q1	Q4	G
	OnClick Major Incident training and Everbridge communication platform rolled out	Q1	Q2	C



Prog Ref.	Actions in 2021-22	Start	End	Q4 Status
<b>Infrastructure</b>  <b>CT</b>	Commission Cardiff Make Ready Depot (MRD) facility, October/November 2021	Q1	Q3	G
	Develop OBC for Swansea MRD Replacement	Q1	Q3	A
	Develop and implement plan for our CCC pan Wales in light of the changes made as a result of the pandemic, resulting in increased 111 capability and the introduction of contact first.	Q1	Q4	G
	Full Business Case approval for the South East Fleet Workshop solution.	Q1	Q3	C
	Longer term solution for GUH transfer service commissioned including corporate administrative capacity in South East	Q1	Q3	G
	Identification of appropriate corporate facilities to support agile working	Q1	Q4	C
	Consider implications of NEPTS D&C Review and alignment with SOP	Q1	Q4	G
	Implementation of 111 solution for BC UHB (Ty Elwy)	Q1	Q1	C
	Secure additional C&E resources to support delivery of significantly increased work programme	Q1	Q4	G
	Development of business case for Llanelli solution (emerging ESOP priority)	Q1	Q4	P
	Development of business case for Newport solution (emerging ESOP priority)	Q1	Q4	P
	Development of business case for Llandrindod Wells (emerging ESOP priority)	Q1	Q4	P
	Development of business case for Bangor Fleet Workshop (emerging ESOP priority)	Q1	Q4	P
	Further progression of the decarbonisation agenda and embedding this within the Trust in line with WG Decarbonisation Strategy	Q1	Q4	G
	Develop an Electric Vehicle Strategy including a charging network	Q1	Q4	G
	Deliver on our commitments to modernise our fleet including the increase in the number of Hybrid vehicles and roll out of vehicle solar panels.	Q1	Q4	G
	Access funding to commence initiatives as part of the decarbonisation of the estate and also our travel which will enable us to implement a Sustainable Travel Plan	Q1	Q4	G
	Deliver the vehicle replacement scheme as per the approved Business Justification Case	Q1	Q4	G

Prog Ref.	Actions in 2021-22	Start	End	Q4 Status	
<b>Partnerships &amp; Engagement</b>	Develop a plan for engaging on our strategic ambition statements with system partners, with formalised links into primary care and key programmes of work around urgent and emergency care	Q2	Q3	G	
	Revise the organisational Engagement Framework, testing the approach with stakeholders and the public prior to Board	Q2	Q3	G	
	Consolidate existing position and endeavour to secure at least one additional RPB seat	Q1	Q4	C	
	Engage with new Government and opposition party representatives post 2021 Senedd elections	Q2	Q2	C	
	Support the review of national, regional and local escalation arrangements	Q1	Q2	G	
	Secure recurrent funding for continuation of the Operational Delivery Unit (ODU) in support of future escalation arrangements	Q1	Q1	C	
	Extend existing contracts and recruit to fill vacancies in ODU (subject to funding)	Q1	Q2	G	
	Continue to deliver safe and efficient Welsh reserve MTU operations up till 31st August 2021	Q1	Q2	C	
	Potentially extend the contract in agreement with the Welsh Government, Test Trace Protect (TTP) Wales and Department of Health and Social Care (DHSC) if service is required beyond August 2021	Q1	Q1	C	
	Further develop the capabilities of the WAST MTU service at request of the Welsh Government in agreement with the DHSC	Q1	Q4	G	
Develop an initial assessment for review by WG. Dependent on feedback, determine our position on submission of a full application for UTS in September 2021	Q1	Q4	G		

Prog Ref.	Actions in 2021-22	Start	End	Q4 Status
<b>Working Safely</b> <b>CR</b>	Develop & implement a sustainable "Working Safely" Health and Safety Transformation Plan incorporating Health and Safety and Infection Prevention and Control (IPC)	Q1	Q4	G

Prog Ref.	Actions in 2021-22	Start	End	Q4 Status
<b>Fundamentals</b>	Revise the Trust Quality Strategy to align with the Bill	Q1	Q1	C
	Develop a Quality Strategy Implementation Plan to support us to self-assess our progress with Quality Governance	Q1	Q3	C
	Develop the Trust Quality Management System (Quality Planning, Quality Improvement, Quality Control and Quality Assurance).	Q1	Q4	G
	Develop and implement a Quality Governance sub structure to our Quality, Experience and Safety Committee (QuEST)	TBC	Q4	A
	Implementation of the Once for Wales Service User Experience System	Q1	Q3	G
	Making Every Contact Count (MECC) is built into the CPD programme for Paramedics/EMTs /Nurses and NEPTS	Q1	Q4	P
	Continue to have discussions in partnership with Velindre Trust and PHW regarding a joint appointment to lead the public health plan	Q1	Q2	P
	Continue to make improvements to increase uptake of the workforce having the Influenza vaccine	Q3	Q4	A
	<b>Lead the implementation of online symptom checkers as part of the new 111 integrated information system and widen accessibility through the 111 app</b>	TBC	Q4	G
	Work with the NCCU and Finance Delivery unit to develop a strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources	Q1	Q2	P
	Improvement in ability to identify areas of unwarranted variation in service delivery across Wales	Q1	Q4	P





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

<b>AGENDA ITEM No</b>	<b>11</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>0</b>

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

<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	16 <sup>th</sup> May 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Julie Boalch, Head of Risk and Corporate Governance
<b>CONTACT</b>	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

### **EXECUTIVE SUMMARY**

1. The purpose of this report is to provide the Finance & Performance Committee (FPC) with an update in respect of Corporate Risks that are relevant to the Committee's remit for review.

#### **RECOMMENDATION:**

2. **The Finance & Performance Committee is asked to receive assurances on the report and specifically:**
  - a) **The Finance & Performance Committee is asked to receive assurances on the report and specifically note:**
  - b) **The rearticulation of the 9 Corporate Risks assigned to the Committee for oversight as part of the risk transformation work programme.**
  - c) **The increase in score of Risk 283 from 12 to 15.**
  - d) **Highlight any specific aspects or concerns that need to be raised to Senior Management and/or Audit Committee.**

### **KEY ISSUES/IMPLICATIONS**

3. The Risk Management and Board Assurance Framework (BAF) improvement programme was supported as the direction of travel at the Audit Committee in December 2021 and a progress report will be submitted for consideration at the meeting in June 2022.
4. The immediate priority is a detailed review of each of the Corporate Risks and the development, testing and implementation of the Once for Wales Risk Datix Module.
5. The Audit Committee approved a request to suspend reporting of the BAF for a period of 3 months to enable the Governance team time to develop a transitional

BAF that will be presented at the Audit Committee in June 2022 and the Trust Board in July 2022.

6. A programme of work has commenced to strengthen the articulation of the Trust's existing and any new Corporate Risks including title and descriptions, the controls, assurances and any additional actions required with the priority focus being on the Trust's highest scoring risks.
7. A temporary Risk Officer was appointed until the 31<sup>st</sup> May 2022 to support the Corporate Governance team with these priorities. The substantive post will be advertised for appointment to commence in July 2022.
8. The Executive Management Team (EMT) received formal, monthly feedback from Assistant Director Leadership Team (ADLT) on activity relating to the corporate risks for approval.

#### REPORT APPROVAL ROUTE

9. The report has been considered by:
  - ADLT – 21st March 2022
  - ADLT – 22nd April 2022
  - EMT – 11th May 2022

#### REPORT APPENDICIES

10. An SBAR report is attached to this Executive Summary.

#### REPORT CHECKLIST

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

**WELSH AMBULANCE SERVICES NHS TRUST  
FINANCE & PERFORMANCE COMMITTEE  
COMMITTEE ASSURANCE REPORT**

**SITUATION**

- 1 The purpose of this report is to provide the Finance & Performance Committee (FPC) with an update in respect of Corporate Risks that are relevant to the Committee's remit for review.

**BACKGROUND**

- 2 The Risk Management and Board Assurance Framework Transformation Programme was supported as the direction of travel at the Audit Committee in December 2021 and has been included in the IMTP. A progress report will be presented to the June 2022 Audit Committee as agreed.
- 3 The immediate priority was for a detailed review of the Trust's 5 highest scoring risks with the remaining corporate risks to follow and a programme of work has commenced to strengthen the articulation of the corporate risks and any new risks including title, summary descriptions, controls, assurances and any gaps or additional actions required.
- 4 The Assistant Directors Leadership Team (ADLT) continue to review the risk assessments on all new risks in addition to reviewing any changes to existing risks and mitigating actions, reporting activity to the Executive Management Team (EMT), Board Committees and Trust Board.

**ASSESSMENT**

Corporate Risks

- 5 There are 9 of 17 Corporate Risks currently assigned to FPC which are described in the summary table below as at 7<sup>th</sup> May 2022 (beginning on page 4).
- 6 Each of these 9 risks have been reviewed as part of the transformation programme of work and have been rearticulated and approved by EMT.
- 7 Any changes to the risk score as a result of these reviews is articulated in the risk score column.

## CORPORATE RISK REGISTER: Extract

RISK ID	RISK TITLE	SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
139	<p>Failure to Deliver our Statutory Financial Duties in accordance with legislation</p> <p><b>Previous title:</b> <i>Non Delivery of Financial Balance</i></p>	<p><b>IF</b> the Trust does:</p> <ul style="list-style-type: none"> <li>• not achieve financial breakeven and/or</li> <li>• does not meet the planning framework requirements and/or</li> <li>• does not work within the EFL and/or</li> <li>• fails to meet the 95% PSPP target and/or</li> <li>• does not receive an agreement with commissioners on funding (linked to 458)</li> </ul> <p><b>THEN</b> there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)</p> <p><b>RESULTING IN</b> potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage</p>	Director of Finance & Corporate Resources	<p><b>16</b> <b>(4x4)</b></p>
244	<p>Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service</p> <p><b>Previous title:</b> <i>Impact on EMS CCC service delivery due to estates constraints</i></p>	<p><b>IF</b> the Trust is unable to increase accommodation capacity</p> <p><b>THEN</b> there is a risk that EMS CCC will not be able to accommodate all roles during periods of escalation and surge management or expand operations to support new initiatives</p> <p><b>RESULTING IN</b> EMS CCC being unable to deliver services effectively which adversely impacts on quality, safety and patient/staff experience</p>	Director of Operations	<p><b>16</b> <b>(4x4)</b></p>
311	<p>Inability of the Estate to cope with the increase in FTEs</p> <p><b>Previous title:</b> <i>Failure to manage the cumulative impact on estate of the EMS Demand &amp; Capacity Review, the NEPTS Review and GUH</i></p>	<p><b>IF</b> the cumulative impact on the estate of the EMS Demand &amp; Capacity Review and the NEPTS Review is not adequately managed</p> <p><b>THEN</b> there is a risk that the Estate will not be able to cope with the increase in FTEs</p> <p><b>RESULTING IN</b> potential failure to achieve the benefits/outcomes of the programme and reputational damage to the Trust</p>	Director of Finance & Corporate Resources	<p><b>16</b> <b>(4x4)</b></p>

## CORPORATE RISK REGISTER: Extract

458	<p>A confirmed commitment from EASC and/or Welsh Government required regarding funding for recurrent costs of commissioning</p> <p><b>Previous title:</b> <i>Confirmed commitments from EAST and/or Welsh Government required regarding funding for recurrent costs of commissioning to deliver the IMTP and/or additional services</i></p>	<p><b>IF</b> sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis</p> <p><b>THEN</b> there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed services could be challenging and harmful to patients.</p> <p><b>RESULTING IN</b> patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage</p>	Director of Finance & Corporate Resources	<b>16</b> <b>(4x4)</b> 
245	<p>Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations</p> <p><b>Previous title:</b> <i>Inability to maintain safe and effective services during a disruptive challenge due to insufficient capacity in EMS CCCs</i></p>	<p><b>IF</b> CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident</p> <p><b>THEN</b> there is a risk that EMS CCCs cannot utilise other CCC's space, accommodation and facilities</p> <p><b>RESULTING IN</b> potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)</p>	Director of Operations	<b>15</b> <b>(3x4)</b> 
260	<p>A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems</p> <p><b>Previous title:</b> <i>Cyber Risk</i></p>	<p><b>IF</b> there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place</p> <p><b>THEN</b> there is a risk of a significant information security incident</p> <p><b>RESULTING IN</b> a partial or total interruption in WAST's ability to deliver essential services, loss or theft of</p>	Director of Digital Services	<b>15</b> <b>(3x5)</b> 

## CORPORATE RISK REGISTER: Extract

		personal/patient data and patient harm or loss of life		
283	<p>Failure to implement the EMS Operational Transformation Programme</p> <p><b>Previous title:</b> <i>EMS Demand &amp; Capacity Review Implementation Programme</i></p>	<p><b>IF</b> there are issues and delays in the planning and organisation of the EMS Demand &amp; Capacity Review Implementation Programme</p> <p><b>THEN</b> there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters</p> <p><b>RESULTING IN</b> potential patient harm, deterioration in staff wellbeing and reputational damage</p>	Director of Strategy Planning & Performance	<p><b>15</b> <b>(3x5)</b></p> <p>↑</p> <p><b>New score up from 12 (3x4)</b></p>
100	<p>Failure to collaborate, engage and reach agreement with EASC on ambitions and plans for WAST</p> <p><b>Previous title:</b> <i>Failure to collaborate, engage and reach agreement with EASC on ambitions and plans for WAST</i></p>	<p><b>IF</b> WAST fails to engage early with EASC and is unable to provide robust evidence to support key initiatives</p> <p><b>THEN</b> there is a risk of a delay or failure to reach agreement, funding and support from both parties with respect to key WAST ambitions and plans</p> <p><b>RESULTING IN</b> a negative impact on services to patients and staff in addition to key outcomes within the IMTP not being delivered</p>	Director of Strategy Planning & Performance	<p><b>12</b> <b>(3x4)</b></p> <p>→</p>
424	<p>Prioritisation or Availability of Resources to Deliver the Trust's IMTP</p> <p><b>Previous title:</b> <i>Resource availability (capital) to deliver the organisation's IMTP</i></p>	<p><b>IF</b> resources are not forthcoming within the funding envelope available to WAST (link to risk 139)</p> <p><b>THEN</b> there is a risk that there is insufficient capacity to deliver the IMTP</p> <p><b>RESULTING IN</b> delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing</p>	Director of Strategy Planning and Performance	<p><b>12</b> <b>(3x4)</b></p> <p>→</p>

### Escalation of Risks

- 8 No new risks relevant to FPC have been assessed or approved for inclusion on the Corporate Risk Register during this period.

## Closure and De-Escalation of Risks

- 9 No risks relevant to the PCC have been de-escalated to Directorate Registers during this period or closed from the Corporate Risk Register.

## Board Assurance Framework

- 10 The Audit Committee approved a request to suspend reporting of the BAF for a period of 3 months to enable the Governance team to develop a transitional BAF that will be presented at the Audit Committee in June 2022 and the Trust Board in July 2022.
- 11 This will provide the Governance Team time to invest in developing a transitional BAF which clearly sets out the work that is currently underway to rearticulate the corporate risks as well as the relevant and current controls, assurances and actions that will mitigate the risks to their target.
- 12 By way of assurance, a high level report will be provided to the Trust Board and each scrutiny Committee during May 2022 on each of the corporate risks with a particular focus on the developing controls and assurances of the Trust's 5 highest scoring risks.

## **RECOMMENDED:**

- 13 **The Finance & Performance Committee is asked to receive assurances on the report and specifically note:**
- a) **The rearticulation of the 9 Corporate Risks assigned to the Committee for oversight as part of the risk transformation work programme.**
  - b) **The increase in score of Risk 283 from 12 to 15.**
  - c) **Highlight any specific aspects or concerns that need to be raised to Senior Management and/or Audit Committee.**



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

<b>AGENDA ITEM No</b>	<b>12</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>3</b>

## MOBILE DATA VEHICLE SOLUTIONS – Project Assessment Review

<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	16.05.2022
<b>EXECUTIVE</b>	Mr Andy Haywood, Director of Digital Services
<b>AUTHOR</b>	Mr. Keith Williams, Head of Operational Communications Programme
<b>CONTACT</b>	<a href="mailto:Keith.Williams4@wales.nhs.uk">Keith.Williams4@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

The Mobile Data Vehicle Solution (MDVS) Full Business Case seeks to replace the Ambulance Mobile Data Terminals (MDT) that are critical to tasking ambulance resources. The Full Business Case was submitted to the Welsh Government, following formal Trust Governance, and a period of engagement with Welsh Government officials. Ministerial advice recommending approval, WAST is awaiting ratification of formal assent.

In parallel a formal Project Assessment Review (PAR) was commissioned by the Welsh Government and WAST to provide assurance in relation to the “**funding decision**”, the Terms of Reference are set out at appendix 1.

This paper seeks to draw to the attention of the Committee the findings of the review (appendix 2) and the response taken by the Trust in relation to the six recommendations it made (Appendix 3).

#### **The Committee are asked to:**

1. Note the Project Assessment Review and the progress made in regard to the actions taken by the Trust.

## KEY ISSUES/IMPLICATIONS

Through the course of the PAR review key individuals from across the project, including key WAST decision makers and external assurance partners, were interviewed, with the review Team provided access to various reference material.

The review team made six key recommendations and provided a delivery confidence assessment of Amber which is defined as:

***Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.***

In response to the review findings the Trust's Senior Responsible Officer (SRO) formally responded to the review and implemented an action plan to address each recommendation. This paper addresses which recommendations have been closed / resolved and plans in place for any that are ongoing.

The Trust is now liaising with Welsh Government officials in preparation for the next Project Assessment Review, which will seek assurance in relation to the Trust **Readiness for Service**, scheduled to take place between 13<sup>th</sup> – 15<sup>th</sup> July 2022.

## REPORT APPROVAL ROUTE

## REPORT APPENDICES

**Appendix 1:** PAR Terms of Reference  
Attached

**Appendix 2:** PAR Report  
Attached

**Appendix 3:** WAST PAR Action Plan  
Attached

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

# Welsh Ambulance Services NHS Trust Mobile Data vehicle Solution PAR – Scope

## Introduction

The Review Team is asked to assess the extent to which the programme is set up to deliver a successful and safe transition of ARP MDVS – MDT activities to WAST. The review will assess the approach being taken to the direction, scoping and shaping of the programme and to its management and reporting.

