



GIG
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Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Welsh Ambulance Services NHS Trust

Annual Report and Annual

Accounts

Part 2 – Accountability

Report

2021/22

The three parts of the 2021/22 Annual Report and Accounts have been separated for ease of reference. The full signed version submitted to the Senedd and incorporating all three parts is available on our website.



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Annual Report Introduction

This Annual Report is part of a suite of documents that provides information about the Welsh Ambulance Services NHS Trust (the Trust). It will provide the reader with information on our services, the care we provide and what we do to plan, deliver and improve those services. It will provide the reader with detail on the Trust's performance and how we responded to changing demands and challenges in 2021/22.

In accordance with the NHS Wales 2021/22 Manual for Accounts and HM Treasury's Financial Reporting Manual, our Annual Report for 2021/22 includes:

Part 1: Performance Report which details how the Trust performed in the year and how we adapted and responded to the COVID-19 pandemic.

Part 2: Accountability Report which details the key accountability requirements and our Governance Statement provides information about how the Trust manages and controls resources and risks and complies with governance arrangements.

Part 3 Financial Statements - which detail how the Trust has spent its money and met its obligations. These accounts for the period ended 31 March 2022 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by Public Health Wales NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

For 2021/22, there was no requirement to prepare a separate Annual Quality Statement, however, key quality themes are captured within the Performance Report.

Whilst acronyms are explained in full when they are first used, a glossary is included for ease of reference.

If you require a version of the Annual Report in printed or alternative formats/ languages please contact the Board Secretary on trish.mills@wales.nhs.uk.

Glossary

A number of acronyms are used in this Annual Report. Where the acronym is used multiple times we have included it in the glossary below for ease of reference.

Abbreviation	Term
ADLT	Assistant Directors Leadership Team
AQIs	Ambulance Quality Indicators
BAF	Board Assurance Framework
CASC	Chief Ambulance Services Commissioner
COPI	Control of Patient Information Regulations
CPR	Cardiopulmonary Resuscitation
CSD	Clinical Support Desk
EASC	Emergency Ambulance Services Committee
EMS	Emergency Medical Service
EMT	Executive Management Team
ePCR	Electronic Patient Clinical Record
ESR	Electronic Staff Register
FReM	Government Financial Reporting Manual
HSE	Health and Safety Executive
ICO	Information Commissioner's Office
IMTP	Integrated Medium Term Plan
IPC	Infection Prevention Control
MACA	Military Aid to Civil Authorities
NEPTS	Non Emergency Patient Transfer Service
NHSDW	NHSDirect Wales
NRIs	National Reportable Incidents
PPE	Personal Protective Equipment
QuEst	Quality, Patient Experience and Safety Committee
REAP	Resource Escalation Action Plan
STB	Strategic Transformation Board
STEMI	ST segment elevation myocardial infarction
The Trust	Welsh Ambulance Services NHS Trust
WTEs	Whole time equivalents

PART 2 – ACCOUNTABILITY REPORT

The Accountability Report is intended to meet key accountability requirements to the Welsh Government. The requirements of the Accountability Report are based on the matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of SI 2008 No 410, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2008 No 410.

The requirements of the Companies Act 2006 have been adapted for the public sector context as set out in the Government Financial Reporting Manual (FReM). It will therefore cover such matters as directors' salaries and other payments, governance arrangements and audit certificate and report. The Accountability Report will be signed and dated by the Accountable Officer.

The Accountability Report consists of three main parts. These are:

The Corporate Governance Report: This Report explains the composition and organisation of the Trust's Board and governance structures and how they support the achievement of the Trust's objectives. The Corporate Governance Report itself is in three main parts; the Directors' Report, the Statement of Accounting Officer's Responsibilities and the Governance Statement.

The Remuneration and Staff Report: The Remuneration and Staff Report contains information about senior managers' remuneration. It will detail salaries and other payments, the Trust's policy on senior managers' remuneration and whether there were any exit payments or other significant awards to current or former senior managers. In addition, the Remuneration and Staff Report sets out the membership of the Trust's Remuneration Committee, and staff information with regards to numbers, composition and sickness absence, together with expenditure on consultancy and off payroll expenditure.

Parliamentary Accountability and Audit Report: The Parliamentary Accountability and Audit Report provides information on such matters as regularity of expenditure, fees and charges, and the audit certificate and report.

2.1 Corporate Governance Report

This Corporate Governance Report details the composition of the Trust's Board and governance structures and how they support the achievement of the Trust's objectives. The Report explains the management and control of resources and the extent to which the Trust complies with its own governance requirements, including how the Trust has monitored and evaluated the effectiveness of its governance arrangements. It is intended to bring together in one place matters relating to governance, risk and control.

The Corporate Governance Report therefore aims to provide the reader with a clear understanding of the organisation and its internal control structure, the stewardship of the organisation and an explanation of the risks the organisation is exposed to. Where there are weaknesses reported in the Report, an explanation is provided on how these are being addressed.

The Corporate Governance Report consists of three main parts. These are:

The Directors' Report: This provides details of the Board and Executive Team who have authority or responsibility for directing and controlling the major activities of the Trust during the year. Some of the information which would normally be shown here is provided in other parts of the Annual Report and Accounts and this is highlighted where applicable.

The Statement of Accounting Officer's Responsibilities and Statement of Directors' Responsibilities in Respect of the Accounts: This requires the Accountable Officer, Chair and Director of Finance and Corporate Resources to confirm their responsibilities in preparing the financial statements and that the Annual Report and Accounts, as a whole, is fair, balanced and understandable

The Governance Statement: This is the main document in the Corporate Governance Report. It explains the governance arrangements and structures within the Trust and brings together how the organisation manages governance, risk and control.

2.1.1 The Directors' Report







The Directors' Report provides details of the Board, Executive Team and any other individuals who were Directors of the Trust and have or had authority or responsibility for directing and controlling the major activities of the Trust at any point during the year.

Where information normally presented in this report is discussed elsewhere in the Annual Report and Accounts this will be cross-referenced to the information.

(a) Details of Chair, Chief Executive and other Directors

The details of the Chair, Chief Executive and any other individuals who were Directors of the Trust at any point during the financial year, and up to the date that the Annual Report and Accounts were approved, are provided in the Governance Statement which forms part of this Corporate Governance Report.

The composition of the Trust Board and the names of the Directors forming the Audit Committee are also provided in the Governance Statement. Board Members are listed below, together with in-year changes.

Voting Members of the Board 2021/22			
Martin Woodford 	Trust Board Chair Remuneration Committee Chair Champion for Governance and Risk	Prof Kevin Davies 	Vice Chair Chair of Charitable Funds and Academic Partnerships Committees Champion for operational delivery; academic partnerships; armed forces and veterans; mental health; research
Emrys Davies 	Non-Executive Director Chair of Finance & Performance Committee Champion for Welsh language	Bethan Evans 	Non-Executive Director Chair of Quality, Patient Experience and Safety Committee Champion for Quality, patient experience and safety
Paul Hollard 	Non-Executive Director Chair of People and Culture Committee Champion for workforce and organisational development; Trade Union relationships; children and young people; older persons; raising concerns	Ceri Jackson 	Non-Executive Director Champion for digital and transformation; partnerships and engagement; charitable fundraising

Joga Singh 	Non-Executive Director Champion for environment and sustainability; resource and value for money	Martin Turner 	Non-Executive Director Chair of Audit Committee Champion for strategy development; governance and risk
Jason Killens 	Chief Executive Officer Accountable Officer	Wendy Herbert 	Executive Director of Quality & Nursing (Interim) (from 7 March 2022) Caldicott Guardian Champion for children and young people; Putting Things Right Executive lead for Quality, Patient Experience and Safety Committee
Brendan Lloyd 	Executive Medical Director	Claire Roche 	Executive Director of Quality & Nursing (from 1 April 2021 to 4 March 2022) Caldicott Guardian Champion for children and young people; Putting Things Right Executive lead for Quality, Patient Experience and Safety Committee
Chris Turley 	Executive Director of Finance and Corporate Resources Joint executive lead for Finance and Performance Committee Executive lead for Charitable Funds and Audit Committees Fire safety champion	Claire Vaughan 	Executive Director of Workforce & Organisational Development Executive lead for People and Culture Committee Executive lead for Remuneration Committee Champion for violence and aggression

Non-Voting Members of the Board 2021/22

Lee Brooks 	Director of Operations Champion for emergency planning	Craig Brown 	Trade Union Representative at Board (RCN)
Keith Cox 	Board Secretary (from 1 April 2021 to 1 August 2021) Champion for Welsh language	Andy Haywood 	Director of Digital Senior Information Risk Officer Armed Forces Champion Chair NHS Wales Digital Directors Peer Group National Digital Lead for 6 Goals of Urgent and Emergency Care Board.
Estelle Hitchon 	Director of Partnerships & Engagement Women's equality champion Executive lead for Academic Partnerships Committee	Nathan Holman	Trade Union Representative at Board (until July 2021)
Rachel Marsh 	Director of Strategy, Planning and Performance Joint executive lead for Finance and Performance Committee	Trish Mills 	Board Secretary (from 2 August 2021) Champion for Welsh language
Hugh Parry	Trade Union Representative at Board (until November 2021)	Andy Swinburn 	Director of Paramedicine
Damon Turner 	Trade Union Representative at Board (from January 2022)		

The changes made amongst Board members during 2021/22 are set out below. These changes had no detrimental impact on the balance of the Board or on collective decision making.

- Martin Woodford's contract as Trust Chair was extended by Welsh Government from 31 March 2022 to 30 September 2022.

- Joga Singh, Non-Executive Director was re-appointed for a second term to 8 December 2025.
- Ceri Jackson was an interim appointment to the Board, and she was appointed as substantive Non-Executive Director from 1 April 2022 following advertising of that vacancy.
- Emrys Davies' contract as a Non-Executive Director finished on 31 March 2022 after serving two terms on the Board.
- Claire Roche, Executive Director of Quality and Nursing left the Trust on 4 March 2022 and Wendy Herbert was appointed as Interim Executive Director of Quality and Nursing from 7 March 2022.
- Andy Swinburn was appointed to the new post of Director of Paramedicine on 1 November 2021 (previously Associate Director of Paramedicine).
- Keith Cox, Board Secretary left the Trust on 1 August 2021 and was replaced as Board Secretary by Trish Mills on 2 August 2022.
- Trade Union representatives at the Board were Nathan Holman (until July 2021), Hugh Parry (until November 2021), Craig Brown (from September 2021) and Damon Turner (from January 2022)

(b) Declarations of Interest

The register of declarations of interest for Directors are as follows:

Name	Position	Declaration
Martin Woodford	Trust Chair and Non-Executive Director	Nil declaration.
Kevin Davies	Vice Chair and Non-Executive Director	Colonel Commandant Queen Alexandra's Royal Army Nursing Corps. Trustee Queen Alexandra's Charity. Trustee St John Ambulance Cymru. Patron Motivation and Learning Trust. Chair ABF The Soldiers Charity (Glamorgan). Member Royal College Nursing.
Emrys Davies	Non-Executive Director	Director and Chair, NRML (Newport Road Maintenance Ltd.) Retired member of Unite.
Bethan Evans	Non-Executive Director	Managing Director (Employed) at My Choice Healthcare Limited. Non-Executive Board Member at RHA (Social Housing Organisation) Company Directorships: <ul style="list-style-type: none"> - Moorlands Rehabilitation (Staffordshire) Limited. - My Choice Healthcare South Wales Limited - Homes of Excellence Healthcare Limited. - Springfield (Bargoed) Limited. - Homes of Excellence Limited - Victoria House Care Limited - My Choice Healthcare (Three) Limited - My Choice Healthcare (Four) Limited
Paul Hollard	Non-Executive Director	Independent consultant providing occasional services to NHS Wales organisations and Welsh Government.
Ceri Jackson	Non-Executive Director	Self-employed Management Consultant primarily working in third sector. (Not

Name	Position	Declaration
		undertaking any contracts for NHS, would consult Trust Chair prior to undertaking any contracts.) Associate Director of SamKat Ltd in my capacity as self-employed management consultant. (Not undertaking any NHS contracts as part of this role and would consult Trust Chair prior to undertaking any contracts.) Stroke Association Trustee, Chair Wales Advisory Group. Stroke Association has contracts with the NHS to deliver services. Volunteer role. Cardiff Institute for the Blind Trustee (trading as Sight Life). The charity has a contract with Cardiff and the Vale Health Board to provide services. Volunteer role. Partner employed by Arjo (global supplier of medical devices and equipment).
Joga Singh	Non-Executive Director	Geldards LLP, paid employment. Membership of the Law Society and the Employment Lawyers Association. Member of the Fairness Inclusion and Respect Committee for the Institute of Civil Engineers in Wales, voluntary role. Independent Member of the South Wales Police Ethics Committee, 2 – 3 days a year.
Martin Turner	Non-Executive Director	Director and shareholder Martin Turner Associates Ltd.
Jason Killens	Chief Executive	Nil declaration
Brendan Lloyd	Executive Medical Director	National Professional Advisor (Ambulance Services) at Care Quality Commission, one day a week for six months from 1 February 2022.
Claire Roche	Executive Director of Quality and Nursing (to 6 March 2022)	Nil declaration.
Wendy Herbert	Interim Executive Director of Quality and Nursing (from 7 March 2022)	Nil declaration
Chris Turley	Executive Director of Finance and Corporate Resources	Treasurer of Royal Gwent Hospital League of Friends.
Claire Vaughan	Executive Director of Workforce and OD	(Voluntary) Independent Sub-Committee Member for Aberystwyth University
Lee Brooks	Director of Operations	Partner employed by Welsh Ambulance Services NHS Trust.
Andy Haywood	Director of Digital	Nil declaration.
Estelle Hitchon	Director of Partnerships and Engagement	Nil declaration
Rachel Marsh	Director of Strategy, Planning and Performance	Nil declaration
Andy Swinburn	Director of Paramedicine	Strategic Advisor to the College of Paramedics.
Keith Cox	Board Secretary (to 1 August 2021)	Magistrate Cardiff and Vale.
Trish Mills	Board Secretary (from 2 August 2021)	Nil declaration.

