

Bundle Trust Board (Open Session) 25 March 2021

Agenda attachments

ITEM 1.0 Trust Board OPEN Agenda 25 March 2021.pdf

- 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 include as a minimum, personal direct and indirect financial interests, and normally also include such interests in the case of close family members. Any declaration must be made before the matter is considered or as soon as the Member becomes aware that a declaration is required.
*The board noted the standing declarations of interest in respect of: **** (If in attendance) *****

Mr Emrys Davies, Retired Member of UNITE
Professor Kevin Davies, Trustee of St John Wales
Nathan Holman, Councillor on the Llannon Community Council
- 1.3 09:30 - Chairman Introduction and Update
To receive an update from the Trust Board Chairman.
- 1.4 09:40 - Chief Executive Update
ITEM 1.4 CEO REPORT TO TRUST BOARD 25 MARCH 2021 FINAL.DOCX
- 1.5 09:55 - Patient Story
- 2 STRATEGIC AND FORWARD LOOK BUSINESS
- 2.1 10:25 - WAST Integrated Medium Term Plan 2021-2024 - R Marsh
ITEM 2.1 Trust Board IMTP Exec Summary 190321 rm.docx
ITEM 2.1a IMTP 2021_24 v0.10 190321.pdf
ITEM 2.1b EQIA IMTP 190321.doc
- 2.1.1 10:45 - Initial 2021/22 Revenue Budget
ITEM 2.1.1 WAST Initial Revenue Budget 2021-22 - TB - Final.docx
- 3 PERFORMANCE, GOVERNANCE AND ASSURANCE
- 3.1 11:00 - Patient Safety Highlight Report - C Roche
ITEM 3.1 Executive Summary for Trust Board 25.3.21 - Patient Safety Highlight Report.docx
- 3.2 11:15 - Monthly Integrated Quality and Performance Report - R Marsh
ITEM 3.2 MIQPR SBAR JanFeb-21 rm.docx
ITEM 3.2a Annex 1 JanFeb-2021 rm.pptx
- 3.3 11:30 - Financial Performance Month 11, 2020/21 - C Turley
ITEM 3.3 Trust Board Finance Report Month 11 - FINAL.docx
ITEM 3.3a.pdf
ITEM 3.3b.xlsx
ITEM 3.3c.pdf
ITEM 3.3d.xlsx
- 3.3.1 11:40 - BREAK
- 3.4 11:50 - Risk and Board Assurance Framework - K Cox
ITEM 3.4 Executive Summary Risk Management Report Trust Board 250321.docx
- 3.5 12:00 - Impact of UK Withdrawal from the European Union/European Single Market: Closure Report - E Hitchon
ITEM 3.5 BrexitClosureReportBOARDMarch21.docx
- 4 12:10 - QUESTIONS FROM MEMBERS OF THE PUBLIC
- 5 CONSENT ITEMS
- 5.1 Procedural Matters

ITEM 5.1 Procedural Matters.docx

ITEM 5.1a Trust Board Minutes Open 28 January 2021 v 2a.docx

ITEM 5.1b Action Log.docx

ITEM 5.1c Exec Summary - ToR Review (Final).docx

5.1.d EASC Minutes

<http://www.wales.nhs.uk/easc/committee-meetings>

5.2 12:40 - Update from Committees

a. People and Culture

b. Finance and Performance

c. Quest

d. Audit

ITEM 5.2a - P and C Update to Board.docx

ITEM 5.2b Quest Executive Summary for Trust Board 25.3.21.docx

ITEM 5.2c Audit Board Brief 040321.docx

ITEM 5.2d - F and P Update to Board - final draft.docx

5.3 Minutes of Committees

ITEM 5.3 Minutes of Committees.docx

ITEM 5.3a P and C mins OPEN 13 October 2020.docx

ITEM 5.3ai P and C mins CLOSED 13 October 2020.docx

ITEM 5.3b QUEST OPEN MINUTES 1 December 2020.doc

ITEM 5.3c Audit Committee OPEN Minutes 3 December 2020.doc

ITEM 5.3ci Audit Minutes CLOSED Minutes 3 December 2020.doc

ITEM 5.3d F and P Minutes OPEN 14 January 2021 V3.doc

ITEM 5.3di F and P Minutes CLOSED 14 January 2021 v1.doc

6 ANY OTHER BUSINESS

To consider any other business to the agenda items listed above.

7 DATE OF NEXT MEETING

The next meeting of Trust Board will be 27 May 2021



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

WELSH AMBULANCE SERVICES NHS TRUST BOARD OPEN SESSION AGENDA

Thursday 25 March 2021 Start time 09:30

Venue: Virtual Meeting Via Zoom

Chair: Martin Woodford, Trust Board Chairman

No:	Item Title	Verbal Presentation Paper	Delivered By
1	PROCEDURAL BUSINESS		
1.1	Welcome and Apologies for Absence To welcome those in attendance and to note any apologies for absence.	Verbal	M Woodford
1.2	Declarations of Interest To note any declarations of interest from Members.	Verbal	M Woodford
1.3	Chairman Introduction and Update To receive an update from the Trust Board Chairman.	Verbal	M Woodford
1.4	Chief Executive Update To receive an update from the Chief Executive Officer.	Paper	J Killens
1.5	Patient Story	Verbal	L Hawker
2	STRATEGY AND FORWARD LOOK		
2.1	Integrated Medium Term Plan - Sign Off	Paper	R Marsh
2.1.1	Initial 2021/22 Revenue Budget	Paper	C Turley
3	PERFORMANCE, GOVERNANCE AND ASSURANCE and OTHER MATTERS		
3.1	Patient Safety Highlight Report	Paper	C Roche
3.2	Monthly Integrated Quality and Performance Report	Paper	R Marsh
3.3	Financial Performance Month 11, 2020/21	Paper	C Turley
3.4	Risk and Board Assurance Framework	Paper	K Cox

No:	Item Title	Verbal Presentation Paper	Delivered By
3.5	Impact of UK Withdrawal from the European Union/European Single Market: Closure Report	Paper	E Hitchon
4	QUESTIONS FROM MEMBERS OF THE PUBLIC	Verbal	M Woodford
5	CONSENT ITEMS		
5.1	Procedural Matters To approve the Trust Board Minutes, review the Action Log and deal with any matters arising.	Paper	M Woodford
5.1a	Committee TOR Review	Paper	K Cox
5.2	Update from Committees a. People and Culture b. Finance and Performance c. Quest d. Audit		
5.3	Minutes of Committees To note and endorse Minutes of Committees and any policies referred to in those Minutes.	Paper	M Woodford
6	AOB		

Date of next meeting: 27 May 2021



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

AGENDA ITEM No	1.4
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	One

CHIEF EXECUTIVE REPORT: 25 MARCH 2021

MEETING	TRUST BOARD
DATE	25 MARCH 2021
EXECUTIVE	JASON KILLENS
AUTHOR	JASON KILLENS
CONTACT	Jason.Killens@wales.nhs.uk

EXECUTIVE SUMMARY

This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues since the last Trust Board meeting held on 28th January. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

RECOMMENDATION

That Trust Board note the contents of this report.

KEY ISSUES/IMPLICATIONS

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

REPORT APPROVAL ROUTE

The Trust Board meeting held on 25th March 2021.

REPORT APPENDICES

SBAR attached

REPORT CHECKLIST

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

SITUATION

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 28th January 2021.

BACKGROUND

2. This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

ASSESSMENT

CHIEF EXECUTIVE

3. Since the last Trust Board meeting, examples of items of note include:

- Attending frequent meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, Blue Light Service Leaders, Trade Union Partners, AACE and EASC.
- The Executive Pandemic Team (EPT) has met at least weekly since February 2020. However, as part of the decision taken to move from Pandemic 'Response' to 'Monitor' EPT will now meet on a fortnightly basis by exception. Likewise, the various Cells established to manage the Trust's pandemic response are beginning to stand back the frequency of their meetings. An evaluation of the Trust's response to the second wave of the pandemic has begun and is expected to be completed in May 2021 and reported to relevant committees.
- WAST Live events continue to be scheduled on a fortnightly basis to inform our people of emerging issues and report on key actions taken by the Trust. They continue to be popular with our people as an effective engagement tool and provide an opportunity for our staff to ask questions directly to me and the wider Executive Management Team. WAST Live events are available as live on Facebook and Zoom and on YouTube for staff to watch at their leisure.
- I met with our latest cohort of UCA trainees and welcomed them into the Trust.
- I have represented the Trust at Ministerial Ambulance Availability Taskforce meetings. I look forward to the group's final report and recommendations.
- The development of our refreshed IMTP and financial plan for 2021/22 has continued at pace since our last meeting. A focussed engagement session was held with ADLT to test and refine our draft with the Assistant Director group prior to its presentation to and subsequent endorsement by EASC on Tuesday 9 March
- The Trust has had a significant number of media enquires in recent weeks with news agencies interested in the Trust's response to the pandemic. Positive news stories have been recorded by CNN, Sky News and S4C.

FINANCE AND CORPORATE RESOURCES

Finance

4. The financial plan re-drafted and submitted for the 2020/21 financial year as part of WAST Quarter 3 and 4 submission to Welsh Government continues to be monitored and updated in relation to the actual costs incurred against this plan. Focus continues

on the delivery of the statutory financial targets up to the end of the 2020/21 financial year.

5. Planning for the 2021/22 financial year continues as the Welsh Government NHS Wales / Health Board allocation letter was released in late December 2020 and draft commissioning intentions have been received from Chief Ambulance Services Commissioner. A high level financial plan has been developed which identifies the potential savings target for next year. Further work will be undertaken over the month of March to ensure this aligns to IMTP objectives and a draft initial revenue budget for 2021/22 brought forward for Board consideration.

6. Re-alignment of the Capital programme continues to ensure maximisation of asset purchases within the final Capital Expenditure Limit. Budgets continue to be monitored closely to ensure efficient usage of the funding available.

7. The Trust has continued to receive support from Welsh Government for a number of key capital projects; including funding (c£11m) recently being approved for the 2021/22 fleet replacement programme. This included £0.5m in the current financial year for acceleration of the programme, allowing the Trust to purchase chassis' in advance, to ensure the conversions can start early in the next financial year.

8. During January and February 2021 planning and interim audit work has continued in respect of the 2020/21 Trust Annual Accounts. Current planning assumptions remain that the 2020/21 year-end audit will again be conducted virtually maximising the use of available technology and building on the experiences of the 2019/20 audit.

Capital & Estates

9. The following projects are currently progressing:

- Aberaeron Ambulance Station – Following agreement to proceed with this scheme after previously being put on hold due to COVID-19 and concerns regarding the availability of capital funding, a tender process has now concluded and a contractor appointed. Work began on the 36 week programme on 8th March 2021.
- Cardiff Area Ambulance Centre – We are currently in week 36 (at the time of writing) of construction and development on site continues to progress. There have been some issues on site that are being resolved but have caused some delay and eaten into the project's contingency time. Due to these issues, the contractor has continued to push forward and re-schedule works and to date they have confirmed they are working to the original completion date.
- Cwmbwrla Ambulance Station – New lockers have been provided and furniture delivered. The asbestos within the old boiler room was removed on the 21st January 2021, which will provide much needed additional space. The heating boiler and hot water cylinder have been replaced and the remainder of the heating will be part of the major contract. Following full consultation with Operations and Trade Union Partners, the design and schedule of works was finalised during December 2020. The contract has been awarded and work commenced on 1st March 2021, with completion due in June 2021. Works to demolish the chimney and fit a new section of roof were completed on 26th February 2021.

- Matrix One – The contractor has been appointed to complete the internal and external works at Matrix One. The Project Team and architect are working with the contractor to establish a programme of works. The programme is likely to be 4-5 weeks but it is hoped these works can be accelerated.
- Matrix House / New Training School - The contractor has been on site for 12 weeks and works are progressing well and to plan. The IT Team has been closely involved in supporting the scheme with the aim to migrate staff from Cefn Coed during the second week in April 2021.
- Grange University Hospital (GUH) Development – With regards to the interim solution, the requested additional heating has been provided and the works and associated costs for improving the staff welfare facilities have been agreed and are to be progressed. The Business Case for the permanent solution (refurbishment and lease of Beacon House) was further updated with consideration being given to WAST's potential use of the vacant space, now agreed to be the solution for the majority of staff displaced from VPH. The Business Case was approved via a Chair's Action on 24th February 2021. Accordingly, a Project Team is being established and the project initiated for delivery.

10. In addition to the above, the Capital & Estates teams are also involved in the following:

11. At QSW Cell the template risk assessment for COVID-19 Safer premises has been redesigned by the Health & Safety Team to address changes which have occurred during the pandemic and to simplify the process for all staff carrying out risk assessments in premises. Reviews of COVID-19 safer premises risk assessments will now be carried out using a phased approach on a rolling basis. The introduction of social distancing at some Trust premises has required the displacement of some staff groups (typically NEPTS) to other premises. Temporary accommodation is in place at sixteen locations throughout Wales, typically in St John premises and Council Community Halls.

12. The Trust has approved its first Environmental Strategy. This Strategy highlights the ongoing work as well as future requirements, plus our commitment to retaining ISO14001 accreditation. The impact on the environment will be reduced with an ambition to be carbon neutral by 2030. To support this strategy, Welsh Government has made £16m available to NHS Wales for decarbonisation projects and the Trust has bid for a substantial percentage of this funding in order to continue our decarbonisation agenda. This includes photo voltaic, biodiversity projects and importantly an electric vehicle charging network plan for the Trust.

13. The pandemic has highlighted more than ever the requirement for quality building cleaning. Short term contracts are in place to fill any gaps in requirement, however, a national cleaning tender is being written to ensure that all buildings receive domestic cleaning, following the same specification and quality requirement that is compliant with financial instructions.

14. Work on the Estates Strategic Outline Programme (SOP) refresh has concluded with this having been considered by both FPC and Trust Board, with the focus being on the impact of the EMS Demand & Capacity Review and the application of the Estates Prioritisation Framework. This followed significant engagement, including attendance at Senior Operations Team (SOT) meetings and discussions at ADLT.

Other factors which have influenced the refresh have included estates requirements for Clinical Control Centres (CCC) and administration functions, with consideration being given to the impact of the Covid-19 Pandemic response on WAST's estate. It has not been possible to include the potential impact of the NEPTS Demand & Capacity Review on this refresh as the detailed outcome is not yet available and has not been through the approvals process although we do expect these to be minimal. The refreshed SOP is in the process of being submitted to Welsh Government. Delivery of the SOP refresh is dependent on the allocation of sufficient funding and resources. It is noted that further work is required on developing contingency plans for identified sites to meet shorter term requirements ahead of SOP delivery.

15. The Trust's Cost Advisor has now issued the revised Cost Report for the South East Fleet Workshop which is to be reviewed, however, it is anticipated that the costs are still exceeding the OBC budget. NWSSP-SES have undertaken a further site search, again, the results of which are to be reviewed. Discussions have been held with the Welsh Government Assurance Hub in advance of undertaking a Gateway Review.

16. The roll-out plan to provide all Trust staff with a single combined ID and access card will start with issuing a final version for approval by EMT. This will then be followed by a small 'pilot' with fleet staff and their contractors before they are issued to all Trust staff by Health Board area; commencing with Hywel Dda, Swansea Bay, Cwm Taf, Cardiff & Vale, Aneurin Bevan, Powys and Betsi Cadwaladr.

Fleet

17. The Fleet Strategic Outline Programme (SOP) Refresh has been completed. Re-profiling of vehicle replacement has been undertaken to take into account restricted funding for 2020/2021 (due to the response to the Covid-19 pandemic) and the agreed vehicle replacements in 2021/2022. The outcome of the EMS Demand & Capacity Review has influenced the Fleet SOP refresh, including the requirement for additional EA's. It has not been possible to include the potential impact of the NEPTS Demand & Capacity Review in this refresh as the detailed outcome of this review is not yet available although we do expect these to be minimal. It is noted that the progression of the South East Fleet Workshop is identified as a priority, together with the Bangor Workshop, which are aligned to the Estates SOP Refresh. The refreshed SOP is in the process of being submitted to Welsh Government.

18. The thirteen additional vehicles required for the Grange University Hospital (GUH) transfer and discharge service are all in operation.

STRATEGY, PLANNING AND PERFORMANCE DIRECTORATE

Planning and Transformation

19. The Director of Strategy, Planning and Performance has continued to lead and engage both internally and externally on the strategic ambition and three year plan for the organisation. The plan incorporates the Welsh Government's requirement to submit an Annual Plan by the end of March and the requirements of our Commissioner detailed in their commissioning intentions. The plan outlines what we intend to deliver for our key service areas; 111/999, mobile urgent care, EMS response and NEPTS and the actions we will take to achieve this over the next year, whilst also incorporating our recovery planning. The plan has been shaped by what our patients and colleagues

tell us, as well as reflecting on our performance, the impact of the pandemic and the risks we are managing. The plan is in the final stages and has now been shared with our Committees, Trade Union Partners and EASC.

20. The team also continues to support the transformation agenda of our current IMTP including the EMS Demand and Capacity Review, Contact First, Mobile Testing and The Grange University Hospital Transfer service whilst also commencing planning for this year's priorities e.g. the NEPTS demand and capacity review and mental health. Work also continues with health board partners on the strategic service change agenda, particularly in the context of recovery planning and what the demands will be on us as an organisation to support that agenda whilst also re-starting some of the work that has paused during the pandemic, for example, the proposed centralisation of vascular surgery in South East Wales.

Commissioning and Performance

21. In Quarter 4, the Commissioning & Performance Team has been focused on supporting Executives with detailed information for the 2021/22 commissioning intentions/IMTP, in particular, Red modelling, CHARU modelling, closing the EMS relief gap and the EMS roster review project. The EMS roster review project will be a significant, complex and sensitive undertaking over an estimated 15 months with at least 87 rosters due to be redesigned. The Team has also been supporting Estate and Fleet colleagues with detail for the EMS Demand & Capacity Programme to underpin both the Fleet and Estate SOP (and programme estate contingency plan). The Team also continues to provide hands on support to the ODU and is also actively involved in supporting a number of corporate projects e.g. Contact First, national respiratory pathways etc.

22. The Team has recently received new COVID-19 forecasts, which need to be reinterpreted into WAST data (the forecasts are for hospital admissions but not conveyance, response or calls), which will then be used for tactical modelling for Quarter 1 and the summer. Both of these will support a move towards seasonal modelling, rather than just winter planning, which has been the previous focus. The Team continues to supply Executives with a regular COVID-19 Intelligence Pack. The Team has also completed the NEPTS Demand & Capacity Review and is now in the process of establishing a shadow programme board.

23. Finally, the Team is providing the usual run of quality and performance reports to senior stakeholders (in WAST and across the wider health care system), has condensed the monthly quality & performance report to a Top 20 and will review the Performance Management Framework in Quarter 1 (work which was suspended during the pandemic response).

MEDICAL AND CLINICAL SERVICES DIRECTORATE

999 EMS Forum Conference

24. WAST has been selected to host and sponsor the 999EMS Forum which the Research and Development Department has helped to organise. The event will be taking place virtually and free of charge on March 23rd and I will be giving a keynote opening address.

International AI Project (ASSIST)

25. The Trust is excited to be leading the AI (Artificial Intelligence) project which involves international collaborators from Corti, (a Copenhagen based organisation that facilitates the use of AI in healthcare services), the University of York, HFE (Human Factors Everywhere) and Thimbleby Works. The project was successful in securing funding from AAIP (Assuring Autonomy International Programme). ASSIST (ASsuring Safe artificial Intelligence in ambulance Service 999 Triaging) is a project which aims to engage with stakeholders and identify their safety assurance needs for using AI in ambulance services. The project consists of three work packages and work began on the project in December 2020.

Snapshot Audit

26. In February 2021, the Clinical Audit Department undertook a snapshot audit as part of a UK Ambulance Service Impact Assessment relating to hospital handover delays and harm to patients. The request came via AACE and was approved by NASMed and QGARD to review Patient Clinical Records for 50 random incidents on 4th January 2021 where hospital handover delays were ≥ 60 minutes. The results showed some good practice in documenting ongoing care during handover delays along with lessons learned for further improvement. There were 3 patients who were considered as being at risk of severe harm and as part of the audit recommendations these are being reviewed by the Patient Safety Team. The results of their findings will inform the final WAST contribution for this work. The non-patient identifiable data from the audit has been submitted to AACE with the view of compiling a report with data from other UK Ambulance Trusts and advising on the next steps.

ePCR

27. The ePCR Programme is making excellent progress. I signed a formal contract in February for the official commencement of the TerraPACE Project, scheduled for a period of approximately 9 months. The ePCR application (TerraPACE) has benefitted from pre-contract development work and is being configured to meet the Trust's detailed specification requirements. An Operational Functional Design Team is being established to ensure that users have direct involvement from the start. The project will focus on developing an initial solution for EMS, sitting within the wider ePCR Programme which will ensure that the work is outcome and benefits focussed to achieve the ambition within our Clinical Strategy.

28. The ePCR Programme will retain its clinical focus, led by Dr Brendan Lloyd, Executive Medical Director as Programme SRO with support from Duncan Robertson, Interim Assistant Director for Research, Audit & Service Improvement providing clinical sponsorship for the TerraPACE Project. The Trust's Director of Digital Services, Andy Haywood, is supporting the programme & project team recruitment and hosting the team within the Digital Directorate.

Cymru High Acuity Response Vehicle (CHARU) Proposal

29. The recent development of the Senior Paramedic role included that they would provide all necessary clinical leadership and support at a critical incident. However, with the numbers available (25 in 2021/22 and moving to 41 by 2024/25) it was not possible that a Senior Paramedic would always be available to respond to all serious incidents. Therefore, ORH had been commissioned to calculate the number and

locations of RRVs that would be required to reach a pre-determined list of trauma and cardiac arrest MPDS codes within a timely manner, whilst ensuring delivery against the red performance target was maintained. This work is currently ongoing. In addition, it was proposed that the Trust supplement the response to critical incidents through the provision of a Cymru High Acuity Response Unit (CHARU) crewed by a mix of Senior Paramedics and selected paramedics.

30. This programme will maximise the provision of enhanced clinical care and ensure the consistent delivery of critical care requirements across the whole of Wales.

Senior Paramedic Recruitment

31. Since January, the Medical and Clinical Services Directorate's Clinical Leadership Team have been supporting Operations with the Senior Paramedic recruitment. The outcomes to date include:

- 25 Senior Paramedic vacancies were available
- 6 applicants automatically qualified for a Senior Paramedic role
- 19 individuals were invited and attended a clinical assessment via a multiple choice questionnaire
- 16 of those 19, were invited to attend a formal interview type meeting and 12 were successful following both the clinical assessment and interview
- 7 vacancies remain (x4 Aneurin Bevan, x1 BCU, x1 Bridgend)

32. The Clinical Leadership Team are now supporting Operations with the Senior Paramedic induction process.

GoodSAM Reactivation

33. At the start of the pandemic a decision was made to suspend GoodSAM responder activations within the Trust for staff and volunteer safety. With the development of safety measures, current practice precautions and provision of appropriate PPE, the Trust has re-launched GoodSAM for EMS staff and Community First Responders. Only volunteers who choose to receive alerts during the pandemic will be re-activated and only staff with access to level 3 PPE and trained in donning and doffing will be able to elect to receive the alerts.

PARTNERSHIPS AND ENGAGEMENT DIRECTORATE

34. February signalled the start of the Trust's annual Defibuary campaign designed to educate the public about the importance of CPR and defibrillation when someone goes into cardiac arrest. This year, we also appealed to the public to 'adopt' a defibrillator and act as its guardian by registering the device on the national defibrillator network known as 'The Circuit'.

35. We opened our doors to a number of broadcasters, including S4C, Sky and CNN, who wanted to understand more about the Trust's response to the pandemic. We facilitated access to teams across the service, and coverage was broadcast nationally and internationally. Tragically, we lost our third and fourth colleagues to the virus – Alan Haigh, an Emergency Medical Technician, and Kevin Hughes, an ICT Service Desk Analyst – and so sensitive handling was required, both internally and externally, in order to share the news about their passing.

36. The COVID-19 vaccine campaign continues, and the Communications Team has played a pivotal role with regards information sharing and troubleshooting for colleagues. In addition, we have appointed a Digital Communications Specialist on a fixed term contract to further develop the NHS Wales website and social media platforms at this critical time.

OPERATIONS DIRECTORATE

Operational Delivery Unit (ODU)

37. A meeting was recently held with the Health Board Chief Operating Officers to review the Operational Delivery Unit ambitions, the 'Once for Wales' intended outcomes, current system benefits already being realised and potential opportunities. It was felt that the Operational Delivery Unit should continue to function and a decision is awaited on whether the Trust can recruit to the ODU on a permanent basis.

EMS Duty Operations Manager (DOM) Recruitment & Induction

38. Progress has been made on the recruitment of the new management and clinical leadership model for the Operations Directorate's Emergency Medical Service. After a successful recruitment process that attracted applicants from both Paramedic and EMT roles as well as external candidates, those shortlisted attended interviews during week commencing 1st March 2021. Those that are successful will join the existing appointees and undertake an induction programme to aid their transition into their new roles. The programme framework has been written for 105 DOMs to attend, over an 8 week period. The provisional start date for the induction programme is Monday 10th May 2021. All directorates have been contacted and asked to facilitate a session which will link specifically with operational managerial responsibilities from a DOM perspective. The framework has been presented to the Assistant Directors Leadership Team (ADLT) and was fully supported. New and exciting times are ahead that will change the way we lead the service into the future.

NEPTS Transfer of Work

39. The NEPTS transfer of work programme is progressing well. Plans for Aneurin Bevan and Betsi Cadwaladr Health Boards have now been approved and will commence on 1st April 2021. The only remaining Health Board is Cwm Taf and we are optimistic of this being resolved during quarter 1 of the new financial year.

Operations Directorate Management Structure - Consultation

40. Following initial engagement and individual discussions with the Operations Directorate Wider Leadership Group, a revised senior management structure has been proposed. A consultation document has been published to inform a formal consultation process, in line with the All Wales Organisational Change Policy (OCP), outlining the proposed changes to the senior management structure of the Operations Directorate. The consultation period commenced 8th March 2021 and runs until 1st April 2021, after which the final structure will be published.

Mobile Testing Units (MTUs)

41. Phase 1 of the 4 Welsh Reserve Mobile Testing Units (MTUs) has been extended from February 2021 to the end of August 2021. The MTU teams have been deployed

to 32 locations (mainly long term) across Wales and have cumulatively provided in excess of 17,000 confirmatory Polymerase Chain Reaction (PCR) tests.

42. Discussions are ongoing with the Department of Health and Social Care (DHSC), Welsh Government and the Test Trace and Protect (TTP) Service to identify ways in which the Trust can further service and support the Welsh testing effort. Positive feedback has been received regarding the MTU service and a number of the team have been successful in securing permanent roles within other operational areas of the Trust.

Modernisation of our Working Practices

43. Modernising some of our practices is now required as we start to see additional EMS investment come to fruition. At the time of preparing this update discussions continue with our trade union partners on a proposal seeking to modernise rest breaks and end of shift arrangements coupled with the management of CPD time.

Audit

44. Towards the end of 2020 Internal Audit undertook a review of CCC Performance Management. The report relating to this audit has recently been finalised and found that the measures in place provided 'reasonable assurance'. Whilst recognising that there is still some work to do, this was a positive outcome.

Volunteer Uniform & Equipment

45. Uniform for our volunteers (Community First Responders and Volunteer Car Drivers) has been procured through year end funding; this is an exciting development which truly incorporates our volunteers as part of Team WAST. The Trust's revised uniform policy is awaited before the uniforms will be distributed, however, this is expected to enter the governance structure imminently. In addition to uniform, replacement response bags and airway manikins, plus equipped kit bags to support extended skills for Community First Responders are also on order.

Volunteer Strategy

46. Whilst the development of our Volunteer Strategy was paused during the pandemic, the Chairs of our regional volunteer working groups have continued to work towards finalising our exciting new Volunteer Strategy, with an ambition to sign off through governance routes during Q1 of 2021/22.

CCC Clinical Review

47. Although the Clinical Review has been approved to continue through the response phase of the pandemic, the programme board has taken the action to review each of the 15 work streams to prioritise what will continue immediately and which work streams could be postponed to allow the work stream leads and support staff to focus on the pandemic.

48. The following progress has been achieved against the ten agreed objectives:

- Complete work associated with the mobilisation of the Major Trauma Desk.

- Review the overarching organisational professional clinical leadership structure for telephone triage considering CSD and possibly 111 Phone First (considering also the COVID-19 lessons learnt document).
- Review how the Advance Paramedic Practitioners (APPs) currently work and the options for further integration into the 'integrated clinical hub' model.
- Develop proposals for replacement of Manchester Triage System (MTS), where these provide evidential benefits to patient care, experience and service delivery.
- Further develop the home and remote working solutions to reduce lost hours (due to ICT issues and further develop the capability into a 'business and usual' arrangement.
- Develop the remote worker solution to enable a more effective contribution to Physician Triage and Streaming (PTaS) from other organisations e.g. Health Boards.
- Develop a specification and model for falls and frailty within the Integrated Clinical Hub to assess and manage falls patients using a Major Trauma Desk (MTD) model.
- Using the findings from the pilot during COVID-19 develop a specification and model for mental health within the Integrated Clinical Hub to assess and manage patients using a Major Trauma Desk model.
- Review all Clinical Service Desk (CSD) functions and form a proposal for tasks not associated with H&T to be reallocated; to generate capacity to focus on H&T aligned activities.
- Develop a range of metrics beyond Hear and Treat (H&T) through which the CCC Clinical capacity can be effectively measured and managed.

49. The Major Trauma Desk mobilisation has now been completed with the approval of the Standard Operating Procedure (SOP) by the Senior Operations Team (SOT) in February 2021.

50. The business case for the Emergency Communication Nurse System (ECNS) (LowCode) has been supported by the Senior Operations Team. Preliminary discussions are now required with commissioners to test appetite for further case development.

51. The C3 Remote Worker system has been acquired and training has been undertaken with Aneurin Bevan, Cwm Taf and Hywel Dda University Health boards.

111/Contact First

52. Whilst we reflect on how busy 2020 was for the 111 Service in terms of supporting the pandemic response and receiving over 840,000 calls and answering over 580,000 calls (85%), the team are already in the middle of planning for another extremely challenging year. 2021 will see a year of growth and development; new services, new systems, new staff and site expansions.

53. December 16th 2020 saw the phase one introduction of Contact First into ABUHB, since then we have directed over 1,000 patients to the Flow Centre and received some positive feedback for the service from our Health Board partners. On the 23rd February 2021, we continued the phased one roll out into Swansea Bay Health Board. Throughout 2021, we have a planned programme to roll out both Phase one and Phase Two across all Health Boards, supporting patient pathways and Emergency

Departments. Along with Contact First, 111 will continue to roll out this year, with BCUHB planned for the summer.

54. To support the significant developments within the 111 service, new IT systems and equipment is being delivered. The transfer to Windows 10 machines for all staff is almost complete, a new telephony system 'Finesse' will be fully implemented by the end of April, with staff currently undertaking training. The introduction of Salus, our new clinical system is planned for Autumn. To support the service delivery, we are in the process of recruiting 90+ call handlers and 55 clinicians, as well as a number of additional supportive staff; supervisors, management roles and senior clinical posts. The team are currently in the process of planning and providing training, and developing both Vantage Point House and Ty Elwy to provide appropriate accommodation.

Vantage Point House Plan, Cwmbran

55. In order to develop the estate to accommodate the increase in 111 staff for Contact First and the accelerated roll out of BCU 111 the new areas of Vantage Point House secured during the pandemic response are being redeveloped to house a larger more purposeful 111 Clinical Contact Centre which will see 60 seats for 111 Call Handling and Clinical Advice. Main contractors have been appointed and work will take place in the building between April to June 2021.

56. There are also much needed updates to air conditioning and heating throughout the building, resilient power supplies for all contact centre areas, spacing for social distancing in all areas and increased staff welfare and wellbeing facilities. In total over 200 contact centre seats will be operational once the work is complete including 111CCC, EMSCCC, NEPTS, Resource Centre and Aneurin Bevan Health Board who host their Flow Centre and OOH Hub in Vantage Point House. Funding for this work has been provided through Welsh Government as part of the Contact First roll out provision.

57. The changes have meant a significant number of corporate staff will need to relocate to another facility. Communication has taken place with all teams and plans are being drawn up for a new location (or locations) which will be in place as the workplace returns to a sense of normality after the pandemic lockdown and home working activities.

Health Inspectorate Wales (HIW) - CCC Action Plan

58. The Trust action plan developed following review of CCC by Health Inspectorate Wales (HIW) continues to be progressing well, despite the pandemic.

111 Peer Review

59. Following the 111 Peer Review, in January 2021 a presentation outlining some high level benefits was presented to Finance and Performance Committee. The closure report is being prepared and will be presented to the next Finance and Performance Committee meeting in May 2021.

MTA Training

60. Marauding Terrorist Attack (MTA) training in the form of briefings for our commanders is being provided to ensure that the Trust complies with recent changes aligned to the JESIP Joint Operating Principles (JOPs).

DIGITAL DIRECTORATE

61. The most notable event for the Digital Directorate since the last Trust Board was the sad loss of our friend and colleague Kevin Hughes to COVID-19. He was a well-loved member of the ICT Service Desk team and his loss has been felt by WAST as a whole, although this pales into insignificance to the loss felt by his family.

62. In terms of ongoing delivery, this month sees a major milestone approach as we move towards the user acceptance and testing (UAT) phase for the new 111 Integrated Information System (IIS) / SALUS. The 111 Programme team will use this phase to ensure that the new SALUS software solution is fit to move into the training stage and eventual live service at the end of the year. In tandem, since the last Trust Board, the contract has been signed for our Electronic Patient Clinical Record (EPCR), which is led by our Medical Directorate, but heavily supported by the Digital Team. Now the contract is live, work has commenced with the supplier, Terrafix, to confirm the implementation and staff training steps required for go-live similarly towards the end of this calendar year. To support the release of both these and other capabilities, a major recruitment effort is underway to ensure all outstanding programme-funded roles are filled.

63. In addition to delivery of these 2 major programmes of work, as described above, the Directorate is contributing a significant effort to support the pan-Wales rollout of the 111 service and 'Contact First' including a major upgrade of the 111 telephony system to bring its resilience up to a comparable level to the 999 system. This, along with the reconfiguration of the WAST estate, notably Vantage Point House, to support is requiring a huge amount of effort from the ICT team in particular. Work has also commenced to look at the levels of digital literacy within the WAST workforce and a number of our strategic suppliers, including Apple and Microsoft have been engaged to devise a number of staff training and awareness sessions that will be going live over the coming months.

64. Finally, this Trust Board sees us bid farewell to the Head of Health Informatics, Nicki Maher. She has worked for WAST for nearly 20 years and has spearheaded the development of our approach to Information Governance and Data Protection, with great effect. She joined the Trust when reporting was still done on paper and has built Health Informatics into a much broader, more capable function. Nicki leaves WAST to join the London Ambulance Service for a promotion as their new Head of Information Governance.

QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE

Mental Health and Dementia

65. The team has now mostly returned from pandemic response duties. Earlier this month we met with the CEO and the Minister for Mental Health to discuss plans for investment and improvement in mental health crisis care. We have had our first meeting of the Strategic Transformation Board (STB) Mental Health & Dementia

Programme Board, which will lead and coordinate the considerable activity (internally and externally). We have prepared the case for investment in mental health 'hear and treat' services in the Welsh Ambulance Services NHS Trust, based on the South Central Ambulance Service (SCAS) Model, for discussion with the Chief Ambulance Services Commissioner imminently. We continue to engage with the National Collaborative Commissioning Unit (NCCU) and Welsh Government on the forthcoming investment in mental health crisis care. A substantive workshop on this will be attended by the Director of Strategy, Planning and Performance and the Head of Mental Health and Dementia, in the next week or so, with decisions on investment priorities due soon after that.

Welsh Ambulance Services NHS Trust People & Community Network

66. The People & Community Network is in development and expected to be officially launched early April 2021. The Network will ensure a greater reach across all demographic communities in Wales and will be the vehicle to support and enable service users to be involved in the design, planning and delivery of Trust services more effectively. Members of the Network will be able to actively participate in a range of service improvement activities on a regular basis to help influence service design/delivery and provide a platform for their voices to be heard and to act as advocates for others.

Putting Things Right

67. During January and February 2021 the Putting Things Right Department achieved 97% and 100% compliance for 2 day acknowledgement of concerns and 75% and 70% compliance for 30 day Tier one concerns. There is an increase in the number of concerns being received; there are currently 70 open concerns (excluding Complex Case) with 13 in backlog. In addition, the number of Serious Adverse Incidents has also increased to 28 open following consideration at Serious Case Incident Forum meetings.

111 Training

68. There is an ongoing and increasing clinical risk in the capacity to provide coaching, supervision and continuous professional development to existing and new staff as a result of the demand for training. Additionally, there is an increasing demand on the Training Team that is difficult to sustain and is impacting on wellbeing. These issues have been highlighted in a paper to be presented at Executive Management Team and the Risk Register updated to reflect the concerns.

Safeguarding

69. Positive feedback has been received from Welsh Government following WASTs submission of the Violence Against Women, Domestic Abuse and Sexual Violence Annual Report and training progress update.

70. The Safeguarding Annual Report for 2019/2020 has been published demonstrating the team's challenges and achievements. Of note was the implementation of the electronic safeguarding reporting process despite the restrictions of the COVID-19 pandemic. An 18% increase in safeguarding reports during this period has been identified and further analysis is ongoing to establish contributory factors.

Falls and Older People Improvement

71. The Older People's Improvement Team have been working closely across Directorates and with external partners including Swansea University, to develop university education alongside placement opportunities to enhance pre-registration paramedic students with knowledge and experience when caring for older people. Following delivery of university based modules and conversations with wider system partners within health, social care and the third sector, the team will shortly be launching the 'Older Persons Education Action Group'. This Group will develop a wide remit to seek to identify improvement opportunities to enhance the learning and education of pre-registration, post registration and non-registered professionals across the Trust.

72. The team continues to develop and implement the Trusts Falls Framework, particularly focused on the Falls Response Model. Level 1 Falls Assistants are now operational in every Health Board area and the team are currently leading on the procurement process with colleagues from NHS Shared Services, to implement a pan Wales Level 2 Falls Assistant Response. The Level 2 element of the Falls Response Model which consists of a multi-disciplinary response to respond to complexity is now operating in 2 Health Boards, with conversations for 'scaling up' ongoing across NHS Wales. The team have been working on the development of a Frailty Pathway within the Aneurin Bevan University Health Board area. This will further develop the Level 2 Falls Response Team to identify and respond to patients who are experiencing a new onset or worsening of frailty symptoms and are able to receive rapid follow up within the community based services.

Quality Improvement

73. The Research, Innovation and Improvement Lead (RIIC) has continued to develop the Trust's network both internally and externally, and has received endorsement for an additional funding for a project extension in relation to a third year Sustainability Plan. This will ensure the continued sustainability and development of the RIIC Model. This model specifically aims to identify examples of innovation and good practice, coordinate and prioritise research and innovation activity along with encouraging collaboration with key stakeholders. It is envisaged this will further support the Trust's Improvement and Innovation Network (WIIN) work.

74. The Quality Improvement Team are progressing the re-launch of WIIN through developing the cross Directorate relationships to enhance improvement and innovation. The WIIN Portal will re-launch in April 2021, and will focus on the specific issue of 'hospital handover delays' to encourage and develop internal improvements and the sharing of ideas for action in partnership with external stakeholders. As part of the Trust's move from response to monitor, the WIIN Business Group and WIIN Steering Group will re-convene to consider ideas submitted through the Portal. Ideas will be reviewed to determine their appropriateness in scope and scale, and potential resource allocation. Importantly, the issue of hospital handover delays will provoke ideas and proposals from across domains, which are likely to include simple operational processes, complex operational processes, opportunities to improve health and wellbeing and changes to communication and reporting.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE

Human Resources

75. The Trust experienced an increase in sickness absence in January 2021 to 10.67% compared with December's figure of 10.32% comprising 5.78% LTS and 4.88% STS. COVID19 absence had increased from 4.48% in December 2020 to 5.06% in January 2021 and reflected the increase of COVID19 prevalence in the community. COVID-9 absences across the Trust are made up of 1.85% LTS and 3.22% STS and as a result Occupational Health (OH) have experienced an increase in COVID related referrals. The Occupational Health team is running a number of awareness sessions for all managers on how best to support colleagues experiencing a longer term impact on their health from the virus. In addition, a Long Covid Support Group (Road to Recovery Group) has been launched for affected colleagues, where the team will run guest speaker sessions, virtual 'cuppa's' and share helpful resources through a Teams Group. Sickness absence and the possible impact of long COVID was explored at the February People and Culture Committee.

Occupational Health and Wellbeing

76. The Occupational Health and Wellbeing Team continues to grow and improve services with a clinical lead joining the team in December 2020 and the successful recruitment of three new nurses. This has already had a positive impact on waiting times for management referral appointments and our target of 10 working days from referral to appointment is becoming more achievable. A temporary member of administrative staff has also been appointed until June 2021 to support the expansion of our services. The Wellbeing Team has increased support for CCC's and NHSDW, including on site and weekend visits. They continue to see high demand for their services. The introduction of a 'Living Life to the Full Course' took place on 3 March, the weekly wellbeing drop in sessions continue and the team is hosting a 'Sleep Workshop' this month for all colleagues. The TRiM Lead is currently looking to implement the option to self-refer via iPad's and, if possible, through the ePCR. The Digital Directorate is supporting the promotion of wellbeing apps by downloading onto all Trust iPads. The new Employee Assistance Programme service is due to commence from 14 March 2021.

Organisational Development

77. The Staff Survey Champions for each Directorate are starting conversations about the findings with their colleagues, celebrating positive changes since the last survey, identifying areas for improvement and beginning to formulate localised action plans to address these. Moving forward, the plan is to reflect and understand the Trust wide findings from the all Wales Staff Survey, then link them to the Colleague Survey Action Plan which was undertaken in June 2020 to understand what colleagues identify as priorities for the Trust.