Lines of enquiry should include:

- Clarity on scope, objectives, prioritisations
- Governance and decision making
- Identification of organisational and key individual roles, accountabilities and remits
- Stakeholder understanding, support and engagement
- Management of key risks, issues and dependencies
- The robustness of programme planning including the identification of contingency
- Relationship with ARP and the ESMCP programme
- People planning and engagement
- Identification of benefits, ownership and business change

## Background

The ultimate goal of the MDVS project is to replace the legacy mobile communications services currently provided by Airwave with a new more flexible, feature rich and cheaper replacement, which not only supports the day to day critical communications needs but also that associated with major incidents such as recent terror attacks in the UK.

To deliver this replacement technology the Emergency Services Mobile Communications Programme has been established by the Home Office on behalf of all UK Emergency Services to deliver the Emergency Services Network (ESN). In addition and recognising the specific requirements of the Ambulance Service the Ambulance Radio Programme (ARP), directly funded by the Department of Health and Social Care, are task with ensuring that the Ambulance Service in England has access to the most appropriate and reliable mobile communications system that meet their specific business needs.

When combined these programmes will replace the full scope of the current end to end Airwave service, and can be broken down as follows:

- ARP FBC (Phase 1) set out the case for the Control Room Solution (CRS) programme, implementing a new national communications platform for ambulance control rooms. WAST has taken up the option to be part of the ARP procurement and has in place a Welsh Government approved

business case with the project due to implement the CRS into the 3 Welsh Ambulance Control Rooms by August 2022.

- ARP FBC (Phase 2) set out the case for the National Mobilisation Application (NMA), implementing a new national application, for the dispatch and tracking of ambulances. It forms part of the MDVS programme. WAST has strategically sought to align with and seeks to implement the NMA solution as part of the MDVS business case, utilising the ARP framework.
- ARP FBC (Phase 3) set out the case for ARP to proceed with an incremental delivery, removing as far as possible dependencies on the delayed Home Office ESN programme. This included the vehicle hardware to be implemented into ambulances for the delivery of NMA and broadband mobile data and the delivery of CRS connected to Airwave ahead of the delivery of ESN. WAST has strategically sought to align with this approach and seeks to implement the ARP solution as part of the MDVS Business Case commencing (pending funding approval) in August 2022.
- ARP FBC (Phase 4) sets out the case for the remaining elements needed to commence the roll out of equipment and services to enable the transition to ESN away from Airwave, specifically the remaining elements of the MDVS programme. It also covers the Service Partner which provides a more scalable approach based on industry standards for the support of the ongoing ARP services and an option to accelerate the eventual rollout of ESN. WAST has strategically sought to align with this approach and seeks to implement the ARP solution relating to Service Partner whilst separating and delaying those elements relating to the delayed ESN. WAST plans to submit a further business case that seeks to secure support to implement the full ESN programme when greater confidence and assurance that the system will support our business requirements.

ESN is covered by a separate Home Office produced FBC, this is called the ESN Programme Business Case (PBC). ESN's PBC was presented to the governments Major Programme Review Group (MPRG) on 30th October 2020. The output of the review, on 23rd November, was that the delivery and in particular mobilisation plans for ESN were not complete and were therefore not valid. ESN were instructed to continue and return to the MPRG with an updated version of their case containing viable and realistic plans. A further case was issued to Sponsor Bodies in March 2021 which received supported case and approval to proceed to MPRG in July 2021. MPRG provided support for the programme to proceed.

## **MDVS Programme**

### **Programme Assessment Review 25<sup>th</sup> – 27<sup>th</sup> January 2022**

#### **Terms of reference**

The Review Team is asked to assess the extent to which the programme is set up to deliver a successful and safe transition of ARP MDVS – MDT activities to WAST. The review will assess the approach being taken to the direction, scoping and shaping of the programme and to its management and reporting.

#### **Lines of enquiry will include:**

- Clarity on scope, objectives, prioritisations
- Governance and decision making
- Identification of organisational and key individual roles, accountabilities and remits
- Stakeholder understanding, support and engagement
- Management of key risks, issues and dependencies
- The robustness of programme planning including the identification of contingency
- Relationship with ARP and the ESMCP programme
- People planning and engagement
- Identification of benefits, ownership and business change

#### **List of documents (to be made available):**

Governance – minutes/risk registers/ TOR – latest and last but one relating to ARP Programme and OCP Board

Comms and stakeholder strategies

Early BJs / FBC

Benefits strategy

PID

Resource plan

Budget

WG/ WAST/ARP / ESMCP Management Agreement

#### **Essential skills needed within the review team – Experience with: -**

HSS – Delivery & Finance Directorate

HSS – Digital change & Innovation

Department of Health

Home Office

Technology

### **Skills Profile – Programme and Project Management**

Project / Programme Management

ICT Business Change

Business Case

Planning

### **Skills Profile – Change Management**

ICT Enabled business change

### **Skills Profile – Digital / ICT**

ICT Service mgmt

ICT Service delivery

ICT Rollout

### **Skills Profile – Finance & Procurement**

Collaborative approach

Competitive dialogue

Contract management

Relationship management

Procurement policy

### **Interviewees – WAST**

1. SRO – Andy Haywood
2. Programme Management – Keith Williams
3. Project Management – Anwen Stevens
4. Senior User – Lee Brooks
5. Non-Executive Director – Martin Woodford
6. Head of ICT – Aled Williams
- 7-9. TU Partner – Hugh Parry – Gareth Price – Paul Ellery

### **Interviewees – WG Assurance**

10. Tony Bracey – Head of Programmes
11. Craig Jones – Deputy Head of Programmes

### **Interviewees – ARP Assurance**

12. Ian Hough – Director

13. Kevin Alexander – Head of Procurement

14. Julie Birigwa –Head of Finance

**Interviewees – Assurance**

15. Michelle Williams – JESG

16. Mathew Edwards – EASC



## Programme/Project Assessment Review (PAR)

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<b>Programme/project Title:</b>	<b>WAST Mobile Data Vehicle Solutions</b>
<b>IAH ID number:</b>	<b>AH/22/48</b>

<b>Version number:</b>	FINAL v1.0
<b>Senior Responsible Owner (SRO)</b>	Andy Haywood
<b>Date of issue to SRO:</b>	DRAFT: 27th January 2022 FINAL: 16 <sup>TH</sup> February 2022
<b>Department/Organisation of the programme/Project</b>	Welsh Ambulance Service Trust
<b>Programme/Project Director (or equivalent)</b>	Andy Haywood
<b>Business Case stage reached:</b>	FBC at submission stage
<b>Review dates:</b>	25 <sup>th</sup> to 27 <sup>th</sup> January 2022
<b>Review Team Leader:</b>	Robin Davis
<b>Review Team Member(s):</b>	Beverley Jenkins Alison Tang
<b>Departmental Representative:</b>	Ian Gunney / Leigh Dyas
<b>Previous Review:</b>	N/A
<b>Security Classification</b>	Official

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### About this report

This report is an evidence-based snapshot of the project's status at the time of the review. It reflects the views of the independent review team, based on information evaluated over the review period, and is delivered to the SRO immediately at the conclusion of the review.

**This assurance review was arranged and managed by:**

**Welsh Government Integrated Assurance Hub (IAH)  
Cathays Park 2  
Cathays  
Cardiff  
CF10 3NQ**

**IAH helpdesk: [Assurance@gov.wales](mailto:Assurance@gov.wales)**

# **1. Executive Summary**

This report is an evidence-based snapshot of the project's status at the time of the Review. The scope of the Review is the new Welsh Ambulance Services Trust (WAST) Mobile Data Vehicle Solutions (MDVS) project.

The Review Team found that the clarity on the entire scope of the WAST Mobile Vehicle Data Solution project was well understood by all stakeholders. This is a critical project with a well-defined scope and known clear outcomes. Having waited a number of years for the Emergency Services Mobile Communications Programme (ESMCP) to be an enabler for replacing Mobile Data Terminals and associated equipment in Ambulances, WAST like many English Ambulance trusts can wait no longer as equipment is either in or entering obsolescence. A replacement programme of works is therefore required. The plan is to partner and take up the option to work with the Department of Health's Ambulance Radio Programme team in England to utilise its Mobile Vehicle Data Solution contracts and be part of their national rollout. The need for the project is therefore well justified and confirmed by all stakeholders.

Therefore, the scope of the project is for the successful delivery of the Ambulance Radio Programme: Mobile Data Vehicle Solution (MDT) across the WAST fleet to provide critical data communication using new ESN enabled MDT screens. This covers:

- Procurement and installation of all necessary infrastructure.
- Testing of the MDT (NMA) system.
- Staff training.

In conducting the Review, the Review Team identified 11 areas of good practice and 1 lessons learnt along with the following five areas of concern:

- 1) Planning – The project has a high-level plan from ARP on deployment of equipment. The WAST MVDS project in its own right does not have a detailed plan identifying specific individual tasks or resources for completion including logistics and training activities. In addition, key milestones are not known or tied to funding requirements. This is critical and should be completed as a matter of priority.
- 2) Funding / Finance – The Review Team found that the project has developed a Full Business Case (FBC) that is currently going through approvals. A scrutiny grid has been produced and is currently being finalised before being sent back to Welsh Government for approval. At the moment no funding is available until Welsh Government has approved the FBC and seen a funding profile.
- 3) Contingency planning – linked to planning (item 1) there is currently no detailed contingency considerations in place. There is a good understanding of the risks and issues, however they should be considered in further detail through a contingency workshop with the findings developed into a project contingency plan.
- 4) Resources – The current project team appears rather stretched with the delivery of other projects at the same time as this one. Resourcing as the project moves forward into delivery needs careful consideration. Noting that it can take a number of months to on board new people. This should be undertaken as a matter of priority.
- 5) Project Documentation – At the moment there is a draft PID. This along with other supporting documentation needs to be developed in order to evidence and assure stakeholders that the approach is considered and accepted.

The Review Team makes 6 recommendations for the SRO to assist in ensuring a successful programme outcome is achieved.

## 2. Delivery Confidence Assessment (DCA)

<b><u>Delivery Confidence Assessment:</u></b>	<b>AMBER</b>
<p>The Review Team finds that successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.</p> <p>The WAST Mobile Data Vehicle Solution Project is at an early phase having been decoupled from the wider delayed ESMCP programme.</p> <p>Obtaining project finances, ensuring adequate and detailed planning is undertaken and obtaining more resource in the team will be important to assisting with a successful delivery of the projects intended outcomes. Ensuring the return of the scrutiny grid and obtaining approval of the funding is critical.</p> <p>The next few weeks are critical to the project and the project team need to constantly monitor and drive forward progress.</p> <p>As the project moves into the next phase which is delivery and implementation, so communications with the end users who will be affected by the rollout of the new equipment will be key. The collaboration with ARP will need to be closer than ever and the project team will need to have those detailed plans in place.</p> <p>The Review Team makes 6 recommendations for the SRO to assist in ensuring a successful programme outcome is achieved.</p>	

**The Delivery Confidence assessment RAG status should use the definitions below:**

<b>RAG</b>	<b><u>Criteria Description</u></b>
<b>Green</b>	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
<b>Amber/Green</b>	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
<b>Amber</b>	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.
<b>Amber/Red</b>	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
<b>Red</b>	Successful delivery of the project/programme appears to be unachievable. There are major issues which, at this stage, do not appear to be manageable or resolvable. The project/programme may need re-baselining and/or overall viability re-assessed.

### 3. Summary of report recommendations

The Review Team makes the following recommendations which are prioritised using the definitions below:

Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Classification (Please enter the categorisation number from the list provided here)
1.	The SRO should review project staffing to ensure that there is adequate resource to deliver the project as it enters into a critical phase of delivery.	Essential	Do by 31 <sup>st</sup> March 2022	10.2
2.	The SRO should drive the completion of the scrutiny grid and engage with WG regarding approvals of the business case to ensure funding is available and can flow against a defined payment profile.	Critical	Do Now	5
3.	The Project Team should develop a more detailed plan for the project identifying key tasks, milestones and resources required.	Critical	Do Now	3.1
4.	The SRO should undertake a contingency planning session and build this into requisite plans.	Essential	Do by 31 <sup>st</sup> March 2022	9.3
5.	The Project Team should finalise the Project Initiation Document and other supporting project documentation.	Essential	Do by 31 <sup>st</sup> March 2022	3.2
6.	The Project Team should develop a benefits register following best practice. This should include a benefits monitoring and realisation plan.	Recommended	End of April 2022	6

**Critical (Do Now)** – To increase the likelihood of a successful outcome it is of the greatest importance that the programme/project should take action immediately

**Essential (Do By)** – To increase the likelihood of a successful outcome the programme/project should take action in the near future.

**Recommended** – The programme/project should benefit from the uptake of this recommendation.

## **4. Areas of good practice and lessons learnt**

The WAST Mobile Data Vehicle Solution Project is at an early phase of its delivery having been decoupled from the wider delayed ESMCP programme.

This section specifically looks at good practice and lessons learnt to date. Therefore, in conducting the Review, the Review Team identified the following areas of good practice and lessons learnt:

### **Good Practice:**

- 1) This is a critical project with a well-defined and clear scope with known outcomes.
- 2) The need for the project is well justified and confirmed by all stakeholders.
- 3) The WAST project team have worked well with the Department of Health Ambulance Radio Programme (ARP) Team to define the project and its costs – working closely with both technical and financial colleagues across ARP.
- 4) WAST is a member of the ARP Programme board.
- 5) A proven Governance Structure with good reporting / scrutiny practices is in place.
- 6) Whilst it is a technically challenging project, the core project team are knowledgeable and capable. They clearly understand what has to be done.
- 7) Decoupling MVDS from ESMCP is paramount to ensuring successful timely delivery i.e., WAST cannot wait any longer / cope with any more delays.
- 8) The Full Business Case is developed according to best practice following the HMT Green book five case model.
- 9) Risks and Issues are documented and routinely reviewed at board level.
- 10) The projects leadership have a good understanding of operations and their colleagues requirements.
- 11) The Welsh Governments relationship with WAST is very good, open and transparent.

### **Lessons Learnt:**

- 1) The Review Team heard that the Project Team has encountered on other similar projects elements of delay and cause for concern. These do not appear to have been taken on board with the planning of this specific project. These lessons would certainly help with mitigating risk and forward contingency planning.

## **5. Areas of concern**

In conducting the Review, the Review Team identified the following areas of concern:

- 1) Planning – The project has a high-level plan from ARP on deployment of equipment. The WAST MVDS project in its own right does not have a detailed plan identifying specific individual tasks or resources for completion including logistics and training activities. In addition, key milestones are not known or tied to funding requirements. This is critical and should be completed as a matter of priority.
- 2) Funding / Finance – The Review Team found that the project has developed a Full Business Case (FBC) that is currently going through approvals. A scrutiny grid has been produced and is currently being finalised before being sent back to Welsh Government for approval. At the moment no funding is available until Welsh Government has approved the FBC and seen a funding profile.
- 3) Contingency planning – linked to planning (item 1) there is currently no detailed contingency considerations in place. There is a good understanding of the risks and issues, however they should be considered in further detail through a contingency workshop with the findings developed into a project contingency plan.
- 4) Resources – The current project team appears rather stretched with the delivery of other projects at the same time as this one. Resourcing as the project moves forward into delivery needs careful consideration. Noting that it can take a number of months to on board new people. This should be undertaken as a matter of priority.
- 5) Project Documentation – At the moment there is a draft PID. This along with other supporting documentation needs to be developed in order to evidence and assure stakeholders that the approach is considered and accepted.

## **6. Acknowledgement**

The Review Team would like to thank WAST stakeholders for their support and openness, which contributed to the Review Team's understanding of the project and the outcome of this Review. Particular thanks go to Steve Lynch for his work in managing the logistics and preparing for the review.

The stakeholders interviewed are included in Annex A.

## **7. Comments from the SRO**

WAST would like to extend its thanks to the review team for their dialogue and advice throughout the review period, as well as for their efficient production of such a comprehensive report. The last few months in particular have been some of the most challenging in the history of our organisation, with records broken for hours lost to handover delays and the demand on our service. As such, the Operational Communications Programme (OCP) team have done an incredible job maintaining momentum and buy in with operational colleagues and this has been aided by the fact that two are still practicing operationally. We welcome the examples of good practice highlighted in the report and recognise the rationale for the Amber rating. We also recognise the welcome fact that all the recommendations within the report are within our gift to rectify swiftly, prior to a further review. However, we will always remain dependent on the overarching ESN and ARP Programmes for key data surrounding certain planning assumptions. A brief summary of how we plan to address these is highlighted below:

***Recommendation 1 - The SRO should review project staffing to ensure that there is adequate resource to deliver the project as it enters into a critical phase of delivery.***

Resources – WAST is seeking to concluded a recruitment exercise by the 31.04.2022

***Recommendation 2 - The SRO should drive the completion of the scrutiny grid and engage with WG regarding approvals of the business case to ensure funding is available and can flow against a defined payment profile.***

As requested, the scrutiny grid was returned to WG by the end of the review period.

***Recommendation 3 - The Project Team should develop a more detailed plan for the project identifying key tasks, milestones and resources required.***

Detailed plan in production to discuss with operational colleagues and the newly formed user group.

***Recommendation 4 - The SRO should undertake a contingency planning session and build this into requisite plans.***

Work already underway. Further workshop being arranged.

***Recommendation 5 - The Project Team should finalise the Project Initiation Document and other supporting project documentation.***

WAST will concluded a document review by the 31.03.2022

***Recommendation 6 - The Project Team should develop a benefits register following best practice. This should include a benefits monitoring and realisation plan.***

WAST will develop and ratify the benefits management process by Sept 2022.

Kind Regards,

**Andy Haywood**

Cyfarwyddwr Gwasanaethau Digidol / Director of Digital Services



Ffôn / Tel: 07818286574

## **8. Summary of the Programme/Project**

### **Background and context:**

The UK Government has committed to establishing the Emergency Services Mobile Communications Programme (ESMCP) to deliver the Emergency Services Network (ESN), a vital piece of critical national infrastructure. The current 'Airwave' system delivers some of the technology the Emergency Services require but has failed to maintain pace with the technological advances in telecommunications since contracts were signed in 2000. The expiry of the current contracts offers an opportunity to deliver modern communications that will enable the UK Emergency Services to improve their operational efficiency and become more cost effective.