(c) Personal Data Related Incidents

Information on personal data related incidents which have been formally reported to the Information Commissioner's office and "serious untoward incidents" involving data loss or confidentiality breaches are detailed in the Governance Statement which forms part of this Corporate Governance Report.

(d) Environmental, Social and Community Issues

The Trust is aware of the potential impact its operation has on the environment and it is committed to:

- ensuring compliance with all relevant legislation and Welsh Government Directives;
- sharing the Welsh Government's ambition for public bodies to be carbon neutral by 2030;
- working in a manner that protects the environment for future generations by ensuring that long term and short term environmental issues are considered;
- preventing pollution and reducing potential environmental impact; and
- maintaining for the foreseeable future its ISO 14001 environmental management accreditation.

The Trust is aware that the COVID-19 pandemic has impacted on service provision not only from an operation point of view but also environmental; with an increase of both domestic and clinical waste, plus an increase in frontline vehicle journeys

The Performance Report provides details of the work of the Patient Engagement Community Involvement Team and our volunteers during 2021/22. The Trust continues to work to create and nurture a sustained relationship with communities that stimulates interest, encourages involvement and builds the trust needed to achieve service improvement and ensure quality services accordant with community need.

(e) Cost Allocation and Charging Requirements

The Directors confirm that they have complied with the cost allocation and charging requirements set out in HM Treasury guidance.

2.1.2 Statement of Accountable Officer's Responsibilities

The Accountable Officer is required to confirm that, as far as they are aware, there is no relevant audit information of which the Trust's auditors are unaware, and the Accountable Officer has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

The Accountable Officer is also required to confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and that they take personal responsibility for the Annual Report and Accounts and the judgments required for determining that it is fair, balanced and understandable.

Statement

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to the Trust.

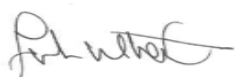
The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government

As Accountable Officer I can confirm that as far as I am aware there is no relevant audit information of which the Trust's auditors are unaware and that I have taken all the steps that I ought to have taken to ensure that I and the auditors are aware of relevant audit information.

I can confirm that the Annual Report and Accounts as a whole are fair, balanced and understandable and I take personal responsibility for these and the judgement required for doing so.

I can confirm that I am responsible for authorising the issue of the financial statements on the date they were certified by the Auditor General for Wales.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.



Chief Executive
Jason Killens

Dated: 13 June 2022

2.1.3 Statement of Directors' Responsibilities in respect of the accounts

The Directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period.

In preparing those accounts, the Directors are required to:

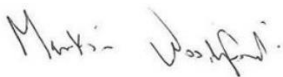
- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury
- make judgements and estimates which are responsible and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account

The Directors confirm that they have complied with the above requirements in preparing the accounts.

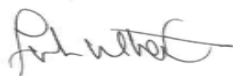
The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable that the accounts comply with requirements outlined in the above mentioned direction by the Welsh Ministers.

By Order of the Board

Signed:



Chair
Martin Woodford
Dated: 13 June 2022



Chief Executive
Jason Killens
Dated: 13 June 2022



Director of Finance and Corporate Resources
Chris Turley
Dated: 13 June 2022

2.1.4 The Governance Statement

This Governance Statement demonstrates how we managed and controlled resources in 2021/22 and the extent to which we complied with our own governance requirements. In doing so, it brings together all disclosures relating to governance, risk and control.

(a) Scope of Responsibility

The Trust Board is accountable for governance, risk management and internal control in the organisation. The Chief Executive (and Accountable Officer) of the Trust has responsibility for maintaining appropriate governance structures and procedures. This includes ensuring that the Trust has a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst also safeguarding the public funds and this organisation's assets. For the year ended 31 March 2022 and through to the date of approval of the Annual Report and Accounts, these have been carried out in accordance with the responsibilities assigned by the Accounting Officer of NHS Wales.

The Executive Management Team assists the Chief Executive in discharging his accountabilities and meet weekly for formative discussions, support and decision making. A similar structure is mirrored for Assistant Directors in the Assistant Directors Leadership Team. The Executive Management Team meets more formally with the wider leadership management groups and has strong links to all relevant governance forums inside and outside of the Trust.

The Annual Report outlines the different ways the Trust has had to work both internally and with partners in response to the unprecedented pressure in planning and providing services. It explains arrangements for ensuring standards of governance are maintained, risks are identified and mitigated and assurance has been sought and provided. Where necessary, additional information is provided in the Governance Statement, however the intention has been to reduce duplication where possible. It is therefore necessary to review other sections in the Annual Report alongside this Governance Statement

(b) Governance Framework

Governance describes the ways that organisations ensure they run themselves efficiently and effectively. It also describes the ways organisations are open and accountable to the people they serve for the work they do.

For the Trust, good governance is about creating a framework within which we:

- Provide our patients with good quality healthcare services.
- Are transparent in the ways we are responsible and accountable for our work.
- Ensure we continually improve the ways we work.

Good governance is maintained by the structures, systems and processes we put in place to ensure the proper management of our work, and by the ways we expect our staff to work. It's also about how we scrutinise our performance and deal with poor

practice and other issues, and how we identify and manage risks, whether in terms of patient care, to our staff, or to the organisation as a whole.

The Trust's governance framework houses the structures, systems, processes, and behaviours NHS Wales health bodies have for ensuring good governance, and they include:

- Standing Orders, which incorporates the Schedule of Matters Reserved to the Board and Delegated, and the Standing Financial Instructions;
- The requirement for a statutory Board and the Committees that support the Board;
- How line managers operate, including codes of conduct and accountability;
- Business planning;
- Procedural guidance for staff;
- Risk register and assurance frameworks;
- Internal audit; and
- Scrutiny by external assessors including the Welsh Government, Health Inspectorate Wales, Audit Wales and other stakeholders.

The Trust has agreed Standing Orders for the regulation of proceedings and business. These are designed to translate the statutory requirements set out in the NHS (Wales) Act 2006 and the National Health Service Trusts (Membership and Procedure) Regulations 1990 (SI 1990 No. 2024), into day to day operating practice. Together with the accompanying Scheme of Matters Reserved to the Board; Scheme of Delegation to Officers and Others; and Standing Financial Instructions (all referred to as the 'Standing Orders'), they provide the regulatory framework for the business conduct of the Trust and define its ways of working.

In January 2022, the Board approved revisions to the Standing Orders in line with the review undertaking of the Model Standing Orders, Scheme of Reservation and Delegation, and the Standing Financial Instructions by Welsh Government. The Standing Orders and accompanying documents can be found in the [publications](#) section of our website.

Governance Practice Notes have been developed to aid in the interpretation of parts of the Standing Orders and to provide consistency of approach. These included matters related to the affixing of the Trust's common seal; procedure with respect to Chair's actions; and how we conduct Board and Committee business in private session. These Governance Practice Notes were approved by the Audit Committee in March 2022.

Trust Board

The Board is accountable for governance, risk management and internal controls. It focuses on the following key areas:

- **Strategy:** Developing the strategy, vision, and purpose of the Trust. Identifying priorities, establishing goals and objectives, finding resources, and allocating funds to support the decisions that need to be made around strategic planning.

- Embedding Ethical Behaviour: The Board shapes the culture of the Trust in several ways, including by the way in which it engages with staff, the public and stakeholders, the way it manages its agenda, by the nature of the debate at the Board and the relative emphasis given to different performance criteria, by the visibility of its members in the organisation, and by where it chooses to invest time and resources. Board members must live up to the highest ethical standards of integrity and probity.
- Quality: Sets organisation wide expectations and accountability for high performance. Ensures that all staff understand their role in the effective and high-quality provision of care in a governance framework that ensures a balance between trust, constructive debate, and effective challenge in a culture of openness and learning.
- Managing Risk: The Board is responsible for managing risk and ensuring there is a robust system of internal controls in place and that they are sighted on the mitigations in place for the principal risks to the delivery of the strategy.
- Gaining Assurance on the Delivery of Strategy and Performance: Holding to account, and being held to account, for the delivery of the strategy in accordance with the strategic and performance frameworks developed by the Board, and focuses on strategy, performance, culture and behaviours. Board Members have responsibility for the strategic direction of the Trust, and provide leadership and direction, ensuring sound governance arrangements are in place. The Board is also responsible for promoting an open culture with a view to ensuring high standards.

The Board is comprised of the Chair, Vice Chair, six Non-Executive Directors and five Executive Directors, and holds scheduled meetings bi-monthly, with an additional meeting to approve the Annual Report and Accounts, and an Annual General Meeting. The Trust Board met in public seven times in 2021/22 and seven times in private session where matters of confidentiality and/or commercial sensitivity were discussed. The Board is supported by the Board Secretary (who acts as principal adviser on all aspects of corporate governance within the Trust), five further (non-voting) Directors and two Trade Union partner representatives.

Board meetings in 2021/22 were appropriately constituted and were quorate. The Trust did not stand down any of the scheduled Board or Board Committee meetings during 2021/22, other than the Local Partnership Forum which operated under the pandemic governance structure as the Trade Union Partnership Cell. In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the Trust is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings and it has not therefore been possible to allow the public to attend meetings of our Board and Committees. However, to ensure business was conducted in as open and transparent manner as possible members of the public, staff and stakeholders have been able to join our public Board and Committee meetings via Zoom and Teams, and have the opportunity to send questions in for consideration by the Board prior to those meetings. Board meetings

are livestreamed on the Trust's Facebook page and retained there for further reference.

Details of meeting dates and members attendance can be found in Appendix 1. Agendas for public sessions are published on the Trust's website seven days before the meeting.

The Trust held its Annual Meeting virtually on 29 July 2021 via Zoom and this too was livestreamed on the Trust's Facebook page.

The key focus of the Board during the year was delivery of performance and quality assurance and improvement during the COVID-19 pandemic whilst at the same time ensuring the Trust maintained pace in terms of strategic transformation.

Issues associated with the COVID-19 pandemic remained as key matters for the Board throughout the year and as reported in the 2020/21 Annual Report, a governance structure was established to respond to the pandemic which included a number of cells and groups across the operational, tactical and strategic levels of the organisation. Decisions and actions were recorded and maintained in the form of action logs and meeting notes with key decisions escalated where necessary.

Examples of the key governance and control matters addressed by the Board during 2021/22 were:

- Audit Wales Annual Report;
- Charitable Funds accounts;
- Financial, quality and performance reports;
- Integrated medium term plan – delivery and refresh;
- Quality and performance management framework;
- Incidents;
- Risk and board assurance framework;
- Standing orders, scheme of reservation and delegation, standing financial instructions;
- Strategic transformation programmes: structure and governance;
- Trust Annual Report, accounts and governance statements; and
- Welsh language Annual Report

Further details on the working of the Trust Board in 2021/22 can be found [here](#).