78. In April, plans are being made by NHS Wales to launch Healthier Working Relationships and the introduction of the Respect & Resolution Policy which will replace both the Dignity at Work and Grievance policies. The Trust is planning our implementation approach for Healthier Working Relationships including running awareness sessions for colleagues on the changes and encouraging a different outlook on dealing with conflict at work.

79. The Diversity and Inclusion Steering Group met in January and a decision was made to setup an 'Inclusion Network' for all colleagues across protected characteristic groups. The Network will be launched in late March/early April. Joga Singh, Non Executive Director, has been given a standing invitation to attend future Diversity & Inclusion Steering Group meetings.

80. A decision has been made to extend the reverse mentoring project until May 2021 as some pairings were not able to meet due to operational demand. A mid-way meeting has been held with mentors with discussions focused on reviewing progress of the project and identifying actions which the Trust can implement. A similar discussion will take place with mentees and an action plan will be drawn up which will be shared with the Executive Management Team.

81. Conversations are taking place with staff members who have faced discrimination whilst at work in order to identify further steps the Trust can take to ensure similar incidents do not take place again.

82. An Equality Diversity and Inclusion (EDI) section has been included in the light touch PADRs with the intention of the section being placed in the revised PADR form.

83. The Trust is supporting an AACE webinar on Uncomfortable Conversations which is open for all colleagues. In addition, we have shortlisted 6 tenders from a field of 11 organisations to refresh the Trust Behaviours and will be seeking to award the contract and begin this Trust wide engagement exercise at the end of March.

Education and Training

84. Induction/conversion training has taken place for 11 newly qualified paramedics who have now gone into practice across Wales. Fifty eight new Emergency Medical Technicians are currently in training as the team continue delivery using a combination of face to face learning and remote facilitated study.

85. Congratulations go to two of our developing Clinical Instructors who have obtained their Level 4 Certificate in Education and Training and to one of our Learning & Development Managers in obtaining his Level 4 certificate in Internal Quality Assurance.

86. The Driver Training Team is pleased to announce that 6 developing instructors have completed the Level 4 Diploma for Emergency Response Ambulance Driving Instructors programme and associated qualifications. An External Quality Assurance process has been triggered and certification for the award is expected soon.

CORPORATE GOVERNANCE

87. The current circumstances continue to cause some changes to the Board and Committee calendars. It has been confirmed that Audit Wales has been granted an additional 2 weeks to audit our 2020/21 year-end financial and governance statements. This will impact on the Audit Committee and Board meetings scheduled for May and June, which were originally timed to clear and approve these final statements. As a consequence, the Audit Committee scheduled for 24 May has been postponed until 3 June. The Board meeting scheduled for 24 May will go ahead as planned but will not now include approval of the Annual Accounts and Governance Statements. A specific Board meeting has been scheduled for 10 June for this

purpose. The Board meeting scheduled for 24 June, which was also to be the Trust's AGM, has been postponed until 29 July.

88. Although still below normal levels, the Number of FOI requests received by the Trust are continuing to increase. Due to the demands on the Trust, the Trust has again issued a notice asking the public to defer, if possible, FOI requests to a later date. This request has so far been less successful than the earlier request in 2020. It's noted that a number of the FOI requests recently received are COVID related.

89. The Audit Tracker is under full review by the Assistant Director Leadership Team to ensure that Internal Audit recommendations and those made as a result of Structured Assessment reviews are addressed and completed on time. The current focus is on those high risk recommendations that are overdue and also whether those significantly older recommendations are still valid, or whether they should be reframed or closed in agreement with Internal Audit colleagues. Despite still being in response mode, the Trust was still able to complete and close 60 audit recommendations from the tracker in the last period.

90. The Corporate Risk Register is also under regular review, with the ADLT undertaking assessments on proposed new risks for inclusion on the register; providing advice to the EMT for approval.

91. The numbers of corporate policies coming through for revision and renewal are again beginning to increase to normal levels. There is now a steady flow of policies through to committees for approval.

92. During November 2020 the Trust lodged an appeal to the Welsh Language Commissioner against the Welsh Language Standards compliance requirements for the NHS 111 Wales website (formerly NHS Direct Wales) to be fully bilingual by 30 November 2020. With the focus on the role and function of the website, the Trust requires additional time to review, agree and identify investment in establishing appropriate resources for the website in terms on Welsh Language translation and on wider governance arrangements for hosting public health information/advice online from NHS/Social Care and Public Health services in Wales and the wider UK. The Trust has now received a response from the Commissioner confirming that the appeal is valid and will be considered by the Commissioner. The Trust will await the outcome of these deliberations.



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

AGENDA ITEM No	2.1
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

WAST Integrated Medium Term Plan 2021-2024

MEETING	Trust Board
DATE	25 th March 2021
EXECUTIVE	Rachel Marsh, Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford, Assistant Director of Strategy and Planning
CONTACT	alexander.crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to present to the Board the final draft of the 2021-2024 Integrated Medium Term plan for sign off.

The report will highlight the key issues in the plan and any feedback incorporated from engagement with internal and external stakeholders.

It is RECOMMENDED that the Board

- **APPROVES** the IMTP for submission to Welsh Government on 31st March 2021, subject to any minor amendments borne out of discussion.

KEY ISSUES/IMPLICATIONS

1. Welsh Government issued Annual Planning Guidance on the 14th December 2021, with supplementary guidance in a letter from Dr. Andrew Goodall on 29th January 2021. Key elements of the guidance that have guided the development of the WAST IMTP are:
 - The plan is to be an annual plan for recovery building on the quarterly operational plans in 2020/21 and act as a transition to full IMTP planning cycle in 2021 for next year's plan;
 - WG suggest a 30 page limit accompanied by a Minimum Data Set to establish activity, workforce and financial forecasts into next year;
 - There should be a strong focus around recovery including staff wellbeing, however the focus of the guidance was very much around Health Board recovery of planned care activity.
2. Whilst WG only require a one year annual plan, EMT and the Board signalled the intent to continue to provide a 3 year plan in support of our strategic intent and ambitions for our core service areas. Therefore the plan has been developed in a three year context, with a focus on the actions we will take in year 1 to recover and move forward with our strategic ambition.
3. Factors influencing our plan include:

- Learning from and recovering from the pandemic;
- Staff and patient voices;
- Performance;
- Risk;
- Commissioning intentions;
- Our own strategic ambition;
- Other policy drivers.

4. The plan will commence from a good platform. Despite the pandemic, progress has been made against a number of the deliverables in the 2020-2023 IMTP. Progress against the IMTP in 2020/21 has been fully scrutinised by Strategic Transformation Board and Finance and Performance Committee in February 2021. As a summary:

- **Four (4)** deliverables are complete (**Blue**)
- **Twelve (12)** deliverables are in progress and on track (**Green**)
- **Nine (9)** deliverables are in progress but some elements of delivery are off track (**Amber**) but with acceptable plans to mitigate any risks
- **One (1)** deliverable (CAD Phase 3) is off track (**Red**) due to delays in job matching. Job matching is a wider issue, a solution for which is being developed.

This is an improved position on December 2020, as CCC Clinical Review has moved from amber to green and the Digital Strategy has moved from amber to blue following Board sign off.

This is therefore provides the baseline position with any outstanding actions carried forward into 2021/22 and incorporated into this plan or local directorate plans as appropriate.

5. The plan for 2021-24 has been constructed to show in the main body of the document the deliverables over a three year period for what we describe as our four service lines (111/999, EMS response, Mobile Urgent Care and NEPTS), our enabling strategies (including our people, digital, fleet, estates and partnerships) and our fundamental principles of quality, clinical leadership and value. The main body of the document also sets out some of the high level actions and milestones for each of these deliverables in year 1. Further information about actions that can be taken in years 2 and 3 are then contained within an appendix to the plan.

6. Key priorities emerging through the plan for our key service areas include:

111/999

- Expansion of 111 through roll out to BCU and C&V Health Boards and the phased implementation of Contact First;
- Developing the 111 digital front end;
- Increasing the call taking and clinical capacity across 111 and 999;
- Developing with our partners seamless 24/7 pathways, including for mental health.

Mobile Urgent Care

- Increasing the capacity, capability, skill mix and skill set of our clinicians to provide care closer to home;

- Working with the wider unscheduled and primary care system to develop an integrated service offer based on seamless 24/7 pathways;
- Implementing our Older People Framework and falls response model.

EMS Response

- Increasing the capacity of the EMS service (127 additional FTEs) and close the relief gap;
- Redesign rosters across Wales to better match demand, ready for implementation through 2022/23;
- Developing a rural model to reduce variation;
- Work with health boards to reduce handover delays at hospitals;
- Key service quality and safety improvements including our response to the Ministerial Ambulance Availability Taskforce.

NEPTS and Transfers

- Continuation of the NEPTS Transformation programme;
- Finalising transfers from Health Boards;
- Implementation of recommendations from the NEPTS Demand and Capacity review;
- Evaluating the Major Trauma network and Grange University Hospital service developments to inform an all Wales Transfer and Discharge model in collaboration with NCCU.

7. These priorities will be supported by key developments across the Trust including:

- Support for our workforce post pandemic including cultural, behavioural and leadership reset;
- Roll out of new SALUS 111 system;
- Transition to the new electronic patient care record solution;
- A strengthened approach to engagement to consult on our strategic ambitions and offers to the system whilst helping to influence strategy at a national level;
- Quality management systems to ensure we embed a culture of quality, safety and candour ahead of Quality and Engagement Act;
- Implementing our clinical strategy and enhancing clinical leadership;
- Working with NCCU and Financial Delivery Unit to further develop a value based approach within the organisation.

8. The plan is presented as a balanced financial plan. This requires a robust but challenging savings plan which has been developed through EMT and will be delivered through ADLT.

9. The IMTP sets out the mechanisms to show how the Trust will deliver, and track delivery of, the plan and ensure viability of the Trust's strategic ambitions. This will be monitored through the Strategic Transformation Board with support for key programmes of work from the Transformation Support Office. There will also be regular reporting to Trust Board and its sub-committees. The Performance Management Framework will also be developed to support a clearer focus on benefits realisation.

10. The issues in the report checklist have been considered and addressed throughout the plan and engagement on the plan. A full EQIA has been completed. Welsh

Language compliance features within the plan. Socio-economic duty has not yet been fully considered, as the duty does not come into force until 31st March. However, the ongoing review of strategic viability and the decisions made as a result of this plan will need to be subject to the duty following this date.

REPORT APPROVAL ROUTE

11. There has been regular engagement in developing the plan with key internal and external stakeholders:
 - Regular fortnightly meetings with the CASC to ensure alignment of commissioning intentions and income assumptions;
 - Touchpoint planning meeting with Welsh Government;
 - Focussed Board development, strategic development and informal IMTP sessions;
 - A joint EMT/ADLT strategy session;
 - Engagement with directorates in developing the plan through ADLT and by the Planning and Performance Business Partners;
 - Discussion with TU Partners at TU Partner Cell – a full review of the plan is scheduled for 16th March 2021.
12. As stated above this plan has been scrutinised and endorsed at Finance and Performance Committee on 11th March and Board members had a further opportunity to feedback and comment on the plan at an informal IMTP workshop on 12th March 2021. A summary of the changes made as a result of this engagement is as follows:
 - Some narrative added around the role we have to play (particularly NEPTS) in planned care alongside urgent and emergency care;
 - Updates to the risks to delivery section including:
 - The risk of not receiving [financial] support for our ambitions;
 - Revenue and capital risks have been separated;
 - A risk relating to potential policy changes as a result of the election has been added;
 - The risk of unforeseen demand has been articulated.
 - Adjusting the narrative around health and safety to introduce the concept of “Working Safely” as a cultural shift for the organisation in ensuring the wellbeing of our colleagues;
 - Narrative within the 111/999 and EMS deliverables sections 5.1 and 5.2 to signal our intention to improve performance metrics in line with our ambitions and commissioning intentions, noting that detailed benefits realisation will come through the programme approach to delivery;
13. The plan was endorsed by EASC on 9th March 2021 and a letter of support is expected from the CASC in due course to submit with the plan.
14. The plan was presented to Trade Union Partners on 16th March 2021 with no material changes required to the plan. Their ongoing engagement is a vital component of Our People plans in section 6 of the IMTP and in ensuring we are able to deliver our ambitious transformation programme going forward.
15. A further review of the plan was undertaken by Strategic Transformation Board on 17th March 2021, with only minor amendments required to the narrative.

REPORT APPENDICES	
Appendix 1: Draft IMTP v0.10 EQIA	

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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Welsh Ambulance Services NHS Trust

Integrated Medium-Term Plan

2021/22 - 2023/24



Draft - Version 0.10

19th March 2021

Contents

Foreword from the Chairman and Chief Executive	3
1.0 Executive Summary	4
2.0 Introduction	6
3.0 Our Key Achievements in 2020/21	6
4.0 Challenges and Opportunities Shaping our Plan.....	7
4.1 Pandemic Response.....	7
4.2 What do our patients say about our service?	7
4.3 What are our colleagues' priorities?	8
4.4 How well have we performed?.....	9
4.5 What do our commissioners and partners say?	11
4.6 What risks are we managing?.....	12
4.7 What are our legislative, strategic, financial and policy drivers?	13
5.0 Our Service Offers to Patients and the System –The Right Care in the Right Place Every Time.....	14
5.1 Our Long-Term Strategy	14
5.2 Our 111 and 999 Call Taking and Clinical Assessment Services	15
5.3 Emergency Medical Service Response	17
5.4 Mobile Urgent Care – Care closer to home	19
5.5 Non-emergency transport and transfer activity.....	21
5.6 Emergency Preparedness, Resilience and Response (EPRR) & Specialist Operations	22
5.7 Wider system recovery and strategic service changes.....	23
6.0 Our Enablers	24
6.1 Our people	24
6.2 Innovation and Technology	25
6.3 Infrastructure.....	26
6.4 Partnerships and the wider system	27
6.4.1 Welsh Language.....	29
7.0 Our Fundamentals.....	30
7.1 Quality Driven, Clinically Led, Value Focussed	30
7.2 Research and Innovation (R&I).....	31
8.0 Our Workforce Plan.....	32
9.0 Our Financial Plan	34
10.0 Delivering Our Plan	37
10.1 Managing transformation.....	37
10.2 Quality and Performance Management Frameworks	38
10.3 Risks to delivery	39
11. Conclusion	40

Foreword from the Chairman and Chief Executive

The last year has been, without question, the toughest in our organisation's history. Since enacting our Pandemic Plan in March 2020, every one of our staff has had a role to play, whether they've had a patient-facing role or have worked to put in place systems to support core services. We don't underestimate the physical and emotional strain that the pandemic has brought for all our people.

As the vaccine delivery programme continues apace, and cases and hospitalizations significantly decrease, we have been able to start to scale back our response, moving from a 'Response' to a 'Monitor' position, and are hopeful that we are now on a path to recovery.

Our achievements during the pandemic have truly been exceptional, and we have learnt how working closely together across Directorates and with commissioners and partners has allowed us to deliver solutions to difficult problems at pace - something we want to nurture as we move forward.

On top of the pandemic response, our people have worked tirelessly on longer term priorities set out in our 2020/23 IMTP, supported by a significant growth in funding from commissioners: we have recruited an additional 136 Full Time Equivalent (FTE) front line staff within EMS; rolled out the 111 service into CTM Health Board as well as commencing the roll out of the Contact First service; completed our first ever Demand and Capacity Review for the Non-Emergency Patient Transport Service; received approval and funding for our Electronic Patient Care Record; and delivered, on time, a new transfer and discharge service within AB Health Board.

We are now starting to turn our attention to what we want to achieve in 2021/22 and beyond.

At the heart of our plan is a desire to **improve the quality of service** we provide to patients, and we will do this by increasingly being a **clinically led** service that remains focused on **delivering value**. Our plan is shaped by the EASC Commissioning Intentions, the requirements of the 111 Programme Board and policies and strategies developed at Welsh Government level - but also by our belief that we can play a greater part in delivering the right care, in the right place, every time across the Welsh urgent and emergency care system.

Our plan includes actions we must take to continue to **respond** to the ongoing impact of the pandemic, but also ensuring that we take time to **pause, reflect and reset**, reducing, or mitigating the four harms resulting from the pandemic. As a result of learning from the last year, we will also be looking to develop longer term approaches to agile, flexible, and remote working and training.

As an essential national service provider, we'll be continuing to **grow our core services**, supported by further uplifts in funding, which will allow us to improve response times to patients across all services. This will include recruiting 127 FTE into front line EMS services, rolling out 111 and Contact First to the whole of Wales, and implementing the recommendations from the NEPTS Demand and Capacity Review. Supporting this, we have major programmes of work on digital transformation, estate, and fleet modernisation as well as, crucially, taking more action to look after the wellbeing of our people.

We will be **working closely with partners** and have **listened to our colleagues and service users** through the year to **refine our ambition and service offer** for the future, and, subject to funding, we are looking to develop our services for those in mental health crisis and increasing the number of patients who can be safely cared for and treated closer to their home through 'hear and treat' and 'see and treat' services.



Jason Killens
Chief Executive

Thank you for taking the time to read our plan, and we look forward to working with colleagues, patients and partners as we continue to grow and transform our services for the benefit of the population of Wales.



Martin Woodford
Chairman

1.0 Executive Summary

The Trust responded quickly and effectively to the **COVID-19 pandemic**, standing up our Pandemic Plan in March 2020. The challenges throughout the year have been significant, as they have in all other parts of the Health Service, but staff across the organisation have risen to the challenge, and worked across traditional directorate and organisational boundaries to **deliver change at pace** throughout the year. Many staff are exhausted, and our plan takes account of the need for a **pause, reset and recovery** to allow a process of individual and organisational healing.

Alongside the many actions we had to take to respond effectively to the COVID-19 pandemic, we also made better than expected progress towards delivering the **key strategic commitments and deliverables** in our 2020-23 Integrated Medium Term Plan (IMTP). Included within these achievements has been the recruitment and deployment of an additional 136 FTE front line Emergency Medical Services (EMS) staff, the roll out of core 111 services into Cwm Taf Morgannwg Health Board, completion of the first ever Demand and Capacity Review within our Non-Emergency Patient transport Service (NEPTS) and delivery of a new transfer and discharge service to support the clinical futures strategy within Aneurin Bevan Health Board.

Our plan for 2021/22 and beyond is shaped by a number of key factors including intelligence on what is important to our patients, staff and commissioners (including commissioning intentions), a review of our own performance and the risks we are managing, and the opportunities presented by emerging strategies and plans from key partners and groups across Wales.

In particular, we are conscious of the need to take action with others to bring down the unacceptably **long waiting times for an ambulance**. The long waits for both Red and Amber categories of patients have led to a number of patient safety concerns and Serious Adverse Incidents (SAIs) which need to be addressed sustainably in partnership with commissioners and health board partners. Within our call taking and clinical assessment services - the '**Gateway to Urgent and Emergency Care**' - we can see exciting opportunities to do much more to accelerate the roll-out and transformation of the service and to ensure that patients receive the right service, in the right place, every time.

We are keen to submit a plan that has a **three-year forward view**, building on the minimum requirements of an Annual Plan as set out by Welsh Government. However, we are aware that this forward work programme will be heavily shaped by ongoing discussions, particularly the work of the Ministerial Taskforce, national urgent & emergency and primary care programme / delivery boards, 111 Programme Board and further consideration of our developing service ambition and offer.

Our plan, therefore, has two components. The first component sets out the actions and funding required to support programmes already in train that strengthen and **build our core services**. The second component, based on emerging thinking, represents a number of offers for commissioners and the wider system to consider which could start to move us forward on our **transformation journey**, improving the quality of service and experience for patients.

Within the 111 and 999 call-taking and clinical assessment services, our key agreed and funded priorities will be to:

- roll out the core 111 service into Betsi Cadwalader University (BCU) and Cardiff & Vale (C&V) University Health Boards;
- roll-out **Contact First** across Wales;
- recruit and train sufficient call takers and clinicians to support the growth in the service;
- implement strengthened operational and clinical leadership and governance structures;
- make significant strides in improving the **111-website** including our digital offer;
- implement the new **SALUS** system;
- develop plans for expanding the use of video consultation; and
- develop and agree a **Remote Clinical Assessment Strategy** with commissioners and partners.

We have also set out proposals for an enhanced 24/7 service for patients in **mental health crisis**, building on the successful pilot of mental health practitioners within our 999 clinical support desk during the first phase of the pandemic. Further discussions on a way forward nationally are underway, and funding would need to be secured to take this initiative forward.

For our Emergency Medical and Mobile Urgent Care services, our priorities are to improve response times to patients, and take action to maximise opportunities for them to be cared for closer to home, only conveying to hospital where it is clinically necessary and appropriate. We will:

- deliver Year 2 of the Demand and Capacity Programme, which will include recruitment of a further **127 FTE staff** to close the relief gap and work with a third party to **redesign rosters** across Wales to better match demand, ready for implementation through 2022/23;
- develop a new model of service to deliver improved services for patients in **rural areas**, and pilot it in one area of Wales;
- work in partnership with Trade Union colleagues to implement a range of **modernisation practices** to increase capacity to respond to patients;
- implement the new **electronic patient care record**;
- work with Health Boards to implement a new **respiratory pathway**, and consider priorities for further pathway development;
- work with Health Boards through the Emergency Department (ED) Quality and Delivery Framework (EDQDF) programme to reduce **handover delays** at hospitals; and
- implement **Cymru High Acuity Response Unit (CHARU)** model across Wales to improve Return of Spontaneous Circulation (ROSC) rates.

We have identified opportunities to recruit and train **additional paramedics, over and above the relief gap**, put a further tranche of paramedics through the **advanced practice** course in September 2021, develop a **24/7 mental health response vehicle** service and roll out **Level 1 Falls Services** more widely. Additional funding would need to be secured and agreed to take these initiatives forward and will be discussed with commissioners through EASC in April.

Within our NEPTS service, our priority is to complete the transfer of work, take forward the Transport Solutions programme, and develop an agreed action plan arising from the **Demand and Capacity Review**. We will also be evaluating the new **transfer and discharge** service in Aneurin Bevan University Health Board (ABUHB), as well as supporting commissioners in the development of a specification for a national service.

Supporting the growth and transformation of our core services will be a series of extensive enabling programmes and strategies including our Quality Strategy, Clinical Strategy, People and Culture Strategy, Digital Transformation Strategy and Estates and Fleet Strategic Outline Programmes. Developing a Volunteer Strategy will also give us further opportunities to support our communities more effectively in all parts of Wales.

Our plan cannot be delivered by us in isolation. It will be ever more important for us, in what is an increasingly complex landscape, to **collaborate with partners** – Health Boards, Regional Partnership Boards, Welsh Government, Commissioners, Trade Union Partners, staff, patients and the public – in order to both create and implement the best solutions and services for the people of Wales. In particular, we want to engage on how we can play a strengthened role within the urgent and emergency care system, turning the current way of working on its head, increasing the numbers of patients whose needs are met through our integrated remote clinical assessment service, our see and treat services or collaborative community referral pathways, and reducing the numbers conveyed to hospital.

For core services commissioned by the Emergency Ambulance Services Committee (EASC), our plan requires and assumes funding of **£194.6m** in 2021/22, a significant and welcome growth supporting the resilience, quality and breadth of the services we provide. This will be funded in part directly from Health Boards and in part from central allocations. This includes full year recurrent funding for a range of schemes funded non-recurrently (and in most cases part year) in 2020/21, and the agreed developments set out above, and will fund both front line and corporate support staff. The organisation will also develop a value-based approach to commissioning and delivery.

The **scale of change** required to deliver on this plan and to achieve our ambition is significant, particularly for our people across the service. We are putting in place a robust **programme management approach** to support the transformation programme and manage and mitigate identified risks, together with strengthened structures to support ongoing **strategy development**. The key, however, will be continued **dialogue and engagement** internally and externally, which we are committed to doing in pursuit of a better service for the people of Wales.

2.0 Introduction

This document sets out the Welsh Ambulance Services NHS Trust's (WAST) Plan for 2021/24, written in line with Welsh Government (WG) guidance. Whilst Welsh Government have required as a minimum an Annual Plan, the Trust Board has agreed that we would like to continue to use the planning process to look further ahead, accepting that actions in Year 2 and 3 will be subject to change, particularly as we continue, nationally, to recover from the COVID-19 pandemic.

The document is supported by the Minimum Data Set as required by WG, along with a number of appendices which provide more detail on areas of our plan and also provide detail on planned actions in years 2 and 3. Further information is available on request.

3.0 Our Key Achievements in 2020/21

Alongside the many actions we had to take to respond effectively to the COVID-19 pandemic, we also made better than expected progress towards delivering the key strategic commitments and deliverables in our 2020-23 IMTP. The impacts of these initiatives have delivered positive improvements for our patients, staff and partner organisations. In a number of instances, we have actually seen an acceleration of initiatives within the IMTP, including leaps forward in our use of estate, fleet and technology to keep the organisation functioning at all levels. Some of our key achievements are highlighted in the infographic below.



4.0 Challenges and Opportunities Shaping our Plan

In developing our plans for 2021/22 and beyond, we have gathered intelligence on what is important to our patients, staff and commissioners, reviewed our own performance and the risks we are managing, and carefully considered the opportunities presented by emerging strategies and plans from key partners and committees across Wales. A short summary of what we have learnt and how our plan responds to these influences is set out in the sections below.

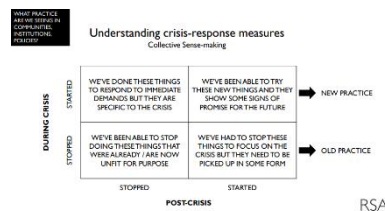
4.1 Pandemic Response

The response to the COVID-19 pandemic has presented both challenges and opportunities. There has been a lot of learning applied throughout our iterations of quarterly plans in 2020/21 and a structured approach to reviewing our experience using the RSA Lab Collective Sense Making methodology ([Link](#)).

Some of the main challenges have been the pressure, stress and physical effects of dealing with and in some cases contracting COVID-19 that our staff have felt over the last year. We have endeavoured to push forward with our IMTP priorities during the second wave, but progress has been hampered in some areas. Alongside our original priorities new and emerging priorities including vaccinating staff, Contact First, early opening of the Grange University Hospital and providing surge testing capacity have all presented challenges requiring additional resources, but also present us with opportunities going forward into this next year of planning.

Further opportunities presented by the need to respond to the pandemic included the increased pace of digital rollout ahead of a full digital strategy being signed off. This has helped to shape the thinking for our recovery planning about how technology and a digital workplace can support a modern set of service offers as well as helping the wider WAST workforce to become more agile and reap the benefits of matrix working across teams. This will support our ambition set out in this plan to develop a more integrated set of service offers for Wales.

We need to remain agile in any response to a potential third wave of COVID-19 in early summer. Our approach to flexible response and recovery enables us to step up our tactical approach to demand management. We are also cognisant of the potential for increased demand over the summer as lockdown eases and more people will come to Wales for “staycations”, temporarily increasing populations in tourist areas. We will develop a tactical summer plan to ready ourselves for the impact of any resultant increases in demand.



4.2 What do our patients say about our service?

We continuously engage with people across Wales and capture their feedback on what they feel is important. This is regularly reported to our Quality, Patient Experience and Safety Committee and to the Trust Board.

Our patients tell us that listening to and communicating with them, valuing their experience/feedback, and treating them as individuals with their own unique needs is important. Treating people with dignity, respect and compassion is contributing to their sense of a personalised experience of using our services.

Complaints themes and investigations into SAIs commonly refer to long waits in the community with a common causal factor being long waits at hospital which we jointly investigate with Health Boards.

Service users' feedback and observations have been captured through ongoing patient engagement activity as well as a specific survey undertaken following the first wave of the pandemic. This feedback can be summarised as follows:

Table 1: Patient Feedback

What we have heard from our patients in the last year...	What we have done and what we will do to respond...
<ul style="list-style-type: none"> People accessing NHS 111 Wales reported long waits for their call to be answered Those with sensory loss (Deaf) felt Personal Protective Equipment (PPE) was a barrier to 	<ul style="list-style-type: none"> We will be recruiting additional staff and rostering them to ensure we have right number on to meet demand across the week – see page 16;

<p>communication, in particular when face masks are used</p> <ul style="list-style-type: none"> • Carers felt that they could be better involved in decision making for those they care for • NEPTS patients have highlighted some areas for improvement in terms of staff interaction and timeliness of transport for appointments. • Emergency staff were viewed very positively during the pandemic and there was good level of satisfaction with 999 responses despite the challenges we have seen during the latter part of the year • There are public concerns about contracting COVID-19 in healthcare settings; • Public did not want to put pressure on the NHS during the height of the first wave of the pandemic; • Patients and their carers have told us that long waits for hospital handover (and not always being able to travel with the person they care for) in the back of the ambulance can be very distressing for all involved, especially those with dementia. 	<ul style="list-style-type: none"> • We have been working with the Centre for Sign Sight Sound to create communication resources to improve experiences of those with sensory loss • We will be implementing the Once for Wales Service User Experience System and working closely with the emerging all Wales Citizen Voice organisation to ensure we listen and learn from the key issues that affect our service users, their carers and the wider public – see page 31; • NEPTS have developed a Quality Dashboard which captures service quality and patient experience. The content of this dashboard will be used to holistically report on service delivery; • This plan will build on the positive experiences and our plans for our 999 and Mobile Urgent Care services will encompass this learning – see pages 15-20; • We are developing a culture of quality which will place further importance on Working Safely; this will ensure IPC, Health and Safety, Occupational Health and Wellbeing are at the forefront of supporting our people to work safely; • The modernisation and integration of our services will offer patients more options for meeting their urgent and emergency care needs, including remote clinical assessment by phone or video – see page 18; • We have a comprehensive programme of work to increase capacity within our emergency medical services, together with an integrated offer to the system to support improvements in delays at hospitals. This will be a key focus of our work with commissioners, wider system partners and in response to the Ministerial Ambulance Availability Taskforce – see pages 16-18.
--	---

4.3 What are our colleagues' priorities?

Throughout the response to the pandemic, communication with our colleagues has been more important than ever. We have always strived to listen to our colleagues, but it has been critical to engage fully during what has been a difficult year. Weekly bulletins have provided staff with updates on procedural, HR and other matters relating to the pandemic response. We have held regular WAST Live sessions with Executives and focussed sessions on topics such as wellbeing and mental health, held on Zoom and broadcast on our closed Facebook group. The Facebook group remains a source of live feedback, although we will look at the benefits of more bespoke platforms for interaction within this plan.

We also more formally sought views from colleagues through a bespoke COVID-19 "Have your say" survey and through the NHS Staff Survey in November 2020.

In addition to direct staff feedback, we meet weekly with Trade Union Partners, in a meeting format that has been welcomed as being solution focussed and collaborative on key issues of concern to our colleagues across the Trust.

Table 2: Staff Feedback

<i>What we heard from our colleagues in the last year...</i>	<i>What we have done and what we will do to respond...</i>
<ul style="list-style-type: none"> • Teams across the organisation are reporting fatigue and exhaustion • There is a need to focus on staff wellbeing, including the potential mental health impact of the pandemic • Colleagues want to embrace the team spirit and "matrix working" approach taken during the pandemic 	<ul style="list-style-type: none"> • There is a strong focus on the physical and mental health and wellbeing of the workforce in this plan. The Health and Wellbeing Strategy will focus actions on this area of work – see pages 24-25; • The plan also sets out the need for a pause, reset and recovery to allow a process of individual and organisational healing – see pages 24-25; • Our plan includes a Culture, Leadership and Behaviours Reset commencing with a Trust Wide Engagement Project – see page 25;

- From the staff survey, colleagues want to see an end to bullying and harassment, and more positive behaviours at all levels of the Trust
- They like the regular communication through bulletins and WAST Live streams – but noted some opportunities to improve social media engagement
- Some colleagues suggested there needs to be more opportunities to talk, and they want their engagement with line managers to be positive, with more visibility of middle management
- Other colleagues reported a lack of compassionate leadership in some areas;
- PPE and infection prevention and control were emotive issues for staff facing COVID-19 everyday
- Staff fed back both positively but also with some concerns about working with military, fire service and student colleagues
- The staff survey also highlighted improved training and development as an area for focus.
- We are committed to building on our strong partnership working with staff and their representative Trade Unions and will develop the Go Together Go Far (GTGF) concept– see page 25;
- Our “digital workforce” plan will deliver improved corporate communications through development of Microsoft Teams, Microsoft Yammer and integration with other key workforce systems - see page2 25-26;
- We have actions to reset and refresh our leadership strategy with specific support for our new Duty Operations Managers and Senior Paramedic roles. The strategy will be built on the concept of compassionate leadership and supported by a reset of our behaviours – see page 25;
- As above, we are developing a culture of quality which will place further importance on Working Safely;
- The plan for both EMS and NEPTS services includes further expansion of capacity and capability of the workforce, mutual aid will reduce and end as part of our recovery plan – see pages 16-22;
- We are developing purpose-built training facilities enabling innovative and creative use of technology, incorporating learning from the pandemic to improve training across all levels of the organisation – see page 25.

4.4 How well have we performed?

2020/21 was a very challenging year for the Trust from a performance perspective. Within our EMS service, whilst improvements were seen during the first wave of the pandemic, in general, **response times to both Red and Amber calls** were much higher than we would want, with the headline Red 8 minute target not achieved since July 2020. We saw large numbers of **patients waiting extremely long times**, with 606 patients waiting over 12 hours for an ambulance in Dec-20.

There is also significant variation in performance between Health Boards with urban areas seeing stronger Red performance, but much longer Amber waiting times and the reverse in our more rural settings.

These longer response times represent significant **patient safety concerns** and led to a number of serious adverse incidents through the year, which has been a major focus for the work of the Board and its committees through the year.

One of the key factors affecting response capability and available capacity in the system is the impact of **handover lost hours**. Again, major improvements were seen in the first wave, but lost hours grew again in quarter 3. Our plan continues to focus on working with Health Boards to help them to make improvements in this area.

Fundamentally, we want to be able to reduce response times, with an aim of consistently achieving the 65% Red 8 minutes target, and bringing Amber 1 median response times down to 18 minutes as set out in the ORH review. The EMS Demand & Capacity Programme is the Trust’s key strategic response to these issues, delivering additional

Fig 1: Red Performance

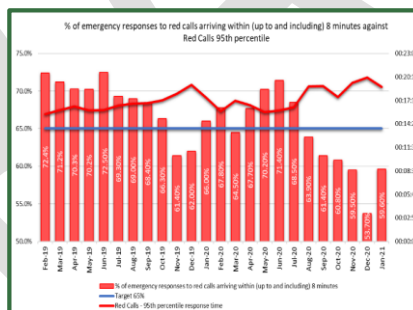


Fig 2: Amber Performance

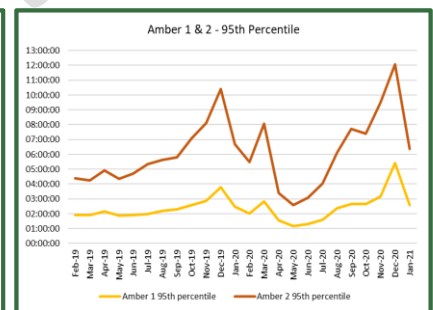
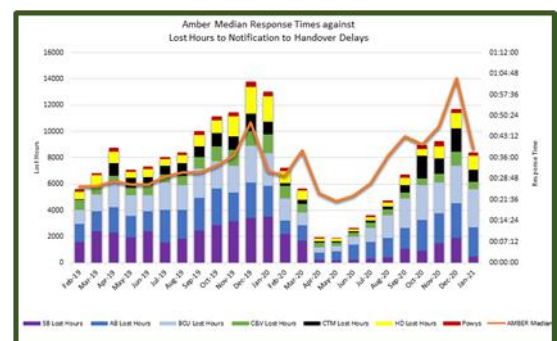


Fig 2a: Amber response against handover delays



capacity to the front line, working to secure improvements in efficiency in our own service, and working with commissioners and partners to transform the system.

Fig 3: 111 Calls Answered Performance

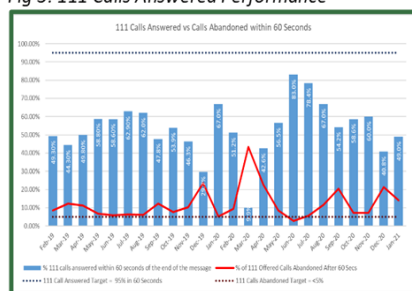
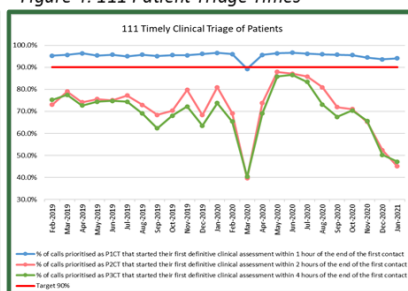


Figure 4: 111 Patient Triage Times



Capacity across NHS 111 Wales has been significantly increased in response to the pandemic, but call answering (and abandonment) remain an issue as does the **timely clinical triage of 111 patients**, with only the highest priority patients being above target. Our plans put forward further proposals for increasing capacity to meet the planned further increases in demand.

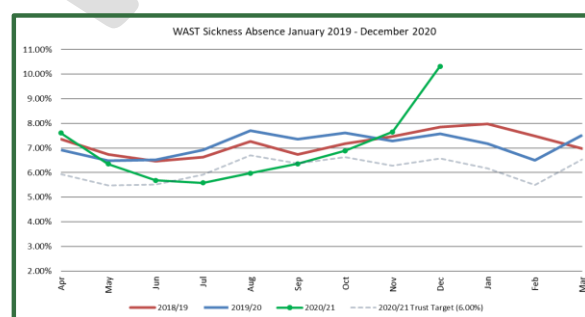
We saw positive impact during our response to the COVID-19 pandemic from the use of a “receptionist” model in 111 to provide a first line call answering service to direct or divert calls coming into 111 and this remains an easy to replicate model for future demand management.

NEPTS performance has remained strong through 2020/21 as a result of reduced demand (with the exception of oncology, which the D&C review shows is difficult to meet without substantial investment). However, demand has not yet recovered to pre-COVID-19 levels. However, further improvements can be made, and these are outlined in the recently completed NEPTS Demand and Capacity Review which will now be considered fully, and an action plan developed with commissioners. A more immediate tactical focus for NEPTS is the impact of the wider health care system “resetting” in 2021/22 which may see demand increase, which, if compounded by a continued need to social distance, we may not be able to service.

Finally, a metric that straddles all three services is the Trust’s **sickness absence levels**. The Trust had started to see a significant improvement in sickness absence, but the second COVID-19 wave has produced a sharp spike in sickness absence, which is also reflected in our roster abstractions data. Our plan includes many actions to continue to support the health and wellbeing of our colleagues.

Full details on our performance during 2020/21 against these indicators are set out in a range of public documents which includes the Monthly Integrated Quality & Performance Report (MIQPR) which forms part of Trust Board papers and the Ambulance Quality Indicators (AQIs) which are published quarterly by EASC. We will continue to use these reports to report our performance and to identify actions being taken to improve. The latest report can be requested via this [link](#) or available on request.

Fig 6: Sickness Absence



Pre-COVID-19 the Trust had significantly improved its **forecasting and modelling** capability. This has proved beneficial through the pandemic response and the Trust will continue to grow its approach to forecasting and modelling at a strategic, tactical and operational level across the three patient flows that the Trust manages. A weekly Forecasting & Modelling Group leads on this work.

The Minimum Data Set (MDS) has been completed and attached as **Appendix xx**, but does not include any data requirements on predicted performance (patient safety) or NEPTS. Initial forecasting and modelling of the Welsh Government COVID-19 third wave reasonable worst case (RWC) and most likely scenario (MLS) estimate that we will achieve the Red 8 minute 65% target in Apr-21. Further forecasting and modelling is now being undertaken on the summer plan period linked to the RWC and MLS and further information received in mid-March 2021. As above the Trust is also about to embark on forecasting and modelling for NEPTS, in particular, the impact of the system “re-setting”. We also have in place a robust approach to winter planning with the expectation that the forecasting, modelling and resultant plans are signed off by Trust Board in Sep-21.

4.5 What do our commissioners and partners say?

EMS and NEPTS are commissioned by EASC, supported by the National Collaborative Commissioning Unit (NCCU), based on five step commissioning frameworks. The commissioning intention process for 2021/22 (and beyond) has changed, becoming more strategic and outcome focused, which has reduced the number of intentions. **Key commissioning intentions** for 2021/22, as summarised by EASC, are set out below.

Table 3: Commissioning Intentions

Commissioned Service	Summary of Priorities	Outcomes	Response in this IMTP
Emergency Ambulance Service	<ul style="list-style-type: none"> Implementation of Demand and Capacity Review specifically <ul style="list-style-type: none"> Complete the closure of the relief gap Deliver efficiencies related to rosters and post production Focus on delivering improved patient and system outcomes at step 2 (Answer my call) of the ambulance care pathway. Develop a value based approach to service commissioning and delivery Support and enable system wide understanding and improvement. 	<ul style="list-style-type: none"> Ensuring the minimum number of front-line staff are in post Ensuring the maximum number of front line staff are available to respond to demand Ensuring that patients receive the right care at the earliest possible opportunity on their episode of care and avoid unnecessary conveyance to scene or hospital Making the best and most efficient use of the resources available Integrated and proactive management of escalation across the system 	<p>Section 5.2</p> <p>Section 5.2</p> <p>See Section 5.1 to 5.3</p> <p>See section 5.1 to 5.3</p> <p>See section 6.4</p>
Non-Emergency Patient Transport Services (NEPTS)	<ul style="list-style-type: none"> Consolidate and build confidence in the plurality delivery model Understand and mitigate demand Modernise and transform capacity Support system transformation 	<ul style="list-style-type: none"> Completion of the Ministerial commitment to modernise NEPTS Reduction in overall demand and a more efficient and effective transport service for patients Increase and diversification in capacity to meet the changes in patient demand Responsive to the new emerging demands and patterns of service delivery 	<p>See section 5.4</p> <p>See section 5.4</p> <p>See section 5.4</p> <p>See section 5.4 and 5.5</p>

There is a very specific and welcome intention for **reducing handover lost hours** so that they do not exceed 150 hours per day 95% of the time. This will clearly be for Health Boards to deliver, but the Trust will expect to collaborate with Health Boards, in particular, on optimising conveyance and treating, referring more patients into community services closer to home and supporting timely patient discharge from hospital.

