1        PROCEDURAL BUSINESS

1.1      Welcome and Apologies for Absence

*To welcome those in attendance and to note any apologies for absence.*

1.2      Declarations of Interest

*Members are reminded that they should declare any personal or business interests which they have in any matter or item to be considered at the meeting which may influence, or may be perceived to influence their judgement, including interests relating to the receipt of any gifts or hospitality received. Declarations should included as a minimum, personal direct and indirect financial interests, and normally also include such interests in the case of close family members. Any declaration must be made before the matter is considered or as soon as the Member becomes aware that a declaration is required.*
*The board noted the standing declarations of interest in respect of: (if in attendance)*
*Mr Emrys Davies, Retired Member of UNITE*
*Professor Kevin Davies, Independent Trustee St John Wales*
*Nathan Holman,  Chair of the Llannon Community Council*

2        ITEMS FOR DISCUSSION, NOTING AND APPROVAL

2.1      09:30 - Contracting Authority Agreement – Integrated Information Solution for 111 Wales (CT)

*To provide an overview of the functions and responsibilities needed as Contracting Authority to the new Integrated Information System for 111 and gain formal WAST sign off for undertaking this role.*

   ITEM 2.1 1111 system CA paper.docx

2.2      09:50 -  RFID Asset Management Procurement (CT) (AH)

*To formally APPROVE the purchase and commissioning of an electronic asset management system across clinical equipment in both EMS and NEPTS along with ICT.*

   ITEM 2.2 SBAR - Trust Board 18 Feb 2020 - RFID Asset Management.docx

   ITEM 2.2a 1819-R1-BID001  Electronic Asset Management for Clinical Equipment v1.4.1 (002).docx

2.3      10:10 - Mobile Device Procurement (CT) (AH)

*To approve purchase of Mobile Devices*

   ITEM 2.3 SBAR - Trust Board 18 Feb 2020 - mobile devices.docx

2.4      10:30 - Respiratory Protection Provision (CT) (CR)

*To formally approve capital spend in 2019/20 on hood respirators*

   ITEM 2.4 Personal Protective Equipment (highly infectious diseases) TB.docx

| AGENDA ITEM No | 2.1 |
|---|---|
| OPEN or CLOSED | Open |
| No of ANNEXES ATTACHED | 0 |

| Contracting Authority Agreement – Integrated Information Solution for 111 Wales |
|---|

| MEETING | Trust Board |
|---|---|
| DATE | February 2020 |
| EXECUTIVE | Director of Finance /111 WAST Lead<br>Director of Digital |
| AUTHOR | Richard Bowen / Ian Rawlings / Chris Turley |
| CONTACT DETAILS | |

| CORPORATE OBJECTIVE | |
|---|---|
| CORPORATE RISK (Ref if appropriate) | CRR42, CRR45 & CRR46 |
| QUALITY THEME | |
| HEALTH & CARE STANDARD | 2.1, 2.4, 3.1 |

| REPORT PURPOSE | To provide an overview of the functions and responsibilities needed as Contracting Authority to the new Integrated Information System for 111 and gain formal WAST sign off for undertaking this role. |
|---|---|
| CLOSED MATTER REASON | N/A |

| REPORT APPROVAL ROUTE | | |
|---|---|---|
| WHERE | WHEN | WHY |
| Trust Board (closed) | 19th Sept 2019 | For information and update |
| F&P Committee | 24th Oct 2019 | For scrutiny and recommendation for approval |
| Trust Board (open) | 30th Jan 2020 | Verbal update ahead of formal funding announcement |
| Trust Board | 18th Feb 2020 | For approval |

**WELSH AMBULANCE SERVICES NHS TRUST**

**TRUST BOARD**

**CONTRACTING AUTHORITY AGREEMENT – INTEGRATED 111 SYSTEM**

**SITUATION**

1. Procurement activities for a new single Integrated Information Solution (IIS) are now in their final stages and we are moving into full implementation phase. The Full Business Case (FBC) was completed, in accordance with the Five Case Model and presented to the Welsh Government Infrastructure Investment Board on the 11th December 2019. Formal approval was received by the Minister on the 7th February 2020, by means of a draft funding letter, to be finalised once the Contracting Authority for the new system is confirmed. WAST Board are therefore now being requested to formally become the Contracting Authority for the new system on behalf of NHS Wales.

**BACKGROUND**

2. The Full Business Case was formally endorsed by the 111 National Programme Board and the Welsh Ambulance Services Trust Board (in November 2019) having been through the Finance & Performance Committee (in October 2019). This was proceeded by three and a half years of specification development, procurement case processes and commercial dialogue of which 111, WAST, LHBs and NWIS have been integral partners.

3. The rationale for the case for change is based on the premise that the current IT infrastructure in use by NHS Wales 111 is being delivered by an amalgam of solutions used by NHSDW and GP out-of-hours. NHS Direct Wales' existing IT product CAS is currently at end of life system and in urgent need of replacement. Capita (who deliver the CAS system) have confirmed that they will no longer continue supporting this system indefinitely and the contract should have concluded in November 2019. Similarly, although the GPOOH system (Adastra) is still being supported, there have been recent issues around outages within individual LHBs and on a national UK basis within the last six months, so this replacement is also very timely.

4. This development is a significant investment by Welsh Government in the NHS in Wales. The capital cost being funded by WG is some £15.1m over the contract period, as demonstrated by the table below, with the annual revue cost of c£2m being in line with that current spent on the legacy systems.

|  | Dec 2019-Mar 2020 | Apr 2020-Mar 2021 | Apr 2021-Mar 2022 | Apr 2022-Mar 2023 | Apr 2023-Mar 2024 | Apr 2024-Mar 2025 | Apr 2025-Mar 2026 | Apr 2026-Nov 2026 | Total Cost Contract years 1-7 |
|---|---|---|---|---|---|---|---|---|---|
| Supplier Capital Costs |  |  |  |  |  |  |  |  |  |
| Supplier Implementation Charges | 0 | 5,384,050 | 0 | 0 | 0 | 0 | 0 | 0 | 5,384,050 |
| Supplier All Wales Licence Cost | 0 | 6,246,463 | 0 | 0 | 0 | 0 | 0 | 0 | 6,246,463 |
|  | 0 | 11,630,512 | 0 | 0 | 0 | 0 | 0 | 0 | 11,630,512 |
|  |  |  |  |  |  |  |  |  |  |
| NHS Wales Capital Costs |  |  |  |  |  |  |  |  |  |
| Integration | 0 | 145,000 | 0 | 0 | 0 | 0 | 0 | 0 | 145,000 |
| Local Devices Purchase | 0 | 500,000 | 0 | 0 | 0 | 0 | 0 | 0 | 500,000 |
| NHS Wales Staff Costs | 0 | 1,993,089 | 786,395 | 0 | 0 | 0 | 0 | 0 | 2,779,484 |
| Exit/Archive Costs | 0 | 9,000 | 1,500 | 0 | 0 | 0 | 0 | 0 | 10,500 |
|  | 0 | 2,647,089 | 787,895 | 0 | 0 | 0 | 0 | 0 | 3,434,984 |
|  |  |  |  |  |  |  |  |  |  |
| Total Capital Costs | 0 | 14,277,601 | 787,895 | 0 | 0 | 0 | 0 | 0 | 15,065,496 |