The Board Development Programme continued in 2021/22 with a focus on understanding, learning and reflection. Sessions were well attended and designed to stimulate discussion on strategic initiatives; shape culture and behaviours; strengthen system and partnership working; enhance knowledge of the regulatory environment; and allow for more detailed briefing of complex issues ahead of formal meetings. An external facilitator worked with the Board during the year on its long term collective development and effectiveness.

The Welsh Ambulance Services NHS Trust Charity (registration number 1050084) is registered as a charity with the Charity Commission for England and Wales. The

Trust is a corporate body in its own right. The Trust Board acts as the Corporate Trustee of the Charity.

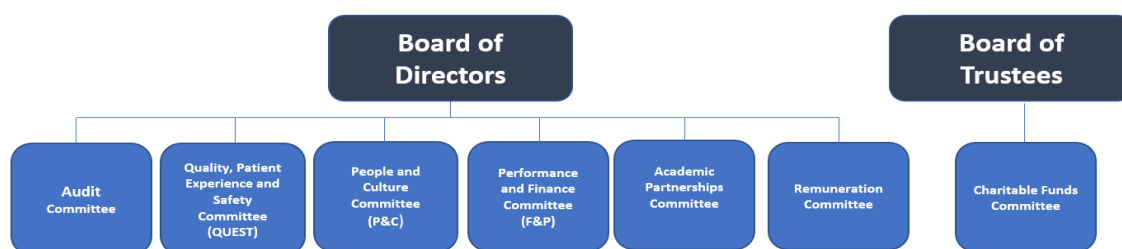
The Corporate Trustee is responsible for the general control, management, and administration of its charity, as well as setting its strategic aims and objectives. Oversight of the Charity is carried out by the Charitable Funds Committee.

The Charity Annual Report and Accounts for 2020/21 are contained [here](#).

Board Committees

The Board has seven standing Board Committees, each chaired by a Non-Executive Director. Committees have a key role in relation to the system of governance and assurance, scrutiny, assessment of current risks and quality and performance monitoring. Committee papers and Minutes for each meeting are contained in the [Committee](#) section of the Trust's website.

The Committee structure is as follows:



Committee Chairs prepare a highlight report for the Board which is based on an 'alert, advise, assure' model. This is circulated to the Board following each meeting and discussed at the Board meeting following that Committee meeting. Minutes of Committee meetings are also presented to the Board once approved by the relevant Committee.

As well as reporting to the Board, Committees work together on behalf of the Board to ensure that cross-reporting and consideration takes place and assurance and advice is provided to the Board and the wider organisation.

Each Board Committee has an Executive Director lead who works closely with the Chair of that Committee and the Board Secretary in agenda setting, business cycle planning and to support good quality, timely information being relayed to the Committee.

The terms of reference for each of the Board Committees are set out in the Trust's Standing Orders and a summary of each of the Committee's responsibilities is given below. The Trust completed a comprehensive review and update of the terms of reference for each Board Committee during 2021/22, with the revised terms of reference approved by each Committee during March 2022 and for presentation to the Board on 26 May 2022.

Each Committee prepared an annual report of its business and effectiveness, with the annual reports and revised terms of reference for each Committee being accessed via this [link](#).

The **Audit Committee** is a key source of assurance to the Board that the organisation has effective controls in place to manage the risks to achieving its strategic objectives and reviewing governance and assurance processes. The Committee met four times during 2021/22 and considered the following key governance and control matters:

- Review and endorsement for Board approval of the Annual Accounts, Accountability Report and Governance Statement;
- Agreed the internal and external audit plans for the year;
- Received internal and external audit reports and monitored progress against the audit recommendations tracker;
- Received the Head of Internal Audit Opinion;
- Agreed the Annual Counter Fraud Plan and monitored counter fraud activities
- Monitored the development of the risk management improvement programme;
- Reviewed the Board Assurance Framework and Corporate Risk Register;
- Endorsed approval of the revised Standing Orders;
- Reviewed losses and special payments, tender updates and waiver reports;
- Oversight of COVID-19 enquiry preparations.

Further details on the working of the Audit Committee in 2021/22 can be found [here](#).

The **Remuneration Committee** provides advice and assurance to the Board in relation to the Trust's arrangements for the remuneration and terms of service for staff, in particular senior staff. The Committee meets in closed session and met seven times during 2021/22.

The **Academic Partnerships Committee** is a new Committee (established July 2020) to the Trust's corporate governance structure, and as such its purpose and role is still forming and will continue to do so over the next twelve months as the Trust pursues University Trust Status. The Committee met four times in 2021/22 and the following key matters were discussed:

- Advance practice and specialist working, consult and close and service transformation, including research
- Decarbonisation, fleet modernisation and sustainability
- Digitisation enabling better outcomes
- University Trust Status submission

Further details on the working of the Academic Partnerships Committee can be found [here](#).

The purpose of the **Charitable Funds Committee** is to make and monitor arrangements for the control and management of the Trust's charitable funds. The Committee met five times during 2021/22 when it discussed a number of issues, including the Charitable Funds Annual Report and Accounts and the development of

the charity's first strategy. The Committee also reviewed and refreshed the bursary scheme and the Bids Panel authority and membership.

Further details on the working of the Charitable Funds Committee in 2021/22 can be found [here](#).

The **Finance and Performance Committee** supports the Board by providing assurance with regards to the Trust's statutory financial and planning responsibilities and has a monitoring role in the delivery and performance of business functions across the Trust. The Committee met six times during 2021/22 and the following key matters were considered:

- Assurance for major incident arrangements;
- Business justification case – fleet replacement programme;
- Capital programme 2021/22 updates;
- Finance performance reports;
- Quality and performance management framework;
- Integrated quality and performance report;
- Policy approvals e.g., fire safety;
- Board Assurance Framework and Corporate Risk Register relevant to its remit;
- Transfer of Non-Trust NEPTS work to the Trust – Cwm Taf Morgannwg University Health Board

Further details on the working of the Finance and Performance Committee in 2021/22 can be found [here](#).

The **People and Culture Committee** supports the Board by providing assurance to the Board with regards to all matters pertaining to its workforce, both paid and volunteer. The Committee provides assurance to the Board of its leadership arrangements, behaviours and culture, training, education and development, equality, diversity and inclusion agenda, and Welsh Language. The Committee met four times during 2021/22 and the following key matters were considered:

- Committee assurance framework;
- Facilities agreement for trade union partners;
- People and culture strategy;
- Trust behaviours roll-out;
- Policy approvals e.g., pay progression, secondments
- Revised procedure for NHS staff to raise concerns;
- Staff suspension updates;
- Welsh language progress/updates;
- Integrated Quality and Performance Report
- Performance Management Framework;
- Workforce performance scorecards;
- Minutes of sub-committees;
- Audit recommendations relevant to its remit;
- Board Assurance Framework and Corporate Risk Register relevant to its remit.

Further details on the working of the People and Culture Committee in 2021/22 can be found [here](#).

The **Quality, Patient Experience and Safety Committee** supports the Trust Board by providing assurance with regards to the Trust's clinical governance arrangements, in particular those for safeguarding and improving the quality and safety of patient centred healthcare. The Committee met four times during 2021/22 and the following key matters were considered:

- Quality strategy 2021/24;
- Incident reporting and lessons learned;
- Integrated Quality and Performance Report;
- Performance Management Framework;
- Older persons framework;
- Patient experience and community involvement highlight reports;
- Policy approvals e.g., adverse incident reporting;
- Safeguarding Annual Report.
- Audit recommendations relevant to its remit;
- Board Assurance Framework and Corporate Risk Register relevant to its remit.
- Deep dive: losses and special payments;
- Health Inspectorate Wales: clinical contact centre patient safety review;

Further details on the working of the QuEST Committee in 2021/22 can be found [here](#).

Advisory Groups

In support of the Board, the Trust has established the Local Partnership Forum as a forum where the Trust Executives, Trade Unions and Professional Organisations work together to improve the Trust's services for the people of Wales. It is the principal partnership forum for the discussion of national priorities and strategies and where key stakeholders engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

During the pandemic the Local Partnership Forum was stood down and a Trade Union Partnership Cell under the pandemic structure was formed. This Cell was jointly chaired by the Executive and the Trade Union to support and enable consistent and timely sharing of information, and to enable discussion and a representative view from all Trade Unions to facilitate timely and effective decision making. The Advisory Group will reform under new terms of reference in 2022.

The Trust does not have a stakeholder reference group or a healthcare professionals' forum (as defined in the IFRS NHS Wales Manual for Accounts) as these are not applicable to the Trust.

Joint and All Wales Committees

The Welsh Health Specialised Services Committee was established in 2010 to ensure fair and equal access across NHS Wales to the full range of specialised

services. The Committee is hosted by Cwm Taf Morgannwg University Health Board and regular activity reports are received by the Board. The Trust is not a member of the Committee but is a regular attendee.

The Emergency Ambulance Services Committee is a joint committee of the seven Health Boards, with the three NHS Trusts as associate members, and was established in April 2014. It has responsibility for the planning and commissioning of emergency ambulance services on an all-Wales basis. The Committee is hosted by Cwm Taf Morgannwg University Health Board and regular activity reports are received by the Board.

The NHS Wales Shared Services Partnership Committee was established in 2012 and is hosted by Velindre NHS Trust. It looks after the shared functions for NHS Wales, such as procurement, recruitment and legal services. Regular activity reports of the Committee are received by the Board.

Reports from these Committees are included in each Board pack.

Chairs Working Group

Supporting the formal Board and Committee structure is a Chairs' Working Group that meets at the start of each quarterly business cycle. The Group is comprised of the Trust Board Chair, the Chairs of the Board Committees, Executive leads for Committees and the Board Secretary. Its purpose is to promote discussion on a range of issues that affect the Board and its Committees including but not limited to:

- New and revised governance procedures that affect Committees and the Board;
- Standardisation of practice at Committees, including reporting, papers and flow of communication;
- Approach and timing of the annual review of effectiveness of Committees and evaluation of the Board;
- Reflections from meetings with a view to continuous learning and application of best practice governance principles;
- Committee membership; and
- Cross-cutting Committee work to ensure appropriate range of responsibilities across Committee and to reduce duplication.

Improvements to the Governance Framework

During 2021/22 a number of improvements have been made to the Trust's governance framework including the following:

- Committee highlight reports in an 'alert, advise, assure' model which enhance assurance to Board;
- Introduction of new templates for the Board and Committees for the agenda and action logs;
- The Board Secretary attending all Committees to support the development of highlight reports to the Board and cross-referencing of actions across Committees;

- Revised terms of reference and mapping of the full extent of Board responsibilities across Committees;
- Governance Practice Notes to aid in the application of Standing Orders;
- Revised articulation of key risks;
- Monthly Board development sessions focused on strategy, culture and behaviours, and regulatory environment; and
- Development of the Board induction programme for new Board members.

(c) The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place for the year ended 31 March 2022 and up to the date of approval of the Annual Report and Accounts.

(d) Capacity to handle risk

The Trust is committed to actively and effectively managing risk as a key element in the successful delivery of its business, objectives, and service provision to the public and remains committed to ensuring staff throughout the organisation are trained and equipped to identify, analyse, evaluate, treat and escalate risks.

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

The Chief Executive, as Accountable Officer, has overall responsibility for ensuring that the Trust has an effective risk management framework and system of internal control in place; however, Directors have responsibility for the ownership and management of principal and operational risks within their portfolios.

The Board Secretary has responsibility for leading on the design, development and implementation of the Risk Management and Board Assurance Framework that provides a line of sight to the controls and related assurances, and the actions the Trust will take to mitigate the risks.

The Risk Management Strategy and Framework 2018-2021 is in place and will be revised and developed as one component part of the Trust's risk transformation programme as set out in the Integrated Medium Term Plan (IMTP) 2022/2025. The risk transformation programme was reviewed and supported by the Audit Committee in December 2021.

Alongside the Strategy and Framework, the Risk Register Development Guide describes the Trust processes to assess and treat risk through local, directorate and corporate risk registers. The Datix Risk Management System is used to manage the risks on these registers and the Guide allows risk owners to apply appropriate inherent, current and target risk scores using a 5 x 5 matrix for likelihood and consequence. The frequency of monitoring and levels of escalation are set out in these documents to enable lower rated risk to be managed locally by the risk owner and delegated officers, teams and managers best placed to mitigate the risks.