Our plan reflects how each of our strategic themes and deliverables contributes to achieving the commissioning intentions and to these priorities. Our detailed responses against each specific commissioning intention can be found at [Appendix x](#).

The EASC 2021/22 Annual Plan sets out the focus of the **Ministerial Ambulance Availability Taskforce**: in particular, the development of a citizen centred, modern ambulance service; clearly defining the Trust's role within the wider unscheduled care system; and developing a long term improvement plan. This will include the utilisation of resources to support frontline services, digitalisation and financial mechanisms that promote collaboration and value. We are partners on the Taskforce, and see this as a critical vehicle for garnering support to transform the way in which we operate and deliver.

There are a number of **national and local strategies** and plans either already in place, such as ‘A Healthier Wales’ or in development through the work of groups such as national programme or delivery boards for urgent, emergency and primary care or Regional Partnership Boards, all of which will influence our thinking. We will also increasingly be looking to effectively engage with and influence these groups.

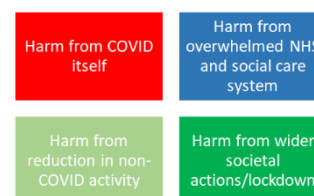
‘A Healthier Wales’ states that *“more services will be provided outside of hospitals, closer to home, or at home, and people will only go into hospital for treatment that cannot be provided safely anywhere else”*. In 2020 the National Programme of Unscheduled Care set out **six goals for Urgent and Emergency Care**. Goal 2 set out plans for a “Phone First before attending ED” concept and a requirement for 24/7 pathways to be developed, with a priority on respiratory and mental health patients. Whilst these were driven by the need to support social distancing in EDs during the pandemic these are key components for system wide transformation alongside the development of an Emergency Department Quality and Delivery Framework and the Welsh Access Model to urgent and emergency care.

In terms of primary care, A Healthier Wales provides a clear plan for progressing the **national primary care plan** and the reinforcement of cluster working as part of the national model for local health and care. WAST recognise that we must work closely with primary care clusters to support the national model, which will change the focus of care from hospital-centred to place-based. In partnership with primary care we will deliver the core principles of planning care locally; equitable access; improving quality, a skilled workforce and strong leadership. Based upon the good work already taking place with primary care, our ambitions align with the direction of travel set out in A Healthier Wales through the development of an optimised **Advanced Paramedic Practitioner (APP) rotational model**. This model contributes significantly to primary care’s aspirations of offering a continuum of service provision via a multidisciplinary team. The **APP model is our main offer to reduce the first contact waiting times for GPs, provide proactive intervention, self-management, and crisis avoidance in primary care**. Such collaborative work will also lead to alternative care pathways being available for our Emergency Medical Services (EMS) to access in an integrated model of both primary and community care.

During the last year, the **“Beyond the Call” National Review of Access to Emergency Services for Those Experiencing Mental Health and/or Welfare Concerns** has been concluded, with a number of recommendations for improving services for people in mental health crisis. In response, our plan provides an enhanced focus on our service offer in this area. Mental health crises and dementia are significant elements of our work in terms of volume and complexity and are a feature in all four service offers. We are also proposing, subject to funding and in partnership with commissioners and Health Boards, to develop a hub of mental health practitioners within our existing remote clinical assessment teams as well as a ‘see and treat’, face-to face response service.

4.6 What risks are we managing?

We are mindful of our role in supporting NHS Wales to mitigate the **four harms experienced** during the pandemic over the last year. These four harms will continue to be prevalent as we move forward out of the pandemic and our plan has taken these harms into account. This will be underpinned by our internal approach to risk management through the Trust’s **Board Assurance Framework** and regular review of our Corporate Risk Register. We know that there are several high scoring risks within the service that need to be managed and mitigated.



The Trust’s highest corporate risks are described in the table below, including a brief description of what we will do to mitigate and reduce these risks through this plan.

Table 4: Highest Corporate Risks

Risk	Level	What we will do in this plan to respond...
Unable to attend patients in community who require See & Treat		There are a number of actions in this plan that address this risk including: <ul style="list-style-type: none"> Increasing capacity in our EMS service (see page 18) The development and piloting of a rural model (see page 18) The role of the Operational Delivery Unit (see page 29)
Patients delayed on ambulances outside A&E Departments		There are a number of actions in this plan that address this risk including: <ul style="list-style-type: none"> The role of the Operational Delivery Unit (see page 29) Transforming and modernising our service offer, including Mobile Urgent Care (see pages 19-20) Working with the system to consider how we can support the Welsh Access Model and implementation of Contact First across Wales (see pages 16 & 18)
Business continuity for recording digital patient clinical records		This will be addressed through the delivery of the electronic patient care record solution, with an interim extension to the DigiPen contract. (see page 25-26)
Impact on EMS Clinical Contact Centres (CCC) service delivery due to estates constraints		Measures to increase estate capacity have been progressed since last March/April, with further works programmed for VPH, Thanet, Llangunnor and Ty Elwy (See page 27)
Increased risk of personal injury claims citing COVID-19 exposure		This is being managed through the utilisation of deep dive investigations to assess the probability of workplace based transmission of the disease. This plan includes the publication of a "Working Safely" Health & Safety Transformation Plan (see pages 30-31)
Continued compliance with Health and Safety legislation		The Trust will develop and deliver a "Working Safely" Health & Safety Transformation Plan to support and foster a culture of safe working across the Trust. (see pages 30-31).

The Trust remains committed to implementing a positive Risk Management culture through our Risk Management Strategy and improvement plan, embracing risk as an opportunity for improvement.

4.7 What are our legislative, strategic, financial and policy drivers?

There are a number of further legislative, policy, strategic and financial drivers, not mentioned above, which shape our approach to planning and delivery as a Trust. These include (but not limited to):

- The Wellbeing of Future Generations Act and in particular the Five Ways of Working ([Link](#))
- The Emergency Department Quality and Delivery Framework and the developing Welsh Access Model ([Link](#))
- Health and Social Care (Quality and Engagement (Wales)) Act 2020 ([Link](#))
- ISO14001 ([Link](#)) and the Welsh Government ambition for carbon neutrality by 2030 ([Link](#))
- NHS Wales Strategic Service Changes (see page 23)
- Prudent Healthcare agenda ([Link](#))
- Welsh Language standards ([Link](#))

5.0 Our Service Offers to Patients and the System –The Right Care in the Right Place Every Time

5.1 Our Long-Term Strategy

LONG TERM STRATEGY FRAMEWORK

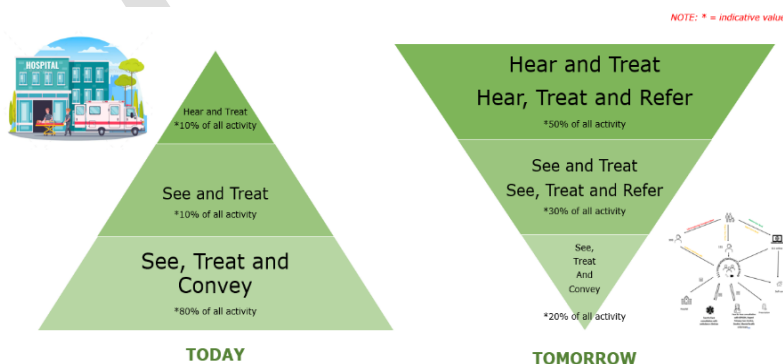


The Trust's Long-Term Strategy is a key driver for the organisation's service ambitions. 'Delivering Excellence' remains fit for purpose, however work is ongoing to simplify the language of the strategy and to publish a summary of our strategic ambitions. This has resulted in a focus in this plan on the key service offers that we are making to commissioners, the wider health and care system and society in supporting recovery from the impact of the pandemic and leading to a more modern ambulance service which offers a range of health advice, signposting and care services as well as modern non-emergency patient transport options.

'Delivering Excellence' recognises the four main service areas currently provided by WAST on a permanent basis seeking to integrate them fully. It is consistent with the quadruple aim of 'A Healthier Wales' and provides a simplified individual patient/user experience tailored to their needs. Our ambitions build upon the existing Five Step commissioning model in 999 (EMS) and NEPTS services enabling a quantum shift left and supports the system aim to safely and effectively provide care closer to home in a setting appropriate to individual need – providing the right care in the right place, wherever and whenever it is needed.

Our Long Term and Clinical Strategies recognise that we live in a world where the needs of our population are changing.

People are living longer and care needs are becoming more complex, placing different demands on the ambulance service. We do not underestimate the challenge that this creates and recognise that this is not a challenge that we can meet on our own. Technology is now a part of everyday life, transforming the way that we live in Wales.



This plan will set out our four integrated service offers, across 111 and 999 call taking and clinical response, Emergency Medical Services (EMS) response and non-emergency transport and transfers. In each section of the plan we will describe what we aim to deliver over the next three years (our 'deliverables') and the actions that we will take (in some cases subject to funding) in 2021/22 towards achieving those deliverables. **Appendix 1** has further information about the actions we can take in years 2 and 3 of this plan.

5.2 Our 111 and 999 Call Taking and Clinical Assessment Services

WAST operates Clinical Contact Centre call handling and clinical triage/assessment services nationally for both 111 (currently NHS Direct in BCU and C&V) and 999. The 111 service is currently supported by a limited digital front end through a legacy website and a small number of digital symptom checkers. Both services operate separately 365 days a year, 24 hours a day with variable levels of performance as outlined in sections above. Patients ringing 999 either receive advice over the phone (Hear and Treat) or a response to scene from our Emergency Medical Service (EMS). Callers ringing 111 broadly receive self-care guidance, advice to attend an Emergency Department or a referral into local urgent primary care and Out Of Hours services for further assessment and treatment.

For our 999 activity, we currently 'Hear and Treat' around 10% of calls. All other verified incidents (around 90%) receive a 'See and Treat' response with around 60% of demand conveyed to an Emergency Department. The remainder receive on scene assessment and treatment or referral to community-based services supported in a small number of cases by Consultant Connect. Digitally enabled on scene decision making and diagnosis is rare.

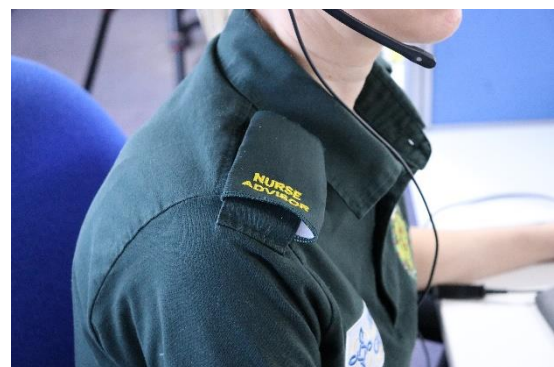
During the pandemic, particularly early on, the demand for the both the telephone and online 111 and 999 services grew significantly, particularly the role of online symptom checkers. The growth in demand brought about higher call volumes and longer waits, prompting innovation in queue messaging and a "receptionist" model which can be used at times of high seasonal demand. We also saw opportunities for the 111 service to work more seamlessly with our 999 service, particularly in line with the recommendations of the CCC Clinical Review and the ambition to increase opportunities to Hear and Treat through an Integrated Clinical Hub. We have particularly seen a growing need arising from people with a mental health crisis, presenting an opportunity to take the first steps towards establishing 111 as the first port of call for people with mental health needs.

Contact First emerged during the pandemic as a way in which NHS 111 Wales can support patients to access the most appropriate urgent or emergency care service for their need, working with Health Boards to identify alternatives to an ED or Minor Injuries Unit (MIU) attendance, scheduling appointments where possible to manage demand. The concept has already gone live in Aneurin Bevan and Swansea Bay University Health Boards with further plans for national rollout in year 1 of this plan.

Whilst there will still be a requirement for a strong telephony service within both 111 and 999, innovation through digital enhancements can widen our opportunity to increase the number of people treated remotely by phone, video or through 111 online. These digitally enabled advances will also in the future provide the platform to support both our front line EMS staff at scene.

All the evidence from work being done across Wales and in the UK suggests that there is a huge potential for these services to do more. Our vision, therefore, is for 111 to be the **'Gateway to Urgent and Emergency Care'**, working seamlessly with the 999 service supported by a national **Integrated Clinical Assessment Hub**.






- Over time, more patients will access the service as their preferred first point of call to help meet their urgent health care needs.
- Increasing numbers will also be able to access the digital 111 front end to meet their routine and urgent health care needs.
- For those callers with urgent care needs, they will be able to access a timely, high quality clinical assessment with the most appropriate clinician to meet their needs,



either on the phone or by video. It is anticipated that for many callers, no further intervention will be needed.

- Patients who do need further specialist or face to face assessment or treatment will be booked directly into the right service to meet their needs, at the right time, with more care delivered closer to home.
- And the quality and safety of the service as part of the wider urgent and emergency care system will be world-class and will provide an excellent patient experience.

The implementation of the 111 service is overseen by the 111 Programme Board, supported by the 111 programme team. To start on our journey of achieving these ambitions for 111 and 999 clinical call handling, we have agreed with them and with EASC the following actions for year 1:

Deliverables in 2021-24	Actions in 2021-22	Time
 We will work with partners to promote and expand use of 111 across Wales	<ul style="list-style-type: none"> • Roll-out core 111 service to BCU Health Board • Roll out core 111 service to C&V Health Boards • Complete the roll out of Contact First across Wales, including robust governance agreements • Take the first steps in implementation of 111 as access point for Mental Health crisis response 	<ul style="list-style-type: none"> • End Q1 • End Q4 • End Q2 • End Q4
 We will increase accessibility, content and user experience of the 111 Digital front end, which can offer increasingly personalised advice	<ul style="list-style-type: none"> • Establish a 111 Digital Programme, inclusive of funding request for a standalone 111.wales team to deliver; <ul style="list-style-type: none"> • Improved Directory of Services • Improved Website with digital patient pathways. 	<ul style="list-style-type: none"> • Q1-Q4
 We will increase the capacity and capability of the clinical team, increasing clinical information available to them and we will create one integrated national team	<ul style="list-style-type: none"> • Develop within commissioners a remote clinical support strategy and commence implementation of recommendations from the CCC Clinical Review • Develop plans and commence implementation of video consultation / consultant connect (or replacement) • Introduce mental health practitioners, integrated across 111/999 clinical teams (subject to funding) • Develop a case for change for discussion with stakeholders on the integration of clinical teams 	<ul style="list-style-type: none"> • Q1-Q4 • Q3 • Q2 • Q2
 We will work with partners to increase the number of seamless 24/7 pathways from the 111 clinical team to appropriate face to face consultations	<ul style="list-style-type: none"> • Implement the new 111 system: SALUS • Work with health boards to improve the Directory of Service • Pilot and implement a booking system for patients requiring an ED appointment, to improve seamless experience for patients 	<ul style="list-style-type: none"> • End Q2 • Q1-Q4
 We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience	<ul style="list-style-type: none"> • Recruit the agreed level of additional call takers and clinicians recruited to meet demand and to ensure that calls are answered promptly and call backs within agreed timeframes • Recruit to operational and clinical leadership and governance structures and embed them fully 	<ul style="list-style-type: none"> • Q1-Q3 • End Q2

As the services grow and as we develop and agree longer term plans and ambitions with our commissioners, it will also be important for us to develop strategic workforce plans, ensuring a consistent service across 7 days of the week, reviewing skill mix and career progression opportunities, and realising the benefits from the SALUS implementation. Commissioners are also keen to work with us and others across the system to ensure that governance processes are clear, particularly as services move in and out of escalation.

The success of our plan, in support of the quadruple aim will be measured by a simplified set of metrics for 111 as shown in the following table:

Quality, Patient Safety and Outcomes	Safety - 111 call handling abandonment rate (target 5%) Experience - Proportion of calls answered within 60 seconds Safety - 111 clinical triage call back times – proportion of call backs within specified times Patient experience – other measures – To be developed Concerns Serious / adverse incidents	Partnerships / System Contribution	Numbers of callers to 111 service Proportion of patients who receive advice, prescription or booked appointment for face to face service increases (i.e. consult or close) NEW
Our People	Abservations including sickness level Hours produced by type	Value	Achieving financial balance Number of handoffs (to reduce) NEW – to be developed

5.3 Emergency Medical Service Response

The ORH review of EMS Demand and Capacity, which concluded in January 2020, set out the key issues that the EMS service has to address in order to reduce our Red and Amber response times and reduce unacceptable levels of variation across Health Boards. This is a vital part of our plan to **reduce patient safety concerns and adverse incidents**. There are a range of factors which affect response times, all of which will need to be addressed through this plan:

- **Demand:** Red demand has increased significantly over the last 2 years. This is a major contributing factor in relation to performance. The ORH review forecast that overall demand levels are likely to rise by 2.3% per year.
- **The number of Response hours produced:** The ORH review concluded that more front line staff were required to fill existing rosters (relief gap) and further increases were then required to sustain a response to patients in a timely way. This will allow the number of hours produced to increase, and this has started to be seen in the last year as we have recruited an additional 136 FTE front line staff. Increasing production is dependent on a number of other factors too, including overtime levels, sickness rates and other abstractions such as training and leave.
- **The number of hours lost** each month due to **hospital handover delays** or inefficiencies within the EMS service itself, such as **post-production lost hours**, which are often not far off those lost outside hospital. As outlined previously in this plan, Wales is an outlier in terms of time spent at Emergency Departments, and we have a long way to go collectively to achieve the new ambitions set out in the collaborative commissioning intentions, but we also know that there are areas of our own service that need to be modernized, with efficiency improved.

Clearly one of the major impacts of the pandemic has been the number of our colleagues who have not been able to undertake their duties due to **sickness, self-isolation or shielding**. In December 2020, at the peak of this second wave of the COVID-19 pandemic, over 400 front line staff (across all services) were absent due to COVID-19, representing around 13% of the workforce. Sickness levels have historically been high. Some improvements were seen during the first wave, but overall levels of sickness and abstraction peaked at an all-time high in December. Whilst it will be difficult to predict with any certainty the long term impact of the pandemic, the sections of our plan which focus on our workforce clearly call out a range of actions we will be taking to support our colleagues and their health and wellbeing.

A further unexpected impact on performance in the last year has been the time taken to **don Level 3 PPE** for staff attending Red calls and this has had a material effect on response times which is likely to continue for some time. This will continue to be an issue even as we enter a cautious recovery phase in the coming months.

Despite the pandemic reducing our ability to deliver all of our intended IMTP milestones in 2020/21, we were able to achieve the first year recruitment of an **additional 136 FTE** as part of the EMS Demand and Capacity implementation programme. We also appointed a company to undertake **roster reviews** and identified the estates and fleet implications of the growth in FTE across Wales to inform our estates and fleet plans going forward to support a smoothing of the variation across Wales.

As part of our AQI programme, we review data against several **clinical indicators**, allowing us to check on the quality of our service and outcomes for patients. Compliance to some care bundles which include Older People with suspected hip fracture and stroke are consistently high at around 85% and 95%. Recent reviews have shown that there is work to be done in a number of areas, but most importantly, to improve our **ROSC rates**, which are below those of other areas in the UK.





Our ambition then for the EMS service will be:

- To have the right capacity and capability in place across Wales to consistently respond immediately to life-threatening / emergency situations.
- Clinicians attending scene will have access to the right equipment, information and the latest technology to allow them to assess and treat patients and effectively meet their clinical needs.
- Patients who ring 999 but who do not have a life threatening or emergency need could be transferred seamlessly into the 111 service, which will provide clinical assessment for all with face to face assessment provided if necessary by a skilled ambulance clinician.
- We will work with partners to put in place consistent 24/7 pathways across Wales to ensure patients are referred or conveyed to the most appropriate service / hospital to meet their clinical needs and are handed over safely and effectively. Patients will be managed as close to home as possible and will only be conveyed to ED if this is the most appropriate place for them to be.
- We will take steps to improve the quality of the service further so that it is world-class and can provide an excellent patient experience.



Looking forward to 2021/22 and the first steps in this modernisation and transformation journey, as part of Year 2 of the EMS Demand and Capacity programme, we plan to further increase our **baseline capacity by 127 FTE**. However, this year's programme will also consider equity of access, particularly in rural areas to ensure time critical response targets are not just met by high performing areas but across all areas of Wales. In delivering year 2 of the programme we will also need to take account of the future staffing requirement for the Grange University Hospital following a review of the service and activity levels in May 2021.

To achieve these ambitions for EMS (999) response we aim to deliver the following over the next 3 years, with specific actions for year 1:

Deliverables in 2021-24	Actions in 2021-22	Time
 We will increase and balance response capacity and capability across urban and rural areas of Wales	<ul style="list-style-type: none"> • Implement second year of EMS D&C programme including recruitment of 127 WTE to close the relief gap and rosters aligned to demand for each area • Develop a rural model and pilot in one area of Wales, aimed at improving red response times • Approve and take forward year 1 actions of our volunteering strategy • In partnership, implement a range of modernisation practices to increase productivity • Develop demand and capacity strategy for the future 	<ul style="list-style-type: none"> • End Q4 • End Q2 • Q1-Q4 • Q1-Q4 • Q2
 We will increase resources (information, equipment and technology) available to clinicians on scene to allow them to most effectively assess and treat patients	<ul style="list-style-type: none"> • Continue actions to implement Duty Operation Manager / Senior Paramedic roles • Pilot or extend use of video / phone consultation to improve advice • Operationally implement the electronic Patient Care Record system for frontline response staff • OnClick Major Incident training and Everbridge communication platform rolled out 	<ul style="list-style-type: none"> • Q1-Q4 • End Q4 • End Q3 • Q1
 We will work with partners to increase number of seamless 24/7 referral pathways as alternatives to ED conveyance and improve hospital handover	<ul style="list-style-type: none"> • Complete a phased roll out of the national respiratory pathway to all Health Boards across Wales • Work with partners to develop other referral pathways, using linked data, for example through Lightfoot, to inform where possible (plan to be developed further in collaboration) • Scope our pathways development work for mental health and dementia • Work with partners to significantly reduce handover delays, including collaborating in EDQDF work programme and using WIIN as a mechanism for improvement 	<ul style="list-style-type: none"> • Q2 • Q1-Q4 • Q2 • Q1-Q4
 We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience	<ul style="list-style-type: none"> • Implement concept of Cymru High Acuity Response Units (CHARU) in order to secure improvement in Return on Spontaneous Circulation (ROSC) rates • Develop a clinical indicator plan and audit cycle • Review of clinical response model (comparison with England) • Deliver new Mental Health and Dementia Plan setting out in detail how we will improve WAST services 	<ul style="list-style-type: none"> • Q3 • Q2 • Q1 • Q2

We have identified opportunities to train **additional paramedics, over and above the relief gap**, subject to successful recruitment through the big bang event. This would mitigate risks associated with the move to a 3 year degree programme for paramedics (and a fallow year for recruitment in 2022/23) and could also support other priorities for the system. Whilst funding has not been secured, support has been given to discuss this further with comissioners through the EASC mechanisms in the coming weeks, and the concept of securing additional staff in this way is generally endorsed.

Appendix 1 provides further detail and actions for future years.

The success of our plan, in support of the quadruple aim will be measured by a simplified set of metrics for 999 and EMS Response as shown in the following table:

Quality, Patient Safety and Outcomes	Safety - 999 call handling time Safety – red and amber response times Concerns Serious / adverse incidents Call to door times for STEMI / stroke ROSC	Partnerships / System Contribution	Conveyance rates Hear and treat rates See and treat rates Hospital handover lost hours
Our People	Abstractions including sickness level Hours produced by type	Value	Utilisation metric Post production lost hours

Whilst a detailed benefits realisation plan will be needed for the programmes of work set out in this plan, the aim would be to see improvement across all metrics and reduced variation across the country in line with commissioning intentions.

5.4 Mobile Urgent Care – Care closer to home

As part of our commitment to supporting the national strategy and driven forward by our own Clinical Strategy (Delivering Clinical Excellence in Wales), we are working with our partners to deliver services that help people to be cared for at home, only conveying them to hospital where this is absolutely necessary and appropriate.



We have continued to innovate and transform the way the EMS service is delivered to meet the changing health needs of the population. The development and successful implementation of new models of care including the Advanced Paramedic Practitioner (APP) rotational model, Independent Prescribing (IP) capability, progress in regard to the paramedic band 5-6 competencies and the Falls Response Framework have played an integral role to deliver high quality patient focussed care. This has resulted in an increase in the number of patients safely treated at home or in the community and reducing the number of patients conveyed to hospital where seen in this way.

Underpinning our Clinical Strategy, the continued development of the concept of a Mobile Urgent Care Service together with elements of our Older People and Falls Framework development and Public Health Plan, will form a programme of work to drive forward the scaling up of successful services in support of the unscheduled care system. Mobile Urgent Care will support a modernised, integrated service offer which will bring together the expertise of our clinicians together with specialised primary and community resources across the NHS, local authorities and 3rd sector to See, Treat and Refer or Discharge people without the need to convey them to secondary care.

As a first port of call through either 111 or 999, we handle a significant proportion of mental health crisis care episodes across Wales. Crisis demand is highly likely to increase in the post-pandemic period. When patients






phone 999 in mental health crisis they are more likely to be conveyed by ambulance to an emergency department. We propose to develop a Mental Health Specialist See and Treat offer within WAST similar to that seen in other ambulance services in England who have already achieved significant improvements in outcomes and efficiency.

The ambition for the Mobile Urgent Care Service is therefore that

- Patients who ring either 111 or 999 who need a face to face assessment before final decisions can be made about the service they need will be seen in a timely way by an ambulance service clinician.
- Ambulance clinicians attending scene will have the right education, training, equipment, technology and patient information to allow them to assess, treat and refer patients and effectively meet their clinical needs regardless of whether they are mental or physical health needs.
- As a result of this modernised service offer, more patients can be treated and discharged on scene or referred to a service that provides the right care close to home.
- Working with our partners, we will ensure that the service will be safe and of high quality and will provide an excellent patient experience.

We will work with partners to develop existing or new metrics in support of our service ambitions, but the success of this service offer will also positively impact on the range of EMS performance indicators as well as indicators across other parts of the system.

To achieve these ambitions for Mobile Urgent Care WAST aims to deliver the following over the next 3 years, with specific actions for year 1:

Deliverables in 2021-24	Actions in 2021-22	Time
 <p>We will increase the capacity and skill mix of the mobile urgent care service</p>	<ul style="list-style-type: none"> • Develop with commissioners an optimising conveyance improvement plan to analyse and identify the optimal response to safely reduce hospital conveyance and increase care delivered closer to home or in the community • Complete roll out of the national Respiratory pathway and refresh of the national Falls pathway • Develop a forward-looking workforce plan to deliver this service, including consideration of expansion of APP workforce • Consolidate the CCC rotation for the APP model and explore the most effective dispatch model • Business case to support Falls Response Model across Wales • Review response to 111 calls that require a face-to-face clinical assessment in addition to wider community-based care capacity. 	<ul style="list-style-type: none"> • End Q4 • Q1-Q4 • Q1-Q3 • Q1-Q2 • Q2 • Q4
 <p>We will increase the capability and skill-set of the mobile urgent care service</p>	<ul style="list-style-type: none"> • Increase our Independent Prescribing capacity (min 5 new IPs funded) • Evaluate and further develop the band 6 paramedic skills and competencies 	<ul style="list-style-type: none"> • Q1-Q4 • Q1-Q4
 <p>We will work with partners to develop this service as an integral part of the wider urgent and emergency care system</p>	<ul style="list-style-type: none"> • Establish a programme for delivery for "Care Closer to Home" • Recruit clinical leadership and project management resources to support roll out of the Care Closer to Home programme across Wales • Formalise our relationship with national urgent & emergency and primary care programmes and develop collaborative plans to maximise contribution WAST makes to the system • Develop a specialist Mental Health See and Treat offer for consideration by commissioners • Embed preferred technical platform to access senior clinical support 	<ul style="list-style-type: none"> • Q1 • Q1 • Q1-Q4 • Q1 • Q1-Q4
 <p>We will implement our Older Peoples Framework including our response to falls</p>	<ul style="list-style-type: none"> • Develop a business case to support Level 2 Falls Response Model across Wales • Scale up and spread the use of frailty scoring across service areas including development of the education/training for internal and external audiences • Review and Mature the Falls Response Model 	<ul style="list-style-type: none"> • Q1 • Q1-Q4 • Q3-Q4
 <p>Take action to improve the safety and quality of the service, and improve patient experience</p>	<ul style="list-style-type: none"> • Continue evaluation of the impact of Independent prescribing • Deliver an evaluation /visionary document of the all Wales opportunities to improve the health and care system for Older People from a WAST & system –partner perspective • Establish a user involvement infrastructure to ensure co-production in service development for Older People 	<ul style="list-style-type: none"> • Q2 • Q4 • Q4

As outlined in the previous sections, there may be opportunities to increase recruitment of paramedics, and one option to be explored would be to use these to backfill staff to commence APP training. Further discussions will be ongoing with commissioners on priorities.

Appendix 1 provides further detail and actions for future years.

5.5 Non-emergency transport and transfer activity

The transformation plan for Non-Emergency Patient Transport Services (NEPTS) in 2020/21 was to some extent interrupted by the pandemic, including the challenge presented by the need to socially distance patients. A key part of the plan, in line with the previously approved business case, was the transfer of Health Board commissioned NEPTS activity under the management of WAST. In support of this we aimed to further develop the plurality model, utilising the 365 platform to commission and procure additional activity as required and finalise our Transport Solutions project to support those not eligible for NEPTS to find alternative transport provision.

Despite the pandemic, some progress was made and the contracts for Powys Teaching Health Board transferred to WAST in December 2020. NEPTS services were also critical in supporting surge capacity and the opening of field hospitals across Wales. This need for this capacity has largely reduced following the second wave as COVID-19 related pressure on bed capacity has started to diminish and Health Boards commence their planned care recovery. The ABUHB and BCUHB transfer documents are ready for approval with the aim of transferring services from the start of April 2021.

A key impact of NHS planned care activity recovering is within NEPTS. It has been less easy to forecast NEPTS demand, as this is reliant on projections of planned activity levels across Wales, and the Trust will work with its partners in Health Boards and evaluate their annual plans to provide some further clarity on this issue. The Trust will be commencing a programme of work with a view to implementing further transformation of the service and the findings of the NEPTS Demand and Capacity Review, working with the Chief Ambulance Services Commissioner (CASC) and NEPTS Delivery Assurance Group around the detail.





During 2020 WAST supported the implementation of the South Wales Major Trauma network in September 2020, a Thrombectomy repatriation service and the early opening of the Grange University Hospital (GUH) in November 2020. The GUH transfer and discharge model is the first of its kind in Wales and is providing valuable learning for a potential all Wales model. The Trust will work with the CASC to build on achievements in setting up Major Trauma network, Thrombectomy and the Grange University Hospital inter-hospital transfer and discharge models to develop an all Wales approach tailored to local need.



The ambition for NEPTS is to have the right capacity and capability, with skilled staff in place across Wales to transport eligible people efficiently and safely to and from their planned appointments at hospital and to take them home when they are discharged. With our help and in partnership with the third sector, patients who are not eligible for our service will be assisted to access suitable alternative provision to meet their healthcare needs.

Working with our commissioners and system partners, we aim to be the provider of choice for the safe and timely transfer of patients between hospitals in support of clinical needs and system flow across Wales. We will take steps to continually improve the quality and safety of the service will be world-class and provide an excellent patient experience.

To achieve these ambitions for non-emergency transport and transfer activity WAST aims to deliver the following over the next 3 years, with specific actions for year 1:

Deliverables 2021-24	Actions in 2021-22	Time
 We will develop and deliver an improvement plan for NEPTS and increase capacity where required to meet demand	<ul style="list-style-type: none"> Bring all non-emergency healthcare transport services in Wales under WAST management and oversight by completing transfers from ABUHB and BCUHB Establish a NEPTS Transformation Programme Board Review recommendations from the NEPTS Demand & Capacity Review and agree action plan with commissioners Deliver business case to Welsh Government for procurement of a new CAD Increase the efficiency of our service, maximising use of resources to meet demand 	<ul style="list-style-type: none"> Q1 Q1 Q1-Q4 Q3 Q1-Q4
 We will continue to deliver against our Transport Solutions Programme to embed as a business as usual approach to service delivery	<ul style="list-style-type: none"> Identify the transport needs of non-eligible patients across Wales Work in partnership with the patient and alternative service providers to deliver solutions that meet patient transport needs 	<ul style="list-style-type: none"> Q1 Q2
 We will develop and implement with partners an All Wales Transfer and Discharge Service	<ul style="list-style-type: none"> Undertake a review of the transfer and discharges services in Aneurin Bevan Undertake an evaluation of the first year of the Major Trauma network Develop in partnership with the NCCU a sustainable model to meet the needs of the future system for Transfer and Discharge across Wales Support the NCCU in the development of the business case for the delivery of National Transfer and Discharge Services by the end of 2021 Work with WG and NCCU to design a National Mental Health Conveyancing Service for Wales 	<ul style="list-style-type: none"> Q1 Q2 Q2-Q3 Q4 Q1-Q4
 We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience	<ul style="list-style-type: none"> Work in collaboration with Health Boards to implement improvements to booking systems which reduce aborted journeys 	<ul style="list-style-type: none"> Q1-Q4

Appendix 1 provides further detail and actions for future years.

5.6 Emergency Preparedness, Resilience and Response (EPRR) & Specialist Operations

Following wave one of the pandemic we undertook a debriefing process and identified that our original Pandemic Plan (developed in October 2019) didn't recognise the specific issues we faced from this particular global pandemic and that the traditional response and recovery model of incident management did not fit the needs of the prolonged response.

Therefore, we worked through the recommendations to develop a new Pandemic Plan which included 2 positions within the response phase which allowed us to step down to a monitor position (or a standby position), we also created additional cells and renewed the overall command structure into a management structure as this worked better with a long duration incident.

As we now enter the monitor position of our response and transition towards a recovery phase we will debrief wave two to identify further lessons from the experiences across our pandemic response cells and teams across the Trust to support any future activation of the plan.

We completed our Command training programme last year and paused due to the pandemic, we are now introducing Strategic, Tactical and Operational command refresher courses for existing Commanders and new operational courses for the Duty Operations Manager cadre that need them. We are continuing to work with the Wales Prepare and Protect Group (part of the Wales Learning and Development Group) to deliver multi agency training for Marauding Terrorist Attacks (MTA) with the Wales Extremism and Counterterrorism Unit (WECTU) for multi-agency MTA commanders.

As well as providing training to new staff on their entry to the service the Trust's EPRR team has also funded and developed online training in Major Incidents with OnClick that will hopefully go live in April 2021 and will allow us to track staff who haven't received the training and target them for it, this will also include a session on logging to ensure that our cadre of loggists have the opportunity to refresh their skills. We also Chair the South

Wales Joint Emergency Services Interoperability Principles (JESIP) group working with partner agencies across South and North Wales to embed JESIP principles into their incident management processes.

We are also introducing the Everbridge multi-platform messaging system to enhance our major incident notification process with partner agencies.

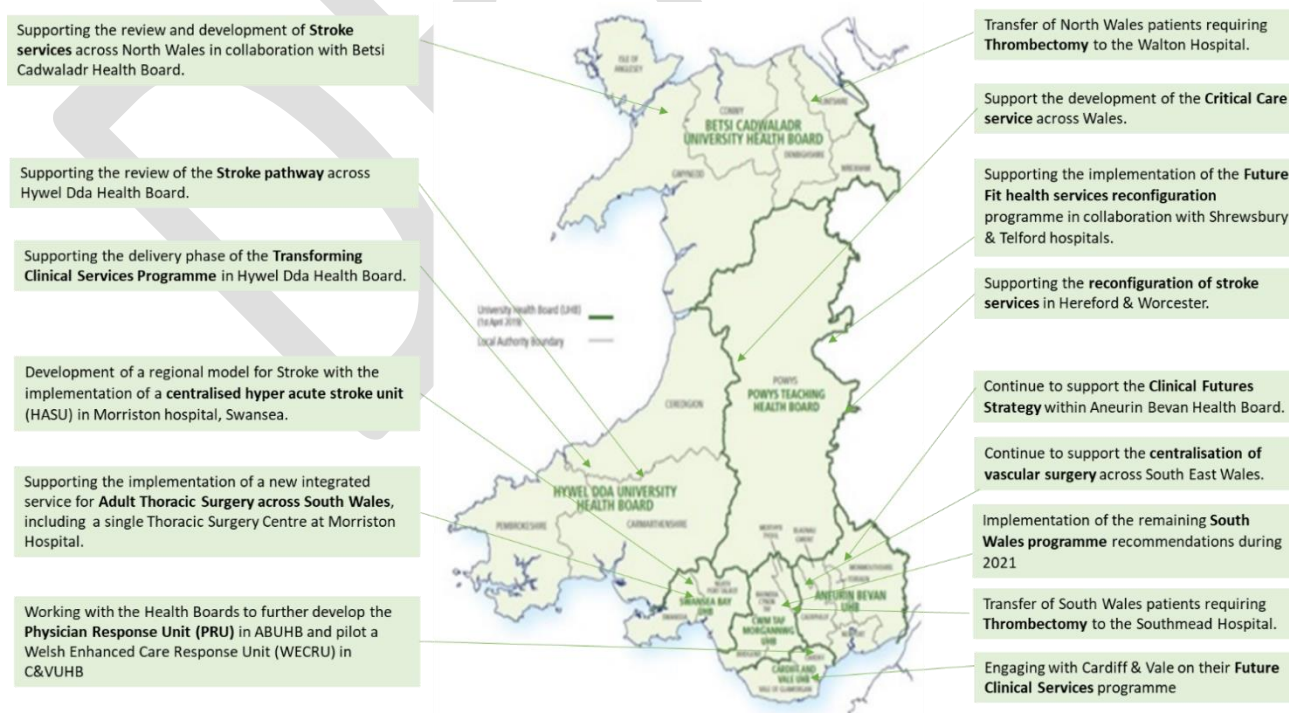
5.7 Wider system recovery and strategic service changes

This year in particular there has been significant disruption to “normal” Health Board activity but also significant progress across the system in delivering care differently to ensure NHS Wales could reduce the impact of the four harms brought about by the pandemic. Not only within WAST but also in every Health Board, services have changed and adapted at pace including the use of remote and mobile solutions for outpatient and primary care appointments.

A consequence of these rapid and emerging changes is often a change and/or increase in emergency, transfer and discharge ambulance activity. We will have a key role to play in delivering solutions to support these changes, but it may represent additional activity which will need to be commissioned.

The Trust continues to work collaboratively and proactively with Health Boards to support strategic, transformational service changes (regional and local) across Wales to ensure the best possible outcomes and experience for the people of Wales.

The map below provides an overview of the other main service change proposals we are working on collaboratively with partner organisations to drive forward sustainable changes in health provision. Our service needs to remain flexible to change but realistic in the context of the demand on our service and the capacity to deliver change at pace. As new service change proposals are identified or existing changes become higher priority for Health Boards, we will re-assess and prioritise our areas of focus and involvement to ensure that we robustly engage in the high priority and high importance change proposals, including any required changes to operational and clinical models not yet described in this IMTP.



6.0 Our Enablers




6.1 Our people

Through the delivery of our People and Culture Strategy, our ambition is that the Trust will be recognised and renowned as an exceptional place to work, volunteer, develop and grow. The past twelve months has had a profound impact on the workforce whether on the frontline, in a Clinical Contact Centre or working from home. The impact on our people has been physical, emotional and psychological and, as we move towards our recovery, both personal and organisational, taking time to pause and reconcile recent events will be essential. We have further strengthened our commitment to the wellbeing of our workforce and we will implement our Wellbeing Strategy alongside establishing a culture of “Working Safely” through a transformational approach to health & safety and infection prevention and control (IPC) set out in section 8.1 below. This organisational time for reflection and healing will inform a reset of the culture, leadership and behaviours for the organisation.

COVID-19 has required us to change and adapt at high speed to enable the organisation to respond while continuing to deliver high quality care to our patients. The transformational use of technology has been a significant driver of change and as we emerge from response mode we have the opportunity to embrace more flexible and remote ways of working across our services. We have also seen significant change with the rapid development and delivery of new services and ways of working which demonstrate WAST’s ability to adapt and work flexibly with partners and deliver at pace. As we build on these successes the Trust will also reflect and assess whether there is more that we can do to ensure our workforce practices are modern and reflect the needs of this changing context.

The workforce has grown significantly over the past 12 months through the provision of new services, as well as investment through the Demand and Capacity Programme of work for EMS, and this growth provides exciting opportunities for increased diversity as we work with under- represented communities differently and encouraging innovation and curiosity to improve the services we provide to our patients. Building on these changes the development of a strategic workforce plan will help us, and our stakeholders, to reflect on the introduction of new service models to inform the shape of a workforce that enables the organisation to grow and influence across the Health system. By understanding the workforce need, demand and supply we can plan to deliver the future workforce required to deliver our ambitions ensuring we have the right people in the right place, at the right time with the right skills and at the right cost.