5. On 7th February 2020 we received the final draft of the formal approval from the Minister and Welsh Government for the full costs of implementation, with only the Contracting Authority finalisation remaining to make this final, and we are now therefore in a position to progress to the implementation phase of this work. There is now therefore a requirement for the Board to formally become the Contracting Authority for this system via the signing of a Master Services Agreement (MSA) and issuing the initial Deployment Order with the chosen supplier. It is normal commercial practice to issue a signed MSA and Deployment Order at the same time, allowing Capita to commence implementation activities immediately. Each NHS Wales body will also be subject to their own Deployment Orders for the implementation.

6. Once the Contracting Authority is confirmed, WAST and the 111 National Programme Team will be able to progress the implementation phase supported by LHBs and NWIS to deliver the key milestones detailed below. Any further delays are likely to significantly increase the potential go live dates due to the limited operational windows for launch which avoid winter, Easter and other high demand periods.

**WAST SUPPORT to date:**

7. WAST has been integral to the roll-out of the 111 Service to date and there is a recognition by the Board as detailed in this year's IMTP of the wider opportunities to support pre-hospital care, unscheduled care and the wider urgent primary care strategy. It also aligns with the Board's future aspirations to be the 'call-handler of choice' for NHS Wales and aligns with a number of key strategic priorities. WASTs ongoing support and commitment to the delivery of this integrated information solution remains critical in regards the procurement process, WAST executives have been co-chair of the Procurement Board and has been a full partner in all main contractual discussions, procurement exercises and commercial dialogue sessions. The outcome has resulted in a preferred supplier being chosen who incidentally have already a long-standing commercial relationship with WAST and clearly understand our requirements going forward. They are now actively standing up

significant resources to deliver this programme and have multiple technical and clinical teams working on our requirements (currently at their risk).

8. In response to the impending decision by the Minister and Welsh Government on the FBC, the 111 Programme Team and WAST have already commenced a number of planning activities and engagement exercises to quickly take this work forward however we cannot formally proceed with the supplier until the MSA (Master Services Agreement) and the associated Deployment Order detailed within the contract are signed by all parties.

9. The planned timescales for implementation are detailed below. The training and education phase has deliberately been planned to avoid the expected demand challenges that the NHS faces over the December / January period:

| Implementation phase | February – October 2020 |
| Testing phase | November – December 2020 |
| Training and education | March – May 2021 |
| Go Live | Early June 2021 |

10. The above timescales will complete the roll out of the new Integrated Information Solution to WAST and those Health Boards who have moved onto the 111 Model and is part of the first deployment order. Further Deployment Orders will be raised (DO2 and DO3) to cover the expected roll out to CVUHB and BCUHB at a date beyond June 2021. These will be planned in conjunction with WAST as Contracting Authority and the individual LHBs and **do not** need to be agreed at this stage.

**ASSESSMENT**

11. The Contracting Authority role is not a unique (or new) function for the Welsh Ambulance Service as the Trust already undertakes this responsibility across a number of contracts. What is slightly different with this MSA is that WAST would be undertaking this responsibility for this contract on behalf of all LHBs, although individual organisations also have roles and responsibilities under the Deployment Orders. Through the procurement phase, the contracting authority lead undertaken by NWSSP, however it is not appropriate for them to continue in this role as they will not ultimately be responsible for the IT architecture / infrastructure or delivery for the 111 Service.

12. The organisation taking on the Contracting Authority role will be responsible for administering, supporting and managing the new All Wales IIS, its associated implementation and in-life responsibilities. Once the system is in place, WAST will also take on the contract management responsibility on behalf of all LHBs and will ensure that the system is maintained and managed according to the contracting obligations agreed during procurement. The Authority will also be required to manage non-contractual but essential obligations, to ensure success of the system by users and stakeholders i.e. Clinical Review Group, Financial Reporting and other such governance and assurance processes.

13. Prior to requesting the Board formally agree to be the 111 IIS Contracting Authority, the Trust has also sought separate independent legal advice from Blake Morgan via NWSSP L&R services. A full copy of this advice is available but broadly this confirmed that many of the clauses within the contract are standard NHS Wales model contract and that the overarching contract model is one deployed by a number of other NHS Wales organisations. It also highlights the contractual responsibilities that other NHS Wales organisations will still retain under the DO model.

14. The table below highlights the main responsibilities as the Contracting Authority that the Trust will take on, and also provides further assurance in terms of the additional staffing resources identified (and funded) within the FBC, which has now been approved. These key areas have been agreed with WAST colleagues and have been noted in outline discussions with Board colleagues previously. It is expected that additional resource requirements beyond implementation will be funded from within the existing revenue cost envelope for the current (legacy) solution and this has been agreed jointly with all Wales Directors of Finance.

| FUNCTIONAL AREA | KEY CONTRACTING RESPONSIBILITIES | ADDITIONAL RESOURCE (IMPLEMENTATION) | ADDITIONAL RESOURCE (ONGOING) |
|---|---|---|---|
| **SERVICE DESK** | 24 x 7 Co-ordination of all system incidents and liaison with HB's and Supplier. <br> Single point of contact for all system users. <br> First line ICT fault resolution and support. <br> Incident management and response co-ordination. | Band 5 (x 3) <br><br><br><br> Band 4 (x4) | Band 5 (x 1.5) <br><br><br> Band 4 (x 2) |
| **SERVICE MANAGEMENT** | Quarterly / monthly Service Review meetings. <br> Dispute resolution. <br> Service Credit regime management. <br> Change Advisory Board. <br> Release Management / Change Management co-ordination. | Band 8a ( x 1) <br><br> Band 8a Ext. (x 0.25) <br><br> Band 4 (x 1) | Band 8a ( x 1) |
| **TESTING / TRAINING** | Co-ordination of system wide testing and training activities. <br> Assurance of training materials and activities. <br> Designing testing plans. <br> Sign-off of National Training and Testing activities. | *These roles are shared resources with the "Clinical" responsibilities.* <br> Band 8a (x 1) <br> Band 6 (x 2) <br> Band 4 (x 2) | <br> Band 8a (x 1) <br> Band 6 (x 1) <br> Band 4 (x 2) |
| **TECHNICAL** | Telephony and Voice Recording integration co-ordination. <br> Datacentre sign off and hosting / access co-ordination with supplier. <br> Security monitoring and co-ordination with supplier on behalf of NHS Wales. <br> Possible provision of end user device support / ownership to all 111 system users. <br> Roll out of new end user devices across 111 users / teams <br> Lead on 111 App (supplier developed) | Band 6 (x 1) <br><br><br><br> Band 4 (x 4) | <br><br><br><br> Band 4 (x 4) |