Whilst risk is inherent in many of our activities, the Trust will not accept risks that materially impair the ability to deliver services to a high standard of safety and quality, its reputation or those that may cause any disrepute with its stakeholders.

The Trust, which operates as part of a publicly funded healthcare system in Wales, does not have unlimited resources and therefore it determines the appropriateness and cost of resources required to address principal risks. This is a major influence in determining the risk appetite of the organisation which is set and developed by the Board. Separate and distinct risk appetite statements will be developed as part of the risk management transformation programme.

In two key areas the Trust's risk appetite is risk averse, which means that risks will be eliminated or reduced to the lowest practical level should they impact negatively upon:

- The quality and safety (including physical and/or psychological harm) of its patients, workforce, and the public, and
- Compliance with statutory duty, regulatory compliance, or accreditation.

Internal and external factors are putting services under severe pressure which presents risks to patient safety and delivery of agreed plans for service transformation. The highest rated risks on the Corporate Risk Register below seek to mitigate these and continue to be closely monitored by management, Board Committees and Trust Board.

Risk Profile

The risk profile of the Trust, described in the table below, is subject to senior management scrutiny. As at the 24 March 2022 Trust Board meeting there were eleven organisational wide risks scoring 15 or above on the Trust's Corporate Risk Register which can be viewed via [this link](#).

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	EXECUTIVE OWNER	CURRENT RISK SCORE	ASSURANCE COMMITTEE
223	The Trust's inability to reach patients in the community causing patient harm and death	Service Delivery	Director of Operations	25 (5x5)	Quality, Patient Experience and Safety Committee

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	EXECUTIVE OWNER	CURRENT RISK SCORE	ASSURANCE COMMITTEE
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	Quality & Safety	Director of Quality & Nursing	25 (5x5)	Quality, Patient Experience and Safety Committee
160	High sickness absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Resource Availability	Director of Workforce & Organisational Development	20 (5x4)	People and Culture Committee
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	Statutory Duties	Director of Quality & Nursing	20 (4x5)	Audit Committee; Quality, Patient Experience and Safety Committee
139	Failure to Deliver our Statutory Financial Duties in accordance with legislation	Statutory Duties	Director of Finance and Corporate Resources	16 (4x4)	Finance and Performance Committee
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Director of Operations	16 (4x4)	Finance and Performance Committee
311	Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH	Resource Availability	Director of Finance & Corporate Resources	16 (4x4)	Finance and Performance
458	A confirmed commitment from EASC and/or Welsh Government required regarding funding for recurrent costs of commissioning	Service Delivery	Director of Finance and Corporate Resources	16 (4x4)	Finance and Performance Committee
201	Trust Reputation	Stakeholder Relationships	Director of Partnerships and Engagement	15 (3x5)	People & Culture Committee
245	Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs.	Service Delivery	Director of Operations	15 (3x5)	Finance & Performance Committee

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	EXECUTIVE OWNER	CURRENT RISK SCORE	ASSURANCE COMMITTEE
260	A significant and sustained cyber-attack on the Trust, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	Service Delivery	Director of Digital	15 (3x5)	Finance & Performance Committee

The timely review of risk and associated mitigation plans has been impacted by the challenges faced as a result of our operational response to the pandemic with some review dates having passed their identified review date. These risks have, nevertheless, been subject to scrutiny and challenge by the Trust Board and relevant Board Committees. This area for improvement has been acknowledged by the operational risk leads.

Risks 223, 224 and 160 were exacerbated by the pandemic however they have been subject to regular review throughout.

Risk Assessment and Risk Review Process

The Trust's Assistant Director Leadership Team (ADLT), Executive Management Team (EMT), Audit Committee and Trust Board regularly received, considered, and commented on the Corporate Risk Register during 2021/2022. Furthermore, risks relevant to the remit of the Finance & Performance, People and Culture and the Quality, Safety and Patient Experience Committees were reported at each meeting for scrutiny and challenge.

On each occasion, commentary was provided to explain progress made by the Trust (including partners and stakeholders as appropriate) to mitigate existing risks and to set out all new and emerging risks to the organisation.

The ADLT continue to review the risk assessments on all new corporate risks in addition to reviewing any changes to existing corporate risks and mitigating actions. Each of these risks have been developed by the delegated, responsible officers and the risk owners and agreed at Directorate Business Meetings prior to review by ADLT and the activity is then reported to the EMT, relevant Board Committees and Trust Board.

The Trust recognises that managing several of its key risks relies on close partnership working with stakeholders (e.g., Health Boards) to ensure risks are understood and mitigating actions are carried out in partnership where necessary. The highest scoring risks are regularly shared across peer networks such as the Directors of Nursing and are discussed at the All Wales Chief Executive's forum. In addition to this, as part of the Trust's risk maturity, the ambition is to undertake joint discussion on corporate risks at national risk management forum meetings.

The Trust receives information from a variety of other sources which helps inform the Trust's risks and mitigating actions. These sources include feedback from patients and the public, concerns raised with the Trust and serious adverse incidents.

The Audit Wales Structured Assessment Phase 2 Report, received in November 2021 noted the following in relation to the management of risk in the Trust:

"We found that the Trust has taken steps to further strengthen its risk management arrangements".

Internal Audit undertook a further, planned audit on risk management in Quarter 4 2021/22, with the overall objective to provide assurance that the Trust has a robust risk management and assurance framework arrangements in place to address both strategic and operational risks. That review concluded that there was reasonable assurance on risk management and assurance arrangements for the Trust, with four recommendations raised, one of which was a high priority, two medium and two low. The areas highlighted to strengthen will form part of the Risk Management Improvement Programme under the IMTP 2022/25.

Board Assurance Framework

The Trust Board and Committees have received the Board Assurance Framework (BAF) throughout the year alongside the Corporate Risk Register, following its approval by the Executive Management Team.

In Quarter 4 an exercise was carried out to re-articulate the highest rated risks in an 'if, then, resulting in' methodology to more fully describe the risk and its potential impact. The Trust took this opportunity to review all controls and assurances against these risks and describe the actions planned to mitigate the gaps. The risk owners, EMT and the Board were fully engaged in the process and were updated on this work as it matured. In March 2022 the Audit Committee agreed to pause the formal reporting of the BAF until its June meeting to allow this work to take place. The ADLT, EMT, Trust Board and Committees will continue to receive reports on the Corporate Risk Register during this time.

Risk Management Training

The continuing impact of the COVID-19 pandemic has meant that face to face training has been paused, however, the Trust has been committed to continuing to deliver risk training throughout the pandemic and since January 2021, the Head of Risk/Deputy Board Secretary, has delivered virtual training sessions at the Assistant Directors Leadership Team meeting, Directorate business meetings, and at the Duty Operations Managers induction programme.

The training captured the fundamentals of risk management including the identification and escalation of risk and how to manage risks via the Datix Risk Management System.

The Head of Risk/Deputy Board Secretary is working with colleagues across NHS Wales to develop a consistent training needs analysis and risk training modules that

will align to the new Once for Wales System for Risk Management, which is scheduled to be implemented within the Trust in Quarter 3 of 2022.

Risk Management Improvement Programme – Focus for 2022/2023

A risk management transformation programme has been designed to further strengthen and positively impact the development of the Trust's future strategic ambition which is highlighted in our IMTP as one of the fundamentals of a quality driven, clinically led, value focussed organisation.

The Trust remains committed to implementing a positive risk management culture through delivery of our risk management transformation and areas of significant focus during 2022 are:

- A refresh of the risk management strategy and associated procedures with a focus on strengthening the articulation and management of risk;
- Developing a risk management policy;
- Developing and embedding a revised Board Assurance Framework;
- Developing a programme of training and education for the whole organisation;
- Establishing a programme of Board education on risk management including the development of risk appetite statements; and
- Implementing the Once for Wales Risk Management System (Datix) and aligned training programmes.

In addition to this transformation programme, work is ongoing to consider and develop potential new risks for inclusion on the Corporate Risk Register as follows:

- Patient Safety/Putting Things Right Team
- NHS decarbonisation
- Supply chain issues – digital equipment
- Securing stakeholder support to deliver the strategy and IMTP
- Capacity to deliver change (IMTP)
- Ongoing impact of COVID and increasing demand for services (IMTP)

Emergency Preparedness/COVID-19 Risks

The need to plan and respond to the COVID-19 pandemic has continued to present several challenges to the Trust throughout 2021/22. A number of new and emerging risks related to the pandemic were identified. As required by the Civil Contingencies Act 2004, the organisation has a major incident and business continuity plan in place, however the scale and impact of the pandemic has been unprecedented and the Trust has utilised its pandemic plan to assist in the response throughout the Pandemic.

The Trust has developed an Incident Response Plan to replace our Major Incident Plan which considers the national risk register, the local resilience forum risk register, NHS Wales's guidance and UK ambulance service guidance documents. This plan includes the Trust's response to counter terrorism incidents, mass casualty incidents and incidents that require specific actions to be taken, such as responding to airports and railway incidents.

Aligned to the Incident Response Plan, a new Command Policy has been developed and implemented to support the Trust Commanders, along with an Incident Notification and Escalation Procedure that clearly defines types of incidents and the response required. These plans have been tested in both the exercise and live environments, including the declaration of Business Continuity Incidents, Critical Incidents and trust Extraordinary Incidents, along with planning for incidents that the Trust management team anticipated an impact on the Trust, such as Storm Eunice, Public Order Incidents and the EU Exit. Our Resource Escalation Action Plan (REAP) has been revised to align with other UK Ambulance Trusts, alongside our Clinical Safety Plan which allows us to dynamically manage the demands on the service.

Our Senior Pandemic Team took on a dual remit over the winter period by addressing the significant challenges of the Omicron variant alongside the pressures associated with the winter period. Additional support cells have aided the logistical challenges associated with the deployment of the military through the MACA arrangements from October 2021 until March 2022. A range of tactics to support welfare arrangements for staff have been deployed alongside additional capacity tactics such as St John Ambulance Cymru Urgent Care Service capacity, and cohorting at key hospital sites through private ambulance providers to aid the offload at hospital sites. Staffing abstractions have presented a significant challenge because of the Omicron variant, particularly in our contact centre environments. Several new and innovative tactics were deployed to mitigate the impact of these abstractions including the deployment of COVID Champions to act as a visible reminder on infection, prevention and control measures.

The organisation continues to work closely with a wide range of partners, including the Welsh Government as it continues with its response, and planning into the recovery phase. The Trust has developed clear 'Monitor to Recovery' criteria which will be underpinned by robust risk management arrangements and the ability to identify, assess and mitigate risks which may impact on the ability of the organisation to achieve its strategic objectives.

The Trust has sustained a full Hazardous Area Response Team (HART) and increased its Specialist Operational Response Team (SORT). A further expansion to the SORT has been outlined in a Business Case that has been submitted to Welsh Government for consideration in line with the expansion that has already been funded in England.

The Trust has continued to work in partnership, through Local Resilience Forums (LRF), to address and mitigate the wide impacts of the pandemic on the population and our organisation. We have been key members of the four LRF Strategic Coordination Groups, Tactical Coordination Groups, and their subgroups, and as we reach a point where we enter formally into a recovery position, our Business Continuity and Recovery Team will work to develop working practices beyond the acute phase of the pandemic, into a "living with COVID" state.

The Trust continues to engage and support at a national and local level to remain prepared, with the ability to respond to any likely impact on the organisation and population. The Trust remains vigilant to the monitoring of any outbreaks locally,

and the emergence of any new variants, with confidence in its ability to stand up structures at short notice which is now tried and tested.

(e) The Control Framework

Quality Governance Arrangements

Over 2021/22, regular reporting of quality governance has continued to provide assurance to the Quality, Patient Experience and Safety Committee (QuEST). The quarterly quality reports have ensured continued compliance with the Health and Care Standards and Commissioning Framework. Over the period, the Trust has continued to engage with Welsh Government and wider system partners in developing the Duty of Quality and Duty of Candour requirements, arising from the Health and Social Care (Quality & Engagement) (Wales) (Act) 2020. The legislation is due to be enforced from April 2023.

In 2021, the Trust Board approved the Quality Strategy 2021-24 which sets out our high-level ambitions to ensure our services are safe, effective, and provide positive experiences. The QuEST committee have overseen the development of the implementation framework for this strategy, including the development of functions and forums to integrate the citizens' voice, the design and development of quality leadership roles and management systems; and, enabling a positive quality-focused and learning culture across the organisation.