In 2011 the Home Secretary set a mandate for the ESMCP and endorsed the creation of a programme with the following principles:

- The ESMCP led by the Home Office should deliver the future mobile communications capabilities for the three Emergency Services: and
- The ESMCP should be positioned as a government-wide Programme, effectively encompassing the relative emergency service responsibilities of the Home Office (HO), Department for Communities and Local Government (DCLG), Department of Health and Social Care (DHSC), Scottish and Welsh Governments, and the Cabinet Office.

The ARP Full Business Case Phase 4 has been approved by DHSC committee in July 2021.

The Mobile Data Vehicle Solution (MDVS) Project forms part of the overarching ESMCP and is an opportunity to move closer to the switch over to ESN in an incremental way. The MDVS Project deals with both the in-vehicle communication platform and the handheld devices that will be used by Operational staff in the field. This PID applies to the in-vehicle solution only as the handheld device project will be managed separately.

The WAST fleet of vehicles currently have Mobile Data Terminals (MDT) fitted. These are fitted across the fleet and include Emergency Ambulances (EA), Rapid Response Vehicles (RRV), Non-Emergency Patient Transport Service (NEPTS), Training vehicles and specialty vehicles such as the Hazardous Area Response Team (HART) vehicles. The MDT screen allows the Clinical Contact Centres (CCC) to send data packages to the operational crews for them to read on the screen. The MDT also has satellite navigation functionality and can be used to send and receive two-way data messages to and from the CCC. The original MDT screens within the WAST fleet are circa 20 years old and are now end of life. The software solution used currently is supplied by Terrafix.

WAST will work with Ambulance Radio Programme (ARP) to provide the end-to-end data solution for the WAST fleet. The proposal is to fit all vehicles with a replacement MDT which will host the Terrafix National Mobilisation Application (NMA), the interface between the operational users and the CCC.

### **Aims and objectives:**

The Aim and Scope of the Project is for the successful delivery of the Ambulance Radio Programme: Mobile Data Vehicle Solution (MDT) across the WAST fleet to provide critical data communication using new ESN enabled MDT screens. This covers:

- Procurement and installation of all necessary infrastructure.
- Testing of the MDT (NMA) system.
- Staff training.

The key objectives for the Project are:

- No effect on day-to-day operations - To ensure that the MDVS Project is delivered with minimal disruption to the day-to-day operations of WAST or to patient care.
- Improve current solution available to operational staff - To improve the technology currently available in the operational field with enhanced mapping, screen clarity and interaction opportunities with the MDT.
- Engaging with the further ESMCP programme - To ensure that WAST has resilience moving forward with the wider ESMCP programme by having key hardware in place, and in use, prior to the switch over to the ESN in the future.

The Critical Success Factors for the Project are:

- Minimal disruption during the assimilation to the new MDT screen and NMA.
- Engaging with staff to ensure staff are trained in the use of the MDT and NMA ahead of the roll out in their area.

Key Dates:

**NHS**  
Ambulance Radio Programme

Version: 19 October 2020

Vehicle Hardware Bundles

Trust	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Trust Total	
1 NEAS	20	20	40	40	60	60	60	60	60	60																	480	
2 YAS			20	40	60	60	60	60	60	60	60	60	60	60	60													720
3 WMAS					20	40	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60							960
4 SECamb							20	40	60	60	60	60	60	60	60	60	60										600	
12 LAS								20	40	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	1020
5 EEAST									20	40	60	60	60	60	60	60	60	60	60	60	60							600
6 Wales											20	40	60	60	60	60	60	60	60	60	60	60	60	60	60	60		720
7 SWASFT													20	40	60	60	60	60	60	60	60	60	60	60	60	60		600
8 NWS															20	40	60	60	60	60	60	60	60	60	60	60	60	600
9 EMAS																20	40	60	60	60	60	60	60	60	60	60	480	
10 SCAS																	20	40	60	60	60	60	60	60	60	60	420	
11 IoW																									30	30		
Monthly Total	20	20	60	80	140	160	200	220	260	300	280	320	340	380	400	380	400	380	420	460	450	360	360	360	240	240	7230	

**KEY**

Green Trust    Rollout Preference Defined

Amber Trust    Rollout Preference TBC

## **9. Scope/Terms of Reference of the Review**

In conducting the review, the Review Team followed the Terms of Reference and Scope as set-out below:

### **Terms of reference**

The Review Team was asked to assess the extent to which the programme is set up to deliver a successful and safe transition of ARP MDVS – MDT activities to WAST. The review assessed the approach being taken to the direction, scoping and shaping of the programme and to its management and reporting.

### **Lines of enquiry included:**

- Clarity on scope, objectives, prioritisations
- Governance and decision making
- Identification of organisational and key individual roles, accountabilities and remits
- Stakeholder understanding, support and engagement
- Management of key risks, issues and dependencies
- The robustness of programme planning including the identification of contingency
- Relationship with ARP and the ESMCP programme
- People planning and engagement
- Identification of benefits, ownership and business change

## **10. Detailed Review Team findings**

### **A. Clarity on scope, objectives, prioritisations:**

The Review Team found that the clarity on the entire scope of the WAST Mobile Vehicle Data Solution (MVDS) project was well understood by all stakeholders. This is a critical project with a well-defined scope and known clear outcomes. Having waited a number of years for the Emergency Services Mobile Communications Programme (ESMCP) to be an enabler for replacing Mobile Data Terminals and associated equipment in Ambulances, WAST like many English Ambulance trusts can wait no longer as equipment is either in or entering obsolescence. A replacement programme of works is therefore required. The plan is to partner and take up the option to work with the Department of Health's Ambulance Radio Programme team in England to utilise its Mobile Vehicle Data Solution contracts and be part of their national rollout. The need for the project is therefore well justified and confirmed by all stakeholders.

### **B. Governance and decision making:**

The Review Team found a proven Governance Structure is in place, highlighting an efficient reporting mechanism with all parties involved who are collaborating on risks, issues, solutions and outcomes. There is evidence of scrutiny across all elements of the project and a scrutiny grid is in place documenting key considerations. It is worth noting that all stakeholders consistently commended WAST and the project team for its approach to Governance.

### **C. Identification of organisational and key individual roles, accountabilities and remits:**

The Review Team found that key individuals are in place who have in-depth experience, knowledge and expertise to enable the progression of the project. They know what they have to do.

The current project team appears rather stretched with the delivery of other projects at the same time as this one. Resourcing as the project moves forward into delivery needs careful consideration. Noting that it can take a number of months to on board new people. This should be undertaken as a matter of priority and aligned with further detailed planning activities which are mentioned below.

**Recommendation 1: The SRO should review project staffing to ensure that there is adequate resource to deliver the project as it enters into a critical phase of delivery. (Essential)**

### **D. Stakeholder understanding, support and engagement:**

The Review Team found that all stakeholders supported the projects intent and were actively engaged at the various working levels. The WAST project team worked well with the Department of Health Ambulance Radio Programme Team to define the project and its costs – working closely with both technical and financial colleagues across ARP. Whilst it is a technically challenging project, the core project team are knowledgeable and capable. They clearly understand what has to be done.

The projects leadership have a good understanding of operations and their colleagues requirements which helps with understanding the logistical impact and planning, although at present not much of this thinking is actually documented.

The Welsh Government's relationship with WAST is also very good, open and transparent and both parties are working well together on securing the finances required to undertake the project.

E. Management of key risks, issues and dependencies:

The FBC states there is a risk management strategy and a Risks and Issues register is in place for the Project. The Review Team have seen the WAST – ESMCP Project Risk Register. This document could be improved to include dates for when the risk was recorded and date it was reviewed. It was unclear from the risk register that it was being reviewed and monitored regularly, however the Review Team did hear that the register is reviewed at the project board and updated as and when known risks arise.

The Review Team have heard the project team was waiting for the formal approval from Welsh Government for the funding before really commencing the project, this is a key dependency as without funding the project cannot be delivered. The FBC would have benefited with a financial profile table, which illustrated, the total funds required for each phase and each year of the project.

A scrutiny grid has been produced and is currently being finalised before being sent back to Welsh Government as part of the approvals process. At the moment no funding is available until Welsh Government has approved the FBC, reviewed the completed scrutiny grid and agreed a funding profile.

**Recommendation 2: The SRO should drive the completion of the scrutiny grid and engage with WG regarding approvals of the business case to ensure funding is available and can flow against a defined payment profile. (Critical)**

F. The robustness of programme planning including the identification of contingency:

The project has a high-level plan which is the ARP Vehicle Hardware Bundle Rollout schedule that was included in the FBC, this gave timescales for WAST in Tranche 2 (April 2022 to May 2023). The Review Team heard that this timescale is realistic and achievable, subject to financial approval from Welsh Government. However, the WAST project team would benefit with a robust detailed delivery / implementation project plan with working assumptions that there is financial approval, in preparation to 'hit the ground running' once the official approval is given. The detailed plan should identify specific tasks and resources for completion that covers the logistic, training and communication activities.

Identifying the vehicles which require a hardware upgrade including new vehicles already in the fleet, identifying the number of garages (venues) which can be used to undertake the work including the number of staff/engineers needed. Noting that is dependent on the blueprint from ARP, which provide instructions to engineers as to what work to carry out.

As part of the detailed planning consideration the project team should take into account specific periods where it would be impractical to take vehicles off the road to undertake the

hardware upgrade, which would have an impact on the rollout schedule as well as frontline operations. This detailed planning will also highlight project dependencies, including appropriate timescales to bring in more resources to support the delivery of the project.

**Recommendation 3: The Project Team should develop a more detailed plan for the project identifying key tasks, milestones and resources required. (Critical)**

Currently there is not a detailed contingency plan in place, should some of the risks identified in the risk register transpire. The project team would benefit from holding a workshop to discuss and document contingency plans including 'what if' scenarios. Moving forward it is important that contingency considerations are built into the planning that WAST has to do before delivery and implementation can commence.

**Recommendation 4: The SRO should undertake a contingency planning session and build this into requisite plans. (Essential)**

Following planning it is important for the project team to ensure that all of the projects documentation is aligned. At the moment there is a draft Project Initiation Document. This along with other supporting documentation needs to be developed in order to evidence and assure stakeholders that the approach is considered and accepted.

**Recommendation 5: The Project Team should finalise the Project Initiation Document and other supporting project documentation. (Essential)**

G. Relationship with ARP and the ESMCP programme:

As mentioned above the relationship with ARP and the Department of Health in England is very good. Both parties have worked well together and have a shared vision on the outcomes and importance of the MVDS project for WAST.

Other than accepting that MVDS has now decoupled itself from ESMCP and that both the ARP and WAST strategic intent is that all equipment installed as part of the MVDS project will be ESMCP ready, the Review Team cannot at this stage comment on the relationship with the ESMCP Programme, other than to note that WAST are closely aligned to JESG and the Welsh national initiative.

It is worth noting that the current MOU with ARP was signed in 2018 and is due for an update following confirmation from WAST that it will sign up to the ARP MDVS services.

H. People planning and engagement:

The Review Team found that although this project sits within the Digital Team in WAST, there is a need to consider operational delivery as part of the planning process. Planning should outline stakeholder input and engagement, giving timings and identify key stakeholders involved. A communication plan to key stakeholders outlining the forthcoming changes should be identified to support the changes throughout the project delivery.

Support on training requirements and plans would also be needed for completeness. All of this should be included in the update of all supporting project documentation as part of recommendation 5.

I. Identification of benefits, ownership and business change:

In terms of Benefits realisation, the Review Team only received an ARP benefits document dated 2018. It appears that WAST itself does not have a benefits realisation register for the MVDS project.

With a project of this type, it is important to monitor and report Benefits accurately and to have clearly identified benefit owners. Further guidance on Benefits management, Benefits identification and realisation can be obtained from the Welsh Government Project and Programme Management team.

**Recommendation 6: The Project Team should develop a benefits register following best practice. This should include a benefits monitoring and realisation plan. (Recommended)**

J. Next Phase:

As mentioned above obtaining project finances, ensuring adequate and detailed planning and obtaining more resource in the team will be important to assisting with a successful delivery of the projects intended outcomes. Ensuring the return of the scrutiny grid and obtaining approval of the funding is critical to being able to move into the next phase.

The next few weeks are critical and the project team need to constantly monitor and drive progress.

As the project moves into this next phase which is delivery and implementation, so communications with the end users who will be affected by the rollout of the new equipment will be key. The collaboration with ARP will need to be closer than ever and the project team will need to have those detailed plans in place.

Whilst there is currently a communication strategy there is not a detailed communication plan and it is unclear as to what key messages have been shared with the end users already.

## **11. Next assurance review**

The Review Team recommends that the next review is a Gateway 4, Readiness for service, undertaken May/June 2022.

## ANNEX A - List of Interviewees

The following stakeholders were interviewed during the review:

Name	Organisation and role
Andy Haywood	WAST SRO
Keith Williams	Head of OCP Programme
Ian Hough	ARP Programme Director
Aled Williams	Head of WAST ICT
Ed Roberts	WAST Head of Finance Business Intelligence and Capital Planning
Julie Birigwa	ARP Finance Manager
Michelle Williams	JESG - Programme Manager - All Wales Communications Projects
Tony Bracey	WG - Head of Programmes Community Safety Division
Lee Brooks	Director of Operations
Anwen Stevens	MDVS Project Manager
Kevin Alexander	ARP – Head of Contract Management
Craig Jones	WG – MDVS Business Case Co-Author
Ian Gunney	WG Capital
Matthew Edwards	Head of Commissioning and Performance Emergency Ambulance Services Committee



Welsh Ambulance Services NHS Trust  
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**Title:** Mobile Data Vehicle Solution PAR Action Plan V1.1

**Date Created:** 28<sup>th</sup> January 2022 –

**Updated:** V1.2 02.03.22  
V1.3 21.03.22  
V1.4 05.05.22

**For the Attention of:** Andy Haywood, Executive Director - Digital

**Programme Lead:** Keith Williams, Head of OCP

Recommendation 1: Resource Planning						
Recommendation	The SRO should review project staffing to ensure that there is adequate resource to deliver the project as it enters into a critical phase of delivery.					
Priority (C/E/R)	Essential			31.03.2022		
Descriptor	Action	Lead	Support	Status	Due Date	PAR Ref*
Review Staffing Requirements	Undertake a review of the vacant posts in OCP structure and suitability to deliver the project.	Keith Williams	Steve Lynch & Anwen Stevens	Complete	25.01.22	10.2
Funding	Confirm adequate funding provision in OCP resources business case.	Steve Lynch		Complete	28.01.22	
Job Descriptions	Identify suitable JDs and person specs / ensure translations.	Steve Lynch	Keith Williams	Complete	26.01.22	
Approvals	Secure approval for post/s.	Andy Haywood		Completed	01.02.22	



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Commence recruitment process	Commence recruitment processes on Trac.	Steve Lynch		Completed	04.02.22	
<b>Note 21.02.22</b>	<b><i>Interviews scheduled for 5<sup>th</sup> April – 3 potential candidates</i></b>	Steve Lynch				
<b>Note 05.05.22</b>	<b><i>Successful candidate recruited due to start on 9<sup>th</sup> May 2022</i></b>	Steve Lynch				

Recommendation 2: WG Scrutiny Grid						
Recommendation	The SRO should drive the completion of the scrutiny grid and engage with WG regarding approvals of the business case to ensure funding is available and can flow against a defined payment profile.					
Priority (C/E/R)	Critical			04.02.2022		
Descriptor	Action	Lead	Support	Status	Due Date	PAR Ref*
Gather data/evidence	Conclude drafting of Scrutiny Grid response to Welsh Government	Keith Williams	Finance	Completed	27.01.22	5
Governance	Ratify grid through governance (EMT)	Andy Haywood		Completed	02.02.22	
Submission	Submit Grid to WG and follow up with briefing (if required by IG)	Andy Haywood		Completed	04.02.22	
<b>Note 21.03.22</b>	<b><i>2 outstanding questions relating to depreciation and revenue affordability remain, KW seeking to secure responses by COP 23.03.22</i></b>	Keith Williams		Completed	30.03.22	
<b>Note 05.05.22</b>	<b><i>Update from WG in regards to Scrutiny Grid, no further points of clarification sought, with MA advice being drafted by WG officials</i></b>	Keith Williams		Completed		



Welsh Ambulance Services NHS Trust  
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Recommendation 3: Detailed Planning						
Recommendation	The Project Team should develop a more detailed plan for the project identifying key tasks, milestones and resources required.					
Priority (C/E/R)	Critical			21.04.2022		
Descriptor	Action	Lead	Support	Status	Due Date	PAR Ref *
Planning	Workshop key task, milestones and resource needs	Keith Williams	Anwen Stevens	Completed	11.02.22	3.1
Planning	Document detailed deployment plan	Keith Williams	Steve Lynch	Completed	18.02.22	
Project Board	Stand up Project Board and underpinning structures	Steve Lynch		Completed	23.02.22	
Governance	Socialise plan through DLG	Keith Williams		Completed on 04.05.22	23.02.22	
Governance	Socialise plan with ARP	Keith Williams		Completed	02.03.22	
Governance	Ratify Plan through MDVS Project Board	Keith Williams	Debbie Richardson	Delayed to 25.05.22	21.04.22	

Recommendation 4: Contingency Planning						
Recommendation	The SRO should undertake a contingency planning session and build this into requisite plans.					
Priority (C/E/R)	Essential			31.03.2022		
Descriptor	Action	Lead	Support	Status	Due Date	PAR Ref *
Workshop	Facilitate a contingency planning workshop	Keith Williams		On-going	31.03.22	9.3
<b>Note 05.05.22</b>	Revised timeline to accommodate MDVS Project Manager recruitment	Debbie Richardson		On-going	W/C 16.05.22	



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	and tasking with coordinating a joint workshop between ICT, Operations & ARP.					
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Recommendation 5: Documentation						
Recommendation	The Project Team should finalise the Project Initiation Document and other supporting project documentation.					
Priority (C/E/R)	Essential		31.03.2022			
Descriptor	Action	Lead	Support	Status	Due Date	PAR Ref *
Documentation	Undertake a review of all project documentation and update accordingly	MDVS Project Manager	Steve Lynch	Completed	31.03.22	3.2
Documentation	Undertake gap analysis to identify any documents yet to be produced	MDVS Project Manager	Steve Lynch	On-going	31.03.22	
Governance	Ratify key documents through MDVS & OCP Board	Andy Haywood	Keith Williams	On-going	21.04.22	

Recommendation 6: Benefits Management						
Recommendation	The Project Team should develop a benefits register following best practice. This should include a benefits monitoring and realisation plan.					
Priority (C/E/R)	Recommended		09.2022			
Descriptor	Action	Lead	Support	Status	Due Date	PAR Ref *
Identify benefits	Facilitate a benefits realisation workshop with key stakeholder (Ops, ICT, Fleet & ARP)	MDVS Project Manager		In Progress	TBC	6



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Documentation	Document Benefits and management process	MDVS Project Manager		In Progress	TBC	
Governance	Ratify Benefits Management at OCP Board	Andy Haywood	Keith Williams	Not started	09.22	

Note PAR Ref\* = indicates areas within PAR Review document which action will achieve compliance with.