| | | | |
|---|---|---|---|
| **REPORTING** | Co-ordinate the nightly transfer of Data from the new solution to a Warehouse environment.<br><br>Co-ordinate reporting activities on behalf of HB's and provision of reporting for the end to end 111 Service.<br><br>Engage with supplier on matters pertaining to reporting and data. | WAST BAU Resources | WAST Business As Usual Resources |
| **CLINICAL** | Co-ordinate a Clinical Review Group for the initial and ongoing appropriateness of clinical content and algorithmic outcomes.<br><br>Co-ordinate appropriate Clinical Governance structures on behalf of all 111 System users.<br><br>Engage with the supplier on all matters pertaining to Clinical content, its use and interpretation into a Welsh NHS setting. | Band 8a (x 1)<br><br>Band 6 (x 2)<br><br>Band 4 (x 2) | Band 8a (x 1)<br><br>Band 6 (x 1)<br><br>Band 4 (x 2) |
| **INFORMATION GOVERNANCE** | Provide IG wrap to overall solution implementation / Liaise with supplier on all IG related matters. | WAST BAU Resources | WAST BAU Resources |
| **FINANCE** | Co-ordinate financial protocols for billing, invoicing and charges / service credit regime. | WAST BAU Resources | WAST BAU Resources |
| **111 WEB PRESENCE** | Maintain and develop the external 111 public facing website and associated tools and resources Inc. DOS and Web Guides | Band 6 (x 1) 6 months | WAST BAU Resources |

15. If there are any further unforeseen costs associated with this implementation then this will be reviewed by the 111 programme, WAST and Welsh Government jointly but there is an expectation that all costs associated with being a Contracting Authority have been identified and noted.

16. The 111 Procurement Board, 111 National Board, supported by specialist commercial expertise, has agreed the FBC and the associated indicative timescales. As such, a broad engagement has already been obtained from NHS Stakeholders, offering senior assurance and commitment to the appropriateness and suitability of the agreed contractual terms. WAST have maintained a senior presence at all key National and Procurement Boards actively participating in contract sign off and assurance activities.

**Wider Strategic Issues to note:**

17. All NHS Wales partners are working on the planning assumption that the 111 Service will fully transfer from the National Programme to WAST within the next 18 -24 months and that WAST will be the service provider on behalf of NHS Wales. This has recently been reinforced in discussions with Welsh Government and 111 Leads. A subsequent letter from Andrew Goodall has also been received by the Chairman and Chief Executive, confirming this.

18. We are collectively clear that a future 111 Service must have a clear demarcation of accountability and governance, with ring-fenced and protected functionality, resources and dedicated management. This will ensure that the service will continue to have the appropriate capacity to meet future demand and that it is recognised as a service which delivers functions linked to urgent primary care and pre-hospital care on behalf of NHS Wales. This service, once rolled out will have a call volume bigger that any single service currently in Wales and is predicted to be approximately 1.1m per annum. Over the next 18 months, we will continue to work with the 111 Programme on this transition and roll-out and assess what wider strategic opportunities could be consider to support various clinical pathways e.g. mental health, palliative care, dental and paediatrics.

## RECOMMENDED THAT:

19. The Board **agrees** to the Trust's role as Contracting Authority and approve the formal sign off of the MSA and associated contract documentation for the new 111 Integrated Information Solution and the first Deployment Order. In doing so, the Board delegates authority to the Chief Executive to sign these on behalf of the Trust.

## REPORT CHECKLIST

| Issues to be covered | Paragraph Number (s) or "Not Applicable" |
|---|---|
| Equality Impact Assessment | |
| Environmental/Sustainability | |
| Estate | |
| Health Improvement | |
| Health and Safety | |
| Financial Implications | |
| Legal Implications | |
| Patient Safety/Safeguarding | |
| Risks | |
| Reputational | |
| Staff Side Consultation | |

| AGENDA ITEM No | 2.2 |
|---|---|
| OPEN or CLOSED | Open |
| No of ANNEXES ATTACHED | 1 |

# RFID ASSET MANAGEMENT PROCUREMENT

| MEETING | TRUST BOARD |
|---|---|
| DATE | 18TH January 2020 |
| EXECUTIVE | Chris Turley<br>Andy Haywood |
| AUTHOR | Executive Director of Finance<br>Director of Digital |
| CONTACT DETAILS | Chris.turley2@wales.nhs.uk<br>Andy.haywood@wales.nhs.uk |

| CORPORATE OBJECTIVE | |
|---|---|
| CORPORATE RISK (Ref if appropriate) | CRR42, CRR45 & CRR46 |
| QUALITY THEME | |
| HEALTH & CARE STANDARD | 2.1, 2.4, 3.1 |
| REPORT PURPOSE | To approve purchase of Mobile Devices |
| CLOSED MATTER REASON | N/A |

## REPORT APPROVAL ROUTE

| WHERE | WHEN | WHY |
|---|---|---|
| Internal Capital Management Group | 10th December 2019 | Business case re-submission |
| Finance & Performance Committee | 23rd January 2020 | To recommend to Board approval |
| Trust Board | 30th January 2020 | To initially approve |
| Trust Board | 18th January 2020 | For approval |

# WELSH AMBULANCE SERVICES NHS TRUST

## TRUST BOARD

## RFID ASSET MANAGEMENT PROCUREMENT

**SITUATION**

1. Board members will be aware of the limited assurance audit on clinical equipment disposal where improved asset management controls based on RFID technology was a high priority recommendation.

2. There has also been further internal audit report which has referenced the implementation of this solution in its response to the auditor's recommendations.

**BACKGROUND**

3. In response to the initial Internal Audit report the Trust looked to build a solution with its vehicle telematics provider that would live track equipment as it left and was returned to the vehicle. However, the cost of this system was deemed unaffordable.

4. An alternative approach has been research utilising a combination of handheld and building based RFID readers to undertake periodic scans of vehicle based equipment during routine fleet maintenance supplemented with adhoc scanning of vehicles at ambulance stations.

5. This business case was discussed at the January Board meeting and, whilst broadly supported, further work was requested to provide greater assurance to Board members on the delivery of the proposed solution.

**ASSESSMENT**

6. **Staffing** – The business case provides for a dedicated implementation team of 3 staff to roll-out and administer the system. Following a review it is felt that this is sufficient resource for the majority of the deployment work, albeit as work moves into registering ICT assets a further staff member will be required but they will be drawn from existing ICT resources.