As is evident in the Performance Report, the year continued to be operationally challenging, presenting significant risks to the organisation and our patients. Hospital handover delays continue to impact on the availability and responsiveness of ambulance resources across our communities. Patients and staff have endured excessive waits from arriving at hospital to being taken into the department. Not only is this a very poor patient and staff experience, it further increases clinical risks to our patients through being delayed to receive treatment and, sometimes, not receiving their basic nursing needs. Regrettably, this challenge generates further risk to the communities we serve. Whilst finite ambulance resources are unable to respond due to hospital handover delays, patients awaiting an emergency ambulance response are not receiving a timely service. This has resulted in multiple serious adverse incidents, resulting in actual harm and death of patients waiting in the community.

The Trust has a Clinical Audit Programme which contributes to improving the level of care delivered to patients. In 2020, the programme was put on hold due to the pandemic and was fully reinstated by mid-2021 as part of the recovery plan, and four audits were then completed by March 2022. Some of the factors that influence audit topics include the efficacy of treatment for specific conditions, new initiatives, pilot projects, and identifying themes and trends from adverse incidents. Recommendations and actions resulting from clinical audits are included on an action tracker, with progress of the programme and action tracker monitored by various groups and the QuEST committee.

The Clinical Audit and Effectiveness Team provides data for monthly clinical indicators that are reported on within the Trust and form part of the Ambulance Quality Indicators produced by the Emergency Ambulance Services

Committee. These indicators measure specific criteria to demonstrate the level of care delivered to patients, compliance to these is monitored and improvement plans developed as required. The indicators include stroke, STEMI (heart attack), hip fracture, hypoglycaemia (diabetes) and ROSC (return of spontaneous circulation from cardiac arrest). The implementation of the electronic Patient Clinical Record from November 2021 will provide the Trust with an opportunity to report on a wider range of data, combine time-based measures with clinical data and to link this data with the wider healthcare to look at outcomes.

The Trust continues to strive to raise quality and safety issues to the surface, ensuring Committee and Executive oversight of key issues and risks. Over 2021/22, the Board and Executive team have continued to elevate and inform system partners and stakeholders of the challenges across the urgency and emergency care system.

Information Governance Arrangements (Including Data Security)

The Trust operates a robust information governance framework and has a statutory responsibility to ensure that effective information governance controls and arrangements are in place, whilst remaining accountable for handling personal data during the COVID-19 public health emergency.

An Information Governance Steering Group is established and receives reports on information governance matters and developments. In addition, the Trust has an established suite of information governance and information security policies and procedures which continue to serve, inform, and guide the organisation to ensure compliance is met in practice. The QuEST Committee has oversight of information governance.

As part of the COVID-19 pandemic response, NHS Wales were issued with a Notice under Regulation 3(4) of the National Health Service (Control of Patient Information Regulations) 2002 (COPI) to require NHS Wales to share confidential patient information with organisations entitled to process this information under COPI for COVID-19 purposes. A number of data sharing agreements were implemented and these agreements will be subject to review on cessation of the COPI notice currently extended to 30 June 2022.

A Welsh Information Governance Toolkit annual self-assessment was submitted in 2021/22 and following the previous reporting year's submission, an Improvement Plan has been developed and is subject to ongoing monitoring by the Information Governance team and Information Governance Steering Group. However, as a result of the impact of COVID-19, progress on some areas of the improvement plan have been delayed, whilst focus has remained on ensuring current and planned projects within the Trust continue to meet compliance requirements. The Improvement Plan will be revised to include the 2021/22 annual submission results.

During the reporting period, the Trust received 'Substantial Assurance' following an Internal Audit of the Mobile Testing Units as part of a COVID-19 initiative, providing assurance to the Trust on the Information Governance arrangements in place.

The Trust uses the Datix System to capture data breaches via the incident module. Each reported data protection incident is reviewed and assessed in accordance with

the NHS Wales Breach Assessment Guidelines, and remedial actions taken where required. During the reporting period, a total number of four incidents were reported to the Information Commissioner's Office (ICO). Following notification, no further action was taken by the ICO.

Corporate Governance Code Compliance

An assessment against the Corporate Governance in Central Government Departments: Code of Good Practice 2017, has been completed using the "Comply" or "Explain" approach. Whilst there is no requirement to comply with all elements of the Corporate Governance Code for Central Government Departments, an assessment was undertaken in March 2022 against the main principles as they relate to an NHS public sector organisation in Wales. The Trust is satisfied that it is complying with the main principles of, and is conducting its business in an open and transparent manner in line with, the Code. There were no reported/identified departures from the Corporate Governance Code during the year.

(f) Planning Arrangements

In accordance with expectations from Welsh Government, the Trust submitted its 2022/25 Integrated Medium Term Plan (IMTP) on 31 March 2022 following its approval by the Board on 24 March 2022.

Further details on the Trust's IMTP and planning arrangements are set out in the Performance Report contained within this Annual Report.

(g) Disclosure Statements

The Trust confirms that in accordance with the requirements of the Governance Statement:

- Control measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights legislation are complied with. The Strategic Equality Plan 2020/2024 sets out the Trust's meaningful commitment to work with staff and volunteers to help them recognise, promote and celebrate equality, diversity and inclusion. It also outlines how the Trust will ensure the people who use ambulance services, including those with protected characteristics, have equal access and outcomes.
- As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.
- Whilst specific risk assessments and carbon reduction delivery plans were not developed in 2021/22 in relation to the impact of climate change on business continuity, the wider Trust's Decarbonisation Strategy is developed to ensure that the Trust's obligation under the Climate Change Act and the adaptation

reporting requirements are complied with. The implementation of this strategy is overseen by the Finance and Performance Committee.

- The Trust had no reported serious untoward incidents during 2021/22 in relation to data security.

Quality of Data

Quality of data generated and utilised by the Trust's core service areas is considered a collective responsibility but overseen by the Digital Directorate. Through a mature data pipeline, robust processes, and expert-in-the-loop data checks, the Trust maintains a strong level of data quality throughout. Where information-related anomalies do occur, these are investigated collaboratively by a domain expert, informatics analyst, and our data quality lead.

On a monthly basis, the Trust reports key metrics of performance to Welsh Government in an Official Statistics Release. These submissions require thorough checks across all dimensions of data quality (namely: accuracy, completeness, consistency, validity, timeliness and uniqueness), both at the call / incident level and as aggregated to the higher-level views. This exercise can also involve investigation to data entries at the most granular level, whereby any issues in system, process or reporting can be identified and fixes proposed, demonstrating that data quality within the Trust takes on a full end-to-end approach.

Similarly, intelligence is offered to the Board through a variety of reports which first pass through appropriate committees at differing levels of granularity for review and discussion. This means any data presented to Board will have undergone several rounds of interrogation prior. In future it could be possible for this intelligence to be accompanied by individual data quality scores per metric or topic.

Ministerial Directions

Ministerial Directions are published by Welsh Government as part of their health and social care publications and can be found [here](#). There were no Ministerial Directions imposed on the Trust during the period 1 April 2021 to 31 March 2022.

Welsh Health Circulars

Welsh Health Circulars provide a streamlined, transparent and traceable method of communication between NHS Wales and NHS organisations. The Circulars relate to different areas such as policy, performance and delivery, planning, legislation, workforce, finance, quality and safety, governance, information technology, science, research, public health and letters to health professionals.

A number of Circulars were received during the year and these are assigned to a lead Director who is responsible for the implementation of required actions.

(h) Review of Effectiveness

As Accountable Officer for the Trust, the Chief Executive has responsibility for reviewing the effectiveness of the system of internal control. The review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors (Audit Wales) in their audit letter and other reports. All of which have effectively carried out their duties and responsibilities during 2021/22.

Standing Orders, Committee terms of reference, and the Governance Code require that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part. The Board reviewed its effectiveness during Board Development sessions in October 2021 with external facilitators, and by way of its compliance with the Governance Code.

Each Board Committee has undergone extensive effectiveness reviews in Quarter 4 of 2021/22 resulting in changes to terms of reference and membership to strengthen assurance and scrutiny to the Board.

The Chair's performance is evaluated annually by the Minister for Health and Social Services. Annual performance appraisal for the Vice Chair, Chief Executive and Non-Executive Directors is carried out by the Chair, and for the Executive Directors by the Chief Executive.

Health Inspectorate Wales

Under the Joint Escalation and Intervention Arrangements, Health Inspectorate Wales meets with Welsh Government and Audit Wales twice a year to discuss the overall assessment of the Trust.

Two tripartite meetings were held in 2021/22 and on both occasions the escalation status of the Trust remained unchanged at 'routine arrangements'.

The most recent meeting in March 2022 noted concerns and issues to be addressed relating to handover and response time and the impact on patient experience; actions to address quality and governance measures; plans in place for capacity issues when the military exit in March 2022; and the ongoing relationship between management, the Trade Unions and staff.

Internal Audit

Internal Audit provides the Accountable Officer and the Board, through the Audit Committee, with a flow of assurance on the system of internal control. The Accountable Officer commissioned a programme of audit work which was delivered in accordance with Public Sector Internal Audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit Committee and is focussed on significant risk areas and local improvement priorities.


The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk based audit programme and contributes to the

picture of assurance to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The programme has been impacted by the need to respond to the COVID-19 pandemic with some audits deferred, cancelled or curtailed as the organisation responded to the pandemic. The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the Opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

The Trust develops an annual Internal Audit plan in conjunction with Internal Auditors. The plan is risk based which directs the reviews to areas where management and the Audit Committee considers there may be potential weaknesses. In this regard, the Trust expects to receive some limited assurance reports and these should not detract from the overall progress the Trust continues to make.

The Head of Internal Audit has concluded:

	<p>The Trust Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>
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This conclusion is consistent to the Reasonable Assurance Head of Internal Audit Opinion reported in the Trust's 2020/21 Governance Statement.

The 2021/22 reasonable assurance conclusion is derived from 21 Internal Audit reviews.

Internal Audit Assurance Conclusion	Number of Reports
No Assurance	0
Limited Assurance	2
Reasonable Assurance	16
Substantial Assurance	2
Advisory	1
Total	21

For the fifth consecutive year there has been no 'No Assurance' Internal Audit Reports of Trust business. Set out below are two reports that had a conclusion of Limited Assurance that were reported to Audit Committee during 2021/22.

NEPTS – Transfer of Operations

The review by Internal Audit sought to provide assurance that the capturing, reporting and monitoring of benefits realised reflected those identified at the outset of the transfer project. The review concluded that many of the outset benefits may have been realised now that the transfer had been completed, but that the Trust needed to undertake an exercise to support and demonstrate this.

Three recommendations for action were identified, of which two were categorised as high priority (to complete the mapping exercise of the expected benefits; and to ensure documentation is maintained and that effective handover is provided to ensure that knowledge is not lost). A management action plan was agreed by Audit Committee in March 2022 and progress will be monitored by the Committee during 2022/23.

Waste Management

The audit was undertaken to assess the Trust's compliance with relevant waste management legislation and guidance, and progress towards agreed national and local waste reduction targets.

Seven recommendations were identified, of which six were categorised as high priority; these are in relation to waste process documents, operational responsibility for clinical waste management at each site, compliance issues, clinical waste transfer arrangements and waste audits.

Copies of all Internal Audit reports and progress reports can be obtained in the Audit Committee papers section on the Trust's website. The full Head of Internal Audit Report 2021-22 can also be found via this link having been considered by Audit Committee at the 7 June 2022 meeting.

External Audit – Audit Wales

The Auditor General for Wales is the Trust's statutory external auditor and since 1 April 2020 the Auditor General for Wales and the Wales Audit Office are known collectively as Audit Wales. Audit Wales scrutinises the Trust's financial systems and processes, performance management, key risk areas and the Internal Audit function.

Reports are produced by Audit Wales in line with an Audit Committee approved annual programme of work and include a management response by the Trust for reports which contain recommendations. All Audit Wales reports are considered by the Audit Committee and their recommendations are subsequently recorded in the Trust's audit recommendations tracker which is subsequently reported to each Audit Committee meeting to provide assurance on their implementation.