**GIG**  
CYMRU  
**NHS**  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>13</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>0</b>

<b>Environment and Sustainability Update – May 2022</b>
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<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	16 <sup>th</sup> May 2022
<b>EXECUTIVE</b>	Chris Turley - Executive Director of Finance and Corporate Resources
<b>AUTHOR</b>	Richard Davies – Assistant Director of Capital and Estates Nicola Stephens – Environment and Sustainability Manager Jo Williams – Head of Capital Development
<b>CONTACT</b>	Nicola.stephens@wales.nhs.uk

<b>EXECUTIVE SUMMARY</b>
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- To update the Committee in relation to the WAST Decarbonisation Action Plan (in response to Welsh Government’s NHS Wales decarbonisation strategic delivery plan (*NHSW- DSDP*)), as approved at the last Committee meeting.
- To confirm that the Risk Assessment has been completed for addition to the Trust Risk Register, regarding the full delivery of the WAST Decarbonisation Action Plan.
- To update the Committee in relation to EFAB funded projects and additional decarbonisation works.
- To update the Committee in relation to ISO14001 External Audit for 2022.

***Recommendation – Committee to asked to note this update***

<b>KEY ISSUES/IMPLICATIONS</b>
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**WAST Decarbonisation Action Plan update.**

Following the approval of the Action Plan, and submission to Welsh Government alongside the IMTP, arrangements are now being progressed to establish a Programme Project Board and associated Project Teams, to oversee delivery of the plan and to ensure ownership of the actions across the Trust.

A draft terms of reference is being prepared for the Programme Board; it is acknowledged that resource is required to give this work the necessary focus across the organisation, and progress is being made on recruitment of a project management resource.

It is further acknowledged that the delivery of the Action Plan presents cost pressures which will need to be considered. With the exception of a small amount of Welsh Government funding (up to £60k which will be bid for), financial support from Welsh Government is currently limited, and the Trust's financial position is recognised. There is clear risk that the Trust will not be able to support the levels of investment required to achieve sufficient carbon reduction and this will need to be managed by the Programme Board. The bid to Welsh Government will be developed over the coming weeks, with the aim of maximising return on investment and demonstrating targeted investment.

As such, and as previously highlighted to Committee, and because of the risk of non-compliance to the NHSW-DSDP, a Risk Assessment has been completed and added to Trust's Corporate Risk Register.

### **WG funded decarbonisation projects- EFAB**

Committee members will be aware that in 2021-22 WG had a fund in the order of £16m for environmental and sustainability projects (EFAB). WAST submitted business cases amounting to £3.5m and were successful in receiving £359k funding for sustainable projects. Unfortunately, this funding stream is not available for 2022-23.

### ***EFAB Project updates***

<b>Project</b>	<b>Update</b>
AAC Flintshire Biodiversity works	This work was completed in March 2022.
AAC Flintshire PV (photovoltaics), Air source heat pump & battery storage.	This work was completed in March 2022
Porthcawl PV and Air source heat pump	Due for completion June 2022
Bargoed and Lampeter PV and Air source heat pump	Due for completion July 2022.

The above projects will see WAST generating its own energy and reducing the need for national grid support; this is both carbon emission reducing and a financial saving. Moving away from fossil fuel heating systems supports our carbon reduction, adheres with the NHSW-DSDP, and in addition helps to manage substantial increases in the price of natural gas, due to external circumstances beyond WAST control.

Investment in biodiversity also supports staff wellbeing and a connection with nature, through biodiversity initiatives, has been proven to increase both physical and mental health of staff in the workplace.

A power point presentation is appended to this paper, providing photographs and a short film of the Dobshill works. Additional case study information will be presented at a later Committee meeting.

### Additional Decarbonisation works

Available opportunities continue to be maximised to ensure decarbonisation elements are included in ongoing and future projects. In addition to the initial project, enhancements were also introduced such as a PV array and energy storage system at the new Beacon House building, and such an investment will support to reduce national grid energy use at the building.

Electric Vehicle (E.V) charging points have been procured to assist with the E.V infrastructure network plan which will be further developed this financial year in conjunction with the commissioning of 22 plug in hybrid RRV's. This area of investment is critical in reducing carbon as the highest emitter of carbon in WAST is through its vehicles. The additional project resource will allow specific focus on the infrastructure and implementation arrangements to support installation of chargers and the policies and protocols supporting their operationalisation, as this is a complex and evolving area of work.

### ISO14001 External Audit

ISO14001 external audit for 2022 have been booked for August, with internal audits taking place in June. 2022 will see the third audit of the Central and West region, plus system audits at Ty Elwy, St Asaph. Operations Directorate have been asked for their full support, as is the requirement of the accreditation. All stations must provide a volunteer to act as environmental coordinator for their station, to meet participate in internal and external audits, and provide environmental support.

Site	Internal Audit Date	BSI audit date
St Asaph Ty Elwy		10.08.2022
HART Facility	14.06.2022	19.08.2022
Glynneath Ambulance Station	14.06.2022	17.08.2022
Swansea Ambulance Station	15.06.2022	18.08.2022
Gorseinon Ambulance Station	15.06.2022	17.08.2022
Pembroke dock Ambulance Station	16.06.2022	18.08.2022
Tenby Ambulance	16.06.2022	19.08.2022
Carmarthen Ambulance Station	16.06.2022	18.08.2022

A small number of minor non-conformities from previous external audits remain open. There is a risk that these open non-conformities could progress into major non-conformities and put at risk the ISO14001 accreditation due to lack of progress. Discussions with our external auditor BSI are ongoing regarding lack of progress in relation to limitations within the Trust due to COVID-19.

Outstanding non-conformities at risk are:

- **Drainage** – This would be the fifth year where management of drainage systems is being recorded and improvements documented, drainage works must be completed by August 2022 or planned for completion in this financial year. A reduced discretionary budget may impact on this non conformity, with all that can be progressed within available resources being done so.
- **Control of Contractors** – No contractor policy/ contractor control - this minor non-conformance will be live until later in 2022.

Both non-conformities required completion and closure by 2022, ISO14001 audit. Attention will now be focussed to ensure that this is the case.

### REPORT APPROVAL ROUTE

### REPORT APPENDICES



Flintshire AAC -  
Carbon reduction p

### REPORT CHECKLIST

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



<b>AGENDA ITEM No</b>	<b>14</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

## IFRS 16 Briefing

<b>MEETING</b>	Finance and Performance Committee
<b>DATE</b>	16 <sup>th</sup> May 2022
<b>EXECUTIVE</b>	Chris Turley (Executive Director of Finance & Corporate Resources)
<b>AUTHORS</b>	Jill Gill (Head of Financial Accounting) and Jessica Price (Deputy Head of Financial Accounting)
<b>CONTACT</b>	Chris.Turley2@wales.nhs.uk

### EXECUTIVE SUMMARY

- IFRS 16 Leases – adoption from 1 April 2022.
- All assets rented/leased (other than exempt items) will transition from being treated as a revenue expense 'off balance sheet' to a capital asset 'on balance sheet'.
- Transition guidance is still being progressed at Welsh and UK government levels.
- Overall funding impact following transition is intended to be neutral.
- Estimated values of total leases for WAST transitioning in 2022/23 have a revenue value of £1.162m and capital value of £11.532m

### KEY ISSUES/IMPLICATIONS

- Major impact on estates area primarily.
- New leases on or after 1 April 2022 will immediately be treated as capital assets 'on balance sheet'.

### REPORT APPROVAL ROUTE

- Finance and Performance Committee – 16<sup>th</sup> May 2022

## REPORT APPENDICES

Annex 1 – IFRS 16 presentation

## REPORT CHECKLIST

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

**WELSH AMBULANCE SERVICES NHS TRUST  
FINANCE AND PERFORMANCE COMMITTEE**

**IFRS 16 Briefing**

**INTRODUCTION**

1. After significant delays partly due to Covid-19 the UK Government is implementing the transition for public bodies to IFRS 16 for financial years 2022/23 onwards.
2. Guidance on how this transition will be treated is still being progressed at Welsh, and indeed UK government level. However, it is important that, as much as we currently can, we seek to update colleagues on this and the potential practical impacts going forward.
3. IFRS 16 Leases issued by the **International Accounting Standards Board** (IASB) in 2016, will be adopted by the UK Public Sector from 1 April 2022.

**BACKGROUND**

4. IFRS 16 replaces IAS 17 and relates to the treatment of leases. This will be the most significant accounting change in many decades.
5. The changes will affect lessees, where a single lessee accounting model will apply except for the following exemptions:
  - Short-term leases up to 12 months
  - Underlying asset is of low value (<£5,000)
  - Leasing of Intangible Assets (Cloud items still under discussion)
6. Accounting for lessors will remain substantially unchanged.
7. The new legislation adopts ROU (right-of-use) model (explained in Annex 1).
8. Under IFRS 16, for this Trust, all assets rented/leased (other than exempt items) will transition from being treated as a revenue expense to a capital asset on the balance sheet.
9. Assets transitioned onto the balance sheet will be matched with an equal liability, with the exception of Peppercorn Leases. (Peppercorn leases will be independently valued and do not have a balance sheet liability as no payments are due, these leases are accounted for against reserves).

**Assessment**

10. For this Trust the current estimated values of leases transitioning from 2021/22 into 2022/23 are as follows:-

Pre IFRS 16		After transition to IFRS 16		
Type	Revenue cost (eliminated on transition) £m	Depreciation £m	Interest £m	Capital asset values £m
Land and buildings (inc. Peppercorns)	1.125	1.256	0.096	11.466
Pool cars	0.037	0.036	0.006	0.066
<b>Total</b>	<b>1.162</b>	<b>1.292</b>	<b>0.102</b>	<b>11.532</b>

11. The above table summarises the main budgetary impacts which will need to take place on transition. Revenue rental costs will be replaced with depreciation and interest, service charges and irrecoverable VAT will remain as revenue costs.
12. The equivalent capital value of assets transitioned will be added to the balance sheet along with corresponding liabilities where appropriate.
13. **The overall funding impact following transition is intended to be neutral.** Formal clarification over how this will be achieved and when transition will actually take place is still awaited from the WG although all discussions to date, across the NHS in Wales, has indicated that this transition will be fully funded by the WG.
14. There will be an impact on many activities across the Trust including estates, procurement, IT and finance functions.
15. **Where new leases are contracted after 31 March 2022** these will need to be immediately treated as on balance sheet where appropriate. The mechanism for funding these areas again is still being worked through with the WG.
16. IFRS 16 will be included as a regular agenda item within key internal meetings such as Estates/ Fleet SOP and ICMG as we work through the initial transition stages until a business as usual situation is reached and these discussions will be led by Finance.
17. Finance has over past few weeks and months been raising awareness across the Trust by means of the attached presentation at **Annex 2**.

**RECOMMENDED that the Committee:**

18. Notes this update and the points within the attached briefing presentation.

## Annex 1 – Glossary of terms

- *IAS* – International Accounting Standards
- *IAS17 Leases* - prescribes the accounting policies and disclosures applicable to leases, both for lessees and lessors. Leases are required to be classified as either finance leases (which transfer substantially all the risks and rewards of ownership, and give rise to asset and liability recognition by the lessee and a receivable by the lessor) and operating leases (which result in expense recognition by the lessee, with the asset remaining recognised by the lessor). IAS 17 was reissued in December 2003 and applies to annual periods beginning on or after 1 January 2005. IAS 17 was superseded by IFRS 16 Leases as of 1 January 2019 (1 April 2022 for Public bodies).
- *IFRS* - International Financial Reporting Standards
- *Intangible Asset* - an asset that lacks physical substance e.g. software.
- *Lessee* - a person who holds the lease of a property e.g. a tenant.
- *Lessor* - a person who leases or lets a property to another e.g. a landlord.
- *Peppercorn Lease* - a peppercorn is a metaphor for a very small cash payment or other nominal consideration, used to satisfy the requirements for the creation of a legal contract.
- *Right-of-Use (ROU) model* - means that if an organisation has control over, or the right to use, an asset they are renting it is a lease and as such under new rules must be recognised on Balance Sheet.



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# IFRS 16 Briefing

## March 2022





# Introduction

- Key dates / High level summary
- How to identify an IFRS16 lease
- Implications and changes
- Transition arrangements so far...
- Reason for IFRS16
- Practical challenges
- Takeaways...





## IFRS 16 Key Dates

- To be applied from 1<sup>st</sup> April 2022
- 2022/23 will open under IAS 17 and transition will take place during the year once we have received direction from WG
- Any relevant **new** leases entered into will be accounted for under IFRS 16 from 1<sup>st</sup> April 2022



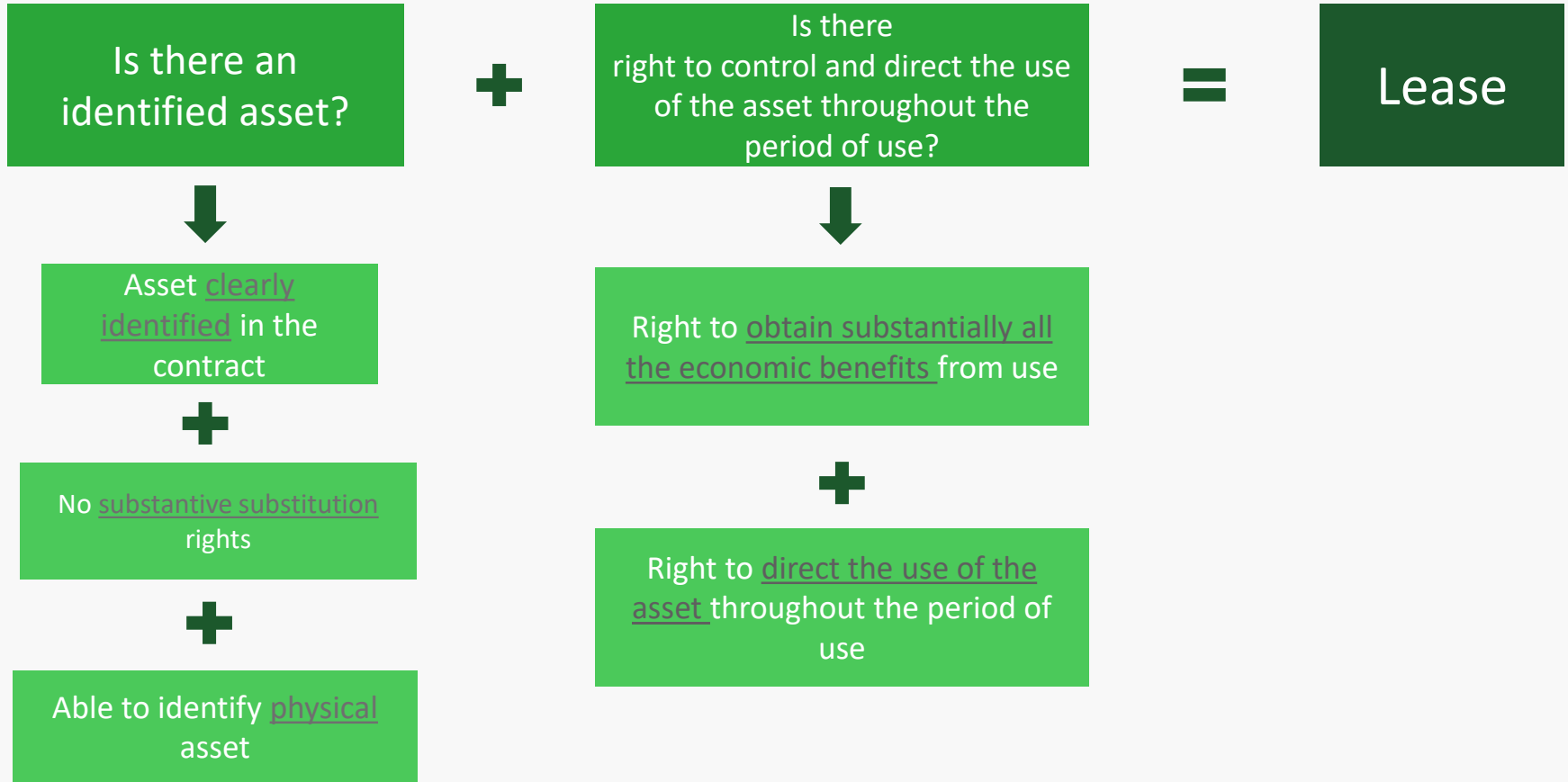
# IFRS 16 High Level Summary

- IFRS 16 replaces IAS 17
- Biggest accounting change in 30 years
- Changes will affect lessees ( eg tenants of a property)
- Single lessee accounting model except for following exemptions:
  - Short-term leases up to 12 months
  - Underlying asset is of low value (<£5,000)
  - Leasing of Intangible Assets (per IAS 38)
- Lessor accounting (eg landlords) is substantially unchanged
- Adopts ROU (right-of-use) model





# Is there an IFRS 16 Lease?





# What does it mean?



- Almost all items rented/leased move onto balance sheet
- Assets on balance sheet are matched with equal liability with the exception of Peppercorn Leases
- Value of Right of Use asset would change with any modification of current leases such as exercising option to buy, termination options etc
- For leased cars, only Pool Cars will be brought on to Balance Sheet under IFRS 16



# What does it mean?



- **Budget impact**
  - Revenue rental costs are replaced with depreciation and interest
  - Service charges and irrecoverable VAT remain as revenue costs
- There will be an impact on many activities across the Trust including procurement, IT and finance functions
- Any new leases post 1<sup>st</sup> April 2022 that require an initial dilapidation provision will be accounted for as part of the Right of Use asset



# Transition...

Upon transition from IAS 17 to IFRS 16 into 22/23 accounts....