7. **Delivery** – Although the business case caters for both clinical and ICT equipment, the priority areas for deployment will be clinical equipment in EMS vehicles followed by NEPTS vehicles, in order to meet the internal audit recommendations. In undertaking this the first stage will need to build the asset management system to house the data required against each equipment type.

8. A breakdown of the delivery phases is now included as an addendum to the previous business case (section 4, pages 7 & 8) attached. Whilst it shows a total duration of circa 60 weeks, once the case is approved and project mobilised the aim would be to accelerate this if possible.

9. **RFID Tags –** The case contains budgetary costs for TAGS with the best tag type and number for differing equipment types will be identified during phase 1. The case also contains budgetary costs for purchase of replacement tags at 20% of estate. The purchase and deployment of RFID tags be undertaken in a staged manner in line with the deployment plan.

**RECOMMENDED:**

10. Further to this additional assurance provided in relation to the delivery plan for the implementation, the Trust Board are therefore now asked to formally APPROVE the purchase and commissioning of an electronic asset management system across clinical equipment in both EMS and NEPTS along with ICT.

# Welsh Ambulance Services NHS Trust

# Discretionary Capital Programme 2019/20

| BID | Version | 1.4 | | Date: | 30th October 2019 |
|---|---|---|---|---|---|
| Titles of Business Case: | | Electronic Asset Management for Clinical Equipment | | | |
| Date Submitted: | | 30th September 2019 | | | |
| Directorate: | | Medical and Clinical | | | |
| Author: | | Aled Williams, Head of ICT<br>Jonathan Wilson, Clinical Equipment and Procurement Manager | | | |
| Person Responsible for Delivery: | | Aled Williams, Head of ICT<br>Jonathan Wilson, Clinical Equipment and Procurement Manager | | | |
| Approving Manager: | | Chris Turley, Executive Director of Finance & ICT<br>Greg Lloyd, Head of Clinical Operations | | | |
| Managers Approval: | | Yes | | | |
| Departmental Priority: | | 1 | | | |
| Bid Summary: | | This business case is to seek funding for the implementation of an electronic asset management system for clinical equipment, in line with audit requirements and clinical governance. | | | |

| COST SUMMARY: | |
|---|---|
| Total Capital Cost (Year 1): | Equipment £ 548,696 |
| Total Capital Cost (subsequent years): | Staffing £95,000 – fixed for a maximum of 2 years |
| Total Revenue Cost (year 1): | £ 40,750 |
| Total Revenue Cost (subsequent years): | £ 40,750 |
| Is VAT included? | Yes |
| Is the item available on a framework? | Yes |
| How many quotes have been obtained? | As above |
| Can the work be completed within the financial year? (March 2019) | Purchase of hardware to be completed in year.  Store and station fitting to take place 2019/20 & 2019/21 financial year |

| PRIORITISATION: (for Nia Cockburn to complete) | |
|---|---|
| Verified by Finance: | (Date and Name) |
| Internal Prioritisation Exercise: | (Date) |
| Score: | |
| Rank: | |
| Recommended for funding by ICPG? | (Date and minute) |
| Submitted to FRC? | (Date) |
| Approved for funding? | (Approved / On Hold / Removed / "On the shelf") |
| Cost Code: | (Cost Code) |

# Business Case Submission

- **Meeting the Business Needs of the Trust**

**_Outline:_** The Trust has received a limited assurance audit report in relation to the Disposal of Obsolete Surplus Vehicles and Equipment. Recommendation 79/1617 states:

"an overhaul of the asset management system should be considered, to support the mobile nature of WAST. For example, to accurately manage and locate equipment utilising a manual process and spread-sheet would be prohibitively inefficient, due to the frequency at which equipment is relocated.

The Trust would benefit from an electronic system that can actively scan asset identification numbers and in real time update the asset register, with the current location. The Trust may wish to consider the use of an integrated, radio frequency identification (RFID) asset management system, which can supply accurate, real time management information"

**_Purpose:_** The implementation of an electronic asset management system for clinical equipment will significantly improve the management of clinical equipment in the Trust, improve the Trust's audit compliance and reduce the time spent by operational managers on the management of equipment.

In addition to providing near live time information on clinical equipment assets that can ensure that the Trust Asset Register is accurate and up to date, this system will allow users in the clinical equipment and vehicle preparation teams to track equipment, monitor servicing dates and schedules, and easily identify equipment locations in the case of failure or Medical Device Alert actions.
The system will identify the equipment on one vehicle, location of one individual device, or all devices of a particular type across the Trust.

Staff will utilise an RFID to identify the vehicle and the equipment currently present on the vehicle during vehicle checks at the commencement of their shift and again at the end. This will not only provide an accurate inventory but a record of changes in equipment. The system can be further enhanced with the installation of static readers at storage locations and station/garage entrances to provide an active tracking of equipment into and out of stores and sites, especially advantageous for equipment being taken off-site by contractors for repair.

**_Existing Objectives:_** This system will satisfy the audit recommendations made to the Trust by both internal and external auditors regarding asset management. The system will also facilitate improved compliance with equipment servicing and safety check schedules, as well as vehicle downtime for missing equipment.

**_Other Stakeholders:_** ICT, Estates, Fleet, Clinical Directorate, successful system supplier, equipment suppliers and contractors, operational management teams and operational staff

**_Existing arrangements:_** Currently the asset register for clinical equipment is updated periodically utilising information collated from operations throughout the Trust. Due to the frequent movement of equipment and inconsistent practices, this register is frequently inaccurate.
In terms of equipment servicing, this relies on localities manually identifying the location of equipment requiring servicing, and in terms of equipment checks, these are undertaken either by ambulance clinicians at the start of shift, or manually by make ready depot staff.

**_Constraints:_** The system will involve the fitting of scanning equipment to Trust premises, and the issuing and logging of electronic tags to individual items of clinical equipment, vehicles and store rooms. This will be constrained by the capacity of the Trust to supply staff to undertake this, and the capacity of the suppliers to retro fit the required hardware.

**_Internal / External Factors:_** As detailed in the constraints above

**_Benefits:_**

| Benefit | Measure | Approximate Timescale |
|---|---|---|
| Increased vehicle availability, resulting in a greater number of ambulance crews available to respond | Reduced vehicle downtime due to equipment shortfalls | Within 3 months |
| Fewer equipment breakdowns while responding to patient calls or conveying patients to hospital | Monitor episodes of equipment failure | Within 3 months |
| Reduced equipment related defects | Monitor Episodes of equipment defects | Within 1 month |
| Reduction of adverse incidents in relation to defective equipment or failure | Monitor number of adverse incidents in relation to equipment defects or failure | Within 6 – 12 months |
| Reduced time spent by Clinical Team Leaders on Equipment Issues | CTLs workplan | Within 1 year |

**_Dependencies:_** None

**_Risks:_**

| Risk description | Risk Rating | Counter measures |
|---|---|---|
| Risk of budget overspend | Low | Framework costs negotiated for NHS Wales...  Vehicle numbers confirmed by fleet |
| Programme slippage due to lack of vehicle availability | Low | Equipment  and vehicle can be tagged by Trust staff while vehicle is being serviced or not utilised |

**_Success:_** Asset management hardware in place and functioning in Trust vehicles and premises, linked to asset management software.  Access provided to and utilised by clinical equipment team, make ready teams and operational teams to streamline the management of clinical equipment.