The key annual governance report on Trust matters produced by Audit Wales is the Structured Assessment. In 2021 the Audit Wales Structured Assessment work was designed in the context of the ongoing response to the COVID-19 pandemic and was undertaken in two phases:

- Phase 1: considered the planning arrangements underpinning the development and delivery of the Trust's operational plan for quarters three and four of 2020-21
- Phase 2: considered how corporate governance and financial management arrangements adapted over the year.

The Phase 1 report was considered and agreed by Audit Committee in June 2021. It concluded that the *“Trust has continued to adapt and refine its planning approach to respond to new requirements, the challenges of the COVID-19 pandemic and maintain oversight of its long-term ambitions. However, as a result of operational pressures some aspects of monitoring and reporting of plan progress were paused or altered during the year and there is scope to clarify these arrangements going forward”*.

The Phase 2 report key messages were that the *“Trust has continued to develop its corporate governance, planning and financial management arrangements in the context of significant service delivery pressures which are compromising the effectiveness and safety of emergency ambulance services and longer-term service transformation”*. The report added that *“the Trust continues to improve governance, risk management and quality and safety assurance arrangements, but it has yet to revise its performance management framework. It has good arrangements for developing plans. However, issues both within its control and otherwise mean services are under severe pressure presenting risks to patient safety and delivery of agreed plans for service transformation”*.

With regards to managing financial resources, the Phase 2 Structured Assessment stated that *“the Trust has succeeded in meeting its financial objectives for 2020/21 and continues to improve financial controls and there are good reporting arrangements in place. However, the Trust should continue to monitor and consider contingencies to prevent spending pressures or the non-reimbursement of additional COVID-19 related expenditure risking future objectives.”*

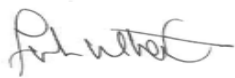
The Phase 2 Structured Assessment was considered and agreed by Audit Committee in December 2021 and whilst there were no formal recommendations in either the Phase 1 or Phase 2 Structured Assessments, progress on the issues set out above will be monitored and, where appropriate, reported to Audit Committee during 2022/23.

(i) Conclusion

As indicated throughout this statement, the need to plan and respond to COVID-19 has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to risks. The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2021/22 and beyond. I will ensure our Governance Framework considers and responds to this need.

As Accountable Officer for the Welsh Ambulance Services NHS Trust, I confirm that the statements made in this report are correct for the year ended 31 March 2022 and up to the date of approval of the Annual Report and Accounts, that there have been

no significant internal or governance issues and I confirm that there were sound systems of internal control in place to support the delivery of the Trust's policy aims and objectives.

A handwritten signature in black ink, appearing to read 'Jason Killens', written in a cursive style.

Chief Executive:
Jason Killens

Date: 13 June 2022

(j) Governance Statement Appendices

Appendix 1 - Board and Committee Membership and Attendance

The Board has been constituted to comply with the National Health Service (Wales) Act 2006 and the National Health Service Trusts (Membership and Procedure) Regulations 1990 (SI 1990 No. 2024). In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board members also fulfil a number of champion roles where they act as ambassadors for these matters.

The table below sets out the number of meetings that each Board member has attended during 2021/22 (Committee attendance figures as recorded in Committee Highlight Reports presented to Trust Board).

Name	Position	Board and Committee Record of Attendance (Actual Attendance of Total Held Meetings)	Champion Roles
Martin Woodford	Trust Board Chair	Trust Board (Public): 7 of 7 Trust Board (Closed): 7 of 7 Remuneration Committee: 7 of 7	Governance and risk.
Kevin Davies	Vice Chair	Trust Board (Public): 7 of 7 Trust Board (Closed): 6 of 7 Academic Partnership Committee: 4 of 4 Charitable Funds Committee: 4 of 5 People and Culture Committee: 2 of 4 Quality, Patient Experience & Safety Committee: 4 of 4 Remuneration Committee: 3 of 7	Operational delivery Academic partnerships Armed forces and veterans Mental health Research.
Emrys Davies	Non-Executive Director	Trust Board (Public): 7 of 7 Trust Board (Closed): 7 of 7 Audit Committee: 4 of 4 Charitable Funds Committee: 5 of 5 Finance and Performance Committee: 6 of 6 Quality, Patient Experience & Safety Committee: 4 of 4	Welsh Language
Bethan Evans	Non-Executive Director	Trust Board (Public): 7 of 7 Trust Board (Closed): 7 of 7 Charitable Funds Committee: 5 of 5 Finance and Performance Committee: 6 of 6 People and Culture Committee: 4 of 4 Quality, Patient Experience & Safety Committee: 4 of 4	Quality, safety and patient experience
Paul Hollard	Non-Executive Director	Trust Board (Public): 7 of 7 Trust Board (Closed): 7 of 7 Academic Partnership Committee: 4 of 4 Audit Committee: 4 of 4 People and Culture Committee: 4 of 4 Quality, Patient Experience & Safety Committee: 4 of 4	Workforce and organisational development Trade union relationships Children and young people Older persons Raising concerns (staff).
Ceri Jackson	Non-Executive Director	Trust Board (Public): 7 of 7 Trust Board (Closed): 6 of 7 Charitable Funds Committee: 5 of 5 Finance and Performance Committee: 5 of 6 Quality, Patient Experience & Safety Committee: 3 of 4	Digital and transformation Partnerships and engagement Charitable fundraising
Joga Singh	Non-Executive Director	Trust Board (Public): 3 of 7 Trust Board (Closed): 2 of 7 Audit committee: 3 of 4 People and Culture Committee: 3 of 4 Finance and Performance Committee: 5 of 6 Remuneration Committee: 4 of 7	Environment and sustainability Resources and value for money.
Martin Turner	Non-Executive Director	Trust Board (Public): 7 of 7 Trust Board (Closed): 5 of 7 Academic Partnership Committee: 2 of 4 Audit Committee: 4 of 4 Remuneration Committee: 4 of 7	Strategy development Governance and risk
Voting Executive Directors			
Jason	Chief Executive	Trust Board (Public): 7 of 7	

Name	Position	Board and Committee Record of Attendance (Actual Attendance of Total Held Meetings)	Champion Roles
Killens		Trust Board (Closed): 7 of 7 Remuneration Committee: 5 of 7	
Brendan Lloyd	Executive Medical Director	Trust Board (Public): 7 of 7 Trust Board (Closed): 7 of 7 Quality, Patient Experience & Safety Committee: 2 of 4	
Chris Turley	Executive Director Finance and Corporate Resources	Trust Board (Public): 7 of 7 Trust Board (Closed): 7 of 7 Audit Committee: 4 of 4 Charitable Funds Committee: 5 of 5 Finance and Performance Committee: 6 of 6	Fire safety.
Claire Roche (to 4/3/22)	Executive Director Quality and Nursing	Trust Board (Public): 6 of 6 Trust Board (Closed): 4 of 5 Quality, Patient Experience & Safety Committee: 4 of 4	Caldicott guardian Children and young people Putting things right (and patient safety).
Wendy Herbert (from 7/3/22)	Executive Director Quality and Nursing	Trust Board (Public): 1 of 1 Trust Board (Closed): 2 of 2	Caldicott guardian Children and young people Putting things right (and patient safety).
Claire Vaughan	Executive Director Workforce and OD	Trust Board (Public): 6 of 7 Trust Board (Closed): 4 of 7 Academic Partnership Committee: 1 of 4 Charitable Funds Committee: 3 of 5 People and Culture Committee: 4 of 4 Remuneration Committee: 5 of 7	Violence and aggression.
Non-Voting Executive Directors			
Lee Brooks	Director of Operations	Trust Board (Public): 5 of 7 Trust Board (Closed): 4 of 7 Audit Committee: 1 of 4 Finance and Performance Committee: 5 of 6 People and Culture Committee: 4 of 4 Quality, Patient Experience & Safety Committee: 2 of 4	Emergency planning.
Andy Haywood	Digital Director	Trust Board (Public): 6 of 7 Trust Board (Closed): 6 of 7	
Estelle Hitchon	Director of Partnerships and Engagement	Trust Board (Public): 7 of 7 Trust Board (Closed): 6 of 7 Academic Partnership Committee: 4 of 4 People and Culture Committee: 4 of 4	
Rachel Marsh	Director of Strategy, Planning and Performance	Trust Board (Public): 6 of 7 Trust Board (Closed): 7 of 7 Finance and Performance Committee: 6 of 6	
Andy Swinburn	Director of Paramedicine	Trust Board (Public): 7 of 7 Trust Board (Closed): 6 of 7	
Board Secretary			
Keith Cox (to 1/8/21)	Board Secretary	Trust Board (Public): 3 of 3 Trust Board (Closed): 1 of 1 Academic Partnership Committee: 1 of 1 Audit Committee: 1 of 1 Charitable Funds Committee: 1 of 1 People and Culture: 1 of 1 Remuneration Committee: 1 of 1	Welsh language
Trish Mills (from 2/8/21)	Board Secretary	Trust Board (Public): 4 of 4 Trust Board (Closed): 6 of 6 Academic Partnership Committee: 3 of 3 Audit Committee: 3 of 3 Charitable Funds Committee: 4 of 4 Finance and Performance Committee: 4 of 4 People and Culture Committee: 3 of 3 Quality, Patient Experience & Safety Committee: 3 of 3 Remuneration Committee: 6 of 6	Welsh language.

Appendix 2 - Board and Committee Meeting Dates

The following Table sets out the dates of all Board and Committee meetings held in 2021/22. All Trust Board and Board Committee meetings in 2021/22 were quorate.

Meeting Title	Meeting Dates 2021-22
Trust Board (Public)	27/5/21, 10/6/21, 29/7/21, 30/9/21, 25/11/21, 27/1/22, 24/3/22.
Trust Board (Closed)	21/5/21, 30/9/21, 25/11/21, 16/12/21, 27/1/22, 25/2/22, 24/3/22.
Academic Partnership Committee	27/4/21, 21/9/21, 9/12/21, 8/3/21
Audit Committee	3/6/21, 16/9/21, 2/12/21, 3/3/22
Charitable Funds Committee	3/6/21, 26/8/21, 4/11/21, 17/1/22, 10/2/22.
Finance and Performance Committee	13/5/21, 22/7/21, 23/9/21, 18/11/21, 20/1/22, 17/3/22,
People and Culture Committee	11/5/21, 7/9/21, 30/11/21, 22/2/22.
Quality, Patient Experience & Safety Committee	7/5/21, 9/9/21, 16/11/21, 17/2/22.
Remuneration Committee	10/6/21, 25/8/21, 7/10/21, 21/10/21, 7/12/21, 7/3/22, 21/3/22.

2.2 Modern Slavery Act 2015 – Transparency in Supply Chains

The Trust has signed up to and is fully committed to the Welsh Government Code of Practice Ethical Employment in Supply Chains. This has been established by the Welsh Government to support the development of more ethical supply chains to deliver contracts for the Welsh public sector and third sector organisations in receipt of public funds. The procurement function is a key area for ethical employment in supply chains. This is run by NHS Wales Shared Services Partnership (NWSSP) and is a Committee of Velindre University NHS Trust. More information can be found on the work done on the Health Board's behalf by NWSSP on the Shared Services Partnership website

2.3 Remuneration and Staff Report

The Remuneration and Staff Report contains information about senior manager's remuneration. It will detail salaries and other payments, the Trust's policy on senior managers remuneration and whether there were any exit payments or other significant awards to current or former senior managers.

The definition of senior managers is: 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments'.

For the Trust, the senior managers are considered to be the Boards members, i.e., the Executive and Non-Executive Directors including the Chair and Chief Executive; five further (non-voting) Directors, and the Board Secretary.

In addition to presenting data on senior managers' remuneration, the Remuneration and Staff Report sets out the membership of the Trust's Remuneration Committee, and staff information with regards to numbers, composition and sickness absence, together with expenditure on consultancy and off payroll expenditure.

Membership of the Remuneration Committee

Details of the members of the Remuneration Committee are shown in the Governance Statement.

Statement of Policy on the Remuneration of Senior Managers

All senior managers pay and terms and conditions of service have been, and will be, determined by the Remuneration Committee within the framework set by the Welsh Government. Performance of senior managers is assessed against personal objectives and the overall performance of the Trust. The process sets objectives for the year and assesses individual performance against the objectives. The Trust does not make performance or other related bonus payments.

In keeping with the Welsh Government directive on pay for senior managers in NHS Wales, a 3% consolidated pay uplift was applied for employees from 1 April 2021. Whilst this uplift had been applied to all pay scales for individuals holding executive and senior posts, some senior staff of the Trust are on individually negotiated spot rates and where these staff were in post before 1 April 2021, the 3% pay uplift was also applied.