## IAS 17

### Statement of financial position


Off balance sheet

### SOCI&E

Lease payments	£1,969k
<b>Net Expenditure</b>	<b>£1,969k</b>

## IFRS 16

### Statement of financial position

Lease Assets	£10,143k
Lease Liabilities	-£10,143k

Right to use underlying leased asset

Obligation to make lease payments

### SOCI&E

Depreciation	£1,195k
Finance cost	£96k
<b>Net Expenditure</b>	<b>£1,291k</b>

Depreciation on lease assets and finance cost of lease liability

Revenue neutral position following transition





# Why IFRS 16?

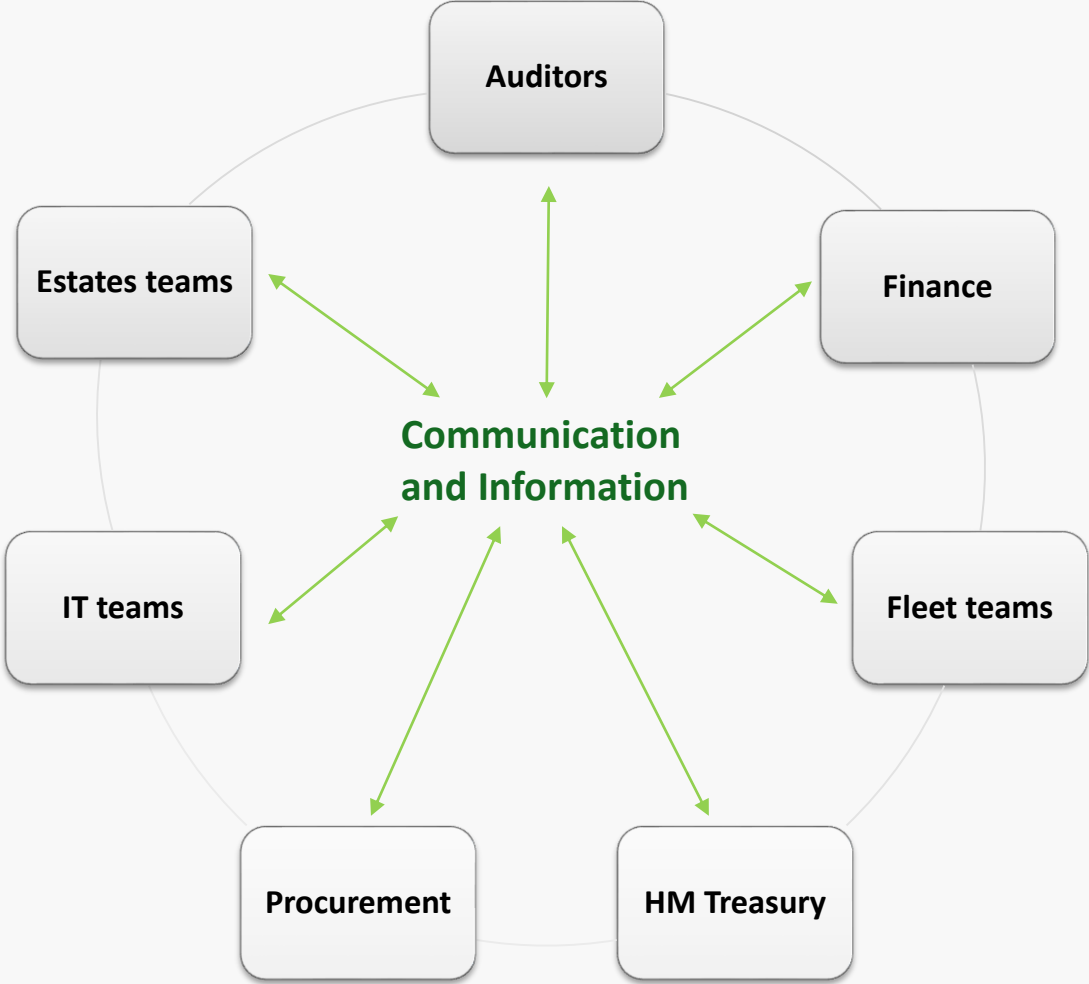


- Removes significant off balance sheet debt
- Forces standardised reporting by companies
- Brings transparency on leased assets and liabilities
- Prevents skewed view of financial status
- Also meant to remove “funding” pressures and make buying/leasing on a par





# Practical challenges – Raising further awareness





# Key take away points...

- Major impact on budgets and uncertainty
- Exemptions
  - Short-term leases <12 months
  - Low value underlying assets <£5,000
  - Leasing of Intangible Assets
- Difficult to implement the transition
- Going forward any new leases or changes to current leases Finance will need to be made aware
- After implementation we will have to continue to maintain control of lease arrangements with regular reassessment reviews etc





Any questions...





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<b>AGENDA ITEM No</b>	<b>15</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>4</b>

## AUDIT REPORT

<b>MEETING</b>	Finance & Performance Committee
<b>DATE</b>	16 <sup>th</sup> May 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Julie Boalch, Head of Risk and Corporate Governance
<b>CONTACT</b>	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. The purpose of the report is to provide the Finance & Performance Committee (FPC) with an update in relation to the outstanding recommendations from Internal Audit reviews.
2. In addition, the paper sets out the Internal Audit plan activity and includes copies of current and relevant Audit Reports that provide a fundamental line of assurance to the FPC.

#### RECOMMENDATION:

3. **The Finance & Performance Committee is asked to:**
  - a. **Note and consider the contents of the report,**
  - b. **Consider the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to FPC, and**
  - c. **Agree any specific items that the Committee wishes to see raised to Senior Management and Audit Committee**
  - d. **Receive the 3 Internal Audit Reports that were presented to the Audit Committee in March 2022.**

### KEY ISSUES/IMPLICATIONS

4. Each of the 89 internal audit recommendations have been reviewed by the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) since the last meeting to ensure that any new completion dates are assigned with realistic timescales and a strong narrative and rationale to support any extension.

### REPORT APPROVAL ROUTE

5. The report has been submitted to:
- ADLT – 22<sup>nd</sup> April 2022

### REPORT APPENDICIES

6. The Audit Tracker has been circulated as a separate document - Appendix 1.
7. Cardiff Make Ready Depot Internal Audit Report – Appendix 2.
8. NEPTS – Transfer of Operations Internal Audit Report – Appendix 3.
9. Digital Governance Internal Audit Report – Appendix 4.

### REPORT CHECKLIST

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

**WELSH AMBULANCE SERVICES NHS TRUST  
FINANCE & PERFORMANCE COMMITTEE  
INTERNAL AUDIT TRACKER**

**SITUATION**

1. The purpose of this paper is to provide the Finance & Performance Committee (FPC) with an update in respect of recommendations resulting from internal audit reviews that are presented to the Committee for oversight.
2. In addition, the paper sets out the Internal Audit plan activity and includes copies of current and relevant Audit Reports that provide a fundamental line of assurance to the FPC.

**BACKGROUND**

3. The audit recommendation tracker is in place for the purpose of tracking progress across the Trust to ensure that recommendations contained in internal and external audit review reports are actioned and in a timely manner.
4. This tracker provides Senior Managers with a workable tool that allows for closer scrutiny of audit recommendations and is designed to provide a more detailed focus as to the reasons why recommendations are overdue or have not progressed within the agreed timeframes. This will highlight areas that may require additional support and ensures there are clear mechanisms in place to escalate any issues.
5. The Internal Audit plans have been developed in partnership with the Executive Management Team to identify current and emerging areas of risk, as well as specific assurance needs within the Trust.

**ASSESSMENT**

Internal Audit Plan 2021/22

6. There are three current internal audit reports relevant to the FPC which form part of the 2021/22 Internal Audit Plan. These reports are attached in the Appendices in relation to the following reviews:

Internal Audit Report	Assurance Rating	Date received/or due at Audit Committee
Cardiff Make Ready Depot	Reasonable	March 2022
NEPTS – transfer of operations	Limited	March 2022
Digital Governance	Reasonable	March 2022
Network and Information Systems (NIS) Directive	TBC	June 2022
Service Reconfiguration	TBC	June 2022
Waste Management	TBC	June 2022
Follow up Action Tracker	Substantial	June 2022
Risk Management & Assurance	Reasonable	June 2022

## Internal Audit Plan 2022/23

7. There are three internal audit reviews relevant to the FPC which are included in the 2022/23 Internal Audit Plan as follows:

<b>Internal Audit Report</b>	<b>Estimated Date of Audit</b>	<b>Date due at Audit Committee</b>
Major incidents	Q1	September 2022
Estates Assurance - Decarbonisation	Q1	September 2022
Fleet Maintenance	Q1	September 2022
Electronic Patient Clinical Record	Q1	September 2022
Hazardous Area Response Team (HART)	Q2	December 2022
Immediate Release Request	Q2	December 2022
Data Analysis	Q2	December 2022
Standards of Business Conduct: Declarations	Q2	December 2022
Savings and Efficiencies	Q3	March 2023
IMTP Delivery	Q3	March 2023
Cyber Security	Q3	March 2023
Risk Management and Assurance	Q4	June 2023
Health & Safety (deferred from 2021/22)	Q4	June 2023
Strategy Development	Q4	June 2023
IM&T Infrastructure	Q4	June 2023
Follow Up Action Tracker	Q4	June 2023

## Internal Audit Highlights

8. The Trust continues to face significant operational pressures resulting from the pandemic and REAP level 4 during the period and as such expects to be carrying a slightly higher number of overdue recommendations.
9. At the time of issuing the paper, there were a total of 89 current internal audit recommendations on the tracker. 21 recommendations were marked as complete at the December 2021 Audit Committee and removed from the tracker.
10. 27 recommendations were added to the tracker resulting from 5 Internal Audit Reports which were presented to the Audit Committee in March 2022. 16 of these recommendations were assigned to FPC and were from Reasonable and Limited Assurance rated reports as follows:
- Cardiff Make Ready Depot – Reasonable Assurance
  - Digital Governance – Reasonable Assurance
  - NEPTS Transfer of Operations – Limited Assurance

11. The status of each of the current internal audit recommendations is described in the table below.

Status	Total Number of Recommendations on the tracker	Those directly relevant to FPC	High Priority FPC	Medium Priority FPC	Low Priority FPC
Overdue	48	37	5	18	14
Not yet due*	26	16	3	11	2
Complete	15	10	4	4	2
<b>Total</b>	<b>89</b>	<b>63</b>	<b>12</b>	<b>33</b>	<b>18</b>

\* accepting extensions have been applied in line with the agreed pandemic arrangements.

12. Of the 5 high priority recommendations showing as overdue these relate to the 20/21 Clinical Contact Centres Performance Management Reasonable Assurance review and the 21/22 Asset Management RAM System, Reasonable Assurance Review, which are due to be completed between July and December 2022.
13. The total number of recommendations, separated by financial year, and status this period is described below.

Financial Year	Total Number of Recommendations on the tracker	Those directly relevant to FPC	Complete FPC	Overdue FPC	Not Yet Due FPC
2019/20	4	2	0	2	0
2020/21	29	28	5	23	0
2021/22	56	33	5	12	16
<b>Total</b>	<b>89</b>	<b>63</b>	<b>10</b>	<b>37</b>	<b>16</b>

14. Of the 37 recommendations that are showing as overdue, these relate to the following reports:

- 19/20 Information Systems Security Leavers Reasonable Assurance Follow Up Review
- 20/21 Clinical Contacts Centre Performance Management - Reasonable
- 20/21 111 Service Governance Arrangements - Reasonable
- 20/21 NEPTS Journey Booking - Reasonable
- 20/21 IM&T Control Risk Assessment - Not Rated
- 20/21 ICT Disaster Recovery – Limited
- 21/22 Financial Planning & Budgetary Control – Reasonable
- 21/22 Asset Management RAM System - Reasonable
- 21/22 Cardiff Make Ready Depot – Reasonable
- 21/22 NEPTS Procurement – Reasonable
- 21/22 Service Management – Reasonable

15. The number of recommendations by assurance rating and level of priority are detailed below.

Assurance Ratings	Total No. of Recommendations on the tracker	Those directly relevant to FPC	High Priority FPC	Medium Priority FPC	Low Priority FPC
Limited	6	6	3	3	0
Reasonable	72	47	9	30	8
Substantial	1	0	0	0	0
Not Rated	10	10	0	0	10
<b>Total</b>	<b>89</b>	<b>63</b>	<b>12</b>	<b>33</b>	<b>18</b>

16. Of the 6 Limited Assurance recommendations, 2 of these have been completed during the period, 3 are not yet due and 1 is overdue from the ICT Disaster Recovery review.
17. The Governance team continue to seek assurance from Senior Management relating specifically to each report that:
- Recommendations have been considered and completed within agreed timeframes and;
  - All is being done to ensure that the follow up of recommendations will not result in further *Limited* or *No Assurance* rated reports.

**RECOMMENDED:**

18. **The Finance & Performance Committee is asked to:**
- Note and consider the contents of the report,**
  - Consider the Trust’s proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to FPC, and**
  - Agree any specific items that the Committee wishes to see raised to Senior Management and Audit Committee.**
  - Receive the 3 Internal Audit Reports that were presented to the Audit Committee in March 2022.**

# Cardiff Make Ready Depot Final Internal Audit Report

February 2022

Welsh Ambulance Services NHS Trust

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Review reference:	SSU-WAST-2122-01
Report status:	Draft
Fieldwork commencement:	13 <sup>th</sup> July 2021
Fieldwork completion:	20 <sup>th</sup> December 2021
Debrief meeting:	27 <sup>th</sup> January 2022
Draft report issued:	4 <sup>th</sup> February 2022
Management response received:	15 <sup>th</sup> February 2022
Final report issued:	16 <sup>th</sup> February 2022
Auditors:	Audit & Assurance: Specialist Services unit
Executive sign-off:	Executive Director of Finance and Corporate Resources
Distribution:	Assistant Director of Capital and Estates Project Manager
Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

### Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

### Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Welsh Ambulance Services NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

## Executive Summary

### Purpose

The review was undertaken to evaluate the processes and procedures put in place by the Trust to support the management and delivery of the Cardiff Make Ready Depot (MRD) scheme.

### Overview

Whilst the works cost at the project has increased significantly (19%), the overall project will be delivered within the overall funding envelope – primarily attributed to WG agreement to retain savings on VAT and non-works costs.



The project has been subject to 18 weeks of delay in total, which has yet to be formally instructed under the contract. Noting Trust concerns on cost/progress reporting, further independent advice has been sought to provide assurance on the current assumptions on the likely time/cost implications – and these are reflected within the current programme and cost reporting.

The key priorities for management attention are:

- The need to conclude on the assessment of delays at the project and instruct appropriately in accordance with the contractual requirements.
- To formally review the project team’s performance to determine whether it has had any impact on the project objectives; and whether any further action is required. This may be restricted given that the original adviser contracts cannot currently be located.
- Noting that the project is due to complete shortly, the remaining recommendations are primarily for the benefit of future projects and should be considered as part of a formal Post Project Evaluation.

There are some issues that require immediate management attention. However, in the context of overall project objectives, particularly the cost position and impact on the overall service resulting from this investment, an overall **reasonable assurance** has been determined.

## Report Classification

		Trend
 Reasonable	Some matters require management attention in control design or compliance, having <b>Low to moderate impact</b> on residual risk exposure until resolved.	 2020/21

## Assurance summary <sup>1</sup>

Assurance objectives	Assurance
1 Follow-up	Reasonable
2 Governance Arrangements	Reasonable
3 Project Management	Reasonable
4 Monitoring and Reporting	Reasonable
5 Change Management	Limited
6 Covid-19	Substantial

<sup>1</sup> The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion

Key Matters Arising		Assurance Objective	Control Design or Operation	Recommendation Priority
1.1	The need to strengthen governance arrangements where competing pressures impact individuals' availability.	2	Design	Medium
2.1	To ensure that project risks are quantified and monitored against available contingencies	3	Operation	Medium
3.1	Reporting should be consistent for month-to-month to allow active monitoring/benchmarking	4	Operation	Medium
4.1	Delays to date should be administered in accordance with contract requirements.	5	Operation	High
5.1-2	A post project evaluation is required to identify any recourse at this project and lessons for future projects.	5	Operation	Medium

## 1. Introduction

- 1.1 The project brings together the Emergency Medical Services (EMS) currently delivered from Blackweir Ambulance Station, with Non-Emergency Transport Services (NEPTS) teams, to provide a sustainable solution for the continued delivery of clinical services in the Cardiff area. The solution will implement a 'Make Ready' approach to vehicle washing and stocking, which reduces infection risks and enables frontline workforce to concentrate on service delivery.
- 1.2 The scheme has been in gestation in one form or another for over 10 years, with the agreed proposal being approved by Welsh Government in January 2020 in the sum of £7.958m, with construction works commencing in July 2020. The project is currently reported to be within its overall funding envelope; however, a delay has been reported, with a forecast completion date of 21st February 2022 (from an original completion date of October 2021).
- 1.3 This was the second audit of the project, with the first undertaken pre-construction, determining reasonable assurance.
- 1.4 Noting the ongoing impact of Covid-19, the delivery of this assignment has included an increased element of remote working.
- 1.5 The potential risks considered in the review were as follows:
  - the potential failure to achieve key project objectives (e.g. delivery to time cost and quality);
  - the governance arrangements were inadequate to provide assurance;
  - the project management arrangements were not sufficiently robust to control key project objectives;
  - adequate monitoring and reporting were not demonstrated; and
  - the time and costs implications of changes were not adequately managed.

## 2. Detailed Audit Findings

**Project Performance:** Summary of the achievement of the project's key delivery objectives (time, cost and quality) for the period from the date of the previous audit report.

- 2.1 At a project audit, levels of assurance are determined on whether the project achieves its original key delivery objectives and that governance, risk management and internal control within the area under review are suitably designed and applied effectively.
- 2.2 The performance against time, cost and quality are summarised as:
  - Time: The February 2022 Project Manager Dashboard report provides for an anticipated completion date of 21st February 2022. This represents an

eighteen week delay against the original completion date of 18<sup>th</sup> October 2021.

As noted in the detailed findings, the delays and the reasons behind them are the subject of ongoing scrutiny/ challenge but were attributed to factors such as the impact of the Covid pandemic and associated supplier delays and availability of subcontractor staffing, together with additional client instructions etc.