The system can be extended for use in tracking other assets other areas such as ICT

**_Meeting the Needs of the Trust:_** This business case in included in the Medical and Clinical Directorate LDP

**_Statutory Requirements:_** The implementation of an asset management system for clinical equipment is an internal and external audit requirement.

**_Health and Safety:_** The asset management system will also record the required servicing dates for equipment, reducing the risk of equipment being utilised that is outside of the approved servicing schedule.

ISO14001 is an Internationally recognised standard that specifies the requirements for an effective Environmental Management System which in turn helps organizations minimize how their operations affect the environment; comply with applicable laws, regulations, and other environmentally requirements with a programme of continual improvement.

**Environment & Sustainability:** – This system will reduce the need for staff to physically verify asset locations, therefore reducing Trust official journeys and resulting carbon emissions

***Disposals:***

Hardware will be transferred from donor to new vehicles of via the vehicle decommissioning and commissioning process. Obsolete hardware will be disposed of by the supplier.

**Storage:** Hardware will be stored by ICT prior to installation.

**Compliance Certification (to comply with ISO 14001):**

As part of NWSSP due diligence, the approved supplier will have in place:
- Public Liability Insurance
- Employers Liability Insurance

**Confidentiality Agreement**
Contractors are required to sign a contractor's confidentiality agreement prior to commencement of any works.
- Confidentially Agreement will be specified in the tender specification

*2.* **Identification of Options:**

- **Do Nothing / Do Minimum**

This will result in the Trust receiving future limited assurance audit reports and continued poor asset management

- o **Outline Option 1: Advantages and Disadvantages**

Introduction of a real-time electronic asset management system for the Emergency Medical Service in the Trust. This will be built onto the existing fleet telematics system and will actively record assets as and when they are removed and returned to the vehicle. System would update when vehicle was in mobile coverage providing near real-time updates.

Advantages

- Reduced cost and complexity of the project
- Will address the vast majority of clinical equipment assets
- Will reduce implementation time
- Reduced clinical staff time on clinical equipment audit, with minimal staff time required as movements are automatically tracked.

Disadvantages

- Is effectively a partial implementation
- Will not provide audit assurance for NEPTS assets
- Will require continued manual checking of NEPTS assets

Costs
**Capital**

| Type of vehicle | Number | Hardware cost Yr 1 | Fitting cost Yr 2 | Tagging cost Yr1 | Sub Total | VAT | Total |
|---|---|---|---|---|---|---|---|
| EA | 275 | £550,000 | £55,000 | £44,000 | **£649,000** | **£129,800** | **£778,800** |
| RRV | 125 | £250,000 | £25,000 | £8,750 | **£283,750** | **£56,750** | **£340,500** |
| **Total** | **400** | **£800,000** | **£80,000** | **£52,750** | **£932,750** | **£186,550** | **£1,119,300** |

Project management and administration annual costs Year 1 and 2:
Band 6 project manager £45k, Equipment Assistant Band 3 £23k

**Revenue**
£162k ongoing revenue for telematics

o   **Outline Option 2: Advantages and Disadvantages**

Introduction of a real-time electronic asset management system across all areas of the EMS & NEPTS  This will be built onto the existing fleet telematics system and will actively record assets as and when they are removed and returned to the vehicle. System would update when vehicle was in mobile coverage providing near real-time updates.

Advantages

- Will ensure audit compliance across the organisation
- Will reduce clinical staff time on clinical equipment audit
- Removes the need for two asset management systems

Disadvantages

- Higher financial cost than option 1
- Longer implementation time

Costs
**Capital**

| Type of vehicle | Number | Hardware cost Yr 1 | Fitting cost Yr 2 | Tagging cost Yr1 | Sub Total | VAT | Total |
|---|---|---|---|---|---|---|---|
| EA | 275 | £550,000 | £55,000 | £44,000 | **£649,000** | **£129,800** | **£778,800** |
| RRV | 125 | £250,000 | £25,000 | £8,750 | **£283,750** | **£56,750** | **£340,500** |
| NEPTS | 260 | £520,000 | £52,000 | £13,000 | **£585,000** | **£117,000** | **£702,000** |
| **Total** | 660 | £1,320,000 | £132,000 | £65,750 | **£1,517,750** | **£303,550** | **£1,821,300** |

Project management and administration annual costs Year 1 and 2:
Band 6 project manager £45k,
Equipment Assistant Band 3 £23k

**Revenue**
£266k ongoing revenue for telematics

- **Outline Option 3: Advantages and Disadvantages**

Introduction of an electronic asset management system for clinical equipment across all the Trust vehicles. The solution would utilise an asset management system based on RFID tags with checks conducted by identified staff utilising an RFID reader over an agreed period.
(Need to recognise this is responsibility of CTL/LM for EMS currently so this task should fall to them but requires agreement)

Advantages

- Will ensure audit compliance across the organisation
- Will reduce clinical staff time on clinical equipment audit
- Reduced cost of the project
- Will reduce implementation time

Disadvantages

- Will require continued manual checking of stores and equipment moves to suppliers

| Capital | exc VAT | inc VAT |
|---|---|---|
| Software licences | £   55,118 | £   66,142 |
| Professional Services | £   10,800 | £   12,960 |
| Solution hardware | £ 240,958 | £ 289,150 |
| RFID Tags | £   13,108 | £   15,730 |
| **Capital total** | **£ 319,984** | **£ 383,981** |
| **Revenue** | | |
| Support & maintenance | £   27,999 | £   33,599 |
| Replacement tags (20%) | £     2,622 | £     3,146 |
| Revenue total | **£   30,621** | **£   36,745** |

| | | |
|---|---|---|
| **Year 1 total** | | **£ 420,726** |
| **Year 2 onwards** | | **£ 36,745** |

Project management and administration annual costs Year 1 and 2:
Band 6 project manager £45k
Equipment Assistant Band 3 £23k
ICT Support Band 4 £27k

- **Outline Option 4: Advantages and Disadvantages**

Introduction of an electronic asset management system for clinical and ICT equipment across all Trust vehicles, stores and operational bases. The solution would utilise an asset management system based on RFID tags with checks conducted on clinical equipment by identified staff utilising an RFID reader over an agreed time period. ICT staff would benefit from an element of automated tracking of assets across organisational bases and physical asset inspections would become quicker.