Policy on Duration of Contracts and Notice Periods

The Trust utilises permanent and fixed term contracts of employment as well as secondment opportunities.

The Chair and other Non-Executive Directors can be appointed up to four year terms, which may be extended to a maximum of eight years in total. Senior managers are appointed to permanent contracts in line with Welsh Government

guidance and are required to give three months' notice of termination of employment.

For other staff on the Trust, the contractual notice employees are required to give to the Trust and which employees are entitled to receive, is as follows: Bands 1-6 = 4 weeks; Bands 7 = 8 weeks; Bands 8 & 9 = 12 weeks

The notice provisions for Pay Bands 1-7 outlined above are the normal notice periods of notice. However, these provisions do not override the statutory notice requirements the Trust is required to provide employees. According to length of service employees may be entitled to a greater period of notice and receive 1 weeks' notice for each completed year of service up to and including a maximum of 12 weeks' notice after 12 years of continuous employment.

This refers to the notice periods employees must give; however, this does not preclude individuals requesting an earlier release from their post. This does not affect the right of either party to terminate the contract without notice by reason of the conduct of the other party. The Trust may, depending on circumstances, pay salary in lieu of notice.

Senior Manager Contracts and Awards

Details of senior manager contracts are shown in the tables below. There was no payment for early termination to senior managers' contracts during 2021/22.

Remuneration Relationship

Details of the Trust's remuneration relationship are set out in Note 10.6 of the 2021/22 Annual Accounts.

Senior Managers in Post 2021/22

Name	Position Title	Assignment Category	Start Date in Position	Fixed Term End Date
Martin Woodford	Non-Executive Director/ Trust Chair	Fixed Term	7 April 2014	31 September 2022
Emrys Davies	Non-Executive Director	Fixed Term	1 April 2014	31 March 2022
Kevin Davies	Non-Executive Director/ Trust Vice Chair	Fixed Term	5 January 2015	31 December 2022
Bethan Evans	Non-Executive Director	Fixed Term	6 December 2019	5 December 2022
Paul Hollard	Non-Executive Director	Fixed Term	1 April 2016	31 March 2024
Ceri Jackson	Non-Executive Director	Fixed Term	1 April 2021	31 March 2026
Joga Singh	Non-Executive Director	Fixed Term	9 December 2019	8 December 2025
Martin Turner	Non-Executive Director	Fixed Term	13 December 2019	12 December 2023
Jason Killens	Chief Executive Officer	Permanent	Prior to 1 April 2021	Not Applicable
Wendy Herbert	Executive Director	Permanent	7 March 2022	Not Applicable

Name	Position Title	Assignment Category	Start Date in Position	Fixed Term End Date
Brendan Lloyd	Executive Director	Permanent	Prior to 1 April 2021	Not Applicable
Claire Roche	Executive Director	Permanent	Prior to 1 April 2021	Not Applicable
Christopher Turley	Executive Director	Permanent	Prior to 1 April 2021	Not Applicable
Claire Vaughan	Executive Director	Permanent	Prior to 1 April 2021	Not Applicable
Lee Brooks	Director	Permanent	Prior to 1 April 2021	Not Applicable
Keith Cox	Board Secretary	Permanent	Prior to 1 April 2021	Not Applicable
Andy Haywood	Director	Permanent	Prior to 1 April 2021	Not Applicable
Estelle Hitchon	Director	Permanent	Prior to 1 April 2021	Not Applicable
Rachel Marsh	Director	Permanent	Prior to 1 April 2021	Not Applicable
Trish Mills	Board Secretary	Permanent	2 August 2021	Not Applicable
Andy Swinburn	Director	Permanent	1 December 2021	Not Applicable

Further details of the contract arrangements of the Trust's senior managers in 2021/22 can be found in the Remuneration Table (and Notes) set out later in this Remuneration and Staff Report.

Senior Managers seconded from the Trust during 2021/22

Name	Position Title	Assignment Category	Start Date in Position	Secondment Date
Hannah Evans (Note 1)	Director	Permanent	Prior to 1 April 2021	6 August 2018

Senior Managers who left the Trust during 2021/22

Name	Position Title	Assignment Category	Start Date in Position	Leaving Date
Keith Cox	Board Secretary	Permanent	Prior to 1 April 2021	1 August 2021
Hannah Evans (Note 1)	Director	Permanent	Prior to 1 April 2021	16 July 2021
Claire Roche	Executive Director	Permanent	Prior to 1 April 2021	4 March 2022

Note 1: Hannah Evans initially left the Trust on external secondment to Swansea Bay University Health Board on 6 August 2018 and subsequently left the Trust's staffing establishment on 16 July 2021 for employment with Cardiff and Vale University Health Board.

Hutton Report Information

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce. The 2021/22 financial year is the first year disclosures in respect of the 25th percentile pay ratio and 75th percentile pay ratio are required.

	2021-22	2021-22	2021-22		2020-21	2020-21	2020-21
	£0	£0	£0		£0	£0	£0
	Chief Executive	Employee	Ratio		Chief Executive	Employee	Ratio
Total pay and benefits							
25th percentile pay ratio	162,500	24,565	6.62:1		167,500	22,945	7.3:1
Median pay	162,500	31,805	5.11:1		167,500	30,523	5.49:1
75th percentile pay ratio	162,500	44,814	3.63:1		167,500	42,287	3.96:1
Salary component of total pay and benefits							
25th percentile pay ratio	167,500	21,777	7.69:1		167,500	21,142	7.92:1
Median pay	167,500	24,882	6.73:1		167,500	24,157	6.93:1
75th percentile pay ratio	167,500	39,027	4.29:1		167,500	33,779	4.96:1
	Highest Paid Director*	Employee	Ratio		Highest Paid Director*	Employee	Ratio
Total pay and benefits							
25th percentile pay ratio	162,500	24,565	6.62:1		167,500	22,945	7.3:1
Median pay	162,500	31,805	5.11:1		167,500	30,523	5.49:1
75th percentile pay ratio	162,500	44,814	3.63:1		167,500	42,287	3.96:1
Salary component of total pay and benefits							
25th percentile pay ratio	167,500	21,777	7.69:1		167,500	21,142	7.92:1
Median pay	167,500	24,882	6.73:1		167,500	24,157	6.93:1
75th percentile pay ratio	167,500	39,027	4.29:1		167,500	33,779	4.96:1

In 2021/22, 0 (2020/2021, 0) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £18,576 to £167,500 (2020/21 £18,185 to £167,500). The all staff range includes directors (including the highest paid) and excludes pension benefits of all employees.

*In terms of these disclosures, the Chief Executive is also the highest paid director.

Financial year summary: NHS and social care financial recognition scheme bonus of £735 payment to reward eligible NHS staff has not been included in the NHS Remuneration Report calculations. This bonus payment is not a contractual payment, but a one off payment to reward eligible staff for their commitment and tireless efforts in the most challenging circumstances.

The total pay and benefits figure for the Chief Executive/Highest Paid Director is lower than the salary component due to a salary sacrifice scheme.

Following the change of presentation of the disclosure note, a new methodology has been implemented resulting in a different report having to be utilised, this has resulted in the median pay for 2020/21 increasing by £1,510 from the figure disclosed in the 2020/21 accounts. The reason behind this increase is that the new report takes their gross salary as at 31 March 2022 whereas the previous report calculated their cumulative gross pay.

Percentage Changes	2020-21		2019-20
	to		to
	2021-22		2020-21
% Change from previous financial year in respect of Chief Executive	%		%
Salary and allowances	-3.0		3.1
Performance pay and bonuses	0		0
% Change from previous financial year in respect of highest paid director*			
Salary and allowances	-3.0		3.1
Performance pay and bonuses	0		0
Average % Change from previous financial year in respect of employees taken as a whole			
Salary and allowances	3.6		4.7
Performance pay and bonuses	0		0

Salary and Pension entitlements of senior managers											
A) Remuneration											
Name and Title	2021-22					2020-21					
	Salary	Bonus Payments	Benefits in Kind	Pension benefits	Total	Salary	Bonus Payments	Benefits in Kind	Pension benefits	Total	
	(bands of £5000)	(bands of £5000)	Rounded to the nearest £100	Rounded to the nearest £1000	(bands of £5000)	(bands of £5000)	(bands of £5000) (Note 14)	Rounded to the nearest £100	Rounded to the nearest £1000	(bands of £5000)	
Martin Woodford (Chairman)	40-45				40-45	40-45				40-45	
Kevin Davies (Non Executive Director / Vice Chairman)	15-20				15-20	15-20				15-20	
Pamela J Hall (Non Executive Director) (Note 1)						5-10				5-10	
Emrys Davies (Non Executive Director)	5-10				5-10	5-10				5-10	
Paul Hollard (Non Executive Director)	5-10				5-10	5-10				5-10	
Martin Turner (Non Executive Director)	5-10				5-10	5-10				5-10	
Anoop Joga Singh (Non Executive Director)	5-10				5-10	5-10				5-10	
Bethan Evans (Non Executive Director)	5-10				5-10	5-10				5-10	
Ceri Jackson (Non Executive Director) (Note 2)	5-10				5-10						
Jason Killens (Chief Executive) (Note 3)	160-165		600	35	195-200	160-165	0-5	4,600	41	210-215	
Christopher Turley (Executive Director of Finance & Corporate Resources) (Note 4)	105-110		-	10	115-120	110-115	0-5	2,500	57	170-175	
Dr Brendan Lloyd (Executive Medical Director) (Note 5)	135-140		-		135-140	155-160	0-5	2,100		160-165	
Claire Vaughan (Executive Director of Workforce & OD)	95-100		-	36	135-140	95-100	0-5	-	26	120-125	
Claire Roche (Executive Director of Quality and Nursing) (Note 6)	100-105		1,800	54	155-160	105-110	0-5	2,300	214	325-330	
Gail Wendy Herbert (Interim Director of Quality and Nursing) (Note 7)	5-10		-	6	10-15						
Estelle Hitchon (Director of Partnership & Engagement) (Note 8)	95-100		-		95-100	90-95	0-5	-	11	100-105	
Rachel Marsh (Director of Strategy Performance & Planning) (Note 9)	100-105		-	46	150-155	100-105	0-5	-	52	155-160	
Lee Brooks (Director of Operations) (Note 10)	115-120		4,200	27	145-150	115-120	0-5	4,200	27	150-155	
Andrew Haywood (Director of Digital Services)	110-115		-	28	135-140	105-110	0-5	-	26	130-135	
Andrew Swinburn (Director of Paramedicine) (Note 11)	100-105		400	84	185-190	90-95	0-5	7,700	21	120-125	
Patricia Mills (Board Secretary) (Note 12)	60-65		-	14	75-80						
Keith Cox (Board Secretary) (Note 13)	40-45		-	0	40-45	90-95	0-5	-		90-95	
Note 1 - Pamela J Hall retired on 31st December 2020											
Note 2 - Ceri Jackson joined the Trust as Non Executive Director on 1st April 2021											
Note 3 - Jason Killens' salary excludes £4,785 sacrificed in respect of NHS Fleet Solutions. 2020-21 salary included an accrual of £3,093 for annual leave sold prior to 31st March 2021											
Note 4 - Christopher Turley's salary includes £3,112 in terms of annual leave sold and excludes £10,612 sacrificed in respect of NHS Fleet Solutions. 2020-21 salary included an accrual of £3,022 for annual leave sold prior to 31st March 2021 and excluded £5,306 sacrificed in respect of NHS Fleet Solutions											
Note 5 - Brendan Lloyd's tenure as Interim Deputy Chief Executive ended on 31st December 2021. Brendan retired on 31st December 2021, returning on 1st January 2022 to the role of Executive Medical Director on a 0.5 FTE basis. Salary full year equivalent is 75-80 (bands of £5000). 2020-21 salary included an accrual of £4,173 for annual leave sold prior to 31st March 2021											
Note 6 - Claire Roche left the Trust on 4th March 2022. 2020-21 salary included an accrual of £2,056 for annual leave sold prior to 31st March 2021											
Note 7 - Gail Wendy Herbert was appointed Interim Director of Quality and Nursing from 7th March 2022. Salary full year equivalent is 110-115 (bands of £5000)											
Note 8 - Estelle Hitchon chose to leave the pension scheme on 31st October 2020. Salary includes £2,005 in terms of annual leave sold											
Note 9 - Rachel Marsh's 2020-21 salary included an accrual of £3,124 for annual leave sold prior to 31st March 2021											
Note 10 - Lee Brooks' 2020-21 salary included £4,008 paid in terms of annual leave sold and an accrual of £3,012 for annual leave sold prior to 31st March 2021											
Note 11 - Andrew Swinburn was appointed Director of Paramedicine on 1st December 2021. Salary full year equivalent is 110-115 (bands of £5000). Salary includes £3,811 paid in terms of annual leave sold. 2020-21 salary included £673 paid in terms of annual leave sold											
Note 12 - Patricia Mills joined the Trust as Board Secretary on 2nd August 2021. Salary full year equivalent is 90-95 (bands of £5000)											
Note 13 - Keith Cox retired on 1st August 2021											
Note 14 - The one off non-consolidated non-pensionable bonus payment of £735 gross, payable to all directly employed NHS staff with at least one month's continuous service in the NHS in Wales between 17 March 2020 and 28 February 2021. The payment does not apply to Board Chairs and Non-Executive Directors											