In recognition of the unprecedented circumstances and associated COVID-19 workforce, strong partnership working with Trade Union Partners has never been more important. Our ongoing commitment to Partnership Working with Trade Union colleagues remains important moving forward. Our priorities include the further embedding of the principles of our “Go Together Go Far” philosophy and the implementation of a new Facilities agreement and model for partnership working. We believe the continued strengthening of these relationships is critical to our future success and look forward to further developing our ways of working together to achieve our shared ambitions for the Trust being an employer of choice. To achieve this ambition we aim to deliver the following over the next 3 years, with specific actions for year 1:

Deliverables 2021-24	Actions in 2021-22	Time
 We will take actions to increase the level of resources and support available to our people in relation to their well-being	<ul style="list-style-type: none"> Encourage the organisation to take time to pause and support a process of healing as we recover from the pandemic response Implement Year 1 of the Wellbeing Strategy with focus on plans to support staff with long COVID and mental wellbeing Prepare ourselves to support the vaccination programme delivery 	<ul style="list-style-type: none"> Q1 Q1-Q4 Q3-Q4
 We will reset our Culture, Leadership and Behaviours to foster an engaged and inclusive workforce	<ul style="list-style-type: none"> Engage colleagues across WAST in conversations to enable us to reset our culture, leadership and behaviours learning from the pandemic Review and refresh out Partnership Working arrangements building on the achievements of Go Together Go Far (GTGF) Increase change management capacity and skills across the Trust to support the organisation to deliver the benefits of service transformation programmes of work Deliver our strategic equality objectives to enable an inclusive culture across the organisation 	<ul style="list-style-type: none"> Q1-Q4 Q2 Q3 Q1-Q4 Q3-Q4
 We will plan and deliver a modern workforce across our current and future service offers	<ul style="list-style-type: none"> Scope the development of a strategic workforce plan that defines the shape of the workforce to deliver our long-term ambitions Deliver the front line and corporate workforce changes emerging from the EMS Capacity and Demand Growth / NEPTS D&C / Contact First / Mobile Testing / CCC growth / Ministerial Ambulance Availability Taskforce to deliver a modern ambulance service Shape the plan for a technology enabled workforce (as part of Strategy delivery), to include agile working model Enable and support transformational learning throughout the organisation with modern well equipped education facilities at Matrix House, Cardiff MRD and Ty Elwy Deliver the organisational change required to support the restructure of the Operations Directorate 	<ul style="list-style-type: none"> Q1-Q4 Q2 Q1-Q4 Q2
 We will develop our leaders	<ul style="list-style-type: none"> Refresh our Leadership Strategy and reset our leadership ambitions enabled through the delivery of accessible leadership resources Deliver the Duty Operations Manager development programme to support new leadership model in operations supporting our front-line colleagues Produce a succession plan for the Trust, identifying key posts and opportunities and develop and approach to identify and manage talent 	<ul style="list-style-type: none"> Q1-Q4 Q1-Q2 Q2-Q3

Appendix 1 provides further detail and actions for future years.






6.2 Innovation and Technology

Delivering Excellence set out an ambition for the design and infrastructure of the organisation to be at the forefront of innovation and technology. In 2020 amidst the height of the pandemic the Trust achieved huge strides in its digital agenda and following the appointment of its first Director of Digital early in 2020, the Trust approved its Digital Strategy in November 2020.

To be a modern service the need for data becomes even more important so we aim to provide our services and stakeholders with the best data, at the best time, presented in the best manner to drive the best decisions for the benefit of patients and colleagues. Our people will have all the training, tools, support and information required to perform their role to the highest level, anywhere, anytime, from any device.

To achieve these ambitions we aim to deliver the following over the next 3 years, with specific actions for year 1:



Deliverables 2021-24	Actions in 2021-22		Time
	We will deliver the Digital Strategy	<ul style="list-style-type: none">• Develop and transition towards a new operating model• Develop a Strategic Outline Programme• Deliver pilot activity to test new technology for each of the digital missions	<ul style="list-style-type: none">• Q3• Q2• Q3
	We will empower the digital patient	<ul style="list-style-type: none">• Deliver the electronic Patient Care Record (ePCR) solution into live service• Deliver new interactive services to the 111 website via SALUS• Develop and pilot video for patient and clinical interaction	<ul style="list-style-type: none">• Q4• Q3• Q4
	We will build the digital workplace	<ul style="list-style-type: none">• Deliver the new Control Room Solution as part of ESMCP• Submit the full business case (FBC) for Mobile Data Vehicle Solution• Roll out improved corporate communications, including Yammer	<ul style="list-style-type: none">• Q3• Q3• Q2
	We will provide intelligence through data	<ul style="list-style-type: none">• Build an improved single data portal, based on user need• Design and procure the WAST Local Data Resource as part of the National Data Resource• Transform our interaction with data and provision of information	<ul style="list-style-type: none">• Q3• Q4• Q4
	We will stabilize our digital foundations	<ul style="list-style-type: none">• Upgrade the 999 and 111 call platform resilience• Develop a service improvement plan and an infrastructure improvement plan as part of the SOP• Implement the recommendations of the Target Operating Model review	<ul style="list-style-type: none">• Q3• Q4• Q3

Appendix 1 provides further detail and actions for future years. This will include a specific national communications programme of work to move from the current Airwave platform to the Emergency Services Network in year 2, which will have an impact across all areas of this plan.

6.3 Infrastructure

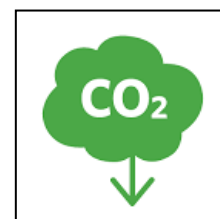
Key to the ambition for the design and infrastructure of the organisation to be at the forefront of innovation and technology are our estates and fleet.

The growth in the number of people we employ throughout this plan as well as changes driven by the COVID-19 pandemic mean that we will need to ensure we have the right buildings and vehicles in the right place for our staff to best and safest care across Wales, ensuring that NEPTS and EMS crews can respond in a timely manner. A key component of a modern infrastructure is that it supports the Trust's and Welsh Government ambition for carbon neutrality by 2030.

There have been some significant changes in 2020/21 which have impacted on the prioritisation of the projects within the Estates Strategic Outline Programme (ESOP). Whilst we continue to prioritise development of our estate in line with the approved SOP, we are in the process of refreshing the strategy, to take account of the COVID-19 impacts and the outcomes of the EMS Demand and Capacity (D&C) Review, which presents a major challenge and risk to ensure we have the right estate in the right place to support the growth in the EMS service, providing a platform for improved timeliness of response. The COVID-19 impact exacerbates the risk around space to accommodate growth and challenges us to provide further space to enable social distancing, without compromising the facilities available to our staff. This has led to an increase in a key part of the plan, in line with the previously approved business case, was the transfer of Health Board commissioned NEPTS activity under the management of WAST the number of estates occupied by WAST during 2020/21. A further challenge has been the deteriorating condition of some of our estate and the impact that this has on our colleagues. This plan will take us on a journey to start addressing these challenges.

In addition to this, we are cognisant of the emerging priorities from the NEPTS Demand and Capacity Review, CCC Review, Agile Working strategies and continued pressures on the WAST estate. In refreshing the SOP, the "Make Ready" concept continues to be at the forefront of operational site business case development and operational teams are a vital component in ensuring our premises are fit for the future.




A modern and efficient fleet is vital to ensure that we provide a high quality service to our patients and a comfortable environment for our people to work within. Over the next 12 months we will be replacing 84 vehicles across our fleet including EMS, NEPTS and Hazardous Area Response Team (HART) vehicles. As part of our commitment to reducing our carbon and vehicle emissions, we have focused procurement on smaller and more efficient vehicles to reduce our CO2 vehicle emissions.



Our priority for fleet delivery in 2021/22 will be to deliver the remaining 84 vehicles from the 2020/21 Business Justification Case.

In line with the decarbonisation agenda, all projects will focus on options to improve energy efficiency as part of our aim to be carbon neutral by 2030, and in line with the implementation of our Environment Strategy.

To achieve our infrastructure ambitions WAST aims to deliver the following over the next 3 years, with specific actions for year 1:

Deliverables 2021-24	Actions in 2021-22	Time
 <p>We will deliver the Estates Strategic Outline Plan</p>	<ul style="list-style-type: none"> Commission Cardiff Make Ready Depot (MRD) facility, October/November 2021 Develop OBC for Swansea MRD Replacement Develop and implement plan for our CCC pan Wales in light of the changes made as a result of the pandemic, resulting in increased 111 capability and the introduction of contact first. Full Business Case approval for the South East Fleet Workshop solution. Longer term solution for GUH transfer service commissioned including corporate administrative capacity in South East Identification of appropriate corporate facilities to support agile working Consider implications of NEPTS D&C Review and alignment with SOP Implementation of 111 solution for BC UHB (Ty Elwy) Secure additional C&E resources to support delivery of significantly increased work programme Development of business case for Llanelli solution (emerging ESOP priority) Development of business case for Newport solution (emerging ESOP priority) Development of business case for Llandrindod Wells (emerging ESOP priority) Development of business case for Bangor Fleet Workshop (emerging ESOP priority) 	<ul style="list-style-type: none"> • Q3 • Q2 • Q2 • Q3 • Q3 • Q4 • Q4 • Q1 • Q2 • Q4 • Q4 • Q4 • Q4 • Q4
 <p>We will implement the Environmental and Sustainability Strategy</p>	<ul style="list-style-type: none"> Further progression of the decarbonisation agenda and embedding this within the Trust in line with WG Decarbonisation Strategy Develop an Electric Vehicle Strategy including a charging network Deliver on our commitments to modernise our fleet including the increase in the number of Hybrid vehicles and roll out of vehicle solar panels. Access funding to commence initiatives as part of the decarbonisation of the estate and also our travel which will enable us to implement a Sustainable Travel Plan 	<ul style="list-style-type: none"> • Q4 • End Q4 • End Q4 • End Q4
 <p>We will deliver the Fleet Strategic Outline Plan</p>	<ul style="list-style-type: none"> Deliver the vehicle replacement scheme as per the approved Business Justification Case 	<ul style="list-style-type: none"> • End Q4

Appendix 1 provides further detail and actions for future years.

6.4 Partnerships and the wider system

Our role in the wider health and care system in Wales is an important one as a national provider of urgent and emergency care services and also in supporting planned care. While this, of course, remains at the core of the ambulance's service provision, the organisation is increasingly assuming a position as a leader across the wider NHS Wales system, reflecting its ambition to shape and influence the future of urgent and emergency care services across Wales.

This means working closely with stakeholders across NHS Wales, Welsh Government and beyond to establish options for the future of both the ambulance service and the wider urgent care system, challenging traditional thinking and roles and ensuring the potential of the Welsh Ambulance Service to sit at the heart of some of these developments is understood and supported. NEPTS has a key role to play in the delivery of planned care services and working with our partner organisations, especially as they endeavor to recover pre-COVID-19 positions for elective and routine care, will be crucial to the next 12 months.

The partnership landscape across Wales is complicated, but we are endeavoring to play as robust a role as we can by being represented at a number of key fora, including four Regional Partnership Boards (RPBs) (or their substructures), national programme boards for urgent & emergency and primary care, EASC, the Ministerial Taskforce on Ambulance Availability and a number of other new and emerging fora. At the heart of much of this work is an ambition to see the rapid development of more modern and integrated urgent and emergency care services, with improved access for patients to the right parts of what is currently a complex system, delivered in a way that meets the needs of patients.

Given the recent White Paper on Rebalancing Care and Support, and the proposals to re-designate RPBs as statutory bodies with the ability both to hold their own budgets and employ staff, it will be even more important that we continue to have a voice at RPB tables across Wales.

A rapid evolution of the urgent and emergency care system in Wales is even more necessary in the wake of the COVID-19 pandemic and perhaps now also more likely, given what has been learnt over the last 12 months. Throughout the pandemic, WAST has been a key player, both regionally and nationally, in the response to and forthcoming recovery from the COVID-19 pandemic. This has driven a different type of engagement and delivery with a range of existing and new partners.

Our relationship with the CASC and his team and the 111 Programme team has continued to grow and mature significantly throughout the pandemic and a key to the success of this IMTP and the realisation of our longer term ambitions will be our partnerships and collaboration with Government, Health Boards, local authorities, third sector bodies, our staff (and their representatives), plus a range of other important stakeholders, not least the people of Wales who use our services.

An example of our new partnerships and service delivery offer which will extend into 2021/22 is the provision of COVID-19 mobile testing. During the pandemic we took over the responsibility of operating the reserve Mobile Testing Units (MTUs) to provide surge capacity for COVID-19 testing across Wales. This is a very distinct service when compared to our existing core services and functions. We were able to assume this service by utilising our expertise in logistical planning, harnessing our national infrastructure, and building on our organisational relationships with partner agencies. Testing will continue to be a key component in the fight against the spread of COVID-19, and year 1 of this plan will see the WAST MTU service continuing to support the Welsh testing infrastructure. We will continue to support the development of testing strategy, working collaboratively with the UK Department of Health and Social Care, the Welsh Government and Test Trace and Protect (TTP) Wales.

Some of the further areas for work in the recovery phase of the pandemic and in moving forward with our partners will be the work to strengthen and increase the capacity of clinical assessment in 111 and 999 already set out in this plan. This will need to be supported by our work with Health Boards and local authorities to ensure 24/7 community pathways available to both 111 and 999 clinicians, ensuring that only those patients who really need to go to hospital are conveyed. To do this we will need to work collaboratively within regional planning fora to ensure we are both aligned to system priorities and able to influence how these priorities develop in the future.





When hospital is the right destination for a patient, that patient should expect, and experience, seamless care. One aspect of this is the ability to ensure flow across the system and through hospitals in particular, something which we will continue to support through our continuing development of the Operational Delivery Unit (ODU), which assists Health Boards across Wales in improving access and flow. We will also continue to participate and collaborate with the Emergency Department Quality and Delivery Framework (EDQDF) as it develops post-pandemic.

Ensuring our people, their Trade Union representatives, politicians (recognising the importance of the 2021 Senedd election), policy makers and, critically, our patients and the wider public understand what to expect from our services and, crucially, how we anticipate them changing over the coming months and years, will be at the heart of our engagement work in 2021/22.

Our new Quality Strategy, which is aligned to the tenets of Welsh Government's Health and Social Care (Quality and Engagement) (Wales) Act, which became law in June 2020 and will come into force in the spring of 2022, will put a new emphasis on how we engage with the public in the broadest sense.

In April 2021, we will launch our new People and Community Network as a platform for harnessing the energy, ideas and thoughts of the people of Wales. The role of the network will also include co-producing and influencing improvements led by the WAST Improvement and Innovation Network (WIIN).

The public should expect the best service available to them, with innovation, technology and best practice being applied where it drives improvement across the whole system. Our people also expect to work in an organisation which is geared up for the future, where they feel supported and engaged, and where they feel there are opportunities to develop themselves and their ideas. To that end, we will continue to develop our thinking around the benefits of achieving University Trust Status (UTS), something which has been a long-held ambition and which we will look to finalise in 2021.

Deliverables 2021-24	Actions in 2021-22	Time
 <p>We will engage with a range of stakeholders to ensure that we are well placed to influence system thinking / strategy development</p>	<ul style="list-style-type: none"> Develop a plan for engaging on our strategic ambition statements with system partners, with formalised links into primary care and key programmes of work around urgent and emergency care Revise the organisational Engagement Framework, testing the approach with stakeholders and the public prior to Board Consolidate existing position and endeavour to secure at least one additional RPB seat Engage with new Government and opposition party representatives post 2021 Senedd elections 	<ul style="list-style-type: none"> Q2-3 Q2-3 Q1-Q4 Q2
 <p>We will continue to develop and embed system working including escalation (e.g. continuing use of ODU)</p>	<ul style="list-style-type: none"> Support the review of national, regional and local escalation arrangements Secure recurrent funding for continuation of the Operational Delivery Unit (ODU) in support of future escalation arrangements Extend existing contracts and recruit to fill vacancies in ODU (subject to funding) 	<ul style="list-style-type: none"> Q1-Q2 Q1 Q1-Q2
 <p>We will continue to deliver and further develop the capabilities, scope and functions of the WAST Mobile Testing Unit (MTU) service to meet the requirements of the Welsh Testing infrastructure.</p>	<ul style="list-style-type: none"> Continue to deliver safe and efficient Welsh reserve MTU operations up till 31st August 2021 Potentially extend the contract in agreement with the Welsh Government, Test Trace Protect (TTP) Wales and Department of Health and Social Care (DHSC) if service is required beyond August 2021 Further develop the capabilities of the WAST MTU service at request of the Welsh Government in agreement with the DHSC 	<ul style="list-style-type: none"> Q2 Q2 Q1
 <p>Finalise our organisational position on achieving University Trust Status in collaboration with WG</p>	<ul style="list-style-type: none"> Develop an initial assessment for review by WG. Dependent on feedback, determine our position on submission of a full application for UTS in September 2021 	<ul style="list-style-type: none"> Q1-Q4

6.4.1 Welsh Language

The Trust has been implementing the requirements of the Welsh Language Standards as detailed in our compliance notice. This has included promoting a bi-lingual service in our 111 contact centres, encouraging staff to learn Welsh, offering bi-lingual services and recruitment of more Welsh speaking staff.

We will continue to work across the organisation to progress the actions as set out in the [More than Just Words Interim Action Plan 2019 and 2020](#). These will be embedded within existing structures and will help to ensure ownership of and accountability for the Welsh language at all levels of the organisation.

7.0 Our Fundamentals

7.1 Quality Driven, Clinically Led, Value Focussed

In the summer of 2020, the Welsh Government introduced the Health and Social Care (Quality and Engagement) (Wales) Act which will:

- Strengthen the existing **duty of quality** on NHS bodies and extend this to the Welsh Ministers in relation to their health service functions;
- Establish an organisational **duty of candour** on providers of NHS services, requiring them to be open and honest with patients and service users when things go wrong;
- Strengthen the voice of citizens, by replacing Community Health Councils with a new all-Wales **Citizen Voice Body** that will represent the interests of people across health and social care;
- Enable the appointment of **Vice Chairs for NHS Trusts**, bringing them into line with Health Boards.

Our revised Quality Strategy, which will be ratified in April 2021 at Quality, Experience and Safety Committee (QuEst) will set out how WAST will comply with this Act. Our ambition is for a culture of candour to be evident across our workforce, creating an environment that is transparent, honest, and open to learning which enables citizens across Wales to have a voice. This will be underpinned by a culture of quality and quality improvement, with robust systems to keep the quality at the heart of everything we do. Our communities will be supported through our thousands of daily contacts and through programmes of engagement and education to improve their health and wellbeing.






In recognition of the wellbeing and safety of our workforce, which has been a key feature of our pandemic response we will develop and deliver a “Working Safely” Health & Safety Transformation Plan to support and foster a culture of safe working across the Trust.

In our Clinical Strategy, in a post coronavirus environment, we bring forward a refreshed ambition for how we aim to deliver the best services for patients. This strategy acknowledges the challenge in ‘A Healthier Wales’, to make our health system fit for the future with a renewed focus on quality improvement and value in all that we do. We recognise WAST’s role as part of the broader urgent and emergency care system and will continue to develop our people and services so that we are able to influence a shift towards scheduled care as far as possible.

The Clinical Strategy highlights the important role that clinical leadership plays in our effectiveness and builds on the directorate structures implemented in 2017/18. We have already taken steps to structure our organisation in a way that is fit for the future and allows us to further develop our twin ambitions of being a clinically-led and operationally effective service.

In support of our Clinical Strategy we will create a culture of strong clinical leadership, strengthened partnerships and engagement with key clinical leaders and teams within health boards and Welsh Government, and smarter ways of working that allow us to embrace technology and develop our clinical offering to deliver on our ambition for an integrated system of care across all our service offers. The will be supported by developing our value based healthcare offer within the urgent and emergency care sector.

Therefore we will work with the commissioner on a value based approach, working up a detailed programme which connects and joins up EASC, WAST and the Finance Delivery Unit. This will account for WAST’s use of, and impact on, economic, social and environmental resources over the short, medium and long term.

Deliverables 2021-24	Actions in 2021-22	Time
☆☆☆ We will implement the Trust's Quality Strategy	<ul style="list-style-type: none"> Revise the Trust Quality Strategy to align with the Bill. Develop a Quality Strategy Implementation Plan to support us to self-assess our progress with Quality Governance 	<ul style="list-style-type: none"> Q1 Q3
 We will secure and implement Quality Management and control systems	<ul style="list-style-type: none"> Develop the Trust Quality Management System (Quality Planning, Quality Improvement, Quality Control and Quality Assurance). Develop and implement a Quality Governance sub structure to our Quality, Experience and Safety Committee (QuEST) Develop & implement a sustainable "Working Safely" Health and Safety Transformation Plan incorporating Health and Safety and Infection Prevention and Control (IPC) 	<ul style="list-style-type: none"> Q1-Q4 Q4 Q1-Q4
 We will transform the way we work and engage with people	<ul style="list-style-type: none"> Implementation of the Once for Wales Service User Experience System 	<ul style="list-style-type: none"> End Q3
 We will revisit and implement the Public Health Plan	<ul style="list-style-type: none"> Making Every Contact Count (MECC) is built into the CPD programme for Paramedics/EMTs /Nurses and NEPTS Continue to have discussions in partnership with Velindre Trust and PHW regarding a joint appointment to lead the public health plan Continue to make improvements to increase uptake of the workforce having the Influenza vaccine Lead the implementation of online symptom checkers as part of the new 111 integrated information system and widen accessibility through the 111 app 	<ul style="list-style-type: none"> End Q4 Q1 Q3-Q4 End Q4
 We will implement the Clinical Strategy to support developments across our service ambitions	<ul style="list-style-type: none"> Reviewing the Clinical Strategy and incorporating learning from the Covid-19 pandemic Needs assessment for the implementation of the Clinical Strategy including Care Closer to Home and ePCR Implementation, planning and delivery of the strategy 	<ul style="list-style-type: none"> Q1 Q1-4 Q1-4
 We will deliver a value based approach	<ul style="list-style-type: none"> Work with the NCCU and Finance Delivery unit to develop a strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources Improvement in ability to identify areas of unwarranted variation in service delivery across Wales 	<ul style="list-style-type: none"> End Q2 Q3-Q4

Appendix 1 provides further detail and actions for future years.

7.2 Research and Innovation (R&I)

During the COVID-19 pandemic studies were paused across the health and care system resulting in significant disruption of WAST non-COVID-19 research activity. We have restarted our research portfolio in line with National Institute for Health Research (NIHR) guiding principles. It has been challenging to strike a balance between restoring our active portfolio against the need to continue to support the COVID-19 effort. However, we have now recovered all of our existing research, along with supporting two COVID-19 urgent Public Health studies, and whilst organisational challenges continue, these remain our research priorities.

Our COVID-19 recovery planning recognises the need for resilience, growth and the potential high-value environment of WAST for clinical research. We continue to reflect Wales and UK wide research strategic aims, such as those set out in the Support and Delivery Service Strategic Framework 2017-2022. We continue to increase opportunities for patients and the public to participate in research, build our research community, attract and deploy appropriately skilled staff, and embed our shared values and behaviours. During our recent clinical restructure we purposefully included R&I as a core element within job descriptions, and are therefore well placed to realise and release further research capacity through our clinical leadership teams. Whilst competing operational pressures continue, we remain steadfast in our aspirations for R&I in clinical leadership, along with the research paramedic role which is vital to support safe and efficient delivery of studies.

We have continued to build on longstanding partnerships such as those with PRIME Centre Wales, Warwick University and others to develop and deliver high quality studies, and as we recover, we look forwards to delivering large studies which we have developed with partners such as PARAMEDIC 3 and RAPID 2. We are also seeking out new partnerships and emerging opportunities to conduct innovative research in faster and more efficient ways. We have worked with local, national and international partners to explore digital tools and infrastructure, and continue to seek and secure funding in areas such as Artificial Intelligence and Robotic which includes our ongoing research Applied Suicide Intervention Skills Training (ASSIST).

8.0 Our Workforce Plan

Workforce Risks

We would identify the high level risks in the following categories:

- Failure to ensure robust workforce plans. This will be mitigated by detailed annual workforce plans, and will be supported in future by a Strategic Workforce Plan to be developed this year;
- Failure to ensure adequate and safe resource availability. This will be mitigated by focus on improving attendance, improved recruitment timescales, improving available information, resource policy and practices and modernising our bank arrangements;
- Failure to ensure that our workforce is adequately equipped with the right knowledge and skills. This will be mitigated by implementation of our Transforming Education and Training Strategy;
- Failure to provide a safe, positive, well led working environment. This will be mitigated by the implementation and further refresh of our People and Culture Strategy.

Transforming our EMS Workforce – Planning, Recruitment and Training Implications of Delivering the ORH Demand and Capacity Review

Workforce requirements:

- a. **Phase One (Years One and Two):** Additional FTEs required to close the relief gap; *and*
- b. **Phase Two (Years Three, Four and Five):** Review agreed targets

This comprises a total of 562 additional FTEs (118.5 Paramedics, 374.5 EMTs, 48.3 UCAs and 20.7 APPs) over the five year period. (Note, however, that these numbers will change slightly when current position is factored in, recognising that the baseline for the ORH work was December 2018).

Our developing recruitment and training plans for 2021/22 are based on a range of detailed assumptions which will continue to be monitored through the year. It is important to note that we are planning on a level of over-establishment of Paramedics to mitigate the fallow year, with the final level of over-recruitment to be agreed with commissioners.

It should be noted that any significant change to these assumptions will impact on delivery, and additional requests will need to be considered in the context of this plan.

In order to deliver this ambitious plan, it is estimated that a growth in supporting infrastructure and cost will also be required in a number of areas to support the growth in frontline staffing - including additional support to deliver clinical induction and driver training, and additional driver training vehicles currently in process; additional resource to manage the in-house elements of the recruitment and on-boarding process; the impact and need for a future increase in frontline supervision capacity and clinical leadership, in occupational health and wellbeing infrastructure, corporate support teams infrastructure, equipment, uniform, vehicles, lockers is also detail to be worked through and agreed with Commissioners.

Future Education Commissioning Requirements

This year, our education commissioning submission reflects our assumptions regarding the anticipated long-term effect of COVID-19 on our workforce and the age profile of our frontline Paramedic workforce, likely resulting in a higher turnover rate and greater number of internal movements and reductions in working hours. Commissioned places have also been adjusted up slightly to mitigate against the risk of higher levels of attrition associated with introduction of degree level study. We will continue to dynamically review with key partners our past and future commissioning numbers in the context of commissioned and projected increased paramedic

numbers and potential future growth in advanced paramedic workforce requirements across the system (that may be identified in Health Board plans or as part of continued discussions on the wider APP business case).

Notes to Accompany Minimum Dataset

Workforce Numbers:

- Mobile Testing Units (MTUs): contract currently in place for 4 MTUs until end of August
- Operational Delivery Unit (ODU): 9 posts in place at present, with additional 4 posts factored in from June onwards
- NEPTS: No additionality yet agreed for 2021/22 based on findings of Demand and Capacity Review
- GUH: Review to take place May 2021 which will inform decision regarding staffing levels; workforce plan presently assumes that current staffing levels will be maintained
- EMS Demand and Capacity: additional 127 FTEs factored in (relief gap closure)
- Paramedic Workforce: Temporary over-establishment factored in, mitigating the effects of a fallow year
- DOMs: as a result of this role being open to both Paramedics **and** EMTs, the position does not fall under the "Allied Health Professional" (AHP) staff group; instead, it falls under the "Additional Clinical Services" (ACS) staff group. A reduction of 125 FTEs in the AHP group and increase of 125 FTEs in the ACS group is therefore reflected in the MDS from April onwards
- Contact First: additional 65.02 FTEs factored in
- 111 Continued Roll Out: additional 61.48 FTEs factored in; an additionality of 17 FTEs is also factored in to provide surge capacity for demand volatility

Sickness projections:

COVID-19 forecasting and modelling data currently only available from WG up to June 2021, with data based on a level of vaccination and a level of social compliance to particular levels of social restriction. Projections beyond June will need to be revised based on future forecasts. Current sickness data indicates a downward trend in sickness absence from January 2021, seemingly aligned with the reducing COVID-19 incidence rates across Wales. In line with current guidance, this dataset reflects the assumption that shielding will cease at end of April.

Our sickness absence projections for 2021/22 reflect the following assumptions:

- "Long COVID" will impact on availability, with delayed returns to work
- Exhaustion will result in higher than usual absence rates
- Absence rates will likely be somewhere between those of 2019/20 and 2020/21
- Conclusion of shielding in April is likely to impact sickness absence rates

Consideration is also being given to the following variables and their potential impact on absence rates:

- Uptake and efficacy of vaccine
- COVID-19 prevalence and the potential for a third wave
- In the event of a third wave, the age groups likely to be most affected and impact of this on NHS services
- Increased interaction in the workplace
- Prevalence of coughs, colds and other illnesses as a result of increased social interaction and limited immunity (following lockdown)
- Impact of flexible / home working: potential to reduce absence rates for corporate colleagues but conversely, could lead to increased musculoskeletal (MSK) and / or mental health issues

Long COVID: Most people are recovering, albeit over a longer period of time, and may need a longer phased return to work including review of shift times. We need to continue supporting staff that are facing significant

challenges as a direct result of long COVID, psychological challenges as well as physical. We must also consider the possibility that some people may not be able to return to their previous role.

Mental Health: Our entire workforce is exhausted and will need time to heal – example taken from UK Military – post operational stress management, time to connect with each other, families and home and then return to normal duties. Staff currently absent due to stress / anxiety / depression are from the operations directorate, however it's important to consider the possibility of hidden health and wellbeing issues (e.g. colleagues working from home continuing to work despite not feeling well; impact of working from home on colleagues' health and wellbeing – potential for increased MSK and mental health related absence in future).

9.0 Our Financial Plan

2021/22 Finance

Our financial plan for 2021-24 will build on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance. Whilst the intention will be to present this over a three year period, the below currently focusses on the 2021/22 financial year with the following two years, in terms of indicative assumptions in relation to income and expenditure, and which incorporate our operational plans and ambition for this period, to follow.

2021/22 Income assumptions

There are some key financial assumptions within the Trust's 2021/22 financial plan which include as part of the Welsh Government & EASC budget uplift: -

- 2% uplift for core cost growth, which includes funding to meet the first 1% of 2021/22 pay award costs;
- Further funding then expected across the NHS in Wales to support any additional costs in 2021/22 of the resulting Agenda for Change (A4C) pay deal;
- Ring fenced funding will be provided in full to support the increasing cost profile of the Band 6 paramedic business case and the continued roll out of the 111 service.
- Net effect of removing non-recurrent items from 2021/21 and full year effect of items into 2021/22 - c£5.5m (including EMS Demand & Capacity for Yr1 and the Grange University Hospital business case.).
- A current estimate of circa£17m of other developments for 2021/22, including:
 - EMS Demand & Capacity Review Year 2 - £4.6m
 - Contact First - c£6m
 - Corporate posts - £1.2m
 - 111 - c£4m

Plus the following could be delivered to the system if additional funding made available to do so:

- Mental Health Crisis Response Model - £4m
- Resources to support further developments and enhancements of See & Treat / Mobile Urgent Care - £2m

2021/22 savings requirement

The Trust is due to overachieve on its in-year savings target set as part of its balanced financial plan at the outset of 2020/21. However, it is recognised that some elements of this in the current financial year have been delivered in a non-recurring way, and the ability of the service to again currently focus on the delivery of significant savings for the 2021/22 financial year being minimal.

This currently amounts to c£2m and will need replicating in 2021/22 or will emerge in year as a cost pressure. Whilst it is clearly preferable to identify and now seek to deliver this through recurring, sustainable solutions, this value as a minimum, needs to be recognised in our opening 2021/22 financial plan as a “financial gap” /

savings requirement, with further elements of this no doubt then required to offset and mitigate some of the risks and pressures previously described.

It is likely therefore that the final initial balanced financial plan for the Trust will include a savings requirement of at least c£2.8m; whilst less than in 2020/21 this is more in line with that required and delivered in the previous couple of financial years and still represents a significant challenge in light of the on-going COVID-19 pandemic.

Key financial planning assumptions 2021/22

Key other assumptions within the financial plan include:

- Underlying assumptions remaining that any on-going unavoidable costs in relation to the COVID-19 pandemic are funded separately and in full by either WG or commissioners.
- Any recurring costs resulting from any settlement of the “Flowers” case are similarly funded separately, in line with that previously provided for the current balance sheet accruals. Noting of course that this is an all Wales and not just WAST issue;
- Any costs incurred for any other, separate ongoing developments, e.g. MTUs, are funded separately and do not detract from the core funding or service provision of the organisation.

The table below highlights the overall financial plan for 2021/22.

Summary financial plan 2021/22		£m
Current assumed income levels:-		
EASC		194.6
NEPTS (via Health Boards)		25.5
111		10.8
HART / Chemical, Biological, Radiological and Nuclear (CBRN)		3.0
EMS direct via HBs		2.7
MTUs		2.1
Other		4.0
Total planned income		242.7
Current planned expenditure:		
Baseline recurring spend:		
Pay		154.4
Non Pay & Other		62.0
2021/22 cost increases / pressures:		
Pay award (@1%)		2.1
Non pay inflation		1.0
Other cost pressures (included COVID-19 estimates)		3.3
Additional costs relating to developments / income increases:		
Net effect of FYE / non recurring 20/21 items		5.5
Yr 2 EMS D&C		4.6
Contact First		6.4
"Core" 111		4.0
Other		1.2
Contingency		1.0
Gross Expenditure plan		245.5
Savings requirement		-2.8
Planned surplus / deficit		0.0

Summary of financial risks 2021/22

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

A summary of the key specific risks to the delivery of the 2021/22 financial plan includes:

- Significant planned increase in EASC income 2021/22;
- A significant element of the 2% funding uplift is already committed;
- Proposed financial plan will present a minimum savings requirement for 2021/22 of £2.8m, being that delivered non recurrently in 2020/21 plus additions for cost pressures 2021/22;
- As above, the cost impacts of the outcome of the legal ruling on holiday pay on voluntary overtime and funding availability to further support this, if required;
- Continuing financial support from Welsh Government in relation to COVID-19 pandemic costs which may continue at a significantly material level into the new financial year;
- Non-pay inflation and any impact in relation to Brexit (particularly suppliers);
- Availability of capital funding to support the infrastructure investment required to implement service change, and the ability of the Trust to deliver the revenue consequences of capital schemes within stated resource envelope;
- Financial impact of EASC Commissioning Intentions, and confirmation of the EMS financial resource envelope as assumed within our financial plan;
- Ensuring additional avoidable costs that impact on the Trust as a result of service changes elsewhere in the NHS Wales system are fully recognised and funded;
- Ensuring any further developments are only implemented once additional funding to support these is confirmed;
- Delivery of cash releasing savings and efficiencies;
- Increasing pressures on the Welsh Risk pool.

Capital Plan 2021

The capital programme has been developed in parallel with our service, estate and fleet plans. The Trust is in a good position with WG endorsed 10 year SOPs for both fleet and estates, which are currently being refreshed to reflect the changes in the service and demand, along with a number of business cases aligned to these either being considered by WG or in varying stages of development. The Trust has secured funding for major capital development which are currently progressing at pace including Cardiff Make Ready Depot (MRD), ePCR, 21/22 Fleet Business Justification Case (BJC) and the new 111 system. This Trust has also demonstrated value for money from the investments it has made from is discretionary capital allocation over recent years.

Discretionary Capital

The Trust is assuming a continuation of a discretionary capital allocation of at least £5.825m from which it will fund a range of estates, Information and Communications Technology (ICT), medical equipment and other schemes.

The organisation has continued to strengthen its overall approach to capital planning, with the establishment of an Internal Capital Management Board, supported by SOP Delivery Groups which meet monthly and oversees all aspects of capital planning. On top of this there is a specific discretionary capital Task & Finish Group that meets twice yearly to prioritise the discretionary capital schemes. These are all then taken to the Trust Board's Finance and Performance (FPC) Committee, and Trust Board for approval.

Costs of Capital

The costs of capital have been included as £14.929m in accordance with our current funded depreciation support.

10.0 Delivering Our Plan

10.1 Managing transformation

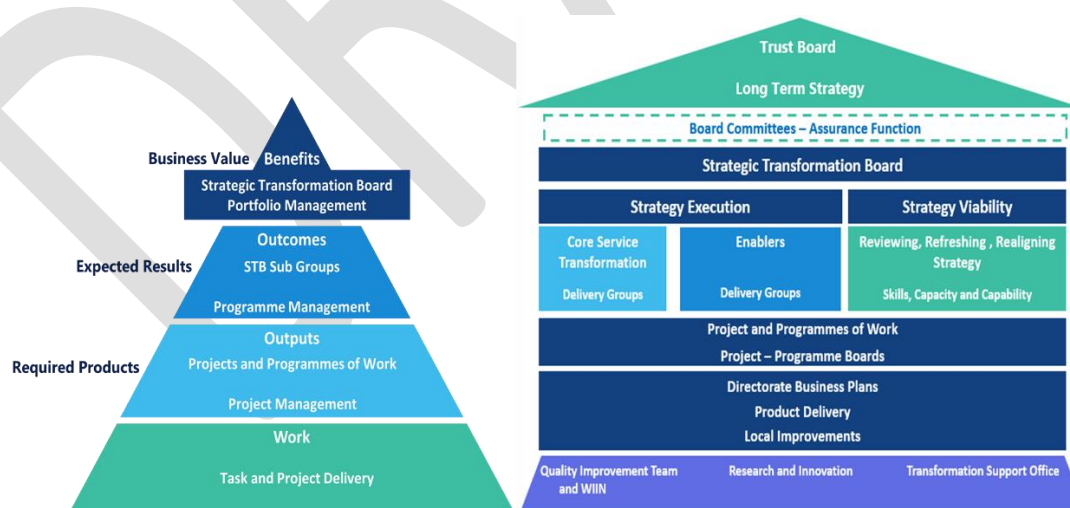
The Trust Board remains the overarching accountable committee for delivery of the Trust's IMTP and long term strategic plan, with individual sub-committees maintaining oversight and scrutiny of specific deliverables. As a result of on-going discussions on strategy development, consideration is being given to establishing a board level 'visioning committee' which would support the Board in this work.

Assurance is provided through the Board Assurance Framework (BAF) and further work will take place in 2021/22 to align this IMTP to the BAF. The BAF ensures that our approach to managing risk aligns with our long-term strategic ambition, delivered through the IMTP. To further support the Trust Board to retain an overarching view of IMTP delivery, the Strategic Transformation Board (STB) chaired by the Chief Executive, will continue to provide monitoring, oversight and governance over the implementation of the IMTP deliverables.

A refreshed STB will have a dual purpose to focus on:

- "Strategy Execution & Implementation" - Delivery of current IMTP in support of the long term strategy.
- "Strategy Viability" - Looking outwards, responding to changes in the external landscape, and inwards for lessons learnt throughout the delivery of our IMTP to ensure the long term strategy remains viable, relevant and the organisation has the capability and capacity to achieve it.

STB will adopt a portfolio management approach and overview to enable and govern IMTP delivery through core service transformation and enabling programmes, underpinned with proportionate programme and project documentation which will be reviewed and refreshed this year.



We are currently exploring the use of portfolio, programme and project management software that will link with Microsoft 365 and Power Business Intelligence (BI) to support the strategic and programme level oversight of our IMTP delivery.

The Transformation Support Office will continue to support the strategic transformation agenda across the organisation, developing the organisation's capacity and capability to manage large complex programmes

internally and across the system. We will synergise our quality improvement and project management resources and approach under the STB agenda to ensure our strategy development and transformation agenda is underpinned by data driven, evidence based and patient focussed quality improvement methodology.

In 2021, we plan to refresh our programme and project management framework to have a pragmatic and uniform approach to applying MSP® (Managing Successful Programmes) and PRINCE2® (Projects In Controlled Environments) methodologies and closely linking in with approach to Quality Management systems as set out above and in section 7. This work will also focus on developing a robust benefit realisation methodology to ensure that benefits are being identified, captured, assessed and evaluated. This will be integrated into our planning for delivery in 2021/22.

The way in which we are able to seamlessly link improvement activity through the WIIN to the transformative programmes work overseen by STB will enable the scale up of improvements seen in local and regional initiatives to support delivery of this IMTP and EASC's commissioning intentions.

10.2 Quality and Performance Management Frameworks

The Trust has a Board (2016) approved Performance Management Framework (PMF). The Trust has made substantial progress on its PMF including:

- A regularly approved IMTP with underpinning local development plans, together with robust monitoring mechanisms (replaced with quarterly operational plans in 2020/21)
- Roll out a programme and project management framework;
- Roll out of the WAST Improvement & Innovation Network (WIIN);
- Strategic Demand and Capacity Reviews;
- The use of benchmarks flowing from the Demand and Capacity Reviews;
- Tactical and operational forecasting, modelling and planning;
- The standard use of time series analysis which enables trends and seasonality to be interpreted;
- A significant overhaul of external reporting;
- Investment in supporting software: QlikSense and Optima;
- The linking of quality, activity, resource and performance information into integrated reports; and
- Quality metrics that provide a strong focus on patient experience and safety.

The Trust started reviewing the PMF in 2019/20, but work was stopped due to the pandemic. This will now be recommenced with an aim to complete a revised Quality and Performance Management framework by the end of July 2021. The framework will encompass a number of components, of which metrics will form one part. The metrics set out in section 5 of this IMTP are part of that development, but with further work to do in respect of the innovative service ambitions to shift left in the patient pathway.

The Trust is a very data rich environment but our approach will be to develop meaningful simplified measures which support our benefits realisation plans and provide assurance to the Board and our commissioners.

Further areas for development include:

- Re-clarifying the performance management roles and responsibilities;
- Re-clarifying the flow of performance management information to everyone in the Trust's performance management system;
- The roll out of MS 365 Power BI;
- The further development of forecasting and modelling, in particular, a more regular predictive performance capability;
- Further use of statistical process control;

- Performance data availability to support benefits realisation and measurement;
- Further capacity to support performance improvement;
- Alignment of Quality Management and Performance Management systems; and
- Strengthening the data and reporting requirements for benefits realisation in 111 and NEPTS.

10.3 Risks to delivery

The **scale of change** required to deliver on this plan and to achieve our ambition is significant, particularly for our people across the service. Whilst, as described above, we will be putting in place a robust **programme management approach** to support the transformation programme, there will nevertheless be risks to delivery which we will need to identify, manage and mitigate.

Managing risk will remain a key organisational responsibility and is an integral part of our governance arrangements. Existing and potential corporate risks will continue to be routinely monitored and assessed by the Assistant Directors Leadership Team who provide recommendations to the Executive Management Team which in turn provides assurance to the Board. In addition, each of the Corporate Risks are allocated to either the Quality, Safety & Patient Experience Committee, the Finance & Performance Committee or the People & Culture Committee for strategic oversight, scrutiny and challenge with the full Corporate Risk Register submitted to Audit Committee and Trust Board at every meeting. Programmes of work within this IMTP will provide and/or support the mitigation or reduction of these organisational risks

Risks to the delivery of key programmes of work within this IMTP will be monitored by individual programme boards, escalating to STB where necessary and raising to the Corporate Risk Register if Board level awareness and scrutiny is required.