Advantages

- Will ensure audit compliance across the organisation
- Will reduce clinical staff time on clinical equipment audit

Disadvantages

- Higher financial cost than option 3
- Additional implementation time

Costs

| **Capital** | exc VAT | inc VAT |
|---|---|---|
| Software licences | £ 55,118 | £ 66,142 |
| Professional Services | £ 45,600 | £ 54,720 |
| Solution hardware | £ 326,728 | £ 392,074 |
| RFID Tags | £ 29,800 | £ 35,760 |
| **Capital total** | **£ 457,246** | **£ 548,696** |
| **Revenue** | | |
| Support & maintenance | £ 27,999 | £ 33,599 |
| Replacement tags (20%) | £ 5,960 | £ 7,152 |
| Revenue total | £ 33,959 | **£ 40,751** |
| **Year 1 total** | | **£ 589,447** |
| **Year 2 onwards** | | **£ 40,751** |

Project management and administration annual costs Year 1 and 2:
Band 6 project manager £45k
Equipment Assistant Band 3 £23k
ICT Support Band 4 £27k

- **Preferred Option**

Despite the increased in cost over option 3 the preferred option is option 4 as it provided greater coverage in respect of clinical equipment store rooms and is extended in use to ICT assets.

It will also provide an opportunity to review external support contract for some clinical equipment with a potential to undertake thee in house thereby delivering savings across the clinical equipment maintenance budget.

**3. Affordability**
<u>Costs:</u>

Estimated capital costs as follows, based on 130 handheld RFID readers and 100 store location
(to be confirmed as part of framework agreement):

| Capital | exc VAT | inc VAT |
|---|---|---|
| Software licences | £ 55,118 | £ 66,142 |
| Professional Services | £ 45,600 | £ 54,720 |
| Solution hardware | £ 326,728 | £ 392,074 |
| RFID Tags | £ 29,800 | £ 35,760 |
| **Capital total** | **£ 457,246** | **£ 548,696** |
| **Revenue** | | |
| Support & maintenance | £ 27,999 | £ 33,599 |
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| Revenue total | £ 33,959 | **£ 40,751** |
| **Year 1 total** | | **£ 589,447** |
| **Year 2 onwards** | | **£ 40,751** |

Project management and administration annual costs Year 1 and 2:
Band 6 project manager £45k
Equipment Assistant Band 3 £23k
ICT Support Band 4 £27k

***Whole-Life Costs of Project:***
Total five year costs for asset management system £ 752,450
Implementation support staff £190,000 (£ 95,000 per annum for two years)

***Invest to Save:***
Capital funding to be sourced from discretionary capital, with ongoing revenue costs to be funded via increase in ICT budget of £ 40,751

## 4. Achievability

The project will be delivered in line with recognised programme and project management methodologies, specifically MSP and PRINCE2.

The Senior Responsible Owner will be the Director of Digital Services and the Head of Clinical Operations will be responsible for implementing the programme management and governance arrangements and ensuring the full achievement of the programme's aims and objectives, supported by the Senior Responsible Owner.

The implementation of these items will be managed by the project manager with the support of a clinical equipment assistant, supported by ICT and Fleet.  The project manager will ensure that the work is completed as outlined.

**Proposed Delivery Approach**

The initial priority for delivery will be; to build and deploy the core system and RFID scanners; train responsible personnel; and, order an initial wave of RFID tags. This will be delivered in a phased / tranche approach in line with Trust Project and Programme Management (PPM) principles.

A breakdown of the delivery phases and estimated duration is below;

| Phase | Estimated Duration (weeks) | Location | Resource required | Activity |
|---|---|---|---|---|
| Build (Pilot) | 4 | Pilot site / 10 pilot vehicles | 1 x Project Manager(PM)* 1 x Clinical Admin(CA)* 1 x ICT Engineer* | • Deploy<br>• Configure<br>• Test<br>• Train clinical systems administrator |
| 1 (EMS) | 12 | Fleet workshop | 1 x PM* 1 x Clinical Admin(CA)* 1 x ICT Engineer* | • Tag and capture vehicle equipment during existing rolling maintenance cycle<br>• Train fleet and MRD staff on use of handheld scanners and oversight of system<br>• Deploy scanners to each station with overview of scanning process to CTL and admin staff where applicable |
| 2 (NEPTS) | 12 | Ambulance Stations or Fleet workshops | 1 x PM* 1 x Clinical Admin(CA)* 1 x ICT Engineer* | • Train Operational Team Leaders (OTL).<br>• Deploy equipment potentially over weekends, during non-running time. |
| 3 (Support) | 24 | Stores and Main administrative sites | 1 x PM* 2 x ICT Engineer (1 included in business case) | • Implement in ICT and active scanning at stores and main administrative |

*Included in staffing costs identified in the business case

The total duration is 52 weeks by activity, however, the actual duration is likely to be closer to 60 weeks. This takes holidays and contingency into account. Once the project is initiated, regular highlight reports will track progress, reporting to the Strategic Transformation Board.

A breakdown of the projected number of asset tags per vehicle is provided below;

| Vehicle Type | Number of Tags |
|---|---|
| Emergency Ambulance | 15 |
| Rapid Response Vehicle | 9 |
| Non-Emergency Patient Transport | 3 |

**RFID Tags** – The case contains estimated budgetary costs for TAGS with the best tag type and number for differing equipment types to be identified during phase 1. The case also contains budgetary costs for purchase of replacement tags at 20% of estate. The purchase and deployment of RFID tags be undertaken in a staged manner in line with the above plan.

## 5. Recommendations

It is recommended that the Trust approve the commissioning of an electronic asset management system across clinical equipment in both EMS and NEPTS along with ICT.

| AGENDA ITEM No | 2.3 |
|---|---|
| OPEN or CLOSED | Open |
| No of ANNEXES ATTACHED | 0 |

## MOBILE DEVICE PROCUREMENT

| MEETING | TRUST BOARD |
|---|---|
| DATE | 18TH January 2020 |
| EXECUTIVE | Chris Turley<br>Andy Haywood |
| AUTHOR | Executive Director of Finance<br>Director of Digital |
| CONTACT DETAILS | Chris.turley2@wales.nhs.uk<br>Andy.haywood@wales.nhs.uk |

| CORPORATE OBJECTIVE | |
|---|---|
| CORPORATE RISK (Ref if appropriate) | CRR42, CRR45 & CRR46 |
| QUALITY THEME | |
| HEALTH & CARE STANDARD | 2.1, 2.4, 3.1 |
| REPORT PURPOSE | To approve purchase of Mobile Devices |
| CLOSED MATTER REASON | N/A |

## REPORT APPROVAL ROUTE

| WHERE | WHEN | WHY |
|---|---|---|
| Finance & Performance Committee | 23rd January 2020 | Briefing on WG monies as part of ICTSG update |
| Trust Board | 18th January 2020 | For approval |

**WELSH AMBULANCE SERVICES NHS TRUST**

**TRUST BOARD**

**MOBILE DEVICE PROCUREMENT**

**SITUATION**

1. Board members will be aware that the Trust has secured ring fenced additional capital funding from Welsh Government in the current financial year specifically for additional staff mobile devices. This is from the Government's digital transformation funding for NHS Wales and was confirmed in late December 2019. This amounts to an initial £800k. Given the current discretionary capital forecast presented to the January meetings of both the Finance & Performance Committee (FPC) and Trust Board, an opportunity exists to use some available remaining discretionary capital funding to add to this to procure 2,700 devices for individual use by Trust staff. The devices will enable interaction with the Office 365 productivity and collaboration applications already purchased, as well as hosting the new WAST ePCR.