B) Pension Benefits								
Name and title	Real increase in pension at age 60 (bands of £2,500)	Real increase in Lump sum at aged 60 related to real increase in pension (bands of £2,500)	Total accrued pension at age 60 at 31 March 2022 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2022	Cash Equivalent Transfer Value at 31 March 2021	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Jason Killens (Chief Executive)	0-2.5	-2.5-0	50-55	115-120	859	805	27	33
Christopher Turley (Executive Director of Finance & Corporate Resources)	0-2.5	-2.5-0	45-50	100-105	863	829	15	22
Dr Brendan Lloyd (Medical Director / Interim Deputy Chief Executive) *	-35--32.5	-100--97.5	-	0	-	-	17	25
Claire Vaughan (Executive Director of Workforce & OD)	0-2.5	0-2.5	25-30	45-50	474	430	28	21
Estelle Hitchon (Director of Partnership & Engagement) **	-32.5--30	-65--62.5	0	0	-	557	- 559	-
Claire Roche (Executive Director of Quality and Nursing)	2.5-5	2.5-5	40-45	110-115	890	810	56	21
Gail Wendy Herbert (Interim Executive Director of Quality and Nursing)	0-2.5	0-2.5	35-40	95-100	759	663	5	1
Rachel Marsh (Director of Strategy Performance & Planning)	2.5-5	0-2.5	45-50	60-65	736	676	43	21
Lee Brooks (Director of Operations)	0-2.5	0	30-35	0	354	323	12	24
Andrew Haywood (Director of Digital Services)	0-2.5	0	5-10	0	78	56	7	23
Andrew Swinburn (Director of Paramedicine)	2.5-5	7.5-10	35-40	85-90	726	632	77	20
Patricia Mills (Board Secretary)	0-2.5	0	0-5	0	39	16	7	12
Keith Cox (Board Secretary) ***	0	0	0	0	-	-	-	-
*Dr Brendan Lloyd re-joined the pension scheme from 1st September 2020 and left the scheme on 31st December 2021								
** Estelle Hitchon chose to leave the pension scheme on 31st October 2020								
***Keith Cox chose not to be covered by the NHS pension arrangements in the prior year, as well as the current reporting year until retirement on 1st August 2021								

Staff Numbers

An analysis of staff numbers by category during 2021/22 are set out below. The figures relate to the average number of employees under contract of service in each month of the financial year, divided by 12 (and rounded to nearest WTE). These figures have been calculated to include inward secondments and agency staff and to reconcile with the financial accounts.

Category	2021/22	2020/21*
Additional Clinical Services	2,064	1,755
Additional Professional, Scientific & Technical	2	1
Administrative, Clerical and Board Members	581	558
Allied Health Professionals	1,052	1,106
Estates & Ancillary	62	62
Medical & Dental	1	1
Nursing and Midwifery	207	170
Total	3,969	3,653

*Note: The 2020/21 figures have similarly been re-calculated to include inward secondments and agency staff to reconcile with the 2020/21 financial accounts.

Staff Composition

An analysis of the number of persons of each sex who are senior managers of the Trust (i.e., Non-Executive Directors, Executive Directors, Directors, Board Secretary) as at 31 March 2022 are set out below (excludes secondees out of the Trust). This compares to a Trust wide staff composition of 49% female, 51% male.

Gender	Headcount	%
Female	7	37
Male	12	63
Total	19	100

Sickness Absence Data

	2021/22	2020/21
Days lost (long term)	100,910.74	65,017.51
Days lost (short term)	50,050.55	31,864.22
Total days lost	150,961.30	96,881.73
Total staff years	329.20	302.85
Average working days lost	23.96	16.79
Total staff employed in period (headcount)	4,231	3,907
Total staff employed in period with no absence (headcount)	1,035	1,496
Percentage staff with no sick leave	24.04%	36.61%

Note 1: The percentage and total number of staff without absence in the year has been sourced from the standard Electronic Staff Record (ESR) Business Intelligence (BI) report. With regard to the reporting in relation to the percentage of staff with 'no sickness', the standard BI report excludes new entrants and also bank and locum assignments. Therefore, the number of staff who have had a whole year with no sickness absence is being divided into a smaller number than the total headcount at the end of the year.

Note 2: "Total staff employed in period with no absence (headcount)" is purely sickness absence and does not include those isolating/shielding due to COVID-19.

The Trust continues to performance manage absence robustly and has implemented a number of actions in 2021/2022. These include:

- A project plan for improving attendance has been developed and rollout has started. The plan has seven work streams to deliver, including additional coaching and development for managers to support their teams more effectively;
- Sickness audits;
- Pilot to report sickness absence to line managers rather than Resourcing;
- Quarterly checks of GRS and ESR data were undertaken to ensure consistency across both systems;
- Regular meetings continued to take place to manage sickness absence within the Trust in all regions across Wales;
- Regular case reviews were undertaken across EMS to discuss complex sickness cases and alternative duties arrangements;
- Face to face fortnightly drop in workshops for anxiety, trauma, wellbeing and mental health awareness are being held in 111NHSDW and Clinical Contact Centre sites across the Trust;

- Staff continue to utilise and engage with the Employee Assistance Programme and the Thrive App. Other wellbeing offers such as Silvercloud and Health for Health Professionals are also offered for psychological support;
- Occupational Health and Wellbeing provided ad hoc support to managers and colleagues where colleagues had suffered the bereavement of a colleague;
- Occupational Health continued to monitor Datix for musculo-skeletal incidents to inform staff of the Trust's fast track physiotherapy service, which has continued to see a rise in staff access;
- The 'road to recovery' support group meet weekly with a range of invited speakers to offer support to staff who are currently unwell due to long COVID;
- A fortnightly women's health group (previously menopause café) is held virtually to give information and offer a safe area of peer support to women within the Trust. Speakers in 2021 included the Endometriosis Society, dermatologists, nutritionists and a sleep expert;
- Investment in occupational health and wellbeing in 2021 has allowed an increase in the wellbeing and nursing contingent in North Wales, thus increasing access to face to face services and expansion of the service in this area; and
- Health promotion activities have expanded with regular internal communication campaigns, and the occupational health and wellbeing van visits accident and emergency departments in South Wales weekly offering TRiM and wellbeing support as well as supporting health campaigns for staff.

Staff Policies Applied During the Year

The Trust has a policy framework in place which covers policies, procedures and processes and how these should be introduced, amended, replaced and approved. These policies address all matters relating to the Trust and cover such issues as employment, health and safety and infection control. The Trust has policies on recruitment and selection, training and flexible working and a treating people fairly strategy. All these are designed to ensure that equality and diversity issues are fully considered in the recruitment, selection and employment of staff. Staff can access these policy documents through the Trust's Intranet.

Other Employee Matters

During 2021/2022 the Trust launched an Ally Programme to help create a more inclusive, compassionate and culturally responsible workforce in line with the organisation's Strategic Equality Objectives. The programme encompasses allyship to all underrepresented groups and communities and promotes self-guided learning, reflective practice, and courageous dialogue. 93% of staff have completed the Trust's mandatory equality and human rights training, called 'Treat Me Fairly'.

The Trust has continued to support working carers and is an active member of Carers UK's business forum, Employers for Carers. Our membership includes access to efcdigital.org which offers a range of resources that can help us support our staff who juggle work and caring responsibilities. Further, the Trust has an established Flexible Working Policy to help create a more flexible workplace to enable the recruitment and retention of staff and to facilitate a healthy work-life

balance that is essential to the health and wellbeing of our workforce. We have supported and celebrated numerous days and events, such as International Women's Day, Black History Month as well as LGBT History Month and more.

In January 2022 we appointed a Head of Inclusion and Engagement with a focus on leading the Equality, Diversity and Inclusion agenda in line with Intermediate Medium Term Plan deliverables.

During 2021/22 the Trust Board undertook a development session on the Socio-Economic Duty which prompted a review of the Equality Impact Assessment (EqIA) template to incorporate the duty and for this to become an equality and health impact assessment. A small task and finish group is being established to take this work forward in 2022/23.

As part of our wider equality, diversity and inclusion work, we have continued to provide employment information to inform national strategies, such as nurse staffing forecasts and information to inform the national mental health workforce plan for Wales.

Expenditure on Consultancy

Expenditure during 2021/22 in respect of consultancy costs was £0.878m (2020/21 £0.434m) across the following areas:

	£
Finance	3,450
Human Resources, Training and Education	88,761
IT/IS	22,004
Legal Services	30
Marketing and Communication	24,900
Organisation and Change Management	537,194
Programme and Project Management	26,864
Property and Construction	73,937
Strategy	99,974
Technical	648
Total	877,762

Off-Payroll Engagements

The Trust has a nil return in 2021/22 for off-payroll engagements. This is consistent to that reported in 2020/21.

Exit Packages

The Trust has a cost of £0.292m in 2021/22 for six staff exit packages. This compares to a return of £0.306m in 2020/21. Exit packages are described in Note 10.5 within the financial statements.

2.4 Parliamentary Accountability and Audit Report

The Parliamentary Accountability and Audit Report provides information on such matters as regularity of expenditure, fees and charges, and the audit certificate and report.

Regularity of expenditure

The Trust is required to ensure regularity of its income and expenditure. Sufficient evidence of the assurance of this has been provided as part of the audit of the accounts process and the audit certificate for the accounts concludes that in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by Welsh Parliament and that the financial transactions recorded in the financial statements conform to the authorities which govern them. The Trust confirms its expenditure for the year is regular.

Fees and charges

The Trust is required by Welsh Government to ensure that the full cost of providing commercial services is passed on in its fees and charges and confirms that proper controls were in place in 2021/22 over how, when and at what level charges were levied. The Trust confirms its fees and charges are in accordance with Welsh Government requirements.

Material remote contingent liabilities

The Trust has no material remote contingent liabilities within its 2021/22 accounts. This is consistent to that reported in 2020/21.

Audit certificate and report

The certificate and report of the Auditor General to the Welsh Parliament is attached on the following pages.

The Certificate and independent auditor's report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of the Welsh Ambulance Services NHS Trust for the year ended 31 March 2022 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Cash Flow Statement and the Statement of Changes in Taxpayers' Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the Welsh Ambulance Services NHS Trust as at 31 March 2022 and of its surplus for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis of opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of

accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Report on other requirements

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and Governance Statement has been prepared in accordance with Welsh Ministers' guidance;
- the information given in the Foreword, Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Foreword, Performance Report and Accountability Report has been prepared in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Foreword, Performance Report, Accountability Report and Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or I have not received all the information and explanations I require for my audit.

Responsibilities

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the audited entity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to the Welsh Ambulance Services NHS Trust's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.

- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following area: management override; and
- Obtaining an understanding of the Welsh Ambulance Services NHS Trust's framework of authority as well as other legal and regulatory frameworks that the Welsh Ambulance Services NHS Trust operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Welsh Ambulance Services NHS Trust.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Welsh Ambulance Services NHS Trust's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Responsibilities for regularity

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the Senedd and the financial transactions conform to the authorities which govern them.

Report

I have no observations to make on these financial statements.

Adrian Crompton
Auditor General for Wales
15 June 2022

24 Cathedral Road
Cardiff
CF11 9LJ

The maintenance and integrity of the Welsh Ambulance Services NHS Trust's website is the responsibility of Accounting Officer; the work carried out by auditors does not involve consideration of these matters and accordingly auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.