The key risks to delivery of this IMTP will be:

Securing stakeholder support for the ambition and change that this plan represents, as we look to play a strengthened role within the urgent and emergency care system, turning the current way of working on its head, increasing the numbers of patients whose needs are met through our integrated remote clinical assessment service, our see and treat services or collaborative community referral pathways, and significantly reducing the numbers we currently convey to hospital. We don't underestimate the work that will be required to secure this support, which applies both to external system partners such as WG, commissioners, health boards and clinical leaders, but also to our people and Trade Union Partners. We will develop a clear and robust programme of engagement with each of these key stakeholder groups as we develop and refine our plans in partnership.

Ongoing impacts or potential future waves of the COVID-19 pandemic adversely impacting on organisational sustainability and resilience in the medium to long term. Of particular importance will be the **health and wellbeing of the workforce** – the fallout of increasing levels of anxiety or stress, impacting on staff wellbeing and potentially absence. The workforce actions outlined in the plan will be designed to minimise or mitigate these risks. Our Pandemic Response structure remains agile and will continue to respond as required, with the Business Continuity and Recovery team leading work to aid recovery to the new normal. Much of this plan can only be delivered in partnership with others, and we will need to be cognisant of the risks associated with other organisations also being in a recovery position, with potentially not enough capacity to work with us on this transformation agenda.

Capacity within the organisation to deliver the change required. This will be mitigated in part by the growth in the corporate infrastructure to mirror the growth in front line services, which will provide some additional capacity. In addition, STB will oversee delivery through a programme management approach which will allow concerns and risks to be escalated. As we did in 2020/21, we will undertake regular prioritisation exercises and flex delivery timescales where this is necessary.

Demand for our services increasing, negatively impacting response performance, the safety of the service and our patients' experience. This may be particularly relevant in the NEPTS service as Health Boards prepare plans for re-establishing planned elective activity. WAST is working to better understand this impact in the coming weeks with either Optima Predict modelling or insights from the NEPTS Demand and Capacity Review. On the EMS side, the Trust will continue to monitor and analyse the modelling data, demand and performance, implement its seasonal plan, production levels and demand management initiatives as necessary (and where funded) and will continue dialogue with commissioners on any impacts.

Pressures on the service arising from external factors, including continuing delays to crews outside Emergency Departments or Health Board service changes. WAST will continue to work with commissioners and Health Boards through the EASC structures to collaboratively reduce delays in line with the commissioning intentions and to identify and plan for any service changes.

Policy change as a result of the election could have an impact on all NHS services depending on the outcome of the election period. There is also a risk to some of our unfunded plans during the pre-election period as decision making is paused. We will maintain close links with our colleagues in NCCU and WG to ensure the timing and execution of this plan is in line with latest government policy and at a point where decisions can be made.

Financial Risk (revenue) – the plan is presented as a balanced plan, but there may continue to be unforeseen costs arising from COVID-19 and difficulty in meeting our savings target. Financial performance and in particular savings are regularly reviewed at ADLT (Assistant Directors Leadership Team) and there is regular and ongoing dialogue with the Commissioner. The plan is also contingent on funding for some initiatives not within the core commissioning envelope and if these are not funded Strategic Transformation Board will need to take a view on strategic viability of the impacted deliverable. This underlines the importance of stakeholder engagement to ensure support for our plans.

Financial Risk (capital) - Our ability to spend capital allocation is a risk as there is a large infrastructure requirement in the plan but this is monitored through internal delivery groups and through Capital Management Board.

11. Conclusion

In this plan we have presented our ambitions over the next three years, with detailed actions in year one and indicative actions in years two and three presented within Appendix 1. The plan builds on our previous IMTP and is shaped by a number of key drivers including our recovery from the COVID-19 pandemic, our long term strategic ambitions, commissioning intentions and stakeholder ambitions, the voice of our patients and colleagues, the performance improvements we need to make and the risks that we need to address. The plan therefore reflects those things that we *must* do to deliver high quality and safe services to patients but also those things that we think would add value across urgent and emergency and primary care services in Wales.

The scale of change required to deliver on this plan and to achieve our ambition is significant, particularly for our people across the service. We have achieved extraordinary things in response to the pandemic and so we must be mindful of the health and wellbeing of our people, ensuring that mechanisms are in place to support their physical and mental wellbeing and foster a culture of quality and working safely across our whole organisation.

We are putting in place a robust programme management approach to support our transformation programme and manage and mitigate identified risks, together with strengthened structures to support ongoing strategy development. We are therefore confident in our ability to deliver this plan and look forward to working with

our commissioners, Welsh Government, citizens of Wales and other key internal and external stakeholders through continued dialogue and engagement, which we are committed to doing in pursuit of a better service for the people of Wales.

DRAFT



EQUALITY IMPACT ASSESSMENT FORMS

PARTS A and B: SCREENING AND OUTCOME REPORT

Introduction:

These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carers and our staff) who may be affected by what you are writing or proposing, whether this is:

- 1 a policy, protocol, guideline or other written control document;
- 1 a strategy or other planning document e.g. your annual operating plan;
- 2 any change to the way we deliver services e.g. a service review;
- 3 a decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

This is not optional: Equality Impact Assessment is a specific legal requirement on public sector organisations under equalities legislation and failure to comply could result in a legal challenge to a decision or strategy. More importantly, equality impact assessment helps to inform better decision-making and policy development leading to improved services for patients. **This form should not be completed by an individual alone, but should form part of a working group approach.**

The Forms:

You must complete:

- 1 **Part A** – this is the Initial Screening that is always undertaken and consists of Forms 1 to 3; these forms are designed to enable you to make an initial assessment of the potential impact of what you are doing, and decide whether or not you will need to proceed to a Full Impact Assessment (Part C);

AND

- 2 **Part B** – this is the Outcome Report and Action Plan (Form 4) you will need to complete whether or not you proceed to a Full Impact Assessment;



Together, these forms will help to provide evidence of your Impact Assessment and how you have shown “due regard” to the duties.

You may also need to complete **Part C** (see separate Form) – if parts A and B indicate you need to undertake a Full Impact Assessment. This enables you to fully consider all the evidence that is available (including engagement with the people affected by your document or proposals) to tell you whether your document or proposal will affect people differently. It also gives you the opportunity to consider what changes you may need to make to eliminate or mitigate any adverse or negative impact you have identified.

Remember that these forms may be subject to external scrutiny e.g. under a Freedom of Information request.

Once completed, the EqIA Forms should accompany your document or proposal when it is submitted to the appropriate body for approval.



Part A

Form 1: Preparation

1.	What are you equality impact assessing? What is the title of the document you are writing or the service review you are undertaking?	IMTP 2021-24	
2.	Provide a brief description, including the aims and objectives of what you are assessing.	Our three year medium term plan which sets out delivery against our long term strategic ambitions, commissioning intentions and political, economic, social, environmental etc. drivers over the next three years.	
3.	Who is responsible for the document/work you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	Trust Board	
4.	Who is involved in undertaking this EQIA. Please list all names and Titles/Roles	Name	Title/Role
		Alexander Crawford	Assistant Director of Strategy and Planning
		Rachel Marsh	Director of Strategy, Planning and Performance
5.	Is the Policy related to, or influenced by, other Policies/areas of work?	Yes, it covers all areas of the Trust's business	
6.	Who are the key Stakeholders i.e who will be affected by your document	Public – all sectors	



	or proposals?	Colleagues – staff, volunteers etc. Welsh Health Boards and some English health areas National Collaborative Commissioning Unit Welsh Government Primary, Community, Secondary and Social Care sectors
7.	What might help/hinder the success of whatever you are doing, for example communication, training etc?	The following risks to delivery are reported in the plan: <ul style="list-style-type: none">• Continued stakeholder support• Future waves of COVID-19• Demand for services increasing beyond planned activity• External service pressures• Government Policy changes• Financial risks (revenue and capital)



Form 2: Considering the potential impact of your document, proposals etc in relation to equality and human rights

Characteristic/ actor to be considered	Potential Impact by Group. Is it:-		Please detail any <ul style="list-style-type: none">- Reports, Statistics, Websites, Links etc that you have used to inform your assessment and/or- Any information gained during engagement with staff or service users and/or- Any other information that has informed your assessment of potential impact
	Positive (+) Negative (-) Neutral (N) No Impact/Not applicable (N/a)	<u>Scale</u> High Negative Medium Negative Low Negative Neutral Low Positive Medium Positive High Positive	
Age	+	Medium Positive	Older people and Falls frameworks designed to positively improve outcomes for Older People, with evidence of effectiveness particularly around Level 1 and Level 2 Falls initiatives Our digital and mobile urgent care ambitions could be seen as a negative impact, however we will retain telephony and appropriate face to face contact and the OP Framework is in place to ensure we do not discriminate through our actions.
Disability	+	Medium Positive	There are specific actions within this plan to broaden our clinical expertise either internally or with partners to improve outcomes for all abilities, with key actions around mental health and dementia to direct people to the right service to meet their needs. Our digital and mobile urgent care ambitions could be seen as a negative impact, however we will retain telephony and appropriate face to face



			contact.
Gender Reassignment	N	Neutral	We have not specifically developed actions for this protected characteristic, but our commitment to our Strategic Equality Objectives would encompass positive improvements for all protected characteristics
Race / Ethnicity	+	Medium Positive	We have actions in the plan specifically around our culture, behaviours and further work will be ongoing around reverse mentoring of our leadership teams from colleagues from a BAME. In our continuing our agile approach to response / recovery re COVID-19 pandemic we have also ensured BAME COVID-19 risk assessments have been undertaken.
Religion or Belief	N	Neutral	We have not specifically developed actions for this protected characteristic, but our commitment to our Strategic Equality Objectives would encompass positive improvements for all protected characteristics
Sex	N		We have not specifically developed actions for this protected characteristic, but our commitment to our Strategic Equality Objectives would encompass positive improvements for all protected characteristics
Sexual Orientation	N	Neutral	We have not specifically developed actions for this protected characteristic, but our commitment to our Strategic Equality Objectives would encompass positive improvements for all protected characteristics
Pregnancy and Maternity (applies for employees)	N	Neutral	We have not specifically developed actions for this protected characteristic, but our commitment to our



			Strategic Equality Objectives would encompass positive improvements for all protected characteristics
Marriage and Civil Partnership (applies for employees)	N	Neutral	We have not specifically developed actions for this protected characteristic, but our commitment to our Strategic Equality Objectives would encompass positive improvements for all protected characteristics
Welsh Language	+	Medium positive	Our plan reflects the positive impact of our Welsh Language Compliance action plan and our continued commitment to Welsh Language compliance.
Human Rights	N	Neutral	We have not specifically developed actions for this protected characteristic, but our commitment to our Strategic Equality Objectives would encompass positive improvements for all protected characteristics

Guidance on completing Form 2: For each of the characteristics listed, and considering the aims and objectives you detailed in Q2 on Form 1, you need to consider whether your document or proposal likely to affect people differently, and if so, will this be in a positive or negative way? For example, you need to decide:

- 1 will it affect men and women differently?
- 2 will it affect disabled and non-disabled people differently?
- 3 will it affect people in different age groups differently? - and so on covering all the protected characteristics.

Use the table below to indicate the scale of any impact identified. The factors used to determine an overall assessment for each characteristic should include consideration of scale and proportionality as well as potential impact.



Table A

High negative
Medium negative
Low negative
Neutral
Low positive
Medium positive
High positive
No impact/Not applicable

Form 3: Assessing Impact Against the General Equality Duty

<p>As a public sector organisation, we are bound by the three elements of the “General Duty”. This means that we need to consider whether (if relevant) the policy or proposal will affect our ability to:-</p> <ol style="list-style-type: none">1 Eliminate unlawful discrimination, harassment and victimisation;2 Advance equality of opportunity; and3 Foster good relations between different groups	
1. Describe here (if relevant) how you are ensuring your policy or proposal does not unlawfully discriminate, harass or victimise	We have a comprehensive action plan to support our Strategic Equality Objectives and following the NHS Staff Survey we have informed our deliverable to reset our Culture, Leadership and Behaviours with the aim of eliminating harassment, bullying and discrimination.
2. Describe here how your policy or proposal could better advance equality of opportunity (if relevant)	The Our People section of the plan includes the action to “Deliver our strategic equality objectives to enable an inclusive culture across the organisation”
3. Describe here how your policy or proposal might be used to	The deliverable in our IMTP “We will reset our Culture,



foster good relations between different groups (if relevant)	Leadership and Behaviours to foster an engaged workforce” includes actions to ensure we engage with colleagues to foster good relations, to ensure an engaged workforce, with inclusivity at the heart of the actions.
--	---



Part B:

Form 4 (i): Outcome Report

Organisation:	Welsh Ambulance Services NHS Trust
---------------	------------------------------------

1. What is being assessed?	The WAST Integrated Medium Term Plan 2021/22 – 2023/24
----------------------------	--

2. Brief Aims and Objectives	Plan to deliver against our long term strategic ambitions over the next 3 years.
------------------------------	--

3a. Could the impact of your decision/policy be discriminatory under equality legislation?		No – assessment above indicates the plan is designed to have positive impact in certain protected characteristics and should not detriment any protected group
3b. Could any of the protected groups be negatively affected?	Form 2 sets out the evaluation of impact and how we have determined that there is no negative impact.	No



3c. Is your decision or policy of high significance – consider the scale and potential impact across WAST including costs/savings, the numbers of people affected and any other factors?	Yes	
	Record Details: Organisation wide and includes a savings target of £2.8m. All WAST staff are impacted by the plan.	
	Yes	
	How is it being monitored?	People and Culture Committee oversee Strategic Equality Objective Strategic Transformation Board and Trust Board monitor delivery of IMTP Each delivery programme board will be responsible for ensuring inclusivity and application of strategic equality objectives in each programme of work
	Who is responsible?	Director of Workforce and OD for Strategic Equality Objectives Director of Strategy Planning and Performance for IMTP SROs for each programme within IMTP to ensure EQIAs for individual Business Cases within this plan
	What information is being used?	E.g. will you be using existing reports/data or do you need to gather your own information?
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	IMTP is updated annually and a new EQIA will be undertaken



4. Where will your decision or policy be forwarded for approval?	Trust Board
--	-------------

5. Describe here what engagement you have undertaken with stakeholders including staff and service users to help inform the assessment	<p>Formal and Informal Board engagement in January and March</p> <p>Ongoing patient and staff feedback informing the plan, including COVID-19 surveys, regular WAST Live CEO sessions on Zoom/Facebook Live, Closed Facebook Group, PECI engagement activity with patients, “Gathering Intelligence Group” feedback on clinical audit data during the pandemic</p> <p>TU partners included in Board strategy development sessions and engagement through the weekly TU Partner Cell</p>
--	---

	Name	Title/Role
6. Name/role of person responsible for this Impact Assessment	Alexander Crawford	Assistant Director of Strategy and Planning
7. Name/role of person <u>approving</u> this Impact Assessment	Rachel Marsh	Director of Strategy Planning and Performance

Please Note: The Action Plan below forms an integral part of this Outcome Report



Form 4 (ii): Action Plan

This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	N/A		
2. What changes are you proposing to make (or have already made) to your document or proposal as a result of the EqIA?	We will change the name of the deliverable "We will reset our Culture, Leadership and Behaviours to foster an engaged workforce" to encompass "inclusive workforce" to strengthen the message that the actions in this deliverable are designed to positively impact on our people and the public across all protected characteristics	Alex Crawford	22/03/21
3a. Where negative impact(s) on certain groups have been	We have identified potential for our digital and mobile urgent	SRO for Digital Strategy SRO for Care Closer to Home	End Q1



identified, what actions are you taking or are proposed to mitigate these impacts? Are these already in place?	care enhancements to discriminate against certain protected groups, however our Older People Framework should mitigate against this for Older People. We can also ask the SROs for digital and care closer to home groups to ensure this is monitored through the relevant programme boards	group	
3b. Where negative impact(s) on certain groups have been identified, and you are proceeding without mitigating them, describe here why you believe this is justified.	N/A		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	N/A as this is a specific action within the IMTP already		

Note: If your decision noted above is that you will need to move to a full impact assessment then you should refer to the full impact assessment forms **Part C**



Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust





EQUALITY IMPACT ASSESSMENT FORMS

PART C: FULL IMPACT ASSESSMENT

The Forms:

You will already have completed **Parts A** – the Screening and **Part B** the Outcome Report (Forms 1-4) that enabled you to decide that you need to carry out a Full Impact Assessment.

You now need to complete **Part C** – This part of the process will enable you:-

- 1 to fully consider all the evidence that is available (including engagement with the people – service users and their carers, and staff - affected by your document or proposals) and to identify and obtain any information you do not currently have but may be needed to complete the assessment;
- 2 to tell you whether your document or proposal will affect people differently after considering all the evidence available; and
- 3 to consider what changes you may need to make to your document or proposal in order to demonstrate that you have done everything possible to eliminate or mitigate any adverse or negative impact you have identified.

Once you have completed the assessment, you may need to review your **Part B** to reflect the outcome of the Full Impact Assessment. The EqIA Forms should then accompany your document or proposal when it is submitted to the appropriate body for approval.

Remember that these forms may be subject to external scrutiny e.g. under a Freedom of Information request.



Part C

Form 5: Examine the information gathered so far and identify where there may be gaps. Can you proceed in the meantime?

1.	Do you have adequate information? Does the information collected relate to all equality strands? Refer to Form 2 (Part A) : for assistance	
2.	What additional information (if any) is required – where are the ‘gaps’ you need to fill?	
3.	How are you going to collect any additional information needed? State which individuals, organisations or other representative bodies or individuals you will be liaising or engaging with in order to achieve this.	
4.	Can you proceed with the policy or proposal during EqlA? What controls may	



	need to be established to mitigate any possible negative effects?	
--	---	--

Form 6: Re-visit the assessment of the potential impact of your policy/decision across each characteristic (Consider how the assessed potential impact has changed compared to your assessment on Form 2 of the Screening document)

Characteristic/ actor to be considered	Potential Impact by Group. Is it:-		Please detail any - Reports, Statistics, Websites, Links etc that you have used to inform your assessment and/or - Any information gained during engagement with staff or service users and/or - Any other information that has informed your assessment of potential impact
	Positive (+) Negative (-) Neutral (N) No Impact/Not applicable (N/a)	Scale High Negative Medium Negative Low Negative Neutral Low Positive Medium Positive High Positive	
Age			
Disability			
Gender Reassignment			
Race / Ethnicity			
Religion or Belief			
Sex			
Sexual Orientation			



Pregnancy and Maternity (applies for employees)			
Marriage and Civil Partnership (applies for employees)			
Welsh Language			
Human Rights			

Form 7: Consider any alternatives to the policy/decision which will eliminate or mitigate any adverse impact (identified in Form 6)

1.	Describe any mitigating actions taken to reduce negative/adverse impact – cross-reference to the action plan completed following the Screening	
2.	Is there a strategy for dealing with any unavoidable but not unlawful negative impacts that cannot be mitigated?	
3.	Describe any actions taken to maximise the opportunity to advance equality, ie: changes to the Policy, regulation, guidance, communication,	



	training, monitoring or review	
4.	What changes to the Policy or proposal have been made as a result of conducting this EqlA?	

5.	Recommendation(s):-	
6.	Name/role of person responsible for this Impact Assessment	
7.	Name/role of person <u>approving</u> this Impact Assessment	

Please note this form should accompany your policy/ decision/ recommendation when submitted for approval



Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	2.1.1
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1 (3)

INITIAL 2021/22 REVENUE BUDGET

MEETING	Trust Board
DATE	25 th March 2021
EXECUTIVE	Director of Finance and Corporate Resources
AUTHOR	Jason Collins, Finance Manager
CONTACT	Jason Collins Tel 07921 584088 Jason.Collins@wales.nhs.uk

EXECUTIVE SUMMARY

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2021/2022 is translated into delegated budgets, the key assumptions made and any remaining choices required in doing so.
2. Following the requested approval of this initial 2021/22 budget, as in previous financial years, individual discussions will be held by the CEO, Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2021/22 budgets, in accordance with the Trust's Standing Financial Instructions (SFIs).
3. In accordance with the SFIs, annual budget setting and IMTP timetable, budgets for the 2021/22 financial year have been produced within the framework of the Trust's anticipated resource envelope.
4. **Trust Board are asked to:**
 - **Approve** the initial 2021/22 revenue budget, building on the high level summary presented to Finance & Performance Committee on 11th March 2021 and the summary financial plan included in the IMTP.

KEY ISSUES/IMPLICATIONS

1. The current planned resource envelope (planned income) for the Trust for the financial year 2021/22, as per the financial plan within the IMTP, totals **£247.7m** of which £194.7m is core EMS commissioning funding via EASC, £39.4m from other NHS Welsh Organisations (which continues to include the funding for the NEPTS service as this flows to the Trust via health boards), £9.9m from WG and £3.7m from other sources.
2. Planned income includes the full year impact of continuing 2020/21 developments, income for planned 2021/22 developments as well as assumed income for continuing elements of unavoidable costs as a result of the COVID-19 pandemic.
3. Core initial operating revenue budgets for 2021/22 for Pay, Non Pay, plus any profit on sale of assets, interest and depreciation totals **£250.5m**. This recognises the current expected impact of 2021/22 pay awards, non-pay inflation and agreed cost pressures. This also includes the full year impact of 2020/21 developments, matched expenditure for planned 2021/22 developments, as well the current estimated expenditure for the continuation of unavoidable costs as a result of COVID-19.
4. As a result, an initial savings requirements for the 2021/22 financial year within the balanced financial plan is **£2.8m**. Continuing development of the detailed plans for delivery and monitoring of the achievement of this will via ADLT and routinely scrutinised by Finance & Performance Committee.
5. Key risks and issues identified in the financial plan include the need to ensure full funding support and recovery via commissioners for committed costs, recovery from and continuing response to COVID-19, unknown pay award uplifts for 2021/22 (and the resulting funding streams to support) and general inflation as well as continued support to 'national' issues of holiday pay on overtime and pensions.

REPORT APPROVAL ROUTE

1. A high level summary of the financial plan was presented to Finance & Performance Committee on 11th March 2021, as part of the IMTP.
2. It was noted here that, if possible and in line with good practice, an initial detailed revenue budget for 2021/22 would be presented to Board for approval in March 2021, if at all possible. This is despite the IMTP and underpinning financial plan only also being brought to Board for approval this month.
3. As such, an advanced draft of this paper has also been shared with FPC members, ahead of the Trust Board meeting on 25th March 2021.

REPORT APPENDICES

Appendix 1 includes the detail and narrative to support the Financial Plan for 2021/22. This includes three annexes of:

- Annex 1 – EASC - proposed summary schedule of income for 2021/22
- Annex 2 – Draft Savings Schemes
- Annex 3 – Opening Directorate Revenue Budgets

REPORT CHECKLIST

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

WELSH AMBULANCE SERVICES NHS TRUST

TRUST BOARD

INITIAL 2021/22 REVENUE BUDGET

SITUATION / BACKGROUND

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2021/2022 is translated into delegated budgets, the key assumptions made and remaining choices required in doing so.
2. Following the approval of the initial 2021/22 budget, individual discussions will be held by the CEO, Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2021/22 budgets, in accordance with the Trust Standing Financial Instructions (SFIs).
3. A draft summary of the financial plan for the 2021/22 revenue budget was presented to the Finance & Performance Committee on 11th March 2021 as part of the IMTP, this is a refreshed detailed version of this, consistent with that now contained within the IMTP financial plan also being considered by Trust Board and is presented as an initial draft revenue budget for 2021/22 with a recommendation to the Trust Board for approval.

ASSESSMENT

4. In accordance with the SFIs, annual budget setting and IMTP timetable, budgets for the 2021/22 financial year have been produced within the framework of the Trust's anticipated resource envelope.

KEY INCOME ASSUMPTIONS

5. As detailed in the financial plan, the current WAST planned resource envelope for the 2021/22 financial year is currently **£247.7m**, summarised in table below.

Income Sources	£m	£m
EASC / WHSSC		194.7
Welsh NHS Organisations		
NEPTS	25.5	
111	10.8	
Other Health Boards and Trust	3.1	
Total Welsh NHS Organisations		39.4
Welsh Government		
HART / CBRN / SORT	2.9	
PIBS	1.5	
COVID Estimate Expenditure	5.0	
Other Sources	0.5	
Total Welsh Government		9.9
Other Income		
MTUs	2.1	
Other Sources	1.6	
Total Other Income		3.7
Total Income Assumptions		247.7

6. There are some key financial assumptions within the Trust's 2021/22 financial plan which are included as part of the Welsh Government budget uplift to the NHS in Wales and are which are assumed to be passed through to the Trust, as in recent financial years:-

- 2% uplift for core cost growth estimated at c£4m, included within the relevant funding sources above. This includes funding to meet the first 1% of the 2021/22 pay award costs (overall impact unknown at this time) that will flow through the commissioner(s) / funding sources of relevant services;
- Ring-fenced funding will be provided in full to support the increasing cost profile of the approved Band 6 Paramedic business case (£1.1m) and funding confirmed within the 2021/22 NHS Wales Allocation Letter for the continued roll out of the 111 service (currently estimated at an additional £4.1m for 2021/22).

“Core” EASC income

7. As can be seen above, the biggest single funding source to the Trust remains the core EMS commissioning income provided to the Trust via EASC. A summary of the current assumed income of **£194.7m** is included at **Annex 1**, assumptions for which have been supported in dialogue with the CASC and for which written confirmation of support is expected ahead of the Trust Board meeting on 25th March 2021. This sum includes the following:

- £5m as the recurrent cost to support the Demand & Capacity recruitment in 2020/21 of an additional 136 WTEs;

- £4.4m as the recurrent cost to support the Grange University Hospital inter transport service which, whilst funded specifically by ABUHB, the funding for which flows through to the Trust via this route;
- The continuation of non-recurrent funding streams originally provided in 2020/21 for Operational Delivery Unit, Make Ready Department in Singleton and Respiratory pathways development;
- 2% growth uplift of £3.5m (which, as above, includes funding to meet the first 1% of 2021/22 pay award costs);
- Funding is also assumed to continue to flow from Welsh Government (WG) to EASC for the 2021/22 impact of the Band 6 Paramedic Business Case (£1.1m), continued support for Emergency Services Mobile Communications Programme (ESMCP) & airwave extension costs and also that in relation to the Major Trauma network and service that requires a net increase of £0.7m to deliver services identified in approved business cases;
- On top of the above, key service developments for 2021/22 are included with the current estimate of costs all assumed to attract income coverage. These include:
 - Year 2 of the Demand & Capacity recruitment of a further 127 WTEs;
 - Contact / Phone First;
 - Support to WAST Corporate Infrastructure.

8. It is accepted that at this stage of the continuing development of some of these, some of these costs are estimates and as we move through the financial year the approach agreed with commissioners will be the same as in recent financial years for the first year of such developments, in that we will only seek to recover the actual costs incurred. The budgets will also be set in a flexible way to support such an approach.

9. As also detailed in the IMTP, there are also a number of other developments / offers we can make to the wider NHS system in Wales, but these have **not** yet been included in the financial plan and budgeted income assumptions. These could be delivered to the wider NHS system if funding was made available and would see a resulting increase to both the Trust's income and expenditure budgets in year, with the key financial planning assumption being costs would only be incurred should such required additional income and funding to support these be confirmed upfront. These include:

- Mental Health Crisis Response Hub;
- See and Treat and Mobile Urgent Care;
- Over recruitment of additional Paramedics during recruitment stages.

2020/21 Income from Welsh NHS bodies

10. The main items included here are as follows:

- NEPTS income includes rolled over core contract provision of services and values for agreed 'transfer of services' from Health Boards. Income values will increase during 2021/22 as the remaining services are transferred to WAST;
- Income assumed for the 111 service has been set on the national rollout plan with corresponding expenditure budgets for the same value being set so any fluctuation in

this income level will be cost neutral. The value currently assumed for 2021/22 is £10.8m, which is likely to be the maximum impact in the coming financial year, with any reduction from this reflected in both income and expenditure budgets;

- Locally commissioned EMS services include services such as prompt cardiac transport, dedicated discharge services, APP support to primary care services and neonatal clinical transport;
- Other health board income includes fleet maintenance income, rental income from WAST Estate and provision of Occupational Health Services.

Income from Welsh Government

11. Included here are the following:

- Income from WG includes directly funded services for Hazardous Area Response Team (HART), Special Operations Response Team (SORT) and Chemical, Biological, Radiological and Nuclear (CBRN).
- Ongoing impact of COVID related expenditure for response support, Personal Protective Equipment (PPE) due to increased 'burn' rate' and cost increases. Estate expansion for social distancing requirements and increased cleaning standards assume the estimated income required to offset COVID related expenditure for 2021/22 is c£5m. Currently this excludes any support required to the overall savings targets if areas cannot be progressed due to COVID related issues;
- WG also provide support for the cost of Personal Injury Benefit Cases (PIBS) to which a corresponding expenditure budget has been set, thus assuming overall neutrality to WAST. Value assumed for 2021/22 at £1.5m;
- Research & Development income includes core funding for WAST Research Team plus income for ongoing projects from 2021/22.

Other Income

12. Other income includes :

- Continuation of 4 Mobile Testing Units (MTUs) currently contracted with Department of Health and Social Care (DHSC) to 31st August 2021 of £2.1m;
- Other income sources include NEPTS provision to English organisations, Compensation Recovery Unit (CRU) for Road Traffic Accidents, Welsh Universities for Paramedic Training, Operational Cover at Sports Events and Education Purchasing Unit supporting Clinical training.

OPENING REVENUE BUDGETS

13. The Trust is required to set expenditure budgets within the total resource income available, and which are set to achieve financial balance in line with the Trust's SFIs, statutory break even duty that align to the operational delivery plans of the organisation. From a high level budget setting perspective, the financial plan for 2021/22 is summarised below.

	Opening Budgets £m	Savings £m	2021/22 £m
Income (as above)	247.7		247.7
Operating Expenses	236.0	-2.8	233.2
Profit on Asset Disposals	-0.5		-0.5
Interest Payable	0.1		0.1
Interest Receivable	0.0		0.0
Depreciation	14.9		14.9
Total	250.5	-2.8	247.7
Planned - budgeted Surplus (-) / deficit	2.8	-2.8	0.0

14. The Operating Expenses line is where the main Divisional and Directorate budgets will be delegated within, primarily split between pay and non-pay budgets. Whilst a key budget setting principle is that such budgets are initially set based on the recurring “rollover” position from the 2020/21 budget, the current and future expected expenditure against each of the existing budgets has been scrutinised in detail as part of the budget setting process. This has resulted in a number of choices which then have to be made on how areas of financial pressure and previous commitments are reflected in finalising the budget for 2021/22. This is also in the context of a number of “givens” as described below.

Pay

15. The pay budget for 2021/22 will increase from 2020/21 levels on the basis of the following assumptions.

16. Currently the final year of the 3 year NHS pay award ended in the 2020/21 financial year and the 2021/22 agreement is unknown. Therefore pay scales have been set at 2020/21 pay rates with a reserve budget of the 1% from the growth funding as the first contribution towards the pay deal for 2021/22. Budgets include pay progression up spinal points for those in post and all vacancies have all been set at entry point of scales. The following other key assumptions have been made:

- Funded whole time equivalents (WTEs) are as rolled over from 2020/21 and flexed for agreed developments, which include the impact of 111, Demand and Capacity requirements and recruitment, Contact / Phone First and NEPTS transfer of services;
- With the change in skill mix occurring from the Band 6 Paramedic Business Case where NQPs and EMT 3 are now in situ, there is a need to update the budget for this new skill mix to be reflected in funded WTEs;
- Impact of any holiday pay on voluntary overtime is **not planned to be included** in the initial delegated budgets, as this continues to be worked through nationally.

17. The plan provides that **£0.23m of pay costs will be capitalised** to support the development of the 2021/22 capital schemes (similar to the approach in 2020/21), with a corresponding requirement being highlighted against the discretionary capital allocation for 2021/22.
18. As above, the financial implications of the roll out of 111 and Contact First in 2021/22 have been included within the corresponding income stream of equal value.

Non-pay, contingency and “below the line” items

19. Non pay budgets for 2021/22 will be set taking into consideration the existing budget levels together with 2020/21 forecast expenditure outturn. Recognition of inflation uplifts on certain non-pay expenditure areas will be increased but there is an expectation that some of this will be required as part of directorate savings schemes. Revenue cost increases of the 2020/21 approved capital business cases have also been funded as part the 2021/22 budgets, these are predominately around fleet, estates and ICT.
20. As per previous years a contingency budget is included and the 2021/22 value proposed is £1.0m.
21. As in the 2021/22 financial year, the opening profit on asset disposal budget will be set at £0.5m. This includes the sale of vehicles, obsolete and replaced equipment and also some areas of the estate that did not materialise in the 2021/22 financial year and this element is off a non-recurrent nature.
22. Interest receivable budget has been set at zero due to no interest now received on government accounts and interest payable budgets have been ‘rolled over’ at 2020/21 values.
23. Depreciation budget corresponds with an income budget totalling £14.9m. It is assumed depreciation is ‘ring fenced’ by Welsh Government with under spends clawed back and agreed increases as a result of capital investments funded, therefore assumption is no under or overspends during the 2021/22 financial year.

“A Healthier Wales” Projects

24. Continuation of the Healthier Wales schemes that commenced in the latter part of 2019/20 have now been recurrently funded in 2021/22 to projected cost level with corresponding income provided via EASC. These are likely to be considered business as usual from now on.

NHS Wales Service Changes

25. It is expected that the additional costs of service change across Wales and system wide Major Service change programmes in which WAST participates will be funded to reflect the financial impact on services in the future. As part of this it will be vital that the full potential to maximise benefits from collaborative working are considered, particularly in the context of significant increases in demand. Specifically this includes areas such as Operational Delivery Unit, Make Ready Singleton and also major infrastructure projects such as Contact / Phone First.

Cost pressures / Developments

26. Further cost pressures included in the financial plan for 2021/22 include
- Pay pressures and commitments made (c£1.5m);
 - Estates expansion costs (c£0.4m);
 - Extension of Digipen contract (if not separately funded) (c£0.5m);
 - Recurrent impact of other 20/21 decisions (c£0.4m);
 - Continuation of enhanced cleaning (c£0.2m).

27. Whilst in the shorter term elements of the above are likely to be able to be badged as continuing costs of the pandemic, with the potential for some additional funding to support these, at least through the first six months of 2021/22, the ability to progress with some of the above, especially in terms of recurring commitments, will in large part be predicated on the delivery of the full savings target for 2021/22 of £2.8m.

SAVINGS AND EFFICIENCIES

28. A key part of the financial plan, and which therefore also needs to be reflected in the budget setting, is the savings target for 2021/22. As above, this is currently £2.8m and the themes as agreed within the IMTP through which these are to be progressed are detailed in **Annex 2**.

29. The Assistant Director Leadership Team (ADLT) have been delegated with developing each savings theme (from the framework ideas set in the IMTP) which will include a profile of savings over the financial year by month, risk assessment for achievement, including quality and performance risks, and the procedure for monitoring each scheme.

30. As discussed as part of the finalisation of the financial plan, the current savings target and requirement of £2.8m for 2021/22 is less than in the 2020/21 previous financial year which was £4.3m. Despite this, in the current environment this remains a challenging target, the size of which proportionality is not out of kilter with that being suggested by large parts of the rest of the NHS in Wales. There is also a clear track record of recent achievement within WAST.

31. Formal reporting against these plans for the 2021/22 financial year will include savings performance incorporated in financial reports to EMT (via EFG), Finance and Performance Committee, Trust Board and externally to Welsh Government and Commissioners. ADLT will be the key link to ensure schemes are on track and delivering progress against plans and achieving savings targets.

32. Delivery of year on year savings is clearly a challenge but for 2021/22 some of this detail to support the high level plans shown in Annex 2 have already been identified by ADLT as follows:-

- Efficiencies in non-pay due to traditional and value based procurement and control of non-pay will save c£0.2m;
- Improved fleet efficiency of c£0.1m will be achieved through a modernised fleet stock together with a continued reduction in external maintenance costs. In addition we will look to increase fuel efficiency which will also reflect our commitment towards hybrid and / or electric vehicles;
- Non-operational vacancy management of c£1.1m reflecting the current and past levels of achievement and supporting a 'shift' to front line services;
- Travel & subsistence of c£0.1m. Building on that achieved over the last 12 months, we will look to continue reduce travel through greater use of technology, ensure maximum VFM where travel is essential and further improve our procurement to reduce overnight accommodation costs, when required. This will all be in tandem with further reviews of our (and national) T&S policy and procedures to ensure eligibility and adherence;
- Further drive other potential procurement and non-pay savings, in conjunction with NWSSP and focussing on contract renewals, opportunities to reduce the range of suppliers for certain items and through the potential to explore some short term specialist procurement work. These will assist in delivering Local Schemes, currently estimated at c£1.2m;

- Estates efficiencies c£0.1m, to be delivered through energy efficiency with an emphasis on environmental sustainability and estates developments.

33. Therefore, ADLT have set up a task group to further explore the current themes and estimated savings values so savings targets can be formally allocated to Executive Director budget holders and delegated budgets for the 2021/22 financial year.

34. As mentioned earlier the impact of savings delivery due to the continuation of COVID activities is yet to be understood in the context of NHS Wales and hence discussions will continue with WG on this.

Approach to approving delegation of remaining budgets and developments

35. As with previous financial years, there will inevitably also be a range of potential developments and cost pressures other than those already included in the financial plan that will emerge during the 2021/22 as directorate plans recover from COVID response activities. Each of these will require to be evaluated in detail and prioritised accordingly and released only where there is a corresponding funding source or agreed budget stream (i.e. from contingency or residual budgets).

36. It is again proposed that any such evaluation and prioritisation will be undertaken via the Executive Finance Group (EFG) through the financial year. This should enable a number of the remaining potential schemes to be fully quantified and a robust prioritisation methodology for investment (by assessing each bid against a defined set of criteria) to be undertaken.

Initial Directorate Budgets

37. **Annex 3** therefore provides a summary of much of the above and how these translate into proposed opening 2021/22 revenue budgets by Directorate. Due to the continuation of work on savings targets these values are not yet allocated across directorate budgets however; these will be included in final budget values to be discussed in budget meetings planned with CEO, Director of Finance and Corporate Resources and each delegated Executive Director budget holder, for final agreement and formal sign off, as required by the Trust's SFIs.

Key risks

38. No financial plan is risk free, never more so in the current climate, and the budgets for 2021/22 are proposed to be set within this context, and facilitating the management of such risk through the financial year.

39. In relation to the current **COVID-19** situation as previously noted this financial plan assumes an estimate of c£5m as continuing unavoidable COVID related expenditure for response support, Personal Protective Equipment (PPE) due to increased 'burn' rate and cost increases, estate expansion for social distancing requirements and increased cleaning standards. This budget assumes the estimated income required to offset COVID related expenditure for 2021/22 is also therefore c£5m. Currently this excludes any support required to the overall savings targets if areas cannot be progressed due to COVID related issues. Therefore the assumption remains that all COVID related activities and resulting additional costs will be funded directly by WG at 'cost' as per the process undertaken in the 2020/21 financial year as these costs are not items that can be delivered without such support within a balanced financial plan. This approach has also been agreed as sound in discussions with both the commissioners and WG finance colleagues.

40. There are also a number of specific risks as we recover from Phase 2 of the current pandemic outbreak for the Trust from a financial perspective, which will need to all be fully captured, managed or mitigated as we enter into the new financial year. These include:-

- As other NHS Wales organisations commence a return to baseline healthcare provision and assess backlog workload, it is currently unknown the impact on demand this may have for the core EMS and NEPTS services as the financial year progresses. Detailed budget profiling is currently on going and may result in some budget profiled more towards Quarter 3 and 4 as a result;
- The ability of the Trust to fully focus on delivering elements of the 2021/22 financial plan and budget. In particular this relates to progressing savings plans and the ability to focus on delivery. As we progress through the first few months of the financial year, a view will be taken on a reasonable estimate of the impact of this, likely to be then attributed to the further in year impact of COVID-19.

41. As included within the IMTP, a summary of the other key financial risks as we enter 2021/22 translate into this budget, which includes the following:-

- Financial impact of EASC commissioning intentions, and confirmation and delivery of the EMS financial resource envelope as assumed within our financial plan;
- Funding assumptions in relation to pay awards as currently no outcome is known for 2021/22. It is assumed that any pay award in excess of the 1% funding ring-fenced as part of growth monies, and treated as such in this budget, will be fully funded (as in recent financial years);
- Other cost pressures and general uplifts are received in line with that assumed within this budget;
- The ability of the Trust to contribute efficiencies to the EMS front line expansion in a way consistent with the assumptions built into the resource plan;
- Specifically the assumption that, to balance in 2021/22, the total additional cost of the final changes to employers pensions contributions continue to be funded in full – this is likely to be a significant cost for both the Trust and the wider NHS (and public sector) in Wales;
- Outcome of legal ruling on holiday pay on voluntary overtime and funding availability to further support this, if required;
- Availability of capital funding to support the infrastructure investment required to implement service change, and the ability of the Trust to deliver the revenue consequences of capital schemes within stated resource envelope;
- Ensuring additional avoidable costs that impact on the Trust as a result of service changes elsewhere in the NHS Wales system are fully recognised and funded;
- Delivery of cash releasing savings and efficiencies.
- Increasing pressures on contributions to the Welsh Risk Pool.

RECOMMENDATION:

42. ***Trust Board are asked to:***

- **Approve** the initial 2021/22 revenue budget, consistent with the high level summary presented to Finance & Performance Committee on 11th March 2021 and the financial plan contained within the IMTP.