2. Progress on determining the future direction of mobile device type has been made over the last month or so, as has a procurement process to ensure that the chosen devices could be received by 31 March 2020. Due to the lead time for doing so the decision is now required to enable the raising of a purchase order to secure the available devices. These can be held securely off site until the wider rollout plan and governance is agreed.

**BACKGROUND**

3. WAST currently has in the region of 2,500 front line staff spread over 8,000 sq mi without a personal digital device. As a result, digital communication is limited with some staff accessing e-mail on a monthly basis. Earlier in 2019/20 NHS Wales has procured Office 365 which has a suite of productivity tools that enable greater collaboration, information sharing and communication, but the opportunity for transformation will be lost if staff do not have devices to access the tools available. The additional 200 devices to be purchased will be deployed to senior managers with a small proportion being held as spares.

4. Since 2017 the Trust has run a number of successful pilots with staff groups on the use of a personal digital devices, following which a successful bid for £800k was made to the WG digital transformation fund in September 2019 to extend this capability to all operational staff.

5. In addition, the delivery of WASTs ePCR requires portable devices in order for staff to utilise the record and update it whilst mobile. In January 2020, in discussions with Welsh Government colleagues it was evident that, whilst supportive of the OBC submitted for the ePRC solution, affordability of the full business case will be a challenge. As such the current £800k of central capital allocated to support procurement of these devices should also be considered as effectively part of the main ePCR procurement, as should anything that could

be further contributed to this from the Trust's current remaining discretionary capital funding. This will spread the investment profile and reduce the overall size of the upcoming ePCR FBC.

6. Detailed below is how WAST will optimise the requirement for O365 and ePCR functionality to procure a single, individual device for all our staff, both enabling productivity and driving efficiency.

**ASSESSMENT**

7. ePCR comprises a significant investment for both WAST and the Welsh Government. It is one of the most critical and significant business changes the Trust will undergo, therefore the majority of the device assessment has rightly centred on ePCR functionality. Office 365 is supported across all platforms, therefore optimum system requirements have been considered, but it is not a decision factor in the type of device.

8. **Operating System (OS).** Not all ePCR suppliers support every OS. Therefore device selection is critical to ensure the optimum number of ePCR suppliers can compete in the upcoming procurement process for the ePCR system provider. In February 2020, a Request for Information (RFI) was submitted to the 5 suppliers on the West Midlands framework. 4 Suppliers responded.

| Operating System | Number of suppliers that support |
|---|---|
| Android | 2 |
| IOS | 3 |
| Windows 10 | 4 |

9. **Cost.** The costs for devices supporting the different operating systems are below, based on 2,700 devices, with suitable cases.

| Device | Unit cost (inc VAT) | Volume | Cost (ex VAT) | Total Cost (ex VAT) | Total Cost (inc VAT) |
|---|---|---|---|---|---|
| IPAD 7th Gen Cellular 32Gb | £ 334.30 | 2700 | £ 902,610.00 | | |
| TechAir iPAD Case | £ 17.98 | 2700 | £ 48,546.00 | | |
| | | | | £ 951,156.00 | £ 1,141,387.20 |
| IPAD 7th Gen Cellular 128Gb | £ 414.30 | 2700 | £ 1,118,610.00 | | |
| TechAir iPAD Case | £ 17.98 | 2700 | £ 48,546.00 | | |
| | | | | £ 1,167,156.00 | £ 1,400,587.20 |
| Samsung Tabactive Pro | £ 472.81 | 2700 | £ 1,276,587.00 | | |
| | | | | £ 1,276,587.00 | £ 1,531,904.40 |
| Microsoft Service Go | £ 457.64 | 2700 | £ 1,235,628.00 | | |
| UAG Metropolis Case | £ 40.00 | 2700 | £ 108,000.00 | | |
| | | | | £ 1,343,628.00 | £ 1,612,353.60 |

10. **Support.** Adding 2,700 devices to the Trust's IT estate is a significant change requiring increased support. Resources can be capitalised and it is assessed that 3 x Band 4 technicians will be required at a cost of £166k per annum for the next two years, in order to provide one additional resource per region. This however will be in 2020/21 and beyond and in agreeing to the purchase of these

devices is pre-committing an element of future year's capital funding. This is considered low risk.

11. **Timescales and availability.** Devices are currently available for purchase, however, the end of the financial year is a known peak demand period and supply cannot be assured without the raising of a purchase order. As noted above, a procurement process has already been run to allow for either Android or IOS devices and both can be procured immediately once approval and funding is available. If a Windows 10 device were required, there would be an additional delay whilst the procurement process was conducted.

12. The Trust has an existing estate of 700 Samsung Android Tablets it utilised as part of the pilot work. Whilst the iPads will effectively replace these devices, the intention will be to re-use these within the Trust. The ICT department has already been working with departments on several initiatives, such as patient engagement, surveys and satisfaction, along with devices for public use on vehicles. There is also an opportunity to deploy devices to support CFR groups and further deployment of the National Implementation Application.

13. **Proposal.** It therefore proposed that the Trust immediately procures 2,700 iPad 10.2" 128GB devices as specified in the procurement. Out of the devices available post-competition, it provides the most capable device that supports the maximum number of ePCR suppliers.

14. This will cost £1.401m in 2019/20. The additional funding required to meet this cost over and above the £800k from WG (an additional £601k) is proposed to be met from the Trust's remaining discretionary funding, as presented to Trust Board in January 2020. This has the added benefit of not only ensuring smoother delivery of the Trust's statutory CEL target in the current financial year but seeks to maximise the benefit of the availability of such a device to as many staff as possible, when we can afford to do so, whilst also significantly aiding the affordability of the ePCR business case.

15. Whilst a Windows 10 device would support an additional supplier, it is unlikely it could be procured and receipted before 31 March, potentially leading to a loss of the £800k opportunity currently available. If available it would also come with an additional cost of **£131k**, which would likely mean less units could be procured before the end of March 2020.