During this period of delay, the service has continued to operate out of the existing premises without disruption.

- Cost: The reported project cost position at the time of the review was:

Item	WG Approved	PM Report Jan 2022
<b>Works Cost</b>	£3,800,000	£4,527,087
<b>Non-works costs</b>	£1,900,000	£1,747,284
<b>Fees</b>	£554,355	£569,394
<b>Contingency</b>	£320,218	£25,000
<b>Equipment Costs</b>	£150,000	£158,543
<b>VAT</b>	£1,234,044	£703,986
<b>Total</b>	£7,958,617	£7,731,294

Whilst the works cost have increased c.19%, Welsh Government has agreed that this can be offset by utilising client contingency, non-works savings and VAT recovery. The project was therefore forecast to be managed within the overall funding allocation.

The forecast out-turn above includes a cost provision for the combined delays at the programme to date – including the impact of Covid on working methodology and staffing/ supplies. Due to Trust concerns, further independent advice has been obtained to provide further assurance on key assumptions made within the forecast.

- Quality: There have been no issues noted with the quality of the build. The solution will significantly improve on the existing buildings and working arrangements. However, there have been issues in regards of the project team performance, and these are addressed within the appropriate sections below.

2.3 The following sections of the report further outline the key observations that have contributed to the above.

**Follow-up:** Assurance was sought on the status of previously agreed management actions (as agreed in the September 2020 audit of the Cardiff Make Ready Depot - see **Appendix B**).

2.4 An audit of the program was previously undertaken in September 2020 providing reasonable assurance. The current position as determined by follow-up at this audit can be summarised as:

Priority	High	Medium	Low	Total
Number of recommendations	1	6	2	<b>9</b>
Actioned	-	4	1	<b>5</b>
Outstanding	1	2	1	<b>4</b>

They remaining outstanding recommendations can be summarised as:

- the inability to locate contract documentation for the Project Manager and Cost Advisor (high priority);
- The need to define terms of reference for the Design Team (medium priority);
- The need to ensure that the Post Project Evaluation reflects on any assessment/reporting of contract awards (medium priority)
- To avoid the future use of letters of intent (medium priority).

The remaining outstanding actions are unlikely to be addressed at this project noting the project is due for completion shortly. Accordingly, it is recommended that each recommendation is considered in full at the Post Project Evaluation to determine the appropriate action required to inform future projects.

2.5 Noting the above, a **reasonable** assurance is therefore determined (see **Appendix B**).

**Governance Arrangements:** Assurance that appropriate governance arrangements were in place for the current project phase, including operation of effective reporting and accountability lines, and that appropriate approvals were in place.

2.6 The governance of the project was defined via a current Project Initiation Document (PID), which included the project objectives, structures, roles and responsibilities, and terms of reference of project groups. An active Project Board operated, attended by the Project Director (Assistant Director of Capital and Estates) and the Trust's Internal Project Manager. The Project Accountant and Project Delivery lead along with other Senior Trust Leads were also in attendance. These members of the senior management team provided strong corporate linkage to the Executive and enabled effective decision making.

2.7 Whilst it was noted that attendance at Project Board meetings was very good overall with several of the lead officers regularly attending, there were four other Senior Managers that failed to attend sufficiently regularly during the period reviewed. It is inevitable that the unprecedented prioritisation of the Covid-19 response had an impact on attendance. Nonetheless, to ensure sound governance arrangements are maintained, alternative arrangements should be determined in the event that similar competing resource pressures arise at future projects (see **recommendation 1.1**).

2.8 The Project Board did not meet for a period of four months between October 2020 and February 2021. It is advised that the meetings were cancelled due to the Trust being in the highest level of response (REAP 4) due to the pandemic. The meeting

in February 2021 took place at the earliest possible convenient time for Board members. Oversight of the scheme was maintained however with the monthly site meetings still taking place during this period.

- 2.9 Two meetings of the Project Board were noted as non-quorate in accordance with the Project Board's Terms of Reference. The Project Director was in attendance as Chair and has assured that the meeting was conducted as non-quorate and no actions were agreed (see **recommendation 1.1**).
- 2.10 As regards Project Team Meetings, the situation remains as was reported at the last audit, with no formal Project Management Team Meetings taking place. It was explained that due to the pressures on all teams within WAST over the pandemic, the decision was taken to meet individually and to manually record the outcomes/decisions. It is understood however that with a de-escalation of the Covid situation that Project Team meetings are resuming week commencing 31<sup>st</sup> January 2022. Management advised that this was only utilised due the exceptional circumstances at the time, and was in agreement that this arrangement would not usually be utilised at projects and would not be used at future projects.
- 2.11 **Reasonable** assurance has therefore been determined in relation to project governance.

**Project Management:** Assurance that appropriate project management controls were applied, including the management of contractor and adviser performance, project risks and change control.

- 2.12 As noted above, a Project Initiation Document had been prepared by the internal Project Manager outlining the project scope, management, and overall success criteria for reference during the project progression. The document was last updated prior to commencement of the construction phase in July 2020 and was assessed as adequate.
- 2.13 In conjunction with the contractor, a programme of work had been developed in the form of a Gantt chart highlighting critical path items. This had been updated at key stages and included within the Highlight Report and presented to Project Board meetings.
- 2.14 The Trust advised that the risk contingency budget was developed by the Cost Advisor and was based on previous experience of similar projects and was calculated as a percentage of the construction envelope of the project. Whilst there is evidence that the risk register was regularly reviewed, it remained uncosted, contrary to NHS Wales Infrastructure Investment Guidance (**recommendation 2.1**).
- 2.15 **Reasonable** assurance has therefore been determined in relation to project management.

**Monitoring & Reporting:** Assurance was sought that appropriate monitoring and reporting arrangements are in place, including arrangements to monitor, review and control the financial performance of the project.

- 2.16 The Highlight reports are utilised as a means of distributing key reporting documents to Project Board Members, and they in turn are attached to the Project Agenda for months when the Project Board is sitting.
- 2.17 The consistency of key documents appended to these reports varied significantly in the period of review. Management advised that this was primarily attributed to the timely provision of information by the external advisors and has required significant input from Trust Finance staff and independent advice (see **Change Management** section) to provide assurance on the outturn cost position at the project. (**recommendation 3.1**) Other concerns around project team performance have also been observed and are detailed within the **Change Management** section below and **recommendation 5.2**.
- 2.18 Noting the Trust was able to gain its own independent assurances on the out-turn cost position, a **reasonable** assurance has been determined. However, as is noted below, it is important that the project team performance is reviewed upon completion (see below).

**Change Management** - to ensure compliance with agreed change management processes

- 2.19 The change management process was managed by the external advisers. The latest version of the change control register identifies 267 changes over the course of the project – all of which was funded from within the client contingency.
- 2.20 Management confirmed that, at key junctures during the project, the External Advisers were unwilling to share the change control register (alongside other key project documentation).
- 2.21 The current anticipated completion date of the 21<sup>st</sup> February 2022 represents an eighteen week delay against the original completion date of 18<sup>th</sup> October 2021. At the time of review, whilst an initial delay of 8 weeks had been assessed by the advisers, no element of the delays had been formally administered in accordance with the contract (see **recommendation 4.1**). Given the extent of delays to date, the Trust has sought its own independent advice on the provision to be made for these delays and associated costs, to affirm the position to be reported at the project.
- 2.22 The Trust has sought to manage the project team performance issues using Key Performance Indicators and regular dialogue, however the concerns remained at the time of audit. Given the current phase of the project, and other performance related issues noted at this report, it is suggested that a Post Project Evaluation is completed – to identify not only lessons for future project, but also whether any further actions are required (**recommendation 5.1**). Please note that the options available to the Trust may be limited, as the original contractual agreements for the advisers cannot be located (see **Appendix B Ref. 14**).
- 2.23 A **limited** assurance has been determined in this area due to the need to fully assess delays (and associated costs) in accordance with contract.

**Covid-19** - assurance was sought that financial and delivery implications, including contractual issues, are appropriately managed, and that safe working practices were established and monitored

- 2.24 The programme of work was extended to take account of the risks Covid-19 presented in terms of delivery. The minutes of the Project Board Meeting held on the 24<sup>th</sup> July 2020 report *“It was noted that an additional 10 weeks had been agreed to be programmed into the project taking into consideration the current pandemic. RD stated that after speaking to the Cost Advisors the additional budget required could be absorbed within the contingency monies set aside”*.
- 2.25 A monthly independent Health & Safety Inspection/audit is undertaken which includes within its scope issues presented by Covid-19. The Trust's Project Manager reports back to the Project Board levels of Covid-19 within the contractor workforce where this is identified along with the repercussions for the scheme if any.
- 2.26 A **substantial** assurance has been determined in this area.

## Appendix A: Management Action Plan

Matter Arising 1: Project Board Attendance	Impact	
<p>The latest Project Initiation Document sets out the requirements for the Project Board and Project Team:</p> <p><b><u>Project Board:</u></b></p> <p>Whilst it is noted that attendance at Project Board meetings was very good overall with several of the lead officers being almost ever present, there were four other Senior Managers who individually attended less than 3 meetings out of the 10 held between July 2020 and November 2021.</p> <p>Project Board meetings were quorate with the exception of those held on the 08/03/21 and 02/11/21 at which there was no Project Assurance attendance as in keeping with the quoracy specified within the Project Board's Terms of Reference.</p> <p><b><u>Project Team:</u></b></p> <p>As was reported at the last audit, no formal Project Management Team Meetings were taking place. It was explained that due to the pressures on all teams within WAST during the pandemic response, the decision was taken to meet individually and to manually record the outcomes/decisions. It is understood however that with a de-escalation of the Covid situation that Project Team meetings are resuming week commencing 31<sup>st</sup> January 2022.</p> <p>There is an opportunity to define the requirements for future project in respect of attendance, frequency and undertaking of meetings, in the event of similar competing pressure arising.</p>	<p>The governance arrangements may be inadequate to effectively manage the project.</p>	
Recommendations	Priority	
<p>1.1 Email all Project Directors to remind them of expected governance arrangements to ensure they are appropriate during periods of significant competing pressures.</p>	<p><b>Medium</b></p>	
Agreed Management Action	Target Date	Responsible Officer

1.1 Agreed. Going forward it will be emphasised to the Capital Project Team the importance of the meetings being quorate and deputies being present if the Project Board member is not available to attend. Terms of Reference (ToR) for future projects will also be reviewed to ensure this.	30 <sup>th</sup> March 2022	Project Director
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Matter Arising 2: Risk Register		Impact
<p>NHS Wales Infrastructure Investment Guidance states:</p> <p style="padding-left: 40px;">"Risk registers for each individual project/programme must be completed, shared and monitored, with reference not only to time, cost and quality."</p> <p>Management advised that the risk contingency budget was developed by the Cost Advisor and was based on previous experience of similar projects and was calculated as a percentage of the construction envelope of the project. At future projects, the expectation should be that risk registers within business cases should be fully costed and reconciled with the contingency requirement specified.</p> <p>The Risk Register is intended to act as a key project management tool. Risks should progressively be managed down as the project progresses and compared to residual contingency. The risk register was reviewed as part of the monthly Highlight Report, it is also noted that a risk register workshop was held in June 2021. The risks remained uncoded - merely stating whether they had a capital or revenue implication.</p> <p>The monitoring of a costed risk register is fundamental in determining the ongoing sufficiency of remaining contingency – to assist management in prioritising/ implementing a risk mitigation strategy.</p>	<p>Potential risk that:</p> <ul style="list-style-type: none"> <li>the cost impact of risks is not fully appreciated.</li> </ul>	
Recommendation	Priority	
<p>2.1 In accordance with NHS Wales Infrastructure Investment Guidance, project contingencies should be developed from costed risk registers – both of which should be monitored for the duration of the project, this should be communicated to all pertinent Trust staff to ensure compliance for future projects.</p>	<p><b>Medium</b></p>	
Agreed Management Action	Target Date	Responsible Officer
<p>2.1 Actioned. It has been confirmed to the Capital Team in an email from the Head of Capital Development Planning dated 25<sup>th</sup> January 2022, that for future schemes - each risk needs to be valued rather than a contingency fund worked out as a percentage of the project.</p>	<p>Actioned and complete</p>	<p>Project Director</p>




Matter Arising 3: Reporting		Impact
<p>The Highlight reports were utilised as a means of distributing key reporting documents to Project Board Members, and they in turn were attached to the Project Agenda for months when the Project Board was sitting. The following was noted with regards to consistency of key documents being distributed through this medium:</p> <ul style="list-style-type: none"> <li>External Project Manager Dashboard Reports, none included post December 2020 (No 5 30/11/20).</li> <li>Cost reports included with 5 of the 13 highlight reports produced in the period under review.</li> <li>Cashflow forecasts included with 3 of the 13 highlight reports produced in the period under review.</li> <li>Issues and decision logs attached up till July 2021 and then omitted going forward.</li> </ul> <p>Management highlighted significant concerns with the timing and accuracy of the reporting from external advisers. It was determined necessary for Trust finance staff to provide additional assurance in respect of managing project cost and cashflow – over and above that which would normally be expected.</p> <p>It is important that the Trust review the performance of the advisers and determine any associated further actions are required (see <b>recommendation 5.2</b>).</p>		<p>The variations impact the ability of the Trust to effectively manage the key project objectives.</p>
Recommendation		Priority
<p>3.1 Assess adviser performance as part of the Post Project Review, and for future projects, ensure reporting is consistent to allow reasonable comparison and benchmarking of information.</p>		<b>Medium</b>
Agreed Management Action	Target Date	Responsible Officer
<p>3.1 Agreed. The issues with the reporting process would form part of the project review process and this has also been addressed by ensuring such essential reporting criteria is included within the invitation to tender documentation for professional services, to include architectural design, cost advisors and project managers.</p>	<p>6 months post completion 30<sup>th</sup> Sept 2022</p>	<p>Project Director</p>

Matter Arising 4: Delays	Impact	
<p>As noted in the executive summary, the anticipated completion date of the 11<sup>th</sup> February 2022 represents a four-month delay against the original completion date of 18<sup>th</sup> October 2021. The project has been subject to the following delays:</p> <ul style="list-style-type: none"> <li>• In March 2021, the contractor highlighted issues in the supply of the cladding required for the building, an industry wide issue.</li> <li>• At the Project Board meeting of 19<sup>th</sup> August 2021, the contractor confirmed an eight-week delay in the programme of works taking the completion date to December 2021. The Trust report that a site meeting took place on 21<sup>st</sup> October 2021, and the contractor confirmed this date remains the date they are working to currently.</li> <li>• The contractor formally outlined their claim on the 31<sup>st</sup> August 2021 associated with 26 formal instructions, delays due to awaiting critical design information and/or clarification of ambiguity and delays awaiting receipt of cladding system.</li> </ul> <p>At the time of audit, whilst a financial provision had been made within the cost reporting based on the cost adviser assessment of delays, the same had not been formally assessed or processed in accordance with the contract. Given management concerns, an independent external adviser was engaged that confirmed that the time/cost provisions made to date were adequate.</p> <p>Subsequent to the conclusion of audit fieldwork, the contractor has advised of further delay due to “Covid-19 affecting Sub- Contractors, a general shortage of labourers, and the sub-contractor working on the cladding also left the site”.</p>	<p>Delays to the project impact both the time and cost objectives of the project.</p>	
Recommendation	Priority	
<p>4.1 The assessment of delays to date should be formally processed in accordance with contractual requirements (e.g issue of extension of time certificates, non-completion certificates etc.).</p>	<p><b>High</b></p>	
Agreed Management Action	Target Date	Responsible Officer

<p>4.1 Agreed. The scrutiny of application for an extension of time will impact on the potential of issuing a non-completion certificate, this piece of work is under review by the contract administrator. The collation of further documentation to substantiate extensions of time and non- completion has also commenced, further advice has also been sought to review all documentation and the administrative process in line with the adopted JCT form of contract.</p>	<p>March 30<sup>th</sup> 2022</p>	<p>Project Director</p>
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Matter Arising 5: Post Project Evaluation		Impact
<p>A number of issues have been identified during the current and prior audits that should be considered post completion to determine appropriate action at this and/or future projects. For example:</p> <ul style="list-style-type: none"> <li>• Late provision of information from external advisors;</li> <li>• Late provision of cost reports by external advisors;</li> <li>• An unwillingness to share information held on externally held drives, including change management details.</li> <li>• Protracted assessment of delays to date; and</li> <li>• Contract completion/ documentation retention.</li> </ul>		The Trust fails to learn from experiences to improve future delivery of projects.
Recommendation		Priority
<p>5.1 A Post Project Evaluation should be completed to ensure that lessons are learnt from this project.</p> <p>5.2 As appropriate, the Trust should determine whether there are any further actions required noting project team performance issues at this project.</p>		<b>Medium</b>
Agreed Management Action	Target Date	Responsible Officer
5.1. Agreed	6 months post completion	Project Director
5.2 Agreed	30 <sup>th</sup> Sept 2022	

Cardiff Make Ready Depot issued November 2020			Previously providing 	
Ref	Recommendation	Responsibility & Timescale	Current Status	Updated responsibility, timescale & rating
2	Terms of Reference should be produced to clarify the role of the Design Team.	Project Director At future projects & at the PPE	<b>Outstanding</b> To be considered at the Post Project Evaluation with appropriate action to be determined to inform future projects.	<b>Medium</b>
3	Project discussions / decisions outside a formal project team meeting should be clearly documented to provide a robust audit trail of project progression and decisions made.	Project Director Immediately / ongoing	<b>Closed.</b> A log of key decisions was maintained for discussion held	<b>Low</b>
4	Progress updates for all major projects (including Cardiff MRD) should be included as a standing agenda item at the Capital Management Board.	Project Director November 2020 onwards	<b>Closed</b> – minutes agendas of Capital Management Board meetings provided demonstrated that the Project Director provided adequate update. Accordingly, this has been actioned.	<b>Medium</b>
5	The Welsh Government Project Progress Reports (PPR) should be received and scrutinised by an appropriate forum, ensuring timely submission to Welsh Government	Project Director November 2020 onwards	<b>Closed Subsequent to Audit Fieldwork</b> The Head of Capital Planning issued an email on the 25 <sup>th</sup> January 2022 requiring that "WG status reports need to be approved by Project Board. Going forward PB/site meetings need to be rearranged to ensure the status report is approved prior to sending to WG. Due on the	<b>Medium</b>






Ref	Recommendation	Responsibility & Timescale	Current Status	Updated responsibility, timescale & rating
	(e.g. Project Board / Capital Management Board).		12 <sup>th</sup> working day of each month. This is applicable to fleet projects also".	
8	Key performance indicators should be maintained for relevant parties (advisers, contractor) throughout the project.	Project Director December 2020	<b>Closed</b> Project Director provided copies of KPIs completed for the project.	<b>Medium</b>
9	A central project repository should be maintained by the internal project team, containing all relevant project information (including that prepared/managed by external advisers).	Project Director December 2020	<b>Closed</b> This was not implemented at this project. Going forward, the Project Director demonstrated that the tender for professional services now includes the requirement for successful tenderers to maintain a central repository for future commissions.	<b>Medium</b>
11	Contract award reports should document and assess potential reasons for reduced numbers of tender returns.  Such assessment should also be considered at the post project evaluation, to ensure lessons can be learned for future projects.	Project Director, in liaison with NWSSP Procurement Services  At future projects & at the PPE	<b>Outstanding</b> To be considered at the Post Project Evaluation with appropriate action to be determined to inform future projects.	<b>Low</b>
12	The use of the letter of intent at this project should be retrospectively reported to the Board.	Project Director	<b>Outstanding</b> The LoI was signed by the Assistant Director of Capital and Estates having sought advice prior to this as this	<b>Medium</b>

Ref	Recommendation	Responsibility & Timescale	Current Status	Updated responsibility, timescale & rating
		To be addressed as part of the PPE for this Project	project had previously been approved by Trust Board due to the value of the project. In future it will be noted this will be taken back to Trust Board for additional sanctioning. To be addressed as part of the PPE for this Project.	
14	Framework call-off contractual documentation should be completed by all parties and retained by the Trust.	Project Director To be addressed as part of the PPE for this Project	<b>Outstanding</b> Whilst a contractual agreement has been provided in respect of appointment of Architects, Management advised that they were unable to locate the contracts for the project manager and cost adviser due to the amount of time that has passed. To be addressed as part of the PPE for this Project.	<b>High</b>

## Appendix C: Assurance opinion and action plan risk rating

### Audit Assurance Ratings

We define the following levels of assurance that the project achieves its key delivery objectives and that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>No assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

### Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
<b>High</b>	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
<b>Medium</b>	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
<b>Low</b>	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.