Summary of initial expected income level 2021/22 - as per Trust financial plan

EASC

	£m
Current maximum potential value 2020/21 - the "baseline"	171.475
Remove non recurring values within above	-0.476
Full year effect / 2021/22 of values within the above <i>Includes Yr1 EMS D&C, GUH transfer service, ODU, MRD expansions and Respiratory pathways</i>	6.014
Revised recurring baseline as at outset of 2021/22	177.013
2% national growth value applied to the above	3.540
Technical / WG funding adjustments - initial 2021/22	0.663
2021/22 developments with current estimate of 2021/22 values <i>Includes Yr 2 EMS D&C, Contact First and 21/22 Paramedic B6 business case</i>	13.431
Current total required EMS EASC income per 2021/22 Trust financial plan	194.648

Welsh Ambulance Services NHS Trust

Draft Savings Schedule 2021/22

Reference	Theme	Delivery	Full Year Saving £m
1	Workforce Efficiencies & Transformation	Improved management of non-pay, including both traditional procurement and value based procurement	0.221
2	Fleet Efficiencies	Savings via procurement of vehicle, tendering, accident damage reduction, infrastructure for fuel	0.117
3	Management of non operational vacancies	Robust assessment of directorate vacancies and approvals	1.081
4	Travel & Subsistence	Required 10% reduction in travel costs ... capping business mileage, policies pool cars & lease cars and national policies, home working, non travel days	0.143
5	Local Schemes	Reviewing spend in budget areas (personal issue equipment, catering, discretionary spend areas)	0.318
6	Estates	Waste efficiencies, utility cost reductions, tendering etc	0.096
7	Control of Cost Pressures	Implementation of robust actions to mitigate cost pressures assumed in the 21-22 financial plan	0.720
8	Management of non operational vacancies (nr)	Holding of vacancies, Sickness reduction, (nr) skill mix changes, overtime restriction on corporate functions, use of private providers	0.104
Scheme Values			2.800
TARGET			2.800
SHORTFALL			0.000

				Annex 3
Welsh Ambulance Services NHS Trust				
Opening Revenue Budgets 2021/22				
	Income	Pay & Non Pay	Savings to be allocated	Net Opening Budget exc Savings Allocation
	£000	£000	£000	£000
Chief Executive Directorate	-12	1,878		1,866
Board Secretary	0	331		331
Partnership & Engagement	0	703		703
Operations	-44,294	168,584		124,290
Finance & Corporate Resources	-392	15,217		14,825
Planning & Performance	-2	729		727
Quality, Safety and Patient Experience	-346	4,577		4,231
Digital Directorate	-15	10,330		10,315
Workforce and OD	-707	4,919		4,212
Medical & Clinical	-325	3,050		2,725
Trust Core Income	-199,847			-199,847
Reserves	-1,750	40,172		38,422
Savings (Not Yet Allocated)			-2,800	-2,800
TRUST TOTAL	-247,690	250,490	-2,800	0



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

AGENDA ITEM No	3.1
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

EXECUTIVE DIRECTOR OF QUALITY AND NURSING PATIENT SAFETY HIGHLIGHT REPORT

MEETING	Trust Board
DATE	25 March 2021
EXECUTIVE	Director of Quality & Nursing
AUTHOR	Head of Patient Safety, Concerns and Learning
CONTACT	Darryl Collins, 07825 541506, Darryl.collins@wales.nhs.uk

EXECUTIVE SUMMARY

This Report will provide an update to Trust Board on the key information in relation to Putting Things Right and Patient Safety.

KEY ISSUES/IMPLICATIONS

- (i) Reduction in compliance with 30-day formal response (Putting Things Right) to 69% in February
- (ii) Reduction in serious cases at Serious Case Incident Forum from previous Report
- (iii) Extraordinary Scrutiny Panel outcome.

RECOMMENDED: That the Trust Board receives this report for information and discussion.

REPORT APPROVAL ROUTE

Executive Management Team - 17 March 2021

REPORT APPENDICES

Annex 1 - Executive Director of Quality & Nursing Patient Safety Highlight Report

REPORT CHECKLIST

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

ANNEX 1

PUTTING THINGS RIGHT		
	Jan 2021	Feb 2021
Patient Safety Incidents		
Catastrophic	14	6
Major	1	3
Moderate	7	3
Minor	24	20
No Harm/Hazard	198	156
Total	292	188
Formal concerns		
Total Received	56	51
Total Closed	36	36
2 Day Acknowledgment %	97%	100%
30 Day Response due %	75%	69%
Ombudsman		
Cases Received	3	2
Cases Closed	4	2
Reports Received	4	1
Coroners		
Information request	38	43
Identified as Interested Party	0	0
Staff attended	7	0
Regulation 28 issued	0	0
Response to Regulation 28 in 56 working days	0	0
Response to Regulation 28 outside 56 working days	0	0
Serious Adverse Incidents (SAIs) to Welsh Government (reporting date)		
Serious Case Incident Forums (SCIF) held	7	5
Serious Case Incident Forums Cases	43	29
Welsh Ambulance Services NHS Trust (WAST) SAIs reportable to Delivery Unit	10	3
Incidents reviewed at SCIF and reported under the Joint Investigation Framework	21	7
SAI Closures Submitted – Total	4	4
SAIs Closed by Delivery Unit – Total	3	0
Claims		
Personal Injury – Received	0	2
Personal Injury – Closed	1	3
Clinical Negligence – Received	3	3
Clinical Negligence – Closed	2	3
Road Traffic Collision & Damage to Property – Received	23	26
Road Traffic Collision & Damage to Property – Closed	26	29

SETTING THE CONTEXT FOR THIS PERIOD

- 1 During January and February 2021, the Trust's verified incidents were 70,025, compared to 77,741 for the same period last year. For the same periods, 111 call volumes were 94,835 and 78,982 respectively.
- 2 From the total of verified incidents above, the following can be extrapolated:
 - (i) Red - 4,470 compared to 4,736;
 - (ii) Amber - 48,074 compared to 52,006; and
 - (iii) Green - 16,051 compared to 18,916.
- 3 Overall total verified incident demand saw a 9.92% reduction in January and February 2021 compared to the same period the previous year.
- 4 The Trust lost a total of 14,553 hours to notify to handover delays across January and February. This is a decrease when compared to November and December 2020.
- 5 Red performance in January was at 59.6% and February 64.4%. This performance percentage was lower than the same periods in 2020 - 66.0% and 67.8% respectively. During January and February 2021, the number of patients attended in the red category was 4,451 compared with 4,693 in 2020. February saw the largest variation with 2,001 red responses in 2021 compared to 2,171 in 2020, which is a decrease of 7.83%.
- 6 Amber median performance during January and February was 39 minutes (31 minutes) and 30 minutes (29 minutes) respectively. The 95th percentile was 3 hours 43 minutes (3 hours 38 minutes) and 2 hours and 46 minutes (3 hours 13 minutes) respectively. The figures in brackets are for the same period in 2020.

SITUATION

- 7 This Patient Safety Highlight Report covers the period of 1 January - 28 February 2021, and also provides a retrospective analysis of data for the same period last year in key areas.
- 8 This Report will specifically focus on key issues surrounding patient safety and concerns, providing assurance to the Board on monitoring arrangements and learning.
- 9 Please note that the data contained within this Report is accurate at the time of reporting. **Data may be subject to change as incident case types may be regraded during the investigation process.**

BACKGROUND

- 10 The purpose of this Patient Safety Highlight Report is to provide an update to Trust Board on the key information in relation to Putting Things Right (PTR) and Patient Safety. This report provides key information on:

- (i) Patient Safety Incidents;
 - (ii) Concerns (including political);
 - (iii) Ombudsman;
 - (iv) Coroners;
 - (v) Serious Adverse Incidents (SAIs); and
 - (vi) Claims.
- 11 It also identifies themes and trends emerging from our concerns portfolio, providing assurance to Trust Board on the progress and implementation of corrective Action Plans against these.
- 12 The Trust's Quarterly Quality Assurance Report is presented to the Quality, Patient Experience and Safety Committee (QuEST) to monitor and measure the emergent trends from quality data and information in relation to the Health & Care Standards and Commissioning Core Requirements.
- 13 The Trust received a letter from Welsh Government setting out the context on the application of PTR and Mortality Reviews through the second wave of Covid-19.
- 14 The key points illustrated within the letter were:
- (i) PTR investigations into concerns should not be curtailed, but should be proportionate to the concern being investigated;
 - (ii) Community Health Councils will be stretched to provide advocacy services to complainants and to exercise discretion on accepting complaints that may be submitted after the initial 12-month deadline;
 - (iii) NHS Wales Shared Partnership (Legal and Risk Services) underlined the importance of record keeping during this time in anticipation of potentially increased complaints/claims volumes in future;
 - (iv) The formal 60-day performance target for Serious Incident (SI) closure reporting has been removed. During this time organisations are still being encouraged to work towards the 60 days as a guide only, with the emphasis on proportionality of investigation;
 - (v) Investigations into patient harm to continue, ensuring good quality care provision is maintained and the learning shared. Organisations are to report and investigate all serious incidents locally in line with PTR Guidance and, with immediate effect, NHS organisations will therefore only need to report the following serious incidents, nationally via the Delivery Unit:
 - All never events;
 - In patient suicides;
 - Maternal deaths;
 - Neonatal deaths;
 - Homicides;
 - Incidents of high impact/likely to happen again; and
 - COVID-19 nosocomial transmission
- 15 An Extraordinary Scrutiny Panel was convened on 8 February 2021 to discuss and provide assurance on the emergent trends, themes and learning from a number of key areas.

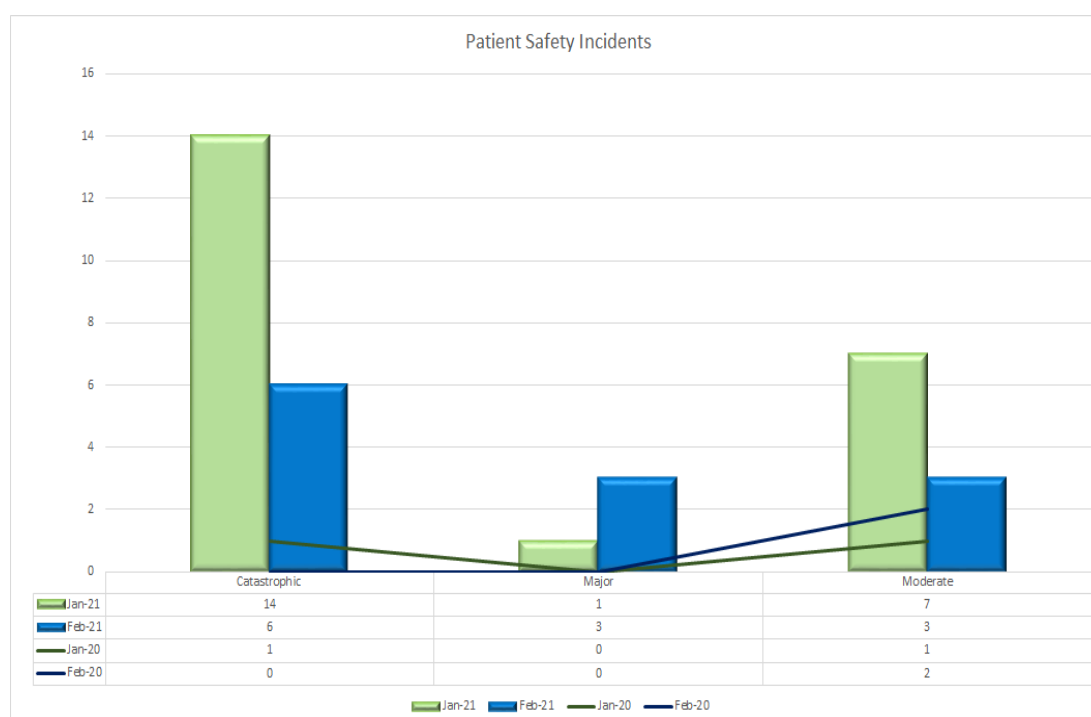
- 16 The purpose of the Scrutiny Panel was to provide a forum of expertise for scrutiny, providing assurance that concerns cases are managed in line with the Regulations and in a manner which minimises clinical, financial and organisational risks.
- 17 The Panel also took an overview of the following:
- Processes and trends; and
 - Assess the degree and quality of responses, through deep scrutiny in a sample of cases
- 18 Specifically this Extraordinary Scrutiny Panel focussed on the following key areas:
- Review of the Terms of Reference;
 - Joint Investigation Framework;
 - Review of Patient Safety Incidents from December;
 - Case discussion following an incident in North Wales; and
 - SBAR in relation to ineffective breathing
- 19 Following this, the Report was presented at QuEST with the following recommendations agreed:
- (i) QuEST to note this Report following the Extraordinary Scrutiny Panel;
 - (ii) The production of an Aggregated Review as approved by Executive Management Team. This will inform any immediate learning and improvements to be undertaken, with the findings advising winter planning for 2021/2022; and
 - (iii) The agreement that future reports presented to Trust Board contain and offer assurances, in particular where incidents are categorised as catastrophic initially but have not been fully investigated.

ASSESSMENT

Patient Safety Incidents

- 20 Adverse Incidents reported as catastrophic are usually related to patient outcome. On all cases an investigation is pending and it has not been established whether the outcome was due to any act or omission by WAST or whether it was due to the patient's underlying medical condition.
- 21 Safe organisations are organisations that promote adverse incident reporting especially when there is possibility of harm. This provides the Trust with an opportunity to learn from such events in order to prevent a re-occurrence.
- 22 During this period a total of 480 patient safety incidents were reported, 292 in January and 188 in February. All incidents with an initial harm grading of moderate, severe or catastrophic are reviewed weekly by the Patient Safety Team prior to final upload to the National Reporting and Learning System (NRLS). **It must be noted that the harm grading may change subject to the conclusion or outcome of any investigation.**

- 23 The 480 incidents reported demonstrate an increase when compared to the same period in 2019/20, where 359 incidents were reported.
- 24 During this period 465 patient safety incidents were closed, of which 220 were in January and 245 in February.
- 25 From the incidents that were reported in January and February, 62 have been closed in January, and 76 have been closed in February.
- 26 The chart below illustrates a comparison between January/February 2019/2020 and 2020/2021, outlining the grading following an initial review by the Patient Safety Team.



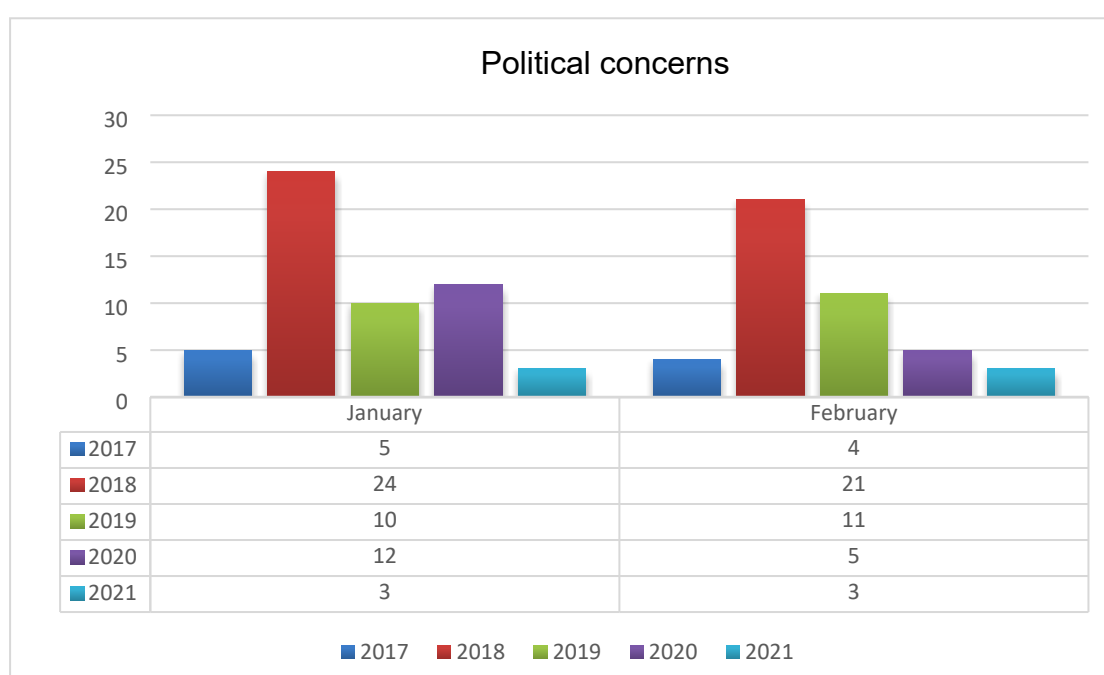
Early Resolution (ER), Local Resolution (LR) and Formal Concerns

- 27 Key Definitions:
- **Early Resolution** - 2 day Key Performance Indicator (KPI) (previously an on the spot concern);
 - **Local Resolution** - Although dealt with under the Regulations they do not require a formal Regulation 24 letter of response. Local resolution can be achieved by telephone, email or a face to face meeting. The spirit of the Regulations must be followed and the complainant must be satisfied with the response;
 - **Formal** - This requires a formal Regulation 24 letter of response, as required under the Regulations. These are currently signed off by the Chief Executive Officer, following quality assurance of the investigation and letter. The KPI is 75%, which requires the closure of the response letter.
- 28 The Putting Things Right (PTR) Department has witnessed a slight increase in the number of concerns received for this reporting period, up from 99 to 107. This compares favourably to the same period last year where 195 concerns were received.

- 29 By the end of February there were 66 open concerns (excluding Complex Case Panel) with 9 in backlog. This compares to the end of December where there were 48 open concerns and 8 in backlog.
- 30 During this reporting period the 2 day acknowledgement performance was 97% and 100% (96% and 100%), with the 30 day target achieving 75% and 69% (77% and 88%) respectively. The average across this period is therefore, 98.5% for 2 day acknowledgement and 72% for 30 day target. The figures in brackets are for the previous reporting period.

Political and Ombudsman Investigations

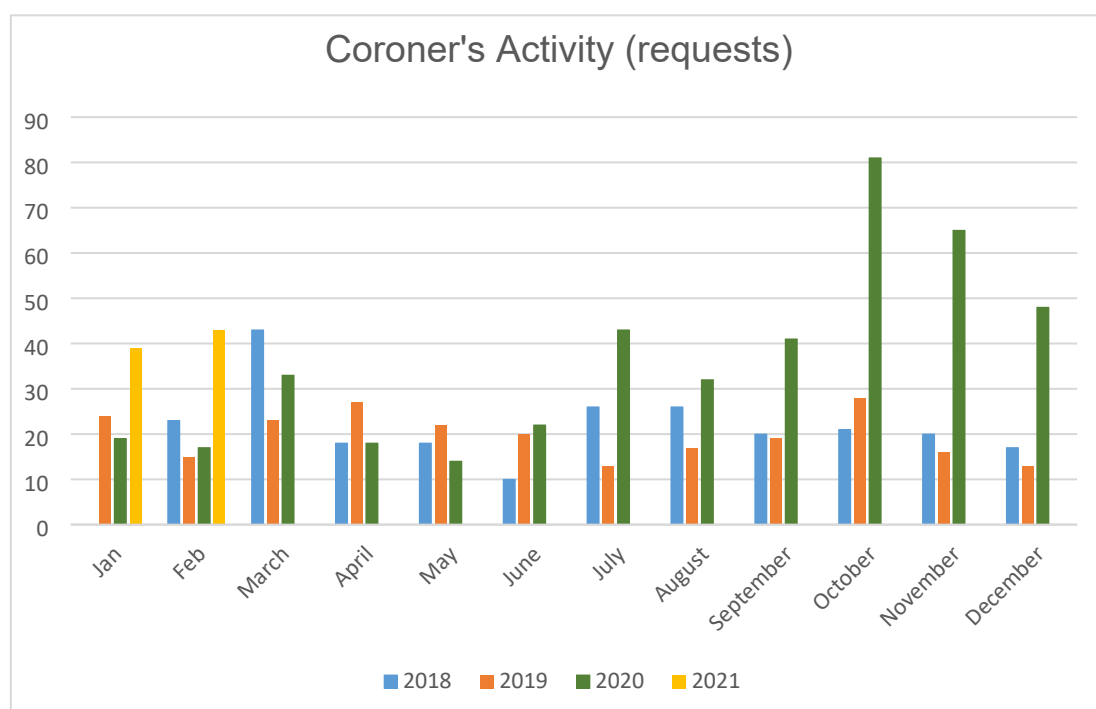
- 31 The table below illustrates the volume of political concerns received comparing the same periods over the past five (5) years:



- 32 During this reporting period the Trust received 6 political concerns, all of which related to hospital delays, with one also including a query regarding staff conduct.
- 33 There continues to be a marked decrease in the number of cases being received. At the end of February 2021 the Trust has 5 cases under investigation (excluding those cases being dealt with via the Complex Case Panel).
- 34 There are 10 cases being considered by the Complex Case Panel, which are being progressed under the Redress Regulations.
- 35 There are currently 8 open Ombudsman cases, with all information having been shared with the Ombudsman. During the reporting period no final reports have been received from the Ombudsman. However, the Trust has received one draft Report. The Report contained recommendations that were in line with the findings of our investigation.

Coroner's activity

- 36 As previously reported the level of requests from Coroner's Courts continues to sharply increase to unprecedented levels, as identified in the preceding Report and also in the period covering this Report. This increase is expected to continue during 2021 and can be explained by the fact that Coroner's Courts have started to address the backlog of requests caused by the lockdowns earlier in 2020. Many of these involve requests for multiple statements and will potentially evolve into Interested Party (IP) Inquests and possibility for staff to attend Inquests, which are continuing to be heard both in person and remotely.
- 37 As expected (and previously reported) the Trust has started to see an increase in cases where staff are being called to give evidence and cases where the Trust has been identified as an interested party. This may present a potential issue with loss of operational capacity in 2021 if demand caused by COVID-19 persists.
- 38 The chart below illustrates the continuing increase in requests (bearing in mind that each request will normally include multiple elements).



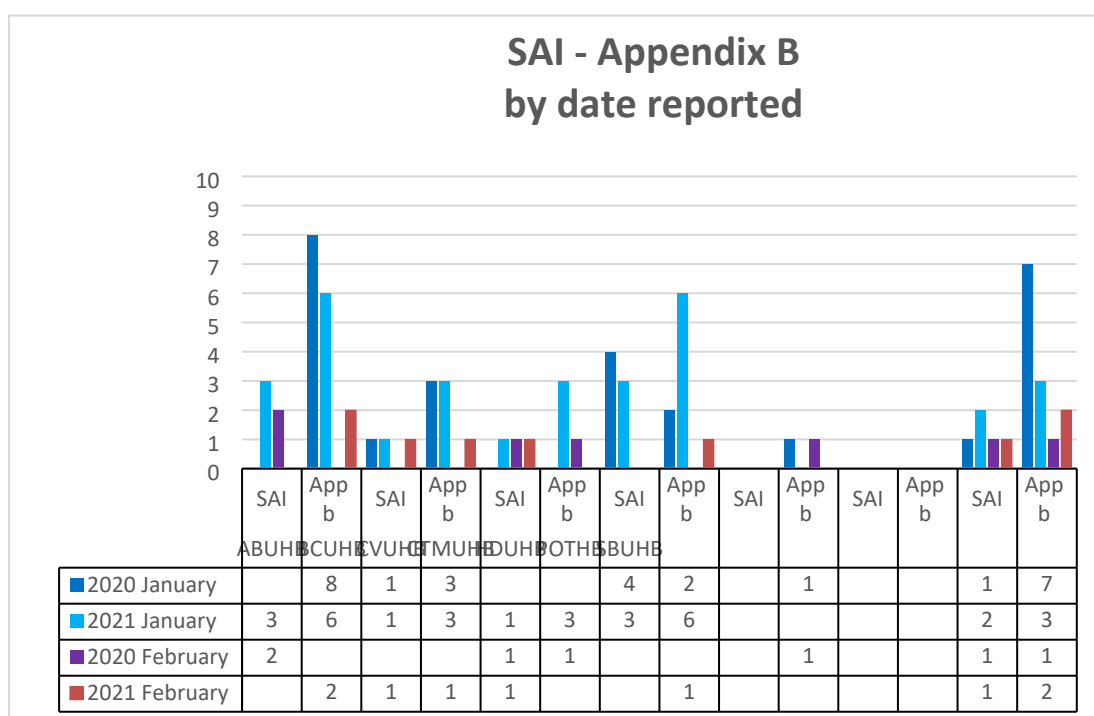
- 39 During the reporting period there has been 1 Inquest in which the Trust remained an interested party, despite the Inquest being completed under Rule 23. That is to say without witnesses giving evidence in person. This did not result in any issues for the Trust and no Regulation 28 Report.
- 40 The Inquest in relation to the death of MT resulted in a Coroner's narrative conclusion, which was "the deceased died as a consequence of injuries sustained in, and following an unwitnessed fall or collapse, in the setting of a developing chest infection and frailty".
- 41 The patient was a 101 year old lady who suffered an unwitnessed fall at a residential home. A falls vehicle was initially sent and requested a Paramedic

to attend. The patient went into cardiac arrest, with Trust staff present and was transported to hospital. The Trust was able to supply supplemental statements that answered the family's question regarding our response and the use of the Falls Team.

- 42 No new Regulation 28 Reports have been received during the reporting period and all previous Reports have been responded to. There remains one open Regulation 28 case. The Trust has now finalised the Escalation Process and a letter has been drafted to share the approved process with the Coroner.
- 43 The Legal Services current position in relation to inquests are:
- (i) 176 inquest matters open, of which;
 - (ii) 155 were requests for information;
 - (iii) 5 staff attending;
 - (iv) 15 Interested Party; and,
 - (v) 1 Regulation 28 (please refer to Appendix A)

Serious Case Incident Forum (SCIF) and Serious Adverse Incidents (SAIs)

- 44 The chart below provides a comparison between the volume of SAIs and Appendix B Referrals within the same reporting period of the previous year (2020/21 Versus 2019/20).



- 45 During this reporting period there were 12 SCIFs convened with 72 cases being discussed, which is an increase of 10 from the same period last year.
- 46 From the 72 cases discussed 13 have been reported as SAIs to the Delivery Unit (10 January and 3 February), with 28 cases being referred under Appendix B to the respective Health Board (21 January and 7 February). From the 28

reported, 9 of these occurred within the Aneurin Bevan University Health Board area.

- 47 In comparison to the same reporting period last year, there has been an increase of 3 SAIs reported by the Trust, with 4 more incidents referred to the Health Boards under Appendix B.
- 48 Each of the 13 cases reported by the Trust as SAIs to the Delivery Unit (DU) within this period were reviewed to identify the overarching high-level themes, which were:
- (i) Call categorisation (7)
 - (ii) Delayed response (1), mobilisation issue;
 - (iii) Clinical assessment and/or treatment (4); and
 - (iv) Address issue (1)

Legal Claims

- 49 Clinical Negligence Claims received are higher than average for the time of year. Historically January sees a peak in cases being received, as this follows the Christmas period when traditionally Solicitors are slower in proceeding with initial instructions from clients.
- 50 There has been a decrease in personal injury claims being received during the reporting period. Both relate to road traffic incidents. One is from an incident in 2018, where there have been multiple claims against the one accident and one has arisen from a non-emergency incident when a Trust vehicle left the road and struck a tree (no third party involved).
- 51 There continues to be a sustained increase in road traffic accident/damage to property cases. The Legal Services Team continues to ensure that all available evidence is gathered in a timely manner, in order to ensure the Trust is able to recover outlay (where appropriate) or defend claims (again if appropriate).
- 52 Whilst the volume of claims being received by the Trust remains relatively stable (seeing slight increases across the board) the activity on the existing open claims has increased significantly, with ongoing queries on some and the issues of legal proceedings on a significant number of previously dominant claims in all areas. This has resulted in considerably more work for the team albeit, it is not reflected in the numbers of claims received.
- 53 Examples of this would include an increase in claims for minor road traffic incidents, such as damaged wing mirrors, that would normally be resolved on a knock for knock basis. The robust use of CCTV in such cases has continued to assist the Trust in defending such claims, which continue to be settled on a knock for knock, after considerable work defending our stance. Also, the issue of legal proceedings on manual handling claims where liability was denied by way of Letter of Response over two years, but where legal proceedings are issues just prior to limitation, of three years, expiring.

KEY ACHIVEMENTS AND LEARNING

Medical and Clinical Directorate

54 Clinical Notices issued January:

- (i) 01/2021 - When is it safe to manage suspected COVID-19 patients;
- (ii) 02/2021 - Chief Medical Officer Alert SARS-CoV-2 South Africa Variant;
- (iii) 03/2021 - Chief Medical Officer Alert SARS-CoV-2 Brazilian Variant;
- (iv) 04/2021 - Paediatric Observation Priority Score (POPs) Audit; and
- (v) 05/2021 - Immediate actions in response to SARS-CoV-2 Republic of United Arab Emirates, Rwanda and Burundi

55 Clinical Notices issued February:

- (i) 06/2021 - Morphine changes; and
- (ii) 07/2021 - Escalating a clinical concern with a deteriorating patient outside the Emergency Department

Regulation 28

56 The draft Emergency Department (ED) Handover Delay Escalation Process was approved for adoption by the Executive Management Team on 10 February 2021. Clinical Notice 07/21 was issued on 11 February 2021 on SIREN and via the JRCALC+ application. The bulletin was requested to be shared to Health Board colleagues via the All Wales Medical Directors, Directors of Nursing and Chief Operating Officers Groups and also for Emergency Department sites to be informed of the Escalation Process via the Area Operations Managers.

Clinical Reviews by Health Board - February 2021	Number	Themes	Root Cause Subsequent Actions
Aneurin Bevan	4	Patient injury Head Injury care on anti-platelets Failed to recognise sick patient, discharged at scene Management of pathological femur #	PSA alert incorrectly adhered to Capacity assessment Crew decision supported Clinical decision making requires improvement
Betsi Cadwaladr	2	Patient with abdominal pain attended on two occasions by double EMT crew and EMT/military crew who "refused" to attend ED against advice. Patient called again the following	Clinical review ongoing with a view to sharing learning with EMT staff

		day, seen by APP who was able to arrange admission to SAU where he later underwent abdominal surgery for a twisted bowel. DATIX received regarding unsafe clinical decision making by APP who left a patient at scene with obviously deranged observations. Transported to ED following backup request and later admitted to ITU	
Cardiff and Vale	7	Cardiac arrest management Management of a sick patient Management and admission Drug administration error	CPR management required improvement Equipment use errors Wrong drug route Wrong drug dose Sub optimal care to sick patient Failure to identify a sick patient Confusion around admission
Cwm Taf	2	Spinal immobilisation Patient examination	
Hywel Dda	3	Adrenaline 1:100,000 administration error Management/treatment of a patient outside ED Patient left at home who later had a cardiac arrest	Drug administration errors Documentation issues Examination issues
Powys	0	N/A	N/A
Swansea Bay	1	Poor clinical assessment and documentation	Documentation issues

Clinical Contact Centre

57 Some SCIFs have identified that callers are not always being given the code for a defibrillator prior to sending someone to retrieve it. Work has been undertaken with Emergency Medical Dispatcher (EMD) and Call Handler Supervisors to identify the different categories of defibrillator and how they are displayed. In particular:

- (i) How to access the Defibrillator Database on the CAD;
- (ii) How to identify the code and to ensure the caller are made aware that Cardiopulmonary Resuscitation (CPR) instructions must be continued throughout; and

(iii) To support this a Competency Sheet has been developed for staff to sign off

- 58 January and February's Medical Priority Dispatch System (MPDS) Coaching Bulletin covered address verification, ensuring the caller confirms the address rather than have it read back to them.
- 59 Converting 3rd and 4th party calls into 1st or 2nd party calls to ensure we get accurate information from scene.
- 60 An update to the COVID screening questions to cover travel from areas where there is the possibility of new variants. The delivery of Demand Management Plan (DMP) scripts and the importance of giving them accurately to ensure callers expectations are being managed appropriately. A SWAY document (SWAY document is designed for a narrative structure that flows) on DMP supported this instruction.
- 61 Following identification of learning from concerns SAls and Coroners a Coaching Bulletin has been written and will be launched early in March. It is hoped this will be a regular Bulletin for allocation and dispatch staff.
- 62 During the months of January and February the Clinical Contact Centre National Clinical Operations Manager sent 39 emails to staff when investigations had identified that their management of a call had elements of notable good practice in a bid to provide positive feedback when they are demonstrating high standards.

EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required for this report.

REPORT CHECKLIST

Issues to be covered	Paragraph Number (s) or “Not Applicable”
Equality Impact Assessment	Not Applicable
Environmental/Sustainability	Yes
Estate	Yes
Health Improvement	Not Applicable
Health and Safety	Yes
Financial Implications	Yes
Legal Implications	Yes
Patient Safety/Safeguarding	All
Risks	All
Reputational	All
Staff Side Consultation	None



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

AGENDA ITEM No	3.2
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD - February 2021

MEETING	Trust Board
DATE	25 Mar-21
EXECUTIVE	Rachel Marsh – Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant directory of Commissioning and Performance Shalini Sharma – Interim Commissioning and Performance Manager Nicola Quiller – Commissioning and Performance Officer
CONTACT	Hugh.bennett2@wales.nhs.uk Shalini.Sharma@Wales.nhs.uk Nicola.Quiller@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **Feb-21**.

RECOMMENDATION

Trust Board is asked to:-

- **Consider** the Trust’s Feb-21 Integrated Quality and Performance Report and actions being taken and determine whether:
 - a) the report provides sufficient assurance;
 - b) whether further information, scrutiny or assurance is required e.g., deep dive, referral to relevant committee; or
 - c) further remedial actions to be undertaken through Executives.

KEY ISSUES/IMPLICATIONS

Overview

Twenty eight key indicators are proposed for consideration at Board level, which, at a highly summarised level, demonstrate how the Trust is performing across 4 integrated areas of focus:

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

These 4 areas of focus broadly correlate with the Quadruple aims set out in 'A Healthier Wales'.

Five of the indicators are in development and no data is yet available.

These indicators will need to be seen in the wider context of a revised quality and performance management framework, which is currently being developed and will be finalised by the end of July 2021. This framework is likely to have a number of components, one of which will relate to the use of metrics and indicators across all areas and levels of the organisation to demonstrate progress towards our strategic objectives and goals as well as to point to areas where improvement is required. The framework will therefore set out how metrics and indicators will be used at Board level, at Executive level, at Directorate level and at locality level.

Early discussions have been held with several Non-Executive Directors as well as the Executive Management Team on these issues.

Our Patients – Quality, Safety and Patient Experience

Call answering (safety): The Trust has improved on its call answering performance. 999 answering times are excellent, and 111 call answering performance, measured by call abandonment rates, has improved significantly in February and is below 5% for the first time for many months. Actions to continue this trend include the recruitment of a significant number of additional call handlers – 86 additional staff have been recruited and will commence in post between now and the middle of May.

Ambulance response (safety / patient experience): Red and amber response times have improved in February due to a reduction in demand, reduction in hours lost at hospital and good production. However, response times are still much longer than we would want. Actions within the Trust's control include:

- Recruitment of an agreed, funded additional 127 w.t.e. front line staff as part of Year 2 D&C Programme (action to be completed by end of March 2022). This will close the relief gap and allow the trust to deliver 100% of UHP more consistently (subject to abstraction rates)
- Development and pilot of a rural response model to reduce variation in performance across Wales
- Work on a range of workforce modernisation proposals aimed at increasing capacity and efficiency.

The Trust is now in receipt of a CoVID-19 forecast to the end of Jun-21 and has modelled that in both the reasonable worst case (RWC) and most likely scenario

(MLS) the Trust should achieve the Red 8-minute target in Apr-21. Further forecasting and modelling is now being undertaken linked to summer planning.

NEPTS (Patient Experience): Performance was above target in Feb-21 which is positive; however, NEPTS core (outpatient) demand is currently suppressed due to CoVID-19. As the system “re-sets” we may see a situation arise where NEPTS demand returns or surpasses previous levels; this coupled with reduced capacity caused by social distancing could mean that NEPTS will have insufficient capacity to service the patient demand. The Trust is currently undertaking tactical forecasting and modelling to aid forward planning for this potential scenario.

SAIs / Concerns Response: The Trust reported 3 serious adverse incidents (SAIs) to Welsh Government in Feb-21, compared to 10 in Jan-21; and 6 patient safety incidents were referred to health boards under the “Appendix B” arrangement, compared to 21 in Jan-21. Complaint response times fell to 70% but have generally been in line with the target (75%) for several months.

Our People (Workforce resourcing, experience and safety)

Hours Produced: The Trust has performed well at increasing its overall level of hours produced in the EMS service, with 112,482 ambulance unit hours produced in Feb-21, compared to 105,276 unit hours in Feb-20. The emergency ambulance u production (UHP) was 100%. The current focus has been on protecting conveying capacity (EA capacity) at the expense of rapid response vehicles (RRVs), so in Feb-21 the RRV UHP was 78%, below the benchmark of 95%, but an improvement on Jan-21's 70%. Military aid will cease in April which will have an impact (reduction in hours), but we continue to recruit additional staff in line with the Demand and Capacity programme.

Response Abstractions: Abstraction levels are high, linked in the main to high sickness levels. In Feb-21 the response roster abstractions were 37% (benchmark 30%). CoVID-19 has had a significant impact on abstractions with sickness abstractions being 9.16% in Feb-21 (benchmark 5.99%). Whilst this is higher than we would want it is an improvement on the 13.97% seen in Jan-21.

Trust Sickness absence: The Trust's overall sickness percentage (Jan-21) was 10.67%. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level, although it is difficult to forecast the ongoing impact that COVID will have on staff and volunteers.

Staff training and PADRs: PADR compliance and Stat / Mand training compliance are below target. This has been impacted on by the pandemic. Targeted communication has been published on Siren to encourage corporate staff to ensure individual compliance by 31-Mar-21 #WASTMakeItHappen challenge to improve compliance rates.

Finance and Value

Financial Balance: The Trust's year to date (YTD) expenditure to budget position is 100% i.e., balance, with a small surplus (Feb-21) of £0.065m.

Post production lost hours: EMS Response lost 8,427 post-production lost hours (PPLHs) in Feb-21, compared to 9,339 hours to handover and 112,482 hours produced. Some of the PPLHs will be lost due to unavoidable reasons, but there is scope for efficiency improvement here linked to the modernisation agenda.

New indicators: We are looking to develop indicators of value and efficiency over the coming months, for example around EMS utilisation or 111 hand-offs.

Partnerships/ System Contribution

Shift left: Much of our work as an organisation relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **hear and treat** rates after 999 calls (9.2% in Feb-21, compared to 8.2% in Feb-20). The performance achieved is below the benchmark of 10.2%, but this benchmark was exceeded Sep-20 to Jan-21. Further work is planned to identify how these rates can be improved further. The Trust **conveyed** 44% of patients to emergency departments in Jan-21, compared to 52% in Jan-17. There has been a sustained improvement trend in this indicator. Further work will be undertaken in 2021/22 on “optimising conveyance” modelling this linked to an EASC commissioning intention, the 2021/22 Integrated Medium Term Plan and feedback from the Medical & Clinical Services Directorate.

Handover lost hours: The 2021/22 EASC commissioning intentions includes an intention that handover lost hours should not exceed 150 hours a day for 95% of the year, which would mean a monthly loss of c.5,000 hours. 6,155 hours were lost in Feb-21, compared to 7,232 in Feb-20, an improvement. The Trust will continue to raise this issue with EASC, health boards and welsh government and will continue to support any improvement programmes such as the EDQDF.

REPORT APPROVAL ROUTE	
Date	Meeting
24 Mar-21	Executive Management Team
25 Mar-21	Trust Board

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Monthly Integrated Quality and Performance Report

January/February 2021

Annex 1 – Top Indicator Dashboard

www.ambulance.wales.nhs.uk



@welshambulance



welshambulanceservice



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

SECTION 1 - MONTHLY INDICATORS TOP INDICATORS DASHBOARD

Top Indicators	Baseline (2019/20)	Target 2020/21	Feb-21	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience					
111 - Abandoned calls	12.40%	< 5%	3.2%		G
111 - Patients called back within 1 hour (P1)	95.20%	90%	94.8%		G
999 - Call answer times 95th percentile	00:03	Maintain	00:03		G
999 - Red response within 8 minutes	67.3%	65%	64.4%		R
999 - Amber 1 95th percentile	02:24:43	Reduce	02:06:03		R
Return of spontaneous circulation (ROSC)	15.00%	Improve	9.26%		A
Stroke patients with appropriate care	97.00%	95%	93.70%		A
Acute coronary syndrome patients with appropriate care	73.00%	95%	72.40%		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	59%	70%	79%		G
Discharge & transfer journeys collected less than 60 minutes after booked time (NEPTS)	72.00%	90%	87%		G
Serious Adverse Incidents reported (SAI)	2	0	3		R
Concerns Response within 30 days	58%	75%	70%		G

Top Indicators	Baseline (2019/20)	Target 2020/21	Feb-21	2 Year Trend	RAG
Our People					
EMS abstraction rate	31.00%	Targeted Rate (TBC)	37%		R
Hours produced for Emergency Ambulances	91.0%	95%	100%		G
Sickness absence (<i>all staff</i>)	6.94%	6.00%	10.67%		R
Frontline CoVID-19 Vaccination Rates			85%		G
Statutory & Mandatory Training		>85%	80.77%		R
PADR/medical appraisal	75%	>85%	43.62%		R
Ambulance Response FTEs in Post					TBD
CCC, NHSDW/111 & NEPTS FTEs in Post					TBD
Finance and Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%		G
EMS Utilisation metric (Under Dev'ment)	TBD	TBD			TBD
Post-Production Lost Hours	TBD	Reduce	8427		TBD
111 Hand Off Metrics (Under development)	TBD	TBD			TBD
Partnerships / System Contribution					
111 Consult and Close (Under Development)	TBD	TBD			TBD
999 Hear & Treat	8.6%	Increase (no target)	9.2%		G
% incidents conveyed to major EDs	46.18%	Reduce	43.35%		A
Number of handover lost hours	9,339	<150 hours per day	6,155		A

RAG ratings are used to summarise indicator performance and are applied based on the current quarter's progress. Red indicates significant issues with the current level of performance, Amber indicates that action is needed to address performance issues and Green indicates that performance is at or above expected performance levels.
RAG is measured for the purpose of this report using the current quarters performance.
ROSC rate data is for Dec 20. Stroke, ACS, sickness absence, stat mad training, PADR and conveyance indicators are for Jan 21.





GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

COVID-19

QUEST

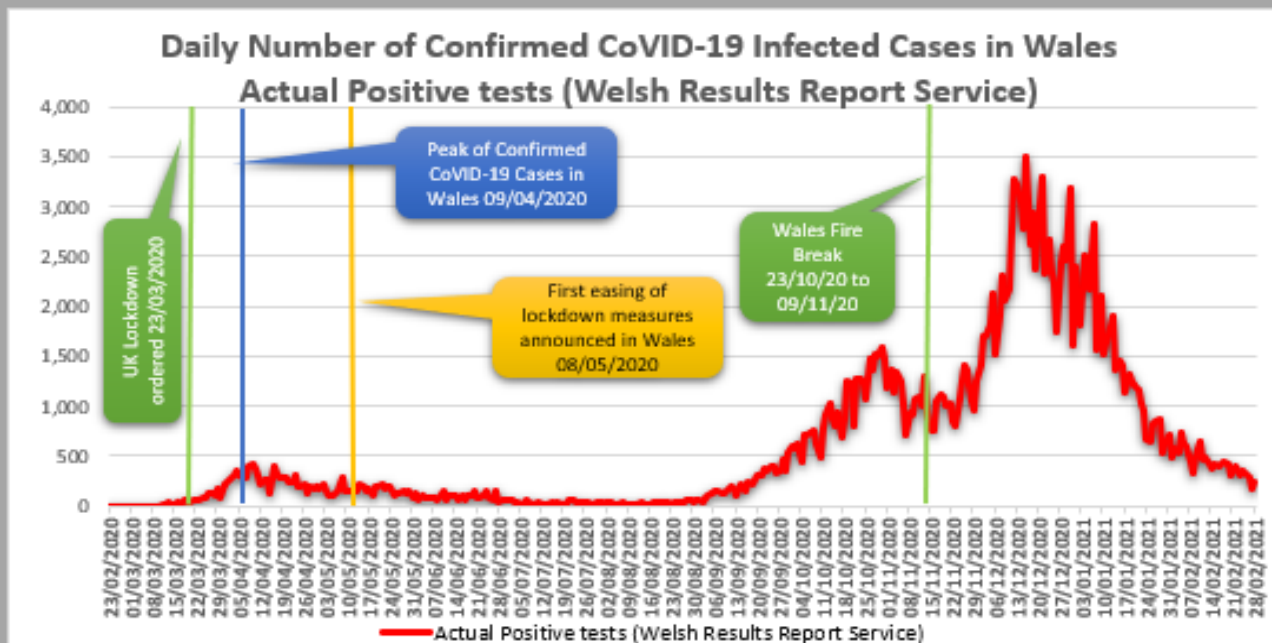
FPC

COVID-19 Activity

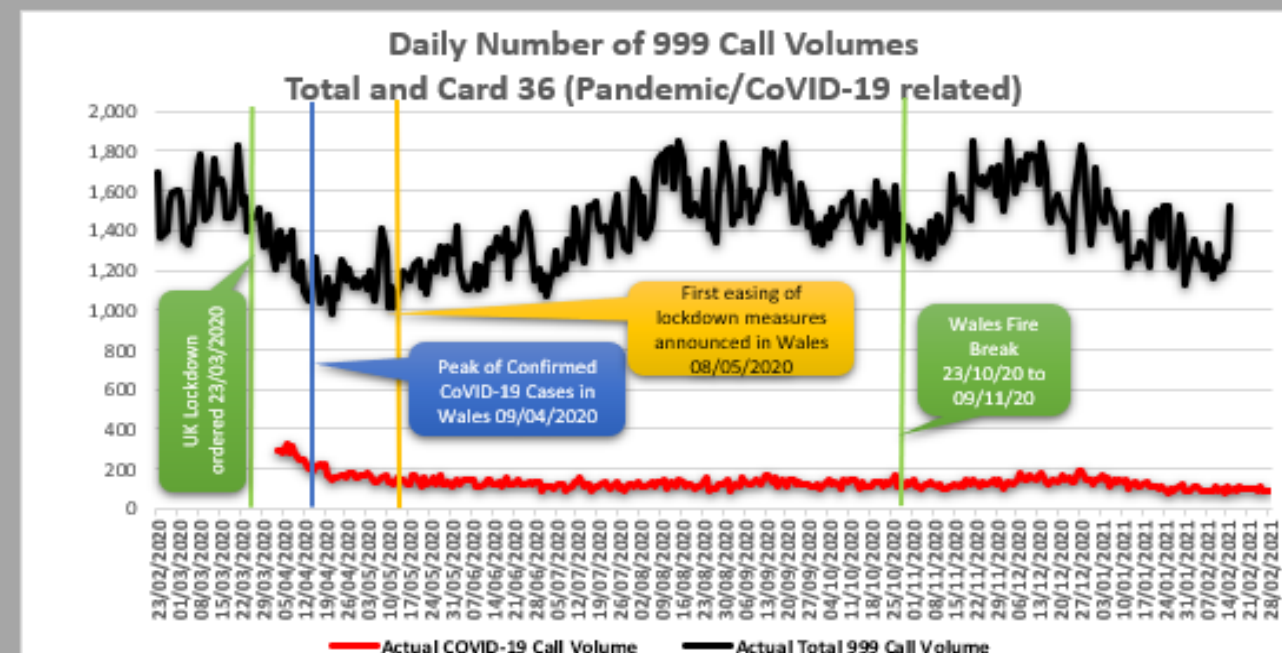
Responsible Officer: Rachel Marsh

WALES DAILY CONFIRMED CoVID -19 CASES & WAST ACTUAL DEMAND (TOTAL AND CoVID-19 - CARD 36 LIVE FROM 02/04/20)

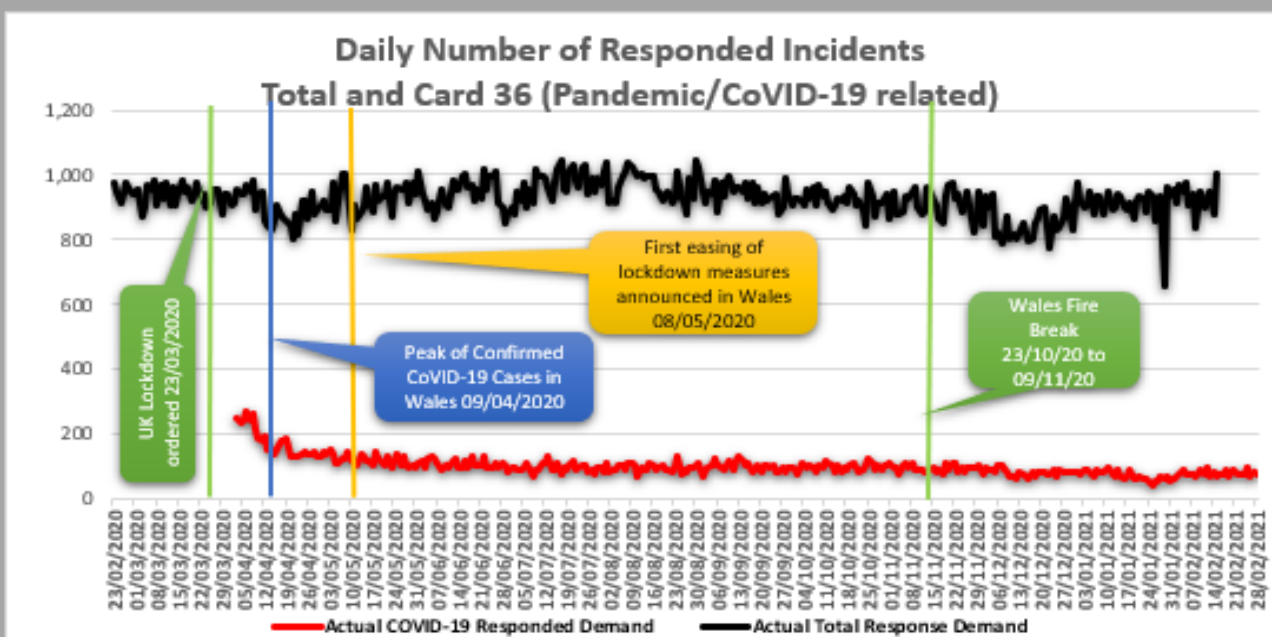
CONFIRMED INFECTED COVID-19 CASES



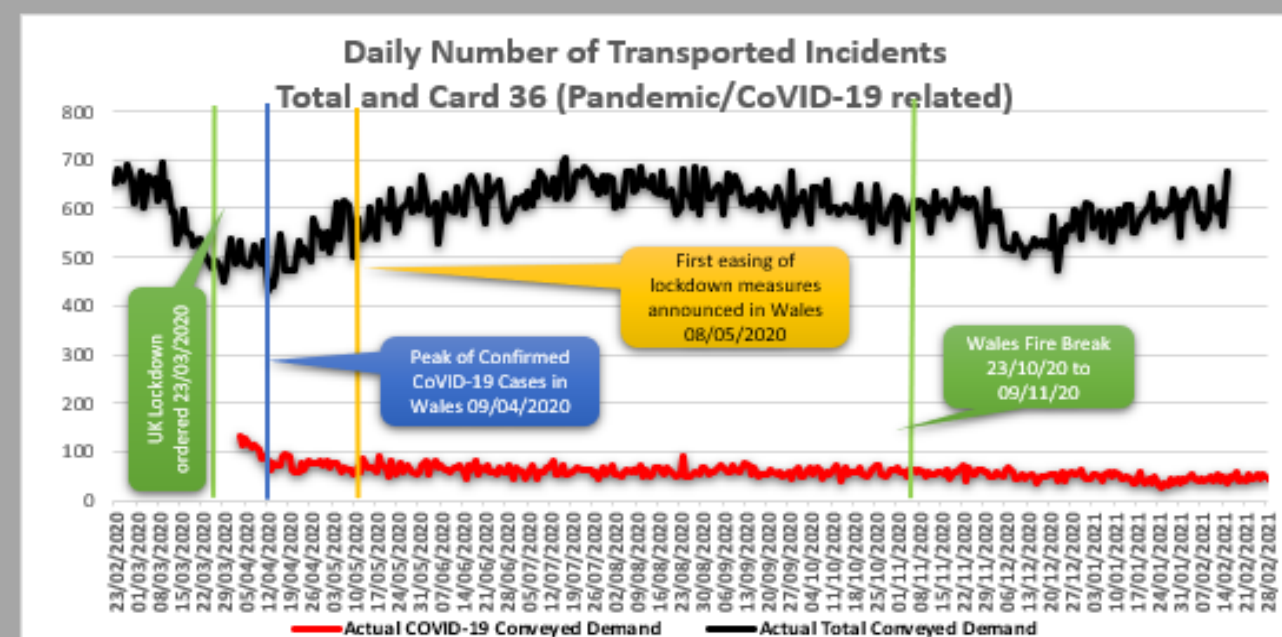
999 CALL VOLUME



RESPONDED DEMAND



TRANSPORTED DEMAND





GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Our Patients

Quality, Safety and Patient Experience

FPC

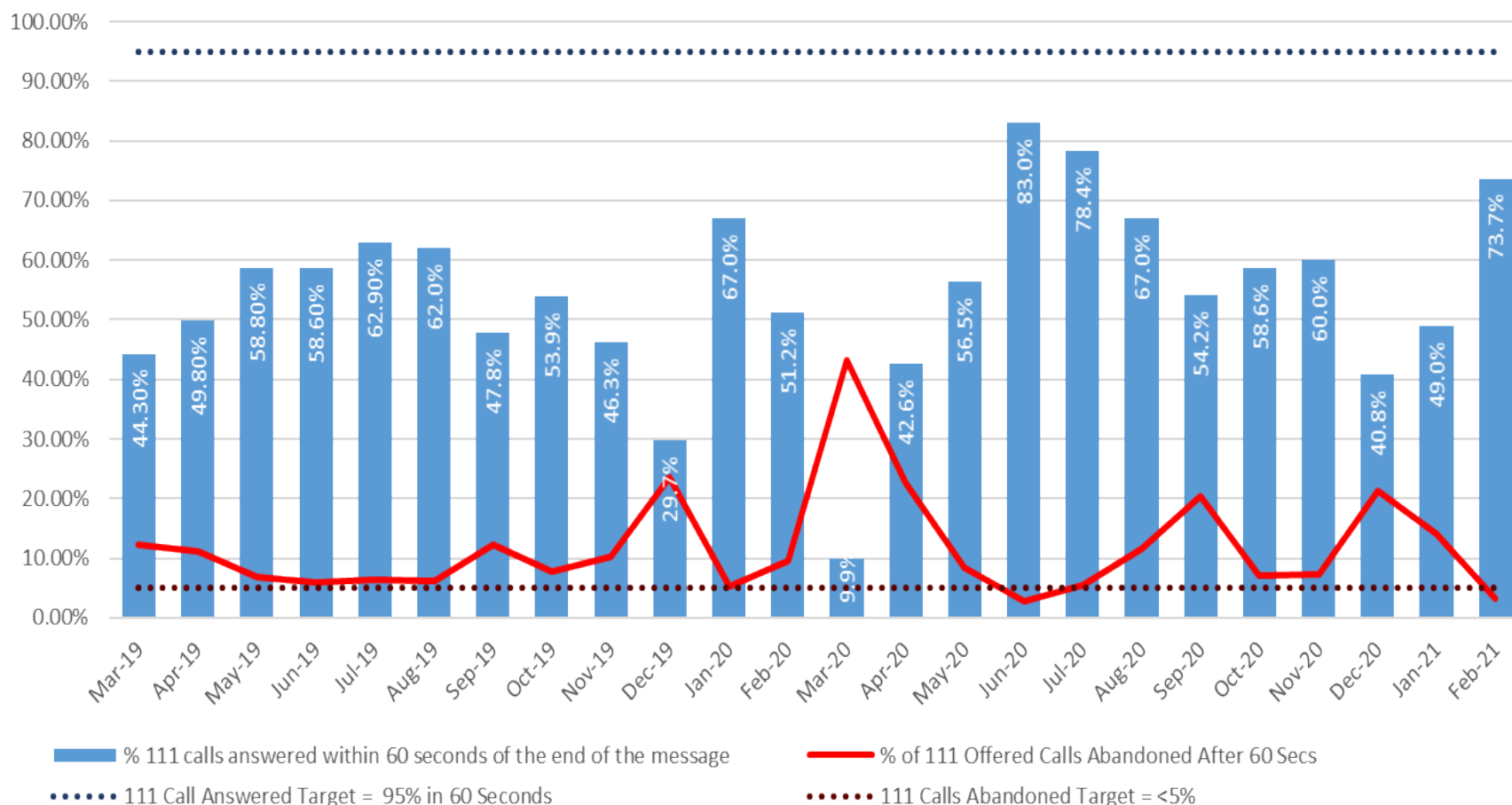
Abandoned

G

INDICATOR 1 – 111 Call Answering/Abandoned Performance Influencing factors – Demand and call handling hours produced

Responsible Officer: Lee Brooks

111 Calls Answered vs Calls Abandoned within 60 Seconds



Analysis

111 call abandonment is a key safety indicator for the service. There has been a year-on-year deterioration in performance driven largely by very poor performance in March (43.3%), April (22.7%) and September (20.5%) 2020 due to CoVID-19 Pandemic pressures. However, improvements have been seen more recently, with Feb-21 seeing a **decrease in abandonment rates to 3.2%**, therefore meeting the 5% target.

The percentage of 111 calls answered within 60 seconds of the end of the message improved to 73.7% in Feb-21..

111 call demand decreased in Feb-21 compared to Jan-21 and Dec-20, which will be one factor in why call answering has improved. Demand is expected to increase over the coming 12 months as we roll out core 111 to BCU and C&V and as we roll out the Contact First service across Wales.

Remedial Plans and Actions

The single biggest factor in improving performance is having the right number of staff rostered to meet forecast demand. Detailed forecasts and plans have been agreed internally and with commissioners to meet current and predicted increases in demand. **A further 86 call handlers** have been recruited and will be starting with WAST between the end of March and middle of May.

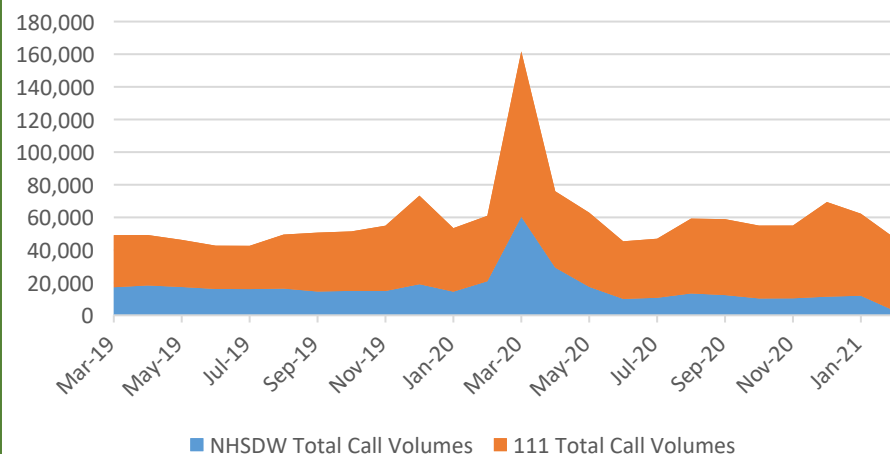
Work is also underway operationally to align the roster more closely to demand at different hours of the day and days of the week, which will come into effect when majority of new staff in post.

The WAST Forecasting & Modelling Group continues to provide a “most likely” and “Reasonable worst case” COVID-19 and total demand forecast for WAST to determine if further recruitment is needed for all areas frontline of the Trust.

Expected Performance Trajectory

The planned recruitment of call handlers together with alignment of rosters with hourly and daily demand is expected to enable the organisation to improve abandonment rates more consistently towards the 5% target. In the next 6 months

Total number of 111 and NHS D calls



Hours Produced / UHP
Under development





GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Our Patients

FPC

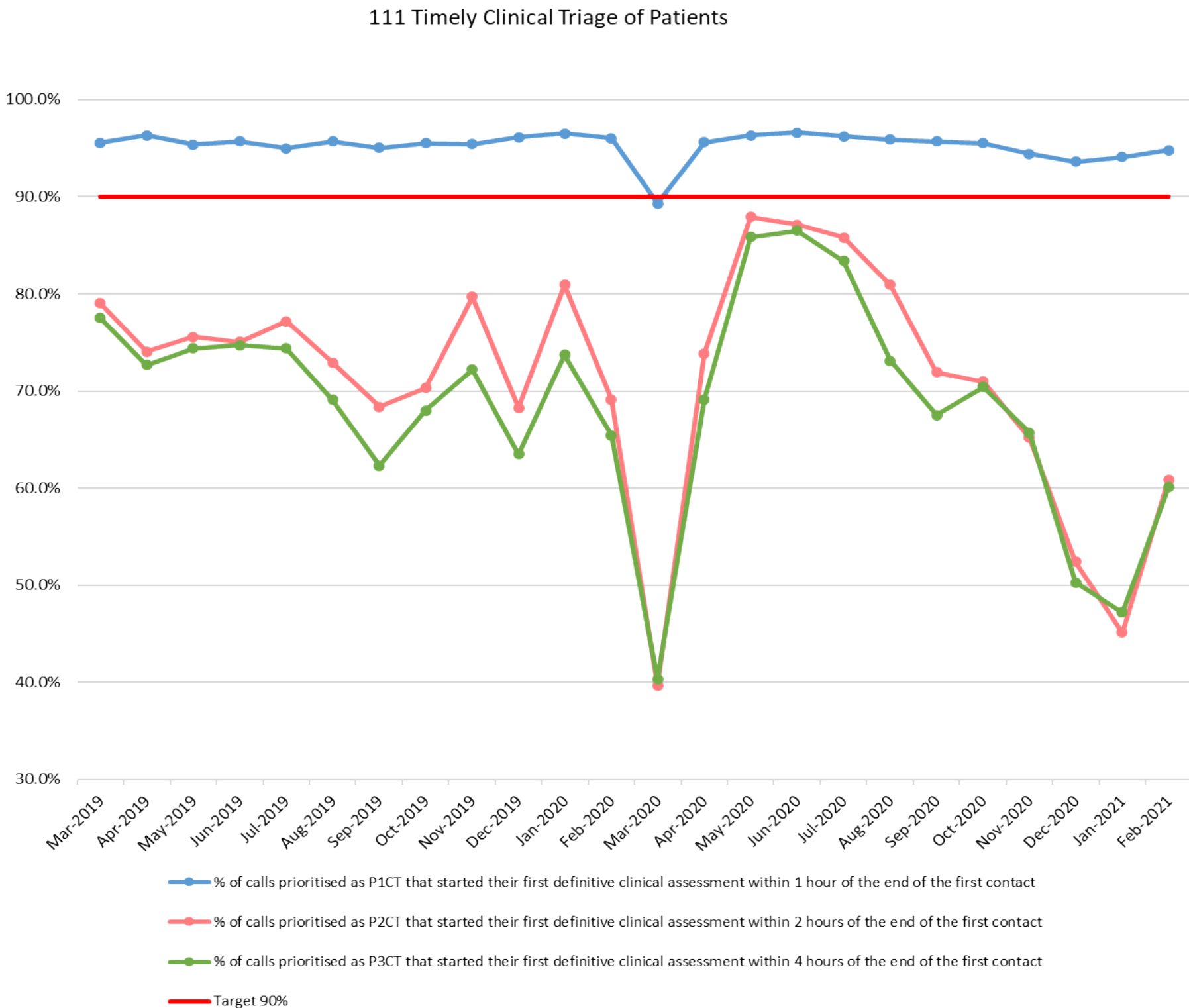
Quality, Safety and Patient Experience

INDICATOR 2 - 111 Clinical Assessment Start Time Performance

Influencing factors – Demand and clinical hours produced

P1CT

G



Analysis

The performance of 111 calls receiving a timely response to start their definitive clinical assessment also remains a challenge, except for the highest priority calls.

The highest priority calls, P1CT, continue to receive a timely response, which with the exception of Mar-20 continuously achieves the 90% target.

For lower category calls, we are not meeting the 90% target. Improvements were seen in May-20 and Jun-20 as additional clinicians were utilised as part of pandemic actions, with performance declining as staff returned to substantive posts and agency contracts ended.

Demand for the service continues to grow (see previous slide) which will affect performance.

Remedial Plans and Actions

The main driver of improved performance will be the correct number of clinicians in post to manage current and expected demand. An agreed additional number has been agreed with commissioners and recruitment and training is underway.. 12 are currently in training, a further 11 will commence in early April and up to 22 will be recruited to start training in May.

Expected Performance Trajectory

The agreed increases in clinical capacity have been modelled on meeting these quality standards, based on predicted levels of demand. Performance levels are therefore expected to improve over the coming months.

The main risk here will be the ability to recruit sufficient clinicians to fill the training programmes.





GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
NHS Trust

Our Patients

CI

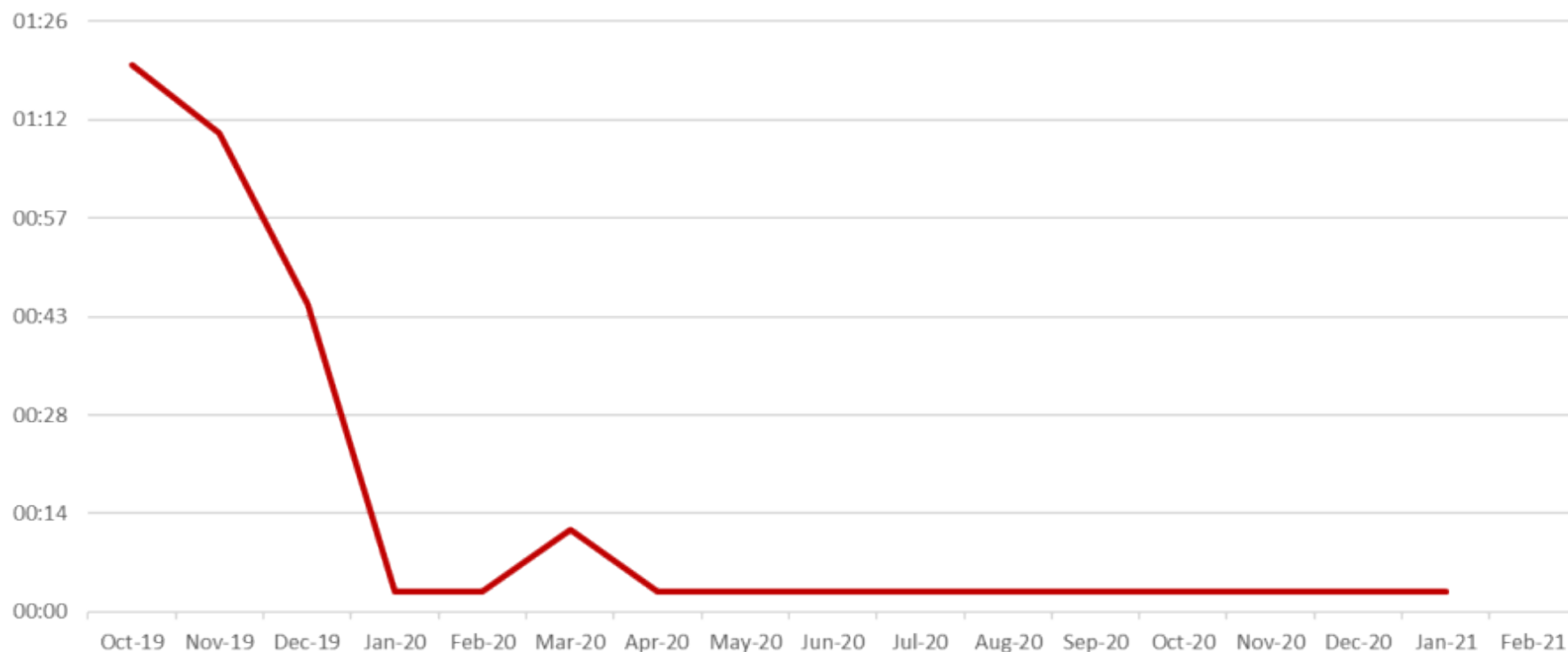
FPC

G

Responsible Officer: Lee Brooks

INDICATOR 3 –999 Call Answer Times Influencing factors – demand and hours produced

95th Percentile 999 Call answer times



Analysis

The Trust received 39,582 emergency 999 calls in Feb-21, a decrease when compared to Jan-21; however, this is lower than Feb-20 (38,049) and Feb-19 (40,414) and is likely a continuing result of the ongoing pandemic and public activity still not being back to full normality.

The 95th percentile 999 call answering performance was three seconds in Feb-21 (in Dec-19 it was 45 seconds). This significant improvement is due to a combination of; forecasting of call demand, rostering to demand and increased capacity. The three second performance has been sustained since Apr-20.

The median call answer times for 999 services remains consistently at 2 seconds. 65th percentile call times also averages at 2 seconds falling from 3 seconds in December 2019.

Remedial Plans and Actions

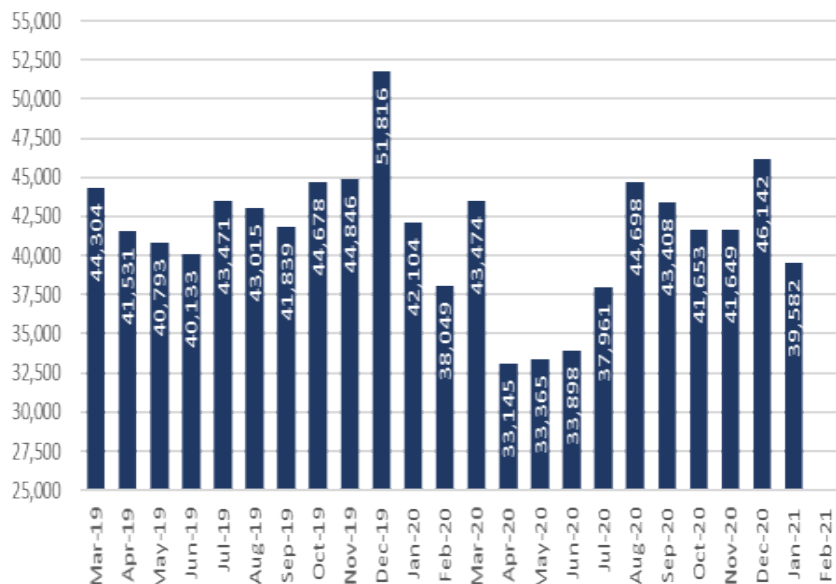
999 call demand is reviewed on a weekly basis by the Forecasting & Modelling Group, including reviewing the level of COVID-19 calls. The Group is currently forecasting potential levels of future COVID-19 peaks. These forecasts are used in an Erlang C toolkit to determine the level of call takers required and the subsequent predicted call answering performance if a third wave was to occur. If this was to occur CCC have a pool of temporary trained staff to call upon at short notice to increase call taking capacity.

Continued recruitment exercises for bank and substantive staff are undertaken to ensure the Trust retains a flexible call taking capability.

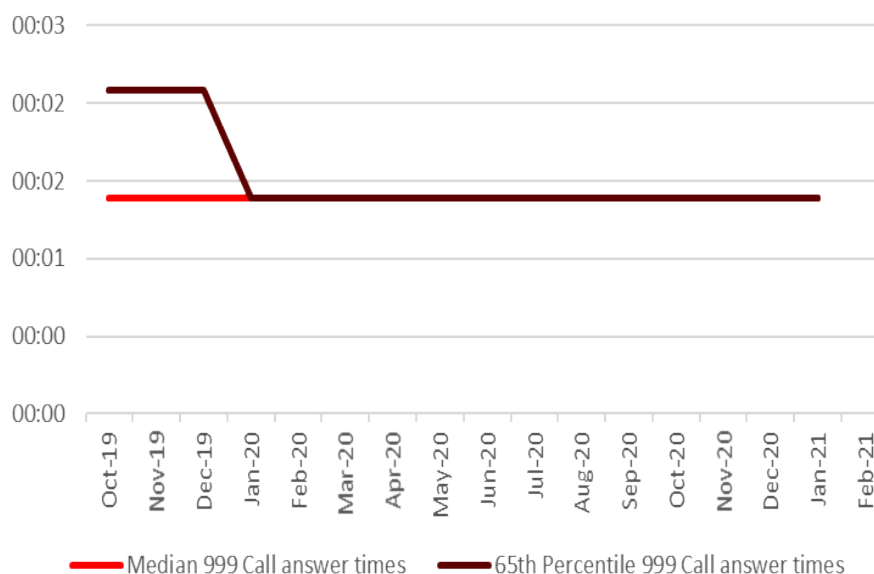
Expected Performance Trajectory

Performance is expected to be maintained in this area.

999 Call Volumes



Median & 65th Percentile 999 Call Answer Times





GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

INDICATOR 4– Red Performance Influencing Factors – Demand, Hours Produced, Hours Lost

65%

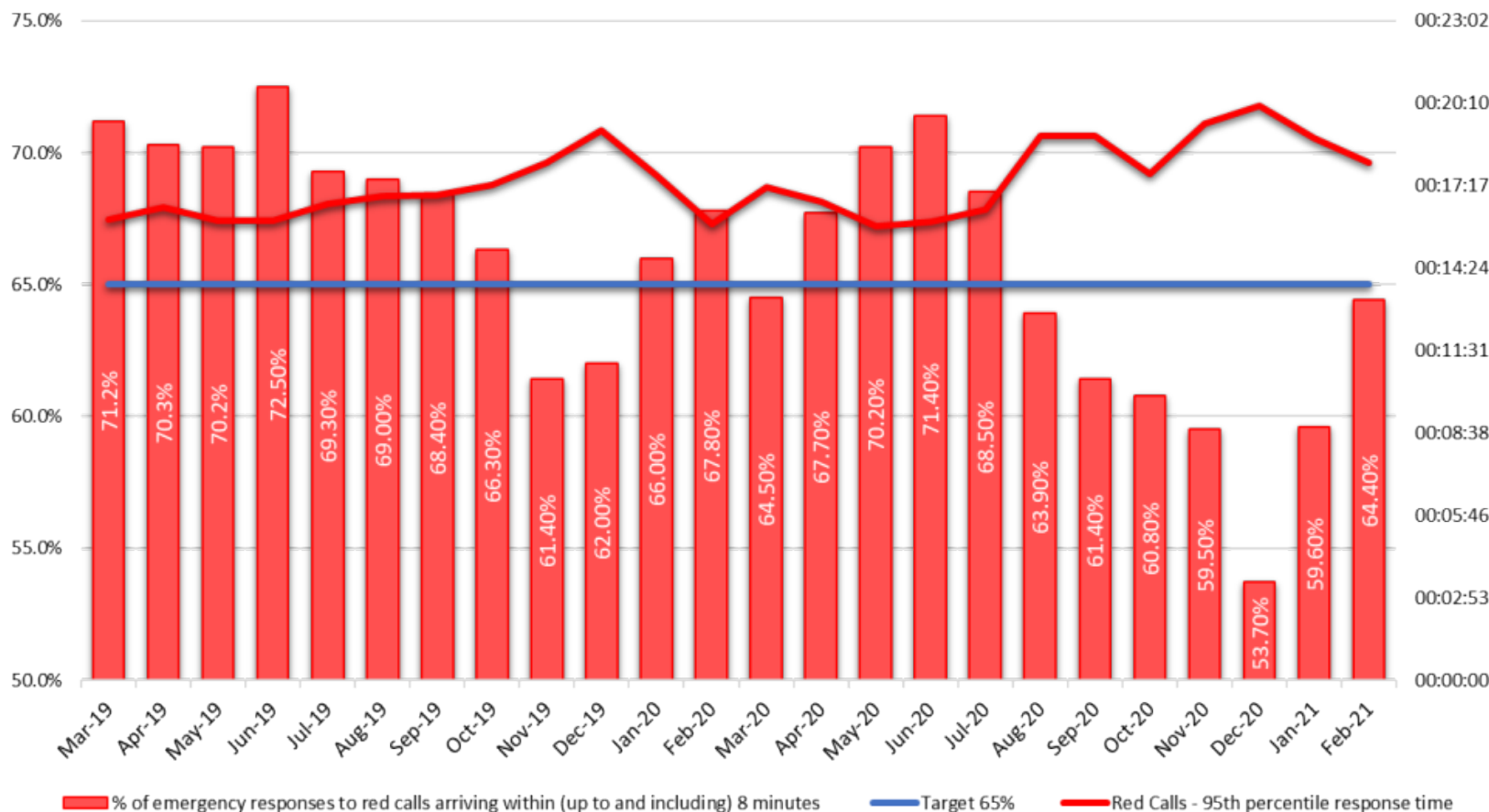
95%

R

R

Responsible Officer: Lee Brooks

% of emergency responses to red calls arriving within (up to and including) 8 minutes against Red Calls 95th percentile



Analysis

Red performance just missed the 65% target in Feb-21 and the target has not been achieved since Jul-20. There was also significant health board level variation and only three (Cardiff & Vale (72.1%), Powys (70.1%) and Swansea Bay (70.4%)) of the seven health board areas achieved the 65% target. This level of performance was forecast in the Q3/4 plans based on predictions of demand, lost hours and hours produced.

The three main determinants of Red performance are Red demand, unit hours produced and handover lost hours.

Red demand in the last 2 years has seen a particular increase (8% higher in Feb-21 compared to Feb-19 levels), linked to a change in application of MPDS relating to breathing difficulties calls. However, red demand has decreased over the last 2 months, which has contributed to an improving red position.

The graph demonstrates the correlation of performance with hospital lost hours and again, reductions in lost hours over the last 2 months has contributed to the improving picture.

During the pandemic there have been other factors that have also affected performance including prioritising EA hours over RRV, and the additional time taken to don level 3 PPE to all Red calls. .

Remedial Plans and Actions

The main improvement actions are:

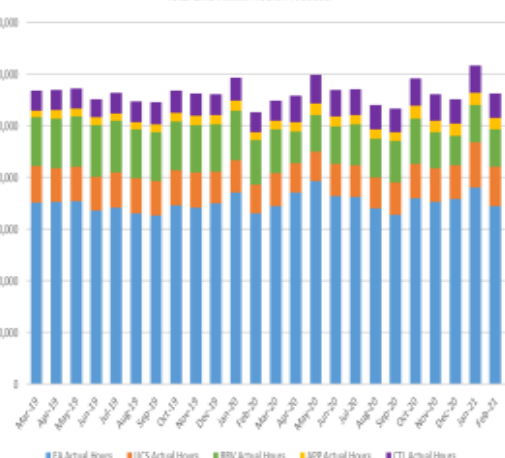
- Increase capacity – 136 WTE recruited by end of Mar-21, further 127 by the end of Mar-22. This will close the relief gap and should see UHP / hours produced closer to 100%
- Implement a rural model through 21/22 to increase Red performance in Powys (initially) and hence reduce variation.
- Reduce hours lost through modernisation of practices and supporting staff well-being.
- Working with partners to reduce hours lost at hospital (to 150 lost hours per day) . This will not be within the gift of WAST to achieve, although we will continue to influence this agenda

Expected Performance Trajectory

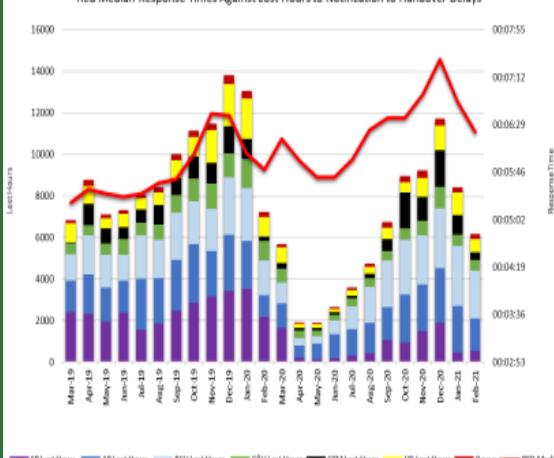
The EMS Demand & Capacity Review modelled Dec-21 position for Red pan-Wales is 67.3%.

The actions identified will take a number of months to come to fruition. Further modelling will be undertaken to be able to forecast performance through the year.

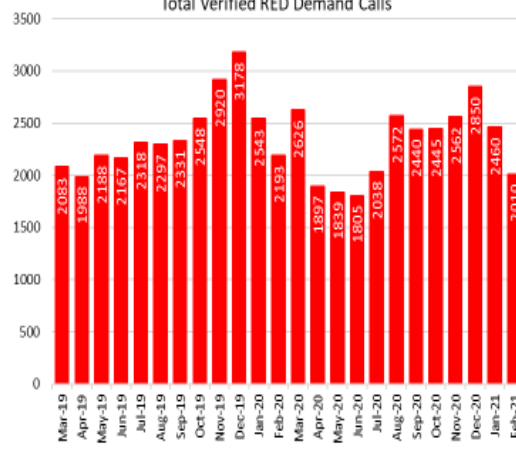
Total EMS Actual Hours Produced



Red Median Response Times Against Lost Hours to Notification to Handover Delays



Total Verified RED Demand Calls





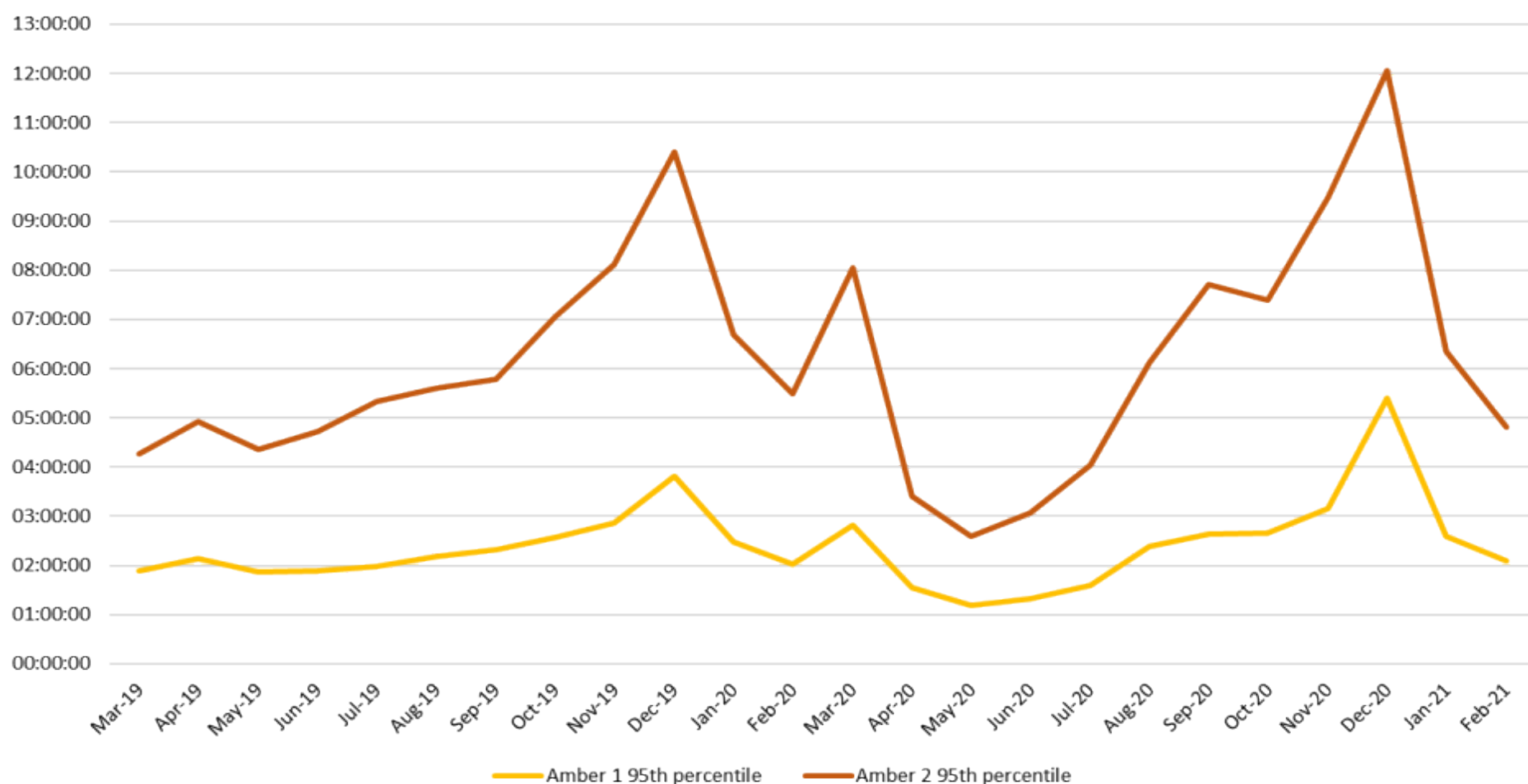
Responsible Officer: Lee Brooks

INDICATOR 5 – Amber Performance

Influencing Factors – Demand, Hours Produced, Hours Lost

R

Amber 1 & 2 - 95th Percentile



Analysis

Amber performance improved across the percentiles in Feb-21. The target is a reduction trend.