**RECOMMENDED:**

16. The Trust Board are therefore asked to APPROVE the purchase of iPAD mobile devices as proposed in Paragraph 12.

| AGENDA ITEM No | 2.4 |
|---|---|
| OPEN or CLOSED | OPEN |
| No of ANNEXES ATTACHED | 1 |

## Respiratory Protection Provision

| MEETING | Trust Board |
|---|---|
| DATE | 18 February 2020 |
| EXECUTIVE | Chris Turley, Executive Director of Finance |
| AUTHOR | Claire Roche Executive Director Quality and Nursing Chris Turley Executive Director Finance |
| CONTACT DETAILS | Claire.roche2@Wales.nhs.uk Chris.turley@wales.nhs.uk |

| CORPORATE OBJECTIVE | Safe care 2.4 |
|---|---|
| CORPORATE RISK (Ref if appropriate) | Datix ID 69 |
| QUALITY THEME | Safe Care |
| HEALTH & CARE STANDARD | 2.1 Managing Risk and Promoting Health and Safety |

| REPORT PURPOSE | To formally approve capital spend in 2019/20 on hood respirators |
|---|---|
| CLOSED MATTER REASON | |

## REPORT APPROVAL ROUTE

| WHERE | WHEN | WHY |
|---|---|---|
| Executive Management Team | 29 January 2020 | Evaluate and approve a course of action that ensures Trust compliance with HSE regulation 282-28 |
| Trust Board | 18 February 2020 | To formally approve |

# WELSH AMBULANCE SERVICES NHS TRUST

# TRUST BOARD

# RESPIRATORY PROTECTION PROVISION

## SITUATION

1.  This SBAR provides the Board with an update on the current position of the Trust in relation to Face Filtering Protection 3 (FFP3) and equipment provision for front line staff that have failed the current FFP3 fit testing process, requiring the need to increase the Trust's provision of alternative protection.

2.  Currently, under the Health and Safety Executive (HSE) Regulation 282-28 (review date 30/04/22), the Trust must provide suitable respiratory protection to all staff that require it.

3.  Given the emergence of the Wuhan Coronavirus (wn-CoV), this provision has been further reviewed and an urgent decision and plan for the provision of 3M Versaflo hood respirators has been undertaken by the Executive Management Team. The funding source for this has been assumed to be the remaining 2019/20 discretionary capital funding.

## BACKGROUND

4.  As an employer, we have a duty of care to provide personal protective equipment to our staff to ensure they are safe whilst they are discharging their duties.

5.  The Trust currently provides Face Filtering Protection masks as part of available Personal Protective Equipment (PPE) known as FFP3 masks. The fit test is judged on a pass/fail basis.  Where a failure is identified the Trust must seek and offer an alternative respirator.  Various factors may influence a fit test leading to a fail including: face shape, size, hair growth, spectacle use, scarring and religious beards. If the protection offered does not fit effectively it will not protect the wearer.

6.  Approximately 18% of our staff fail the FFP3 fit testing. This figure is based on the proportion of staff that have failed the test to date.

7.  If a member of staff fails the test with the masks provided, alternative protection is required. The 3M Versaflo hood respirator is the identified alternative, suitable respiratory protection (appendix 1).

8.  Our compliance with FFP3 fit testing as of the 13 February 2020 is 70%.

**ASSESSMENT**

9.     At the Executive Management Team on the 29 January 2020, an options paper was presented proposing four options for the provision of Versaflo hood respirators.

- Option 1: Known Staff numbers failing Fit Testing
- Option 2: Personal issue to all staff.
- Option 3: Vehicle based units
- Option 4: Locally Based units

10. The Executive Management Team agreed that Option 3 was the preferred option. This would ensure that appropriate PPE would be available to all staff in the event of them not having an effective fitting FFP3 mask and would be readily available in the event of unexpected need. However this is a considerable cost and so would need to be implemented over a period of time and longer term would be achieved through adding these to the included kit purchased as part of each vehcile replacement.

11. However, given the implending risk of the Wuhan Coronavirus (wn-CoV), a decision was taken to procure 150 Versaflo hood respirator kits immediately. The costs for these are below:

| Qty | Arco Code | Description | Unit Selling Price ex VAT | Line Value ex VAT |
|---|---|---|---|---|
| 150 | 20V0066 | Versaflo Powered Air Starter Kit TR-315UK | £448.64 | £67,296.29 |
| 150 | 20A4000 | S-133 Headtop | £30.67 | £4,599.98 |
| 150 | 3M0164 | 3M S-655 Hood Assembly White | £63.17 | £9,476.00 |
| 30 | 20V0052 | 3M Versaflo TR-3712E Particulate Filter (box of 5) | £104.44 | £3,133.26 |
| | | | | |
| | | **TOTAL ex VAT** | | **£84,505.53** |

12. These will be distributed at a number of stations across Wales to ensure that they are readily available and accessible to staff in the event of the Wuhan Coronavirus (wn-CoV) escalating in the coming weeks / months.

13. Given the current further daily increase in the scale of advice being received in relation to the Coronavirus outbreak, and the residual discretionary capital funding remaining that the Trust needs to commit by 31st March 2020, it is proposed that a further £300,000 now be allocated to purchase further kits to enable us to move more quickly to our preferred option of equipping all vehicles. A total of 1,229 kits are required to achieve this at a total cost of over £800k, however investing the remaining capital funding available now will at least provide the Trust with a

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significant number (in excess of 600 units). This will be subject to availability as it is expected supply may start to be limited as other NHS and emergency service providers seek to similarly increase their stock of PPE.

**RECOMMENDED that:**

14. The Trust Board notes the purchase of an initial 150 3M Versaflo hood kits and approves the use of a further £300k from remaining discretionary capital funding to purchase an additional number of such kits before 31st March 2020.

15. In doing so the Trust Board also approves the purchase of further such kits between now and the end of March 2020 should the funding be available to do so, and the supply of such hoods is available

**3M Versaflo Powered Air Respirator TR-300+**
**Hood S133**
**For use in PPE level amber 2**





**3M S-605**

**For use with the above TR-300 equipment but with the S-605 hood for level 3 red PPE pathogens.**

**3M S-605 hoods**
Staff required to attend category 3-4 bio hazards (EG Ebola) patients would still need the full Versaflo hood 3M-S-605, that includes the supporting frame work. This can be attached to the TR315+ RPE units

**EQUALITY IMPACT ASSESSMENT**
Not required for this paper

**REPORT CHECKLIST**

| Issues to be covered | Paragraph Number (s) or "Not Applicable" |
|---|---|
| Equality Impact Assessment | Not Applicable |
| Environmental/Sustainability | Not Applicable |
| Estate | Not Applicable |
| Health Improvement | All |
| Health and Safety | All |
| Financial Implications | Assessment |
| Legal Implications | All |
| Patient Safety/Safeguarding | All |
| Risks | All |
| Reputational | All |
| Staff Side Consultation | |

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