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# NEPTS Transfer of Operations – Benefits Realisation

## Final Internal Audit Report

March 2022

Welsh Ambulance Services NHS Trust



Partneriaeth  
Cydwasaethau  
Gwasanaethau Archwilio a Sicrwydd  
Shared Services  
Partnership  
Audit and Assurance Services



Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust



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Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

### Acknowledgement

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

### Disclaimer notice - please note

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## Executive Summary

### Purpose

To provide assurance that benefits realised reflect those identified at the outset of the transfer of works project.


### Overview

We have issued limited assurance on this area. The significant matters which require management attention include:

- Lack of a benefits management plan, setting out the required benefits and the rate at which they should be achieved; and
- Lack of benefits realisation reporting and the need for a more cohesive approach in respect of how these are captured and reported.

Our overall assurance rating relates to the capturing, reporting and monitoring of benefits realised. Whilst we acknowledge that many of the benefits may have been realised now that the transfer has completed, the Trust needs to undertake an exercise to support and demonstrate this.

### Report Classification

		Trend
 Limited	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.	N/A – first audit in this area.

### Assurance summary<sup>1</sup>

Assurance objectives	Assurance
1 Benefits identified and clearly defined.	Limited
2 Monitoring and reporting of benefits.	Limited
3 Reporting and escalation of issues and benefits realised.	Limited

### Key matters arising

	Assurance Objectives	Control Design or Operation	Recommendation Priority
1 Benefits management plan	1, 2	Design	High
2 Reporting of benefits realised	2, 3	Design	Medium

<sup>1</sup> The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

## 1. Introduction

- 1.1 Non-Emergency Patient Transport Service (NEPTS), formally known as the Patient Care Service (PCS), provides transport for eligible patients across Wales needing to get to non-emergency appointments who have a specific medical need and require Ambulatory Care. The purpose of the review of the NEPTS Transfer of Operations, known as Transfer of Work within the Welsh Ambulance Services NHS Trust ('the Trust'), is to provide assurance that benefits realised reflect those identified at the outset of the transfer project.
- 1.2 Transfer of Work (ToW) is the title for the complex piece of work carried out to identify all health board commissioned extra contractual referrals (ECRs) over and above the core contracts with the Trust, excluding Mental Health transportation and some taxi provision across Wales. The Trust is now the sole procurer and provider of patient transport service resources in Wales and will deliver those services in line with the 'Plurality Model' as outlined in the 2015 NEPTS business case.
- 1.3 The Trust has been working on the ToW from all NHS Wales health boards since 2017, with Cardiff and Vale University Health Board (CVUHB) being the first to transfer in June 2018 and Cwm Taf Morgannwg University Health Board being the final health board to transfer in October 2021. All transport will therefore be procured, co-ordinated, and provided to NHS Wales health boards by WAST NEPTS.
- 1.4 The key risks considered in this review were:
- i. Benefits are not clearly defined before commencement of the project making it difficult to demonstrate their realisation at the end of the project;
  - ii. Inadequate monitoring of planned benefits to ensure they have been fully realised; and
  - iii. The Trust is unable to demonstrate benefit realisation from the transfer of works.
- 1.5 The audit excludes:
- a review or an assessment of the process for transferring works from the health boards to the Trust which has already been subject to separate internal audit reviews; and
  - an assessment of the systems in place for the management of NEPTS procurement and its impact in improving contract governance and quality monitoring, following a recent internal audit review in this area.
- 1.6 The ToW process from health boards to the Trust has taken five years to complete. The timeframe for completion was initially 12 months. There have been several contributing factors to the delay, including the scale and complexity of the arrangements in place within the health boards, a boundary change affecting two health boards and the impact of the Covid-19 pandemic since early 2020. In addition, we also note there were challenges in collating evidence during the audit
-

and acknowledge the impact of departures of key Trust personnel involved in the project since its commencement, including the four project managers.

- 1.7 Understandably, the Trust's focus to date has been on the delivery of the ToW, with the process only fully completing in October 2021. As such, we recognise that it may be too early for the Trust to fully demonstrate and communicate the benefits realised from its completion.

## 2. Detailed Audit Findings

### **Audit objective 1: Benefits were appropriately identified and clearly defined at the outset and include baseline information and targets to measure against.**

- 2.1 The final business case for the transfer of works (ToW), '*The Future of NEPTS in Wales*' was approved in October 2015. It included 16 expected benefits across six high level criteria of *Quality of Care (Patients), Staff Welfare, Impact on Emergency Medical Service (EMS), Support and sustain a mixed economy, Consistent with "Once for Wales" and Environmental Impact*. The business case also stated it should be cost neutral for the NHS from a finance perspective.
- 2.2 The business case stated that a '*detailed benefits management plan will be developed for the duration of the implementation. This will set out the required benefits and the rate at which they should be achieved*'. This has not been developed and there is an absence of baseline information and detail on how and when benefits will be measured and any associated performance measures or targets. We acknowledge that not all of the expected benefits identified will be quantifiable or measurable, with some being qualitative and therefore the assessment of whether they have been realised requires more judgment. The Trust has recently commenced an exercise to map the benefits detailed within the business case. See **MA1 in Appendix A**.
- 2.3 We reviewed the transfer documents for each of the health boards, which defined the arrangements for the transfer of the management responsibility for existing NEPTS commissioned. We acknowledge that the transfer documentation included sections on continuous improvement and on a quality and delivery assurance framework. However, we were unable to identify a clear alignment between the benefits identified in the business case and the transfer documents. We have not raised a matter arising on this as the project is now complete, but suggest these could be considered under the benefits mapping exercise referred to above.

### Conclusion:

- 2.4 The final business case for the ToW set out the expected benefits. However, a benefits realisation management plan setting out the required benefits and the rate at which they should be achieved has not been developed. We acknowledge that the ToW has recently completed and the Trust has commenced an exercise

to map the business case benefits to the ToW. Noting this, we have assessed this objective as **limited** assurance.

**Audit objective 2: There is regular monitoring and reporting of the benefits detailed in the business case and these have been used to inform the transfer of works between health boards.**

- 2.5 As detailed in section 1 of the report, the ToW process took significantly longer than set out in the initial timetable and was completed recently in October 2021. As such, the focus of monitoring and reporting to date has mainly been on progress with delivery and the revised timetable to complete. We would now expect the Trust to revisit the benefits outlined in the business case to ensure they remain valid and assess whether they have been realised or set out when will they be. See **MA2 in Appendix A**.
- 2.6 In June 2018, the Executive Management Team (EMT) was provided with an update paper on the benefits realisation of the NEPTS business case. This reported that 10 of the 16 expected benefits had been realised and six were partially realised, although we have not been able to validate this.
- 2.7 At this point in time only the NEPTS for CVUHB had transferred across, on 4 June 2018. A conscious decision was made to prioritise this transfer on the basis that it had the most straight forward arrangements, using only one alternative provider. As set out in the business case, a detailed benefits management plan should have been developed and continually assessed, reviewed and monitored for the duration of the implementation. See **MA1 in Appendix A**.
- 2.8 Anecdotally we were informed that lessons learned from earlier ToW have been used to inform later health board transfers. However, we understand that a lessons learned log was not maintained to demonstrate this. We acknowledge that the number of changes in key personnel since the commencement of the ToW has contributed to this lack of cohesion. See **MA1 in Appendix A**.
- 2.9 NEPTS performance is monitored via the Ambulance Quality Indicators (AQIs). There are 30 quality indicators across the five-step model (*Step 1: Help me choose; Step 2: Answer my request; Step 3: Coordinate my journey; Step 4: Pick me up; and Step 5: Take me to my destination*). Whilst these are not specifically aligned to the benefits identified in the business case, they may provide evidence to support service improvement.
- 2.10 We were unable to undertake a meaningful comparison of performance before and after each health board transfer. This is because performance data relating to services provided by the alternative providers would not have been available prior to each transfer, due to the different and complex arrangements in place at each health board. The AQIs following the ToW includes metrics on all NEPTS provided, including by the Trust as well as other providers.
- 2.11 Additionally, it is worth noting that the eligibility criteria were removed throughout the pandemic and social distancing requirements resulted in restrictions on the

number of patients conveyed on one vehicle. We also note that reporting of the NEPTS AQIs was stood down during the pandemic.

- 2.12 A NEPTS Quality Dashboard has been in place since the beginning of 2021. The dashboard is used to identify trends and improvements as it includes performance data from patient and renal surveys, on call taking quality and performance, external providers and volunteers, operational performance and journey times.

**Conclusion:**

- 2.13 The focus of monitoring and reporting has mainly related to progress with delivery of the ToW. We acknowledge that the EMT received an update paper in June 2018 on benefits realisation up to that point. However, we would have expected continuous assessment, review and monitoring, noting the ToW was not completed until recently in October 2021. Noting this, we have assessed this objective as **limited** assurance.

**Audit objective 3: There is adequate reporting and escalation of issues arising and benefits realised as part of the transfer of work, both within the Trust and to external stakeholders, including the Emergency Ambulance Services Committee (EASC).**

- 2.14 Review of the Trust’s Board and Finance and Performance Committee (previously the Finance and Resources Committee) papers confirmed they received updates on progress and were asked to approve the ToW documents prior to each health board transfer. However, as detailed under audit objective 1, there has been a lack of reporting on the benefits realised. See **MA2 in Appendix A**.
- 2.15 We also note that similar updates have been provided to the EASC NEPTS Commissioning and Delivery Assurance Group (DAG), which includes representation from the Trust and the health boards. These include an overview of NEPTS operations and plans, including the ToW. The group also receives NEPTS performance information via the AQIs. See **MA2 in Appendix A**.
- 2.16 We acknowledge that some of the benefits associated with the ToW will have been realised now all health boards were transferred by October 2021. For example, we understand that the Trust has:
- created a ‘Once for Wales’ approach to enable a standard consistent approach pan-Wales;
  - established tier meetings with health board providers to enable more robust governance and performance management arrangements;
  - developed a Quality Management Framework which contributes to the benefit of providing a safe and timely NEPTS service that meets individual patient needs; and
  - developed a Procurement Strategy based on the over-arching principle that the Trust is the sole provider of NEPTS in Wales and will deliver that in a

plurality model with quality, patient care and value for money as its guiding principles.

**Conclusion:**

2.17 Both the Trust's Board and Committees and the EASC NEPTS DAG have received progress updates on the delivery of the ToW. However, there has been a lack of reporting of benefits realised. Noting this, we have assessed this objective as **limited** assurance.

## Appendix A: Management Action Plan

Matter arising 1: Benefits Management Plan (Design)	Impact
<p>Section 22.3 of the final business case for the transfer of works, approved in October 2015, detailed that ‘a detailed benefits management plan will be developed for the duration of implementation. This will set out the required benefits and the rate at which they should be achieved’. This has not been developed and there is an absence of baseline information and detail on how and when benefits will be measured and any associated performance measures or targets. We acknowledge that the Trust has recently commenced an exercise to map the benefits detailed within the business case.</p> <p>We also note that a high level update paper was provided to the Executive Management Team (EMT) in June 2018. This reported that 10 of the 16 expected benefits had been realised and six were partially realised, although we have not been able to validate this. It is worth noting that only one health board (CVUHB) had transferred at that time. We would now expect the Trust to revisit the benefits outlined in the business case to ensure they remain valid and assess whether they have been realised or set out when will they be.</p> <p>Anecdotally we were informed that lessons learned from earlier Transfer of Works (ToW) have been used to inform later health board transfers. However, we understand that a lessons learned log was not maintained to demonstrate this. We also note there were challenges in collating evidence during the audit and acknowledge that the number of changes in key personnel since the commencement of the ToW has contributed to this lack of cohesion.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>inadequate monitoring of planned benefits to ensure they have been fully realised; and</li> <li>the Trust is unable to demonstrate benefit realisation from the transfer of works.</li> </ul>
Recommendations	Priority
<p>1.1 The Trust should complete its mapping exercise of the expected benefits in the business case to ensure they remain valid and assess whether they have been realised or set out when will they be.</p> <p>1.2 To assist with succession planning, the Trust should ensure that documentation is maintained and effective handover is provided to ensure that knowledge is not lost.</p>	<p style="text-align: center;"><b>High</b></p>




Management response	Target Date	Responsible Officer
1.1 We will add this action to the work of the Ambulance Care Transformation Board and ensure that a responsible person is assigned. The outcome of the completed benefits realisation will be reported through this mechanism, which will also decide on any next steps required.	October 2022	Assistant Director of Operations (ADO) Ambulance Care
1.2 We will set up a central repository of documents that are accessible on a shared platform for all historical documents and the mapping exercise.  Going forward, the Ambulance Care Programme Board will provide the formal governance structure to capture such information.	October 2022	ADO Ambulance Care
	Complete	ADO Ambulance Care

Matter arising 2: Reporting of benefits realised (Design)	Impact	
<p>The ToW process from health boards to the Trust has taken five years to complete. The timeframe for completion was initially 12 months and we recognise there have been several contributing factors to the delay, including the scale and complexity of the arrangements in place within the health boards, a boundary change affecting two health boards and the impact of the Covid-19 pandemic since early 2020.</p> <p>As such, the focus of monitoring and reporting to date has mainly been on progress with delivery and the revised timetable to complete. As detailed in matter arising 1 above, the Trust did not develop a detailed benefits management plan for the duration of implementation and a formal benefits realisation exercise has not been undertaken following the completion of the ToW, noting this was recent in October 2021. Therefore, there has been a lack of reporting on the benefits realised, both within the Trust and to EASC / health boards. The NEPTS AQIs and the Quality Dashboard could be useful references to demonstrate and support service improvement.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>• inadequate monitoring of planned benefits to ensure they have been fully realised; and</li> <li>• the Trust is unable to demonstrate benefit realisation from the transfer of works.</li> </ul>	
Recommendations	Priority	
<p>2.1 Following completion of the mapping exercise recommended under finding 1 above, management should ensure that there is adequate reporting of benefits realised associated with the business case both within the Trust and to EASC / health boards, including via the NEPTS DAG and the Tier 2 - <i>Transport Service Performance and Monitoring Group</i> meetings and the Tier 3 - <i>Transport Services Group</i> meetings.</p>	<p><b>Medium</b></p>	
Management response	Target Date	Responsible Officer
<p>2.1 Once the outcomes of the mapping exercise are complete, the Ambulance Care Programme Board will report through to the Strategic Transformation Board as routine.</p> <p>Health Boards and commissioners are represented on this board as core representatives. Following completion of the mapping exercise we will discuss with HB/CASC representatives where they feel the outputs of this exercise should be disseminated to including submission to the DAG meeting.</p> <p>The DAG meetings are the forum strategic/senior overview for NEPTS delivery, the Tier meetings have an operational focus. The trust does not therefore accept that dissemination through to these Tier meetings is required.</p>	December 2022	ADO Ambulance Care

## Appendix B: Assurance opinion and action plan risk rating

### Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>No assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

### Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.



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# Digital Governance Final Internal Audit Report February 2022

Welsh Ambulance Services NHS Trust



Partneriaeth  
Cydwasaethau  
Gwasanaethau Archwilio a Sicrwydd  
Shared Services  
Partnership  
Audit and Assurance Services



Ymddiriedolaeth GIG  
Gwasanaethau Ambiwlans Cymru  
Welsh Ambulance Services  
NHS Trust



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Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

### Acknowledgement

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

### Disclaimer notice - please note

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# Executive Summary

## Purpose

To provide assurance to the Audit Committee that the Trust’s governance of digital services is appropriate to provide oversight and deliver the organisations digital strategic objectives.

## Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- Developing a Strategic Outline Programme that sets out how the Digital Strategy will be implemented and the required resourcing;
- Defining the timescales for delivery of the Digital Strategy; and
- Establishing the structures for linking Digital with the operational part of the organisation.

Other recommendations / advisory points are within the detail of the report.

## Report Classification



Some matters require management attention in control design or compliance.