In Feb-21, there were 41 patients waiting over 12 hours, a decrease when compared to 89 in Jan-21 and a significant decrease when compared to 606 in Dec-20.

Amber demand decreased in January and February which will have contributed to improvements in response times.

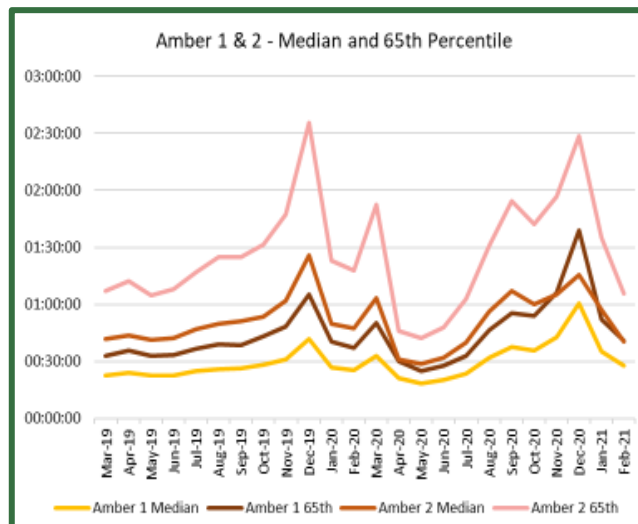
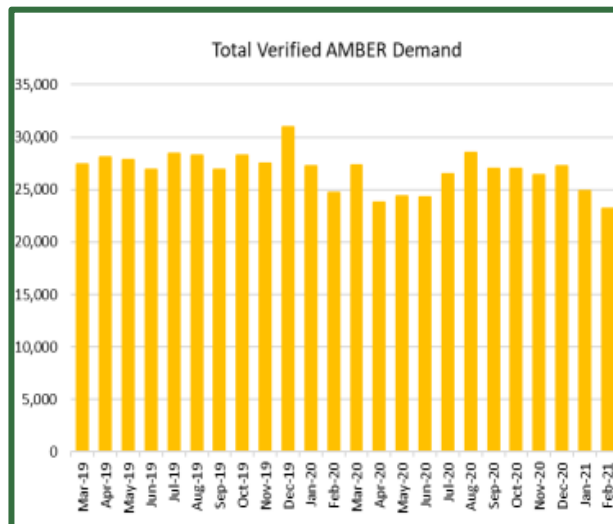
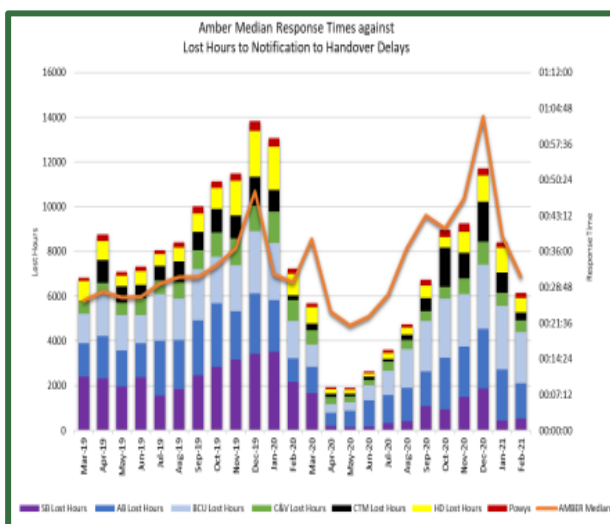
There is strong correlation between Amber performance and lost hours due to notification to handover delays, as demonstrated in the graph on the bottom left of this page. The number of hours lost to notification to handover delays in Feb-21 decreased to 6,155. This compares to 7,232 hours in the same period last year.

Remedial Plans and Actions

The Trust carefully monitors long response times and their impact on patient safety and outcomes. The Trust supplies regular information to the CASC and EASC; and from Nov-20 the Trust began producing monthly quality, safety & patient experience (QSPE) reports for each health board. The actions being taken are largely the same as those related to red performance on the slide above.

Expected Performance Trajectory

The EMS Demand & Capacity Programme is the Trust's key strategic response to Amber. The programme models an Amber 1 90th percentile of 78 minutes in Dec-21. These are key benchmarks for the Trust. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments, efficiencies and system efficiencies, not all of which are within WAST's control.



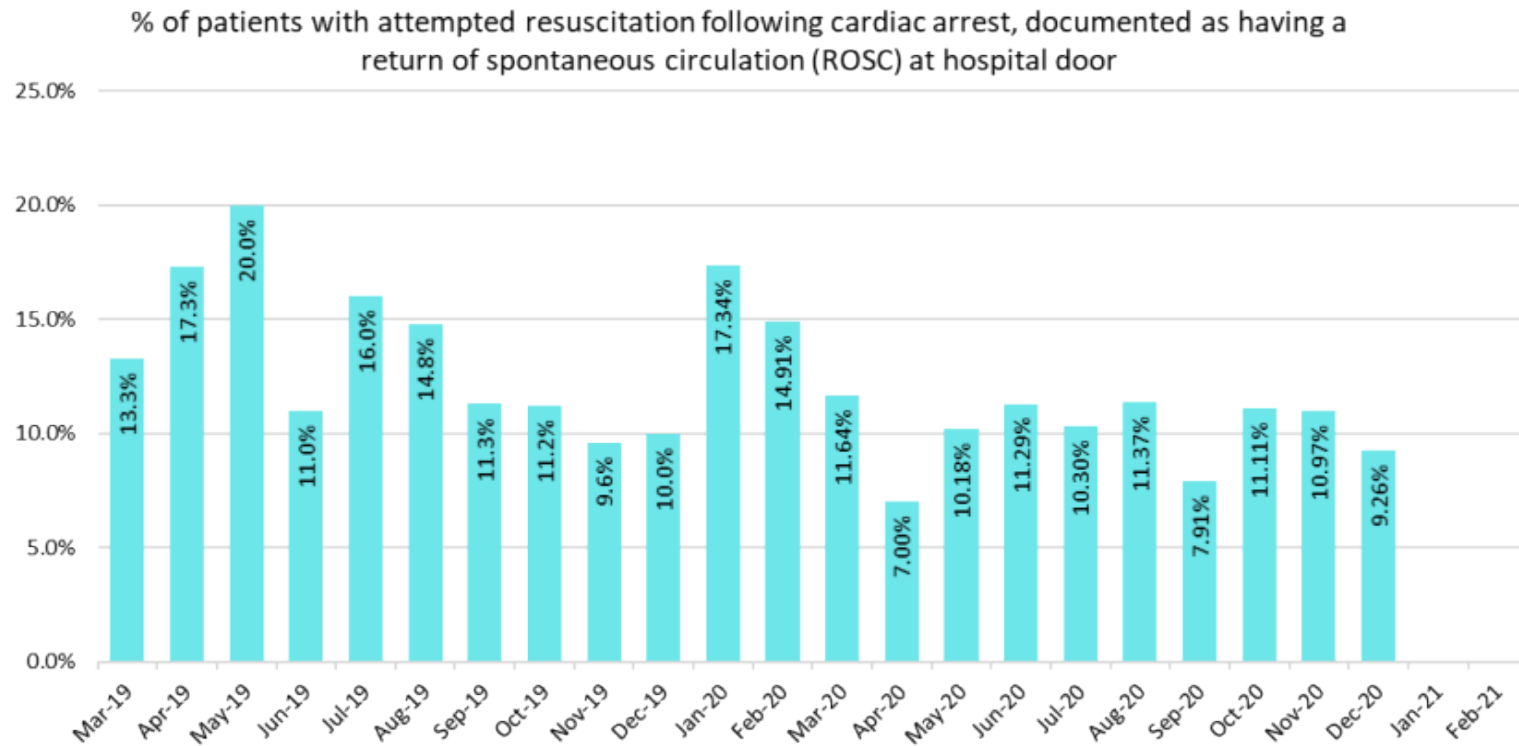


Responsible Officer: Brendan Lloyd

INDICATORS 6, 7, 8 – Clinical Outcomes

Return of Spontaneous Circulation, Suspected stroke patients with appropriate care, Acute Coronary Syndrome patients with appropriate care

NB: January 2021 ROSC data not yet available



Analysis

The % of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door was 9.26% in Dec-20. An investigation of the **ROSC clinical indicator** rates at hospital sites since 2018 strongly suggests a downward shift, coinciding with the start of the CoVID-19 pandemic. This timeframe is also associated with changes within WAST, such as operational response changes and PPE guidance to staff. This figure is also below that achieved in other parts of the UK.

Overall, performance remains a changeable picture for all clinical indicators. **The % of suspected stroke patients who are documented as receiving an appropriate stroke care bundle declined to 93.70% in Jan-21**, just outside the 95% target in comparison to 96.40% in Dec-20.

The ST segment elevation myocardial infarction (STEMI) indicator is an area of concern achieving less than 80% through Nov-20 – Jan-21. These percentages refer to the application of a whole bundle of care. For each of the individual elements the percentage compliance is consistently above 86%.

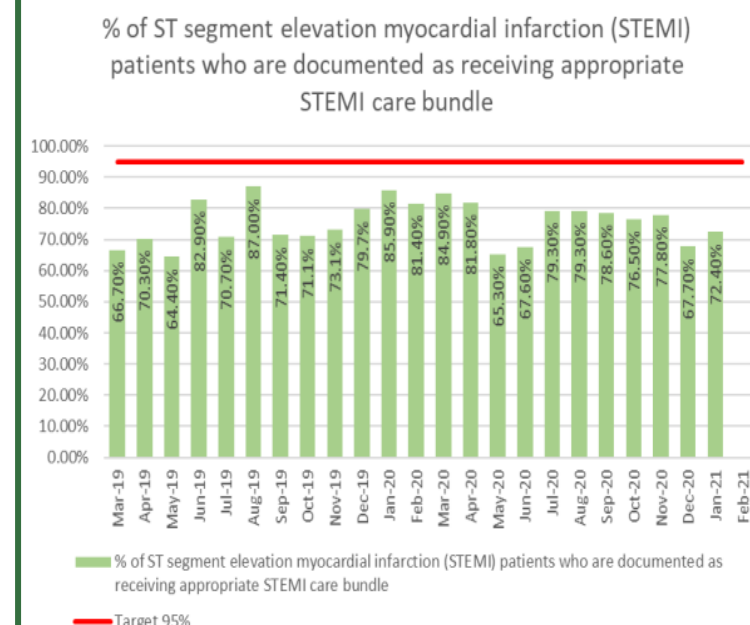
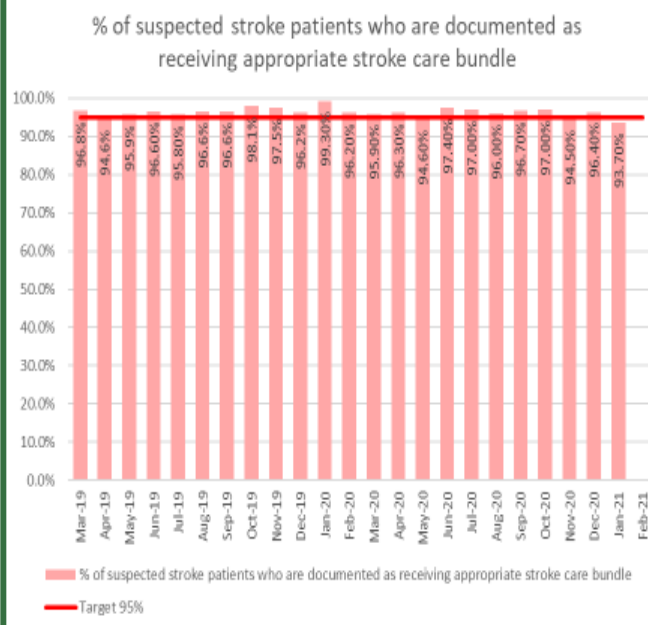
Remedial Plans and Actions

In relation to ROSC rates, whilst there are many system-wide factors affecting performance, within WAST's control if it is felt that the introduction of a Cymru High Acuity Response Unit (CHARU) model, based on improved clinical leadership and enhanced training, will improve outcomes for patients. This will be developed and implemented through 2021/22.

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

Expected Performance Trajectory

Once CHARU has been implemented it is anticipated that ROSC rates should increase.



**Due to technical issues in relation to the digital pen system & data capture, in agreement with EASC Clinical Indicator AQI's have not be published & therefore data supplied in the graph may be subject to change



INDICATORS 9, 10 – NEPTS Patient Experience

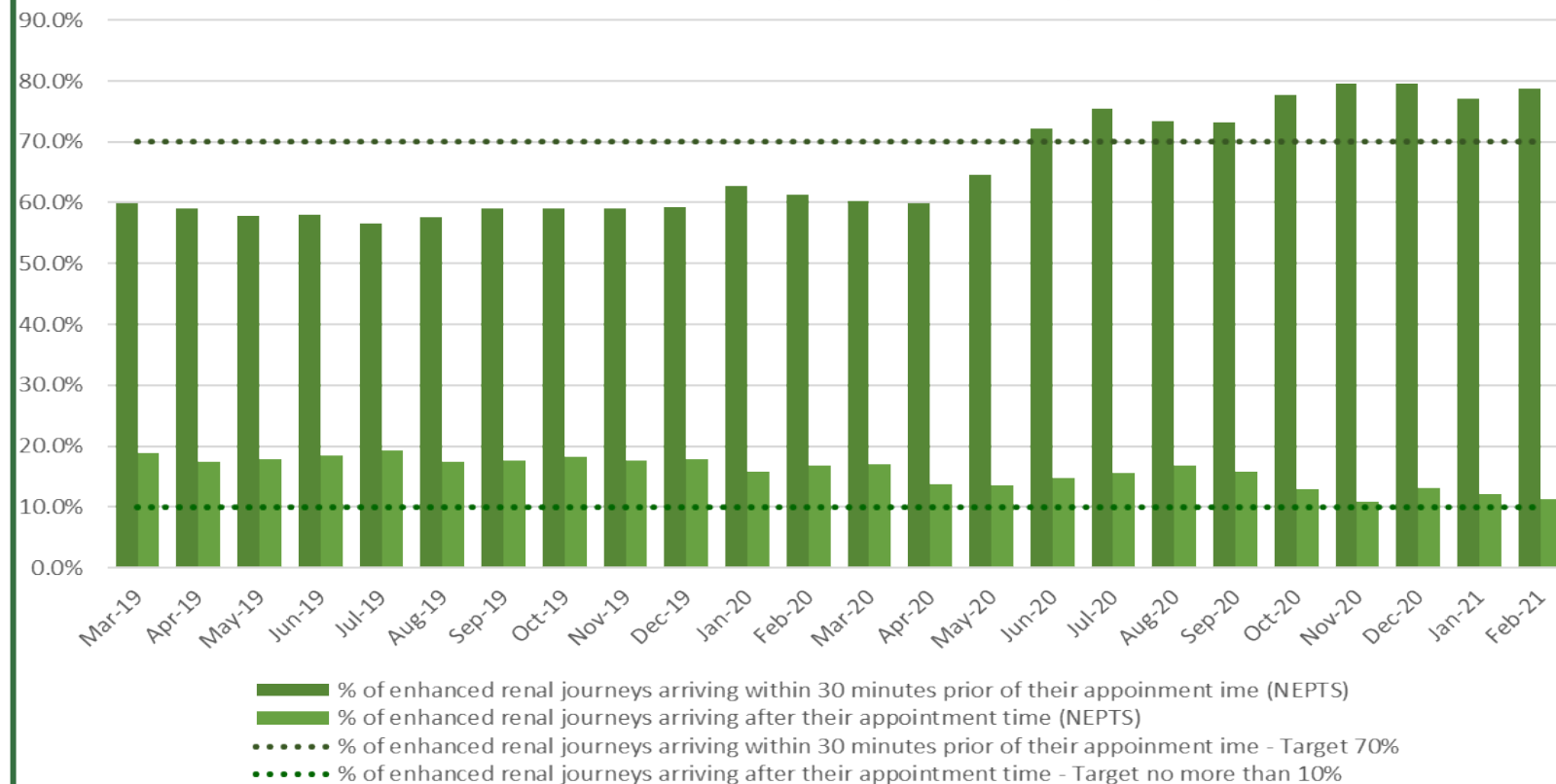
Renal

D&T

G

G

% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



Analysis

NEPTS has seen a continued improvement in key areas of service delivery affecting patient experience. In Feb-21 87% of D&T journeys were collected within 60 minutes of their booked ready time. 79% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target and 12% arrived after their booked appointment time, falling just outside of the 10% target.

Key factors affecting these indicators are demand and capacity:

- Social distancing means that the number of patients than can be transported per journey has reduced, which has reduced NEPTS **capacity**;
- NEPTS **capacity** has also been adversely affected by other CoVID-19 factors: journeys taking longer due to PPE, staff sickness, staff shielding, staff training and testing, infection prevention and control arrangements and so on;
- However, there has been a significant reduction in **demand** as a result of planned activity reductions in health boards. The reductions in demand have more than offset reductions in capacity and hence performance has improved.
- As we emerge out of pandemic response in 2021/22 and the health system is “re-set” we may see demand increase again for NEPTS. This modelling is currently being actioned.

Remedial Plans and Actions

- Demand:** Continue to work with health boards closely to understand and model the impact of their recovery plans;
- Demand:** As part of the Transport Solutions programme, work towards finding alternative transport solutions for non-eligible patients (to reduce demand)
- The NEPTS Demand & Capacity Review is completed and will be shared and discussed with commissioners, and action plans developed. The Review includes a range of benchmarks particularly around efficiency of our service, which will help to increase **capacity**.

Expected Performance Trajectory

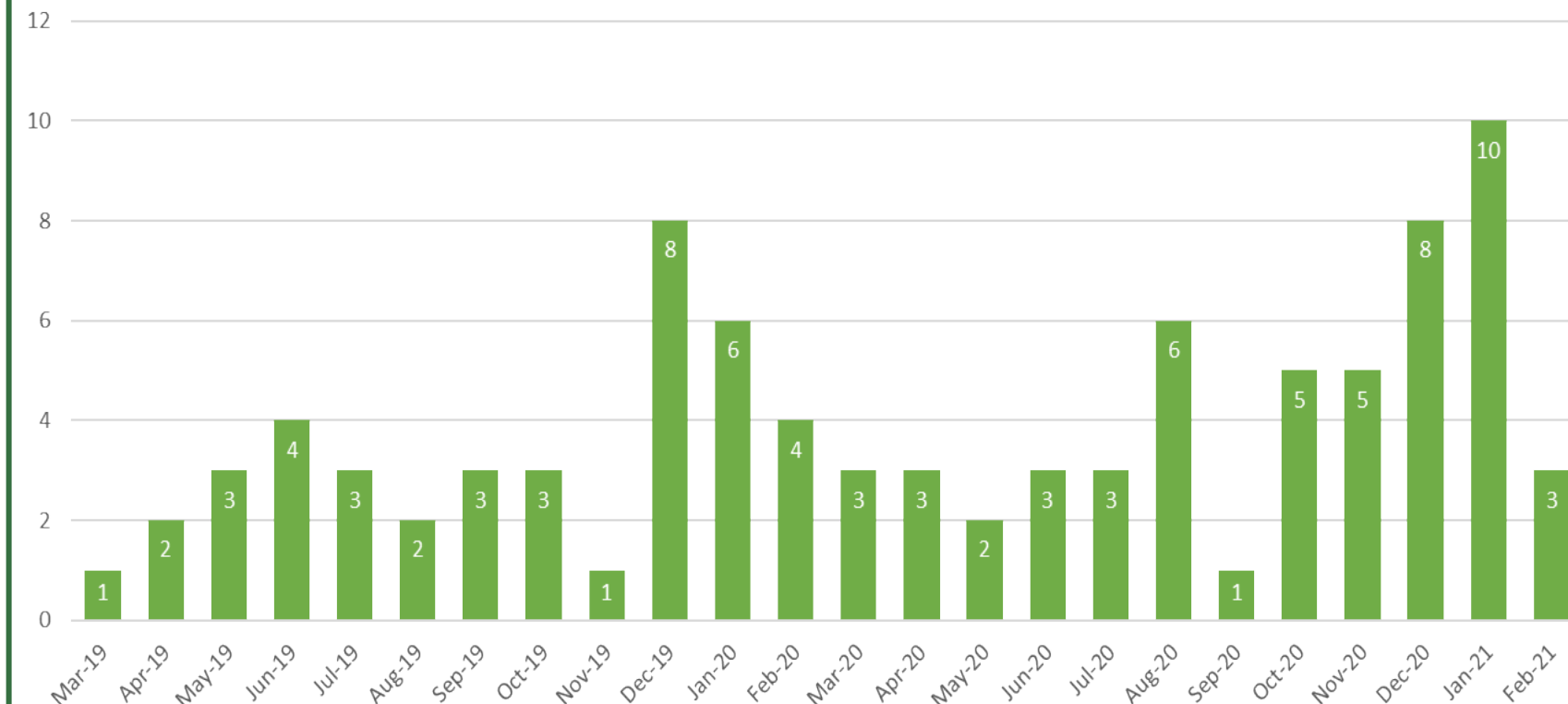
At present, the uncertainty around demand means that it is difficult to forecast performance. Work will continue to maximise capacity and reduce non-eligible demand



Responsible Officer: Claire Roche

INDICATORS 11, 12 – Patient Serious Adverse Incidents and Patient Concerns Responses

Number of SCIF cases reported as Serious Adverse Incidents (SAI) By Date Reported to the Delivery Unit by WAST



Analysis

The **percentage of responses to concerns** decreased in Feb-21 to 70%, compared to 75% in Jan-21. The number of total concerns has decreased in Feb-21 (51) when compared to Jan-21 (54).

There were 5 SCIF forums held in Feb-21, during which 29 cases were discussed, 3 of these cases were reported to the Delivery Unit and 7 were passed to Health Boards as Serious Incident Framework 'Appendix B' incident referrals.

Year on year the overall volumes of SAIs are on an increasing trend. The sharp increase in Dec-20/Jan-21 is concerning and has been linked to the significant delays across the system, the decrease in Feb-21 supports this as handover delays came down and response times began to improve. However, as handover delays begin to increase again so are the number of serious incidents.

49 Compliments were received by patients and/or their families in Feb-21.

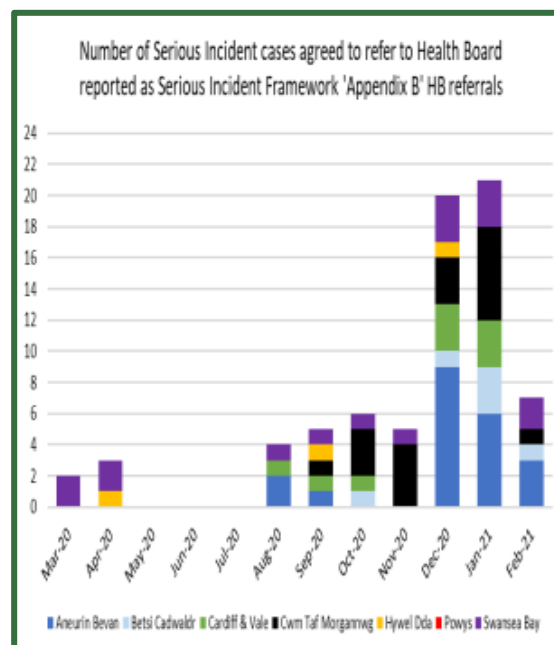
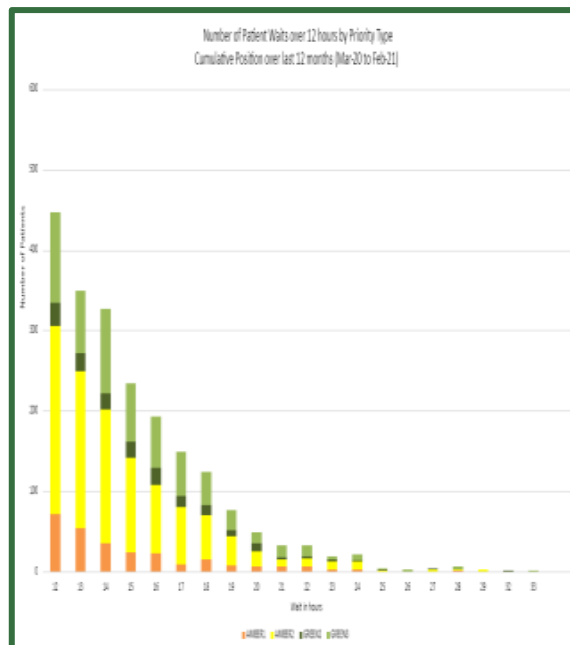
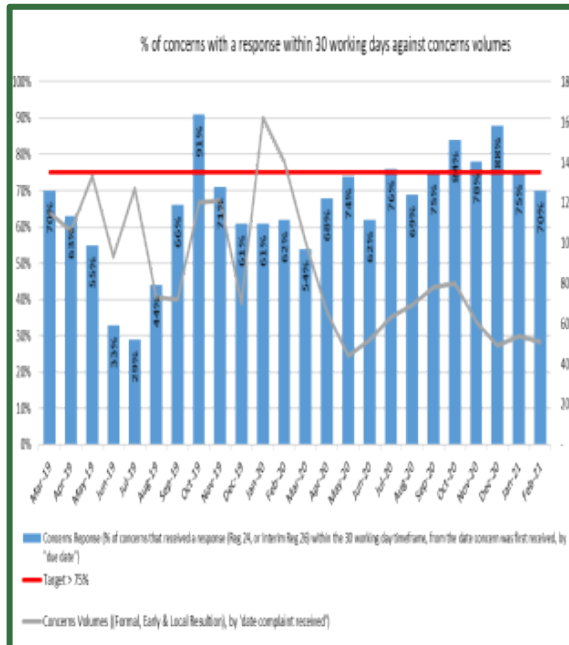
Remedial Plans and Actions

A range of actions are in place:-

- The general theme in relation to the Trust's concern's portfolio is timeliness to respond.
- There is continued engagement with Health Boards in relation to Joint SI investigations where the primary causal factor is in relation to delayed handover.
- The Trust continues to draw the learning from our most serious incidents, in particular the issue surrounding 'ineffective breathing' descriptor.
- A 'deep dive' was undertaken in relation to the utilisation of Protocol 36 and following this no Serious Adverse Incidents had been raised or cases being discussed at SCIF.
- Health Board specific QSPE reports are being shared with each respective HB DoN.
- The key strategic action is the EMS Demand & Capacity Programme.

Expected Performance Trajectory

There is no trajectory set for serious adverse incidents, but the fact that there were none in the period May-20 to Jul-20 is instructive. If the Trust has the required level of investment and efficiencies are delivered we would expect a very low level of SAIs.



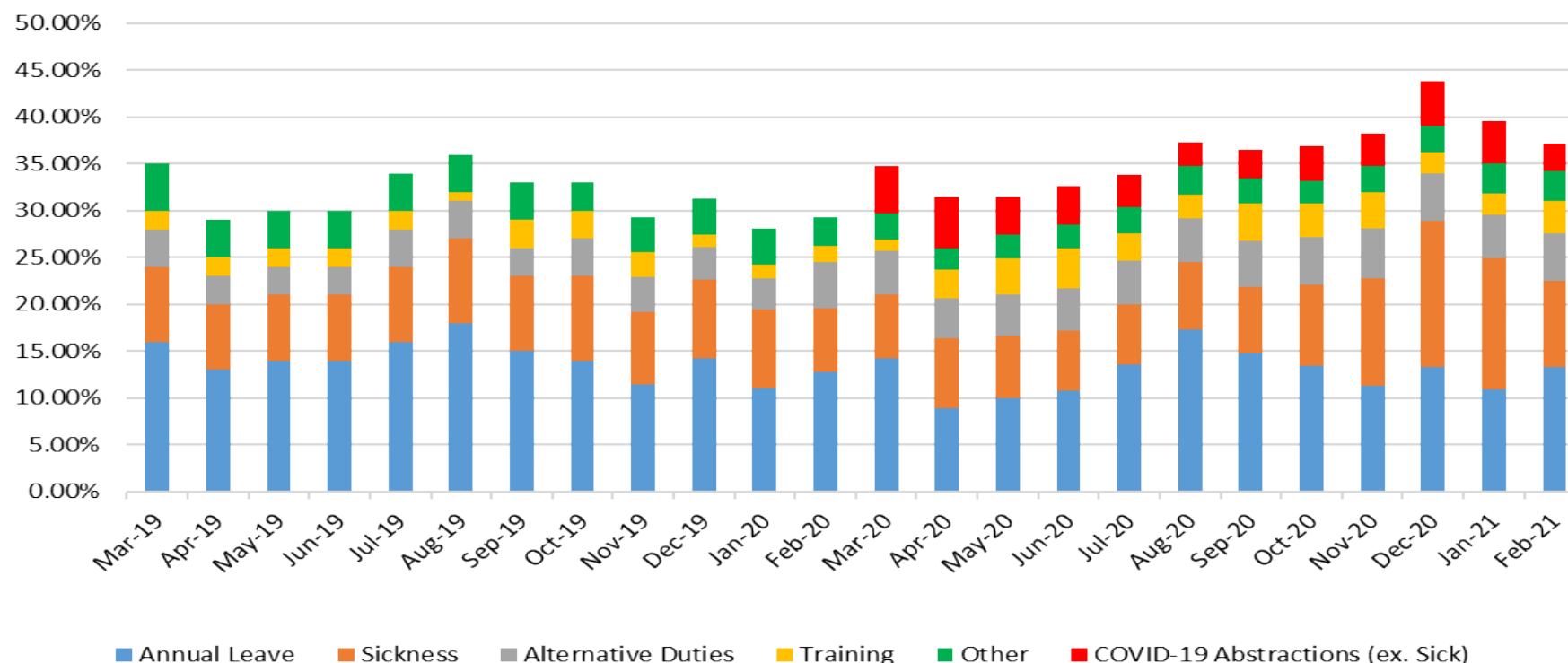
Responsible Officer: Lee Brooks

INDICATORS 13&14 – Ambulance Abstractions and Production

Abstractions
R

EA Production
G

Pan Wales Total Rota Abstraction Hours



Analysis

Emergency Ambulance Unit Hours Production (UHP) remained at 100% in Feb-21 (68,882 Actual Hours), exceeding the 95% benchmark and in line with our winter plans as set out in the Q3/4 plan.. RRV UHP was 78% (14,428 Actual Hours) compared to 70% in Jan-21. The total hours produced is a key metric for patient safety. In Feb-21 the Trust produced 112,482 hours. During Feb-21 the Military, Fire & Rescue Service and Students provided 9,811 hours, this will reduce as military aid is stopped in Apr.

Monthly abstractions from the rosters are key to managing the number of hours we produce. In Feb-21, total abstractions stood at 37%. This compares to a benchmark set in the Demand & Capacity Review of 30%. The highest proportion was annual leave at 13% and sickness at 9%. Sickness abstractions are higher than previous years with CoVID-19 being the key difference. CoVID-19 related abstractions accounted for 3% of overall abstractions in Feb-21, the lowest since Sept-20.

Remedial Plans and Actions

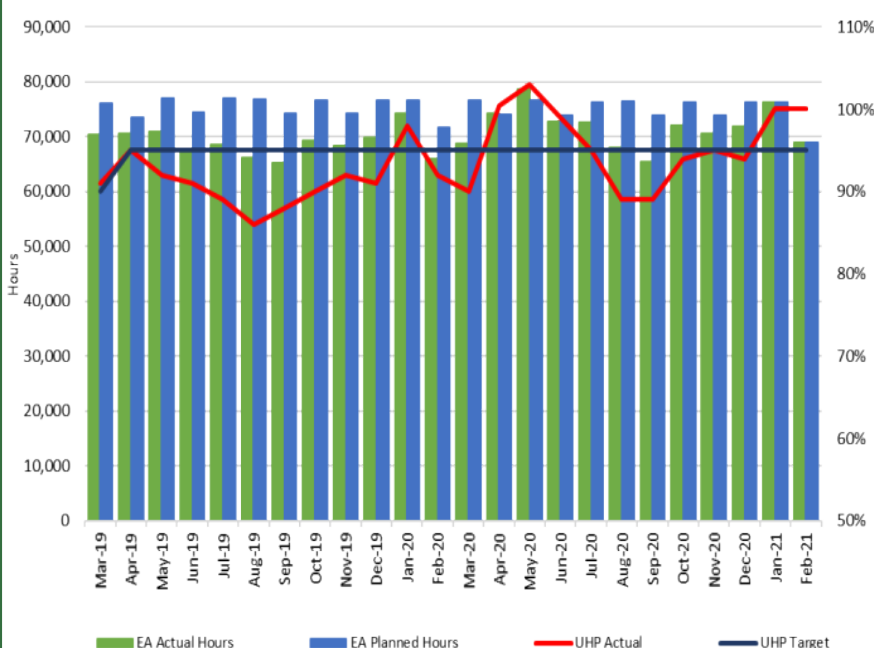
Abstractions The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. The resumption of the Resource Availability Project (within the EMS Demand & Capacity Programme) is key to improving this overall metric under normal conditions.

Production:. The key actions to maximise production will continue to be the EMS demand and capacity review. An additional 127 WTE to be recruited this year.

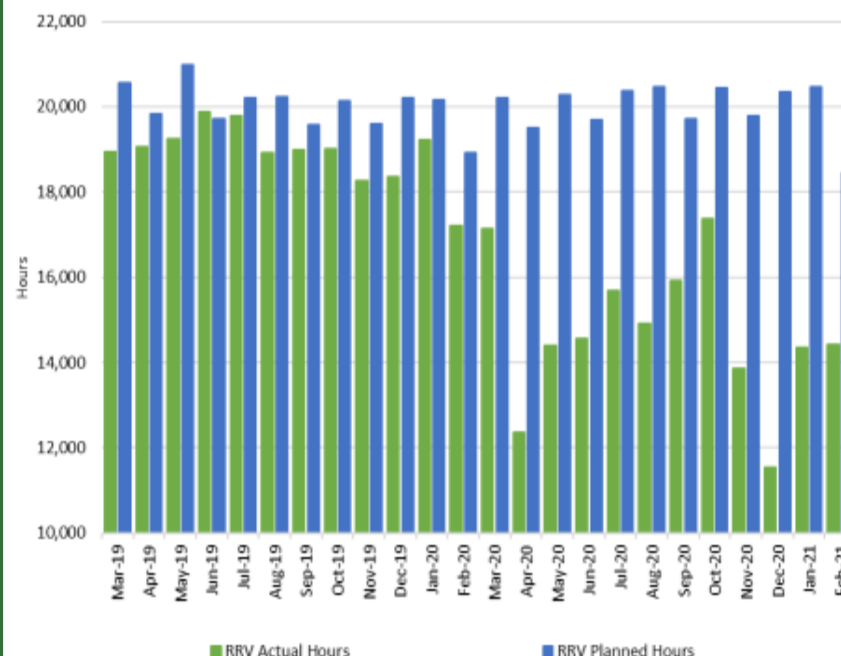
Expected Performance Trajectory

Subject to the longer-term impact of CoVID-19 the benchmark is a UHP of 95% across the Trust's three main resource types and an abstraction rate of 30%. The aim is to achieve this by the end of 2021/22 as the relief gap closes. The overtime budget should then be available to support dynamic deployment of RRVs.

Emergency Ambulance Unit Hours Production



RRV Hours Planned vs Actual

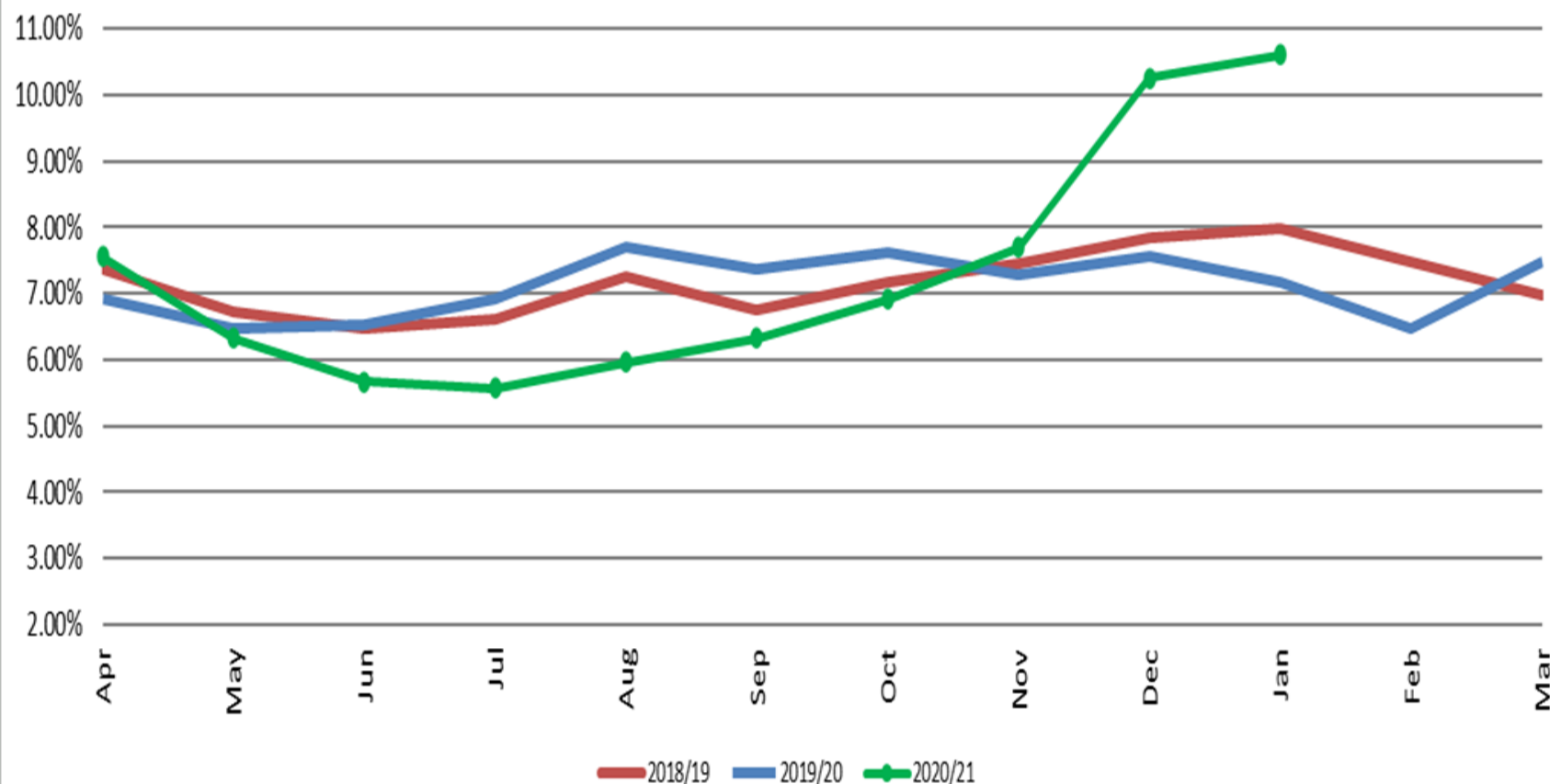


Responsible Officer: Claire Vaughan

INDICATOR 15 – Sickness Absence

NB: January 2021 data

WAST Sickness February 2019 - January 2021



Analysis

- The in-month sickness absence figure for Jan-21 was 10.67%, an increase of 0.35% from last month and an increase of 3.49% compared to the same time last year (7.18%).
- In-month Long-term sickness increased by 0.33% to 5.77% compared to last month, an increase of 0.60% compared to the same time last year (5.17%).
- The average length of all cases closed in Jan-21 was 69.96 days, an increase of 1.81 days compared to Dec-20 and 20.35 days lower than the Jan-20 average.
- Anxiety, stress, depression and other psychiatric illness consistently remain the top reason for staff absence, accounting for 25.34% of absences in the last 12 months.

N.B. the Monthly LTS (long term and short term) Cases Opening/Closing graph is reported one month behind.

Remedial Plans and Actions

Regular meetings with managers, HR and OH continue and are proving beneficial in supporting managers to manage the wellbeing of their teams. Additional focus is currently on Short Term Sickness along with the opportunities identified from a WMAS visit.

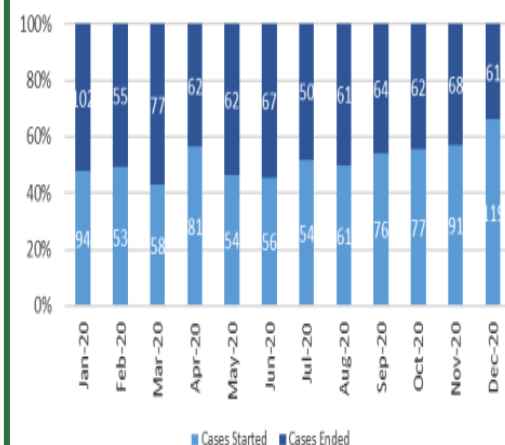
Regular and ongoing reminders of how to contact wellbeing services & provision are issued with details of free apps & helplines. Workforce and OD staff are aware of support available with regular meetings with WOD and OH and Wellbeing taking place with Siren and Facebook being utilised.

Wellbeing team continues to run three drop-in sessions each week, along with one workshop each week. Post CoVID specific workshops including return to work and shielding.

Expected Performance Trajectory

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

Monthly LTS Cases Opening/Closing