**Low to moderate impact** on residual risk exposure until resolved.

## Assurance summary<sup>1</sup>

Assurance objectives	Assurance
1 Digital Strategy	Reasonable
2 Requirements for Implementation	Reasonable
3 Governance Structure	Reasonable
4 Digital Knowledge	Reasonable
5 Steering and Management	Reasonable
6 Policies	Reasonable

## Key matters arising

	Assurance Objectives	Control Design or Operation	Recommendation Priority
1 Delivery Timescales	1	Operation	Medium
3 Roadmap / SOP	2	Operation	Medium
5 Steering Level	5	Operation	Medium
7 Policies and Guides	6	Operation	Medium

<sup>1</sup> The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

## 1. Introduction

- 1.1 In line with the 2021/22 Internal Audit Plan for Welsh Ambulance Services NHS Trust (the Trust) a review of the arrangements in place for Digital Governance has been undertaken.
- 1.2 The aim of the review was to provide assurance to the Audit Committee that the Trust's governance of digital services is appropriate to provide oversight and deliver the organisation's digital strategic objectives.
- 1.3 The potential risks considered in this review were as follows:
  - the Trust does not maximise the benefits from its investments in digital technologies;
  - the Trust has not planned effectively to deliver the digital strategy; and
  - the governance structure does not enable effective oversight of digital.

## 2. Detailed Audit Findings

### **Objective 1: A digital strategy is in place which is aligned to organisational strategies and is being implemented.**

- 2.1 The Digital Strategy covers all the key relevant items expected, including a consideration of the environment, of stakeholders and of digital maturity. It sets out high level objectives within 4 themed "digital missions" each of which has key objectives and makes clear how success will be measured. The missions are defined as: Digital Patient; Digital Workforce; Intelligence through Data; and Digital Foundations.
- 2.2 The Digital Strategy underpins and enables the delivery of the overall Trust Strategy and vision (Delivering Excellence).
- 2.3 The Digital Strategy is very clear about the other Trust strategies it aligns to, with each mission identifying the relevant Trust strategy to which it aligns or references.
- 2.4 The timing of the delivery of the Digital Strategy is split into 3 phases which show how it will move forward, these are: Stabilise; Optimise; and Sustain. However, we note that there are no timings defined for when each phase will be complete and as such the Digital Strategy does not include an indication of when the organisation intends to deliver its aims. (Matter Arising 1)
- 2.5 The embedding of the Digital Strategy into the Trust business and thus ensuring alignment is via the IMTP. The IMTP references the Digital Strategy and includes key digital aims and actions to take forward for the next 3 years, together with more specific detail for year 1.
- 2.6 The Strategic Transformation Board (STB) monitors delivery of the IMTP and as such monitors the delivery of the Digital Strategy items included within this. Our review of STB business confirmed that the implementation of the Digital Strategy is monitored by the STB.

- 
- 2.7 The Digital Strategy is being implemented, and there are processes in place to monitor the component parts of this. The monitoring framework comprises multiple parts including individual programmes, STB and the Finance and Performance Committee.
- 2.8 Our review of progress against the Digital Strategy showed that overall, in terms of implementation of the digital strategy, it is moving forward and the specific items defined under it are generally being implemented appropriately.
- 2.9 The Digital Strategy includes an objective to “expand the use of digital champion”. We note that a group was originally set up, however there has been a lack of capacity to take this forward and the development of a network of digital champions has not occurred. The lack of this network of champions may adversely impact in the traction of the Digital Strategy and of key items within it. (Matter Arising 2)

#### Conclusion:

- 2.10 There is a Digital Strategy in place which is clearly aligned to, and supportive of the delivery of the Trusts organisational objectives. The Digital Strategy is embedded into the IMTP and there are processes to monitor the implementation of this. In general, the Digital Strategy is being implemented, although we note there a lack of clarity over the timescale for delivery of the Digital Strategy. Accordingly, we have provided reasonable assurance over this objective.

#### **Objective 2: Requirements for implementing the strategy are clearly defined in the IMTP.**

- 2.11 As noted above, the Digital Strategy is referenced in the IMTP and key targets for the delivery of this are included. However, the level of staff resource and funding required to deliver the Digital Strategy is not included within the Digital Strategy or the IMTP as the position with these is complex. There has been a number of staff funded through different programmes e.g., EPCR and 111, however not all the funded posts have been recruited to due to difficulties in recruitment which means the residual gap in resource was not fully known at the time of drafting the Digital Strategy.
- 2.12 The Trust commissioned Channel 3 to review the Digital Strategy and has received a report with a suggested Target Operating Model (TOM). This has been accepted and work is ongoing to develop a Strategic Outline Programme (SOP) which sets out how the Digital Strategy will be delivered and what roles and skills are required.
- 2.13 In the interim, work has been ongoing using the ongoing recruitment programme and natural wastage to restructure the Digital Directorate to better align with strategic need by re-writing the job descriptions for vacant posts to take into account the required skills.
- 2.14 The Channel 3 report noted that there has been a lack of investment in digital, and this has led to resource and capability gaps. The risks relating to lack of digital staff and digital skills to support the current position and roll out further digital

initiatives is included on the ICT risk register, as is a risk relating to lack of funding for projects overall.

- 2.15 The current position therefore is that there has not been a full assessment of the funding required, or the skills and capacity required in order to deliver the digital strategy and the risks associated with under provision. As such the resource, capacity and delivery model is not fully defined. We do note that work has commenced to develop an SOP for digital which would cover these aspects along with the delivery structures. (Matter Arising 3)

#### Conclusion:

- 2.16 The Digital Strategy is included within the IMTP with defined actions stated, however there is no identification of the funding or staff resource needed to implement the Digital Strategy. This has been acknowledged and work is ongoing to move the Digital Directorate structure to better align with the organisational needs and to develop a SOP that sets out the resources needed for the Digital Strategy. Accordingly, we have provided reasonable assurance over this objective.

#### **Audit objective 3: A governance structure is in place with an appropriate committee and a monitoring and reporting framework.**

- 2.17 There is no single Board sub-committee that oversees digital. Currently the governance of digital is split with various groups being involved, including:
- Quality, Patient Experience and Safety Committee, oversees Information Governance related items;
  - Finance and Performance Committee oversees the progress of Digital projects and Programme related items, the Committee also tracks relevant audit actions;
  - Audit Committee oversees internal and external audit reports and recommendations; and
  - Strategic Transformation Board (STB) oversees delivery of the IMTP and programmes.
- 2.18 Our review of the business of the different governance groups confirmed that the relevant digital governance items were included within these, together with relevant reporting and discussion.
- 2.19 The Trust has considered establishing a specific, dedicated sub-committee for digital, however there is a lack of capacity at the Board level for this. The decision has been made however to move the information governance oversight into the Finance and Performance Committee in order to ensure that all digital items are within the same Committee.
- 2.20 We note however, that although there is regular discussion of digital items at this committee, digital is not defined as a specific agenda item for each meeting. Without this specific inclusion there is a risk that sufficient time may not be allocated for digital and the visibility of digital issues may drop. (Matter Arising 4)

**Conclusion:**

2.21 There is an appropriate governance structure in place for digital, with digital issues discussed at the relevant sub committees. We note that there is no capacity for a dedicated committee for digital, with the current structure splitting digital issues across two board Sub committees. There is an intent to move all digital issues into one sub committee, however digital is not currently a standing agenda item. Accordingly, we have provided reasonable assurance over this objective.

**Audit objective 4: Members within the digital governance structure understand their responsibilities and the thematic area over which they preside and can ensure that the organisation understands and uses digital technologies fully.**

2.22 The Channel 3 work included interviews with Executives to ascertain their level of understanding of digital and their role, the outcome of which was that the work noted that the understanding was good.

2.23 This work also highlighted the need to improve the knowledge base for non -officer members, accordingly two sessions were conducted as part of the Digital Strategy development process in order to ensure that all Board members fully understand Digital and their role.

2.24 We also note that further Board development work is planned, with a session on cyber security and data protection planned to take place in January.

2.25 As noted above the staffing requirements are being worked through as part of the development of the SOP, and in the interim, there is tactical restructuring of the directorate using attrition and vacancies.

2.26 There is an awareness of the need to ensure up to date modern digital skills, and work is ongoing to develop these, including joining the British Computer Society in order to access training and development. We note however that this process isn't fully structured and doesn't match needed, and anticipated future required skills with the current in place resource to define a plan. (see Matter Arising 3)

**Conclusion:**

2.27 An assessment of the digital knowledge of the members of the governance structure has been undertaken and where gaps were identified development work has been undertaken. Management within the Digital Directorate are appropriately skilled and aware of their responsibilities. There is an acknowledgement that the Trust needs to ensure the Digital Directorate has sufficient appropriately skilled staff, and work is ongoing to develop in this area, although we note that the final requirements are not yet known. Accordingly, we have provided reasonable assurance over this objective.

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**Audit objective 5: An appropriate steering and management framework is in place to deliver operational requirements and enable reporting into the governance structure.**

- 2.28 The Strategic Transformation Board is comprised of executives and other relevant leads and so acts as a steering group at a high level. However, the Channel 3 report noted that there was lack of an operational steering level for digital with a disconnect between business activities and digital planning being highlighted.
- 2.29 The Channel 3 report recommended the establishment of a set of business channels to link digital to the business operations and to enable steering and engagement. We note from our discussion that the intent is to move towards the channel structure to enable the steering aspect of the Digital Strategy. (Matter Arising 5)
- 2.30 Within the Digital Directorate there is an appropriate management framework which enables oversight. There is a Digital Leadership Group which comprises senior management from Digital and which meets on a weekly basis. Our review of the operation of this noted that it is well attended and the business of the meetings enables tracking of projects and significant actions. We also note that a review of the digital risk register is included in the meetings and there is evidence of upward reporting of significant risks to the committee level.
- 2.31 Below this level within the Digital Directorate, there are regular Senior Leadership Team meetings, one for ICT and one for Informatics which enable further management.
- 2.32 We do note that there are some inconsistencies in the detail of reporting into the governance structure against some of the Digital Strategy components. (Matter Arising 6)
- The delays to the delivery of SALUS has impacts that are wider than the digital strategy component, however the risk to the wider organisational strategy has not been reported on the corporate risk register. We do note that is work in progress with the risk currently being developed
  - Reporting against the 111 / 999 call platform resilience is combined and currently flagged as Green. However, the 999 aspect is not on target and is sufficiently delayed to call into question the need for the specific item.
  - Reporting on the data portal does not use the standard highlight report format and is not so clearly defined.

**Conclusion:**

- 2.33 There is a high level group in place to track the delivery of the IMTP, and so relevant digital items, with reporting from project and programme groups, although we note some inconsistencies in reporting. There is management structure in the Digital Directorate, with a Digital Leadership Group meeting regularly and regular and senior leadership team meetings. The steering level where digital interfaces with the operational business is not fully defined. This is acknowledged and the intent

is to move to a model with business channels to enable this. Accordingly, we have provided reasonable assurance over this objective.

**Audit objective 6: Policies and procedures have been defined for key areas which are regularly updated / reviewed.**

- 2.34 There is a suite of digital related policies in place for the Trust. These cover both ICT and Informatics themes. The spread of policies is reasonable and cover most of the expected items.
- 2.35 We note that it is clear that some of the policies have been updated recently. The Policies are maintained by corporate and there is a process for contacting policy leads to request updating if required.
- 2.36 We further note however, that there has not been any structured review of additional digital policies or guidelines that may be required by the organisation that take into account up to date technology, e.g., cloud services.
- 2.37 In addition, some of the currently available digital related policies are out of date and have not been reviewed:
- Social Media Policy dates from 2018;
  - Asset Management Policy dates from 2011; and
  - Data Protection Policy dates from 2016. We note that this doesn't reference GDPR.

**Conclusion:**

- 2.38 There are policies in place for key digital related themes, although these may not be fully complete for all modern technology areas, and we note that some are out of date. Accordingly, we have provided reasonable assurance over this objective.

## Appendix A: Management Action Plan

### Matter arising 1: Delivery Timescales (Operation)

### Impact

The Digital Strategy clearly splits the timing of the delivery into 3 phases which show how it will move forward. However, there are no actual timings for when each phase will be complete, and as such the Digital Strategy does not include an indication of when the organisation intends to deliver its aims.

Potential risk that the Trust has not planned effectively to deliver the digital strategy.

### Recommendations

### Priority

- 1.1 The Trust should be explicit and define the intended timescales for the delivery of the Digital Strategy phases.

Medium

### Management response

### Target Date

### Responsible Officer

- 1.1 WAST is producing a Digital Strategic Outline Case (SOC) for Digital Services that will make these timelines clear.

September '22

Director of Digital Services

**Matter arising 2: Digital Champions (Operation)****Impact**

The Digital Strategy includes an objective to “expand the use of digital champion”. We note that a group was originally set up, however there has been a lack of capacity to take this forward and the development of a network of digital champions has not occurred.

Potential risk that the Trust does not maximise the benefits from its investments in digital technologies

The lack of this network of champions may adversely impact in the traction of the Digital Strategy and of key items within it.

**Recommendations****Priority**

- 2.1 The process of developing a network of digital champions and expanding the role of these should be re-instated.

Medium

**Management response****Target Date****Responsible Officer**

- 2.1 Fully support this recommendation. Both EPCR and OCP have user groups with nearly 150 members combined. This was required due to the Trust being at REAP 4, however, as this is de-escalated and capacity increases within the workforce, the role will be broadened and publicised more widely.

Q4 22/23

Director of Digital

**Matter arising 3: Roadmap / SOP (Operation)****Impact**

The Digital Strategy makes no reference to the resources required for delivery of it, either in terms of finance or staff capacity and skills. There has not been a full assessment of the funding required, the skills and capacity required in order to deliver the digital strategy and the risks associated with under provision. And so the resource, capacity and delivery model are not fully defined. We do note that work has commenced to develop an SOP for digital which would cover these aspects along with the delivery structures.

Potential risk that the Trust has not planned effectively to deliver the digital strategy.

**Recommendations****Priority**

- 3.1 A SOP should be developed that provides a roadmap to delivery of the Digital Strategy and defines the resources required together with a delivery and monitoring structure.

Medium

**Management response****Target Date****Responsible Officer**

- 3.1 In progress. Third party support has been engaged and the SOP / SOC is planned in the IMTP for delivery at the end of September '22.

End of Sep '22

Director of Digital

**Matter arising 4: Digital within Committee Agenda (Operation)****Impact**

The governing committee for all of the digital aspects is to be the Finance and Performance Committee, with the addition of the IG aspects into this committee. Although we note regular discussion on digital items at this committee, digital is not defined as a specific agenda item for each meeting.

Potential risk that the governance structure does not enable effective oversight of digital.

Without this specific inclusion there is a risk that time may not be allocated sufficiently and the visibility of digital issues may drop.

**Recommendations****Priority**

4.1 Digital should be included as a standing agenda item within the Finance and Performance Committee.

Low

**Management response****Target Date****Responsible Officer**

4.1 Under discussion with the Board Secretary and in the revised terms of reference being considered as part of a wider effectiveness review.

Q2 22/23

Director of Digital / Board Secretary

**Matter arising 5: Steering Level (Operation)****Impact**

Although there are high level governance groups for the Digital Strategy and delivery there is a gap at the steering level where digital interfaces with the business units. This was also identified within the C3 report which recommended a set of business channels to enable engagement and steering. We note that the intent is to move towards this structure.

Potential risk that the governance structure does not enable effective oversight of digital.

**Recommendations****Priority**

5.1 The steering level should be established as noted.

Medium

**Management response****Target Date****Responsible Officer**

5.1 This will be handled by clarifying the oversight of Digital in the relevant board sub committees, as WAST is not scaled for a further sub-committee for Digital alone. The Information Governance Steering Group has now recommenced as a formal sub-committee of QUEST and consideration will be given to a further steering group for F&P.

Q3 22/23

Director of Digital

**Matter arising 6: Reported Detail (Operation)**

We do note that there are some inconsistencies in the detail of reporting into the governance structure against some of the Digital Strategy components.

- The delays to the delivery of SALUS has impacts that are wider than the digital strategy component, however the risk to the wider organisational strategy have not been reported on the corporate risk register. We do note that is work in progress with the risk currently being developed
- Reporting against the 111 / 999 call platform resilience is combined and currently flagged as Green. However, the 999 aspect is not on target and is sufficiently delayed to call into question the need for the specific item.
- Reporting on the data portal does not use the standard highlight report format and is not so clearly defined.

**Impact**

Potential risk that the governance structure does not enable effective oversight of digital.

**Recommendations**

**Priority**

6.1 The SALUS risk should be articulated on the corporate risk register.

Reporting on the 999 call platform should be separated from the 111 aspect. The impact of the delay on the current suitability of the project should be assessed.

Reporting on the data portal should follow the same format as other aspects of the Digital Strategy.

Medium

**Management response**

**Target Date**

**Responsible Officer**

6.1 Risk is in draft, ready to be added to the corporate register. Discussion planned for early March '22 to confirm. Q1 22/23

Director of Digital

**Matter arising 7: Policies and Guidelines (Operation)****Impact**

There has not been any structured review of what additional digital policies or guidelines may be required by the organisation.

Potential risk that the governance structure does not enable effective oversight of digital.

in addition, some of the currently available digital related policies are out of date and have not been reviewed:

- Social Media Policy from 2018;
- Asset Management Policy from 2011; and
- Data Protection Policy from 2016. We note that this doesn't reference GDPR.

**Recommendations****Priority**

7.1 An assessment of the current, and future need for digital related policies should be undertaken. The existing policies should be reviewed to ensure that they are all within date and valid.

Medium

**Management response****Target Date****Responsible Officer**

7.1 Agree, although it should be noted that in many cases these are corporate policies for all staff that relate to digital technology.






Q4 22/23

Director of Digital

## Appendix B: Assurance opinion and action plan risk rating

### Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<p><b>Substantial assurance</b></p>	<p>Few matters require attention and are compliance or advisory in nature.  <b>Low impact</b> on residual risk exposure.</p>
	<p><b>Reasonable assurance</b></p>	<p>Some matters require management attention in control design or compliance.  <b>Low to moderate impact</b> on residual risk exposure until resolved.</p>
	<p><b>Limited assurance</b></p>	<p>More significant matters require management attention.  <b>Moderate impact</b> on residual risk exposure until resolved.</p>
	<p><b>No assurance</b></p>	<p>Action is required to address the whole control framework in this area.  <b>High impact</b> on residual risk exposure until resolved.</p>
	<p><b>Assurance not applicable</b></p>	<p>Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate.                  These reviews are still relevant to the evidence base upon which the overall opinion is formed.</p>

### Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.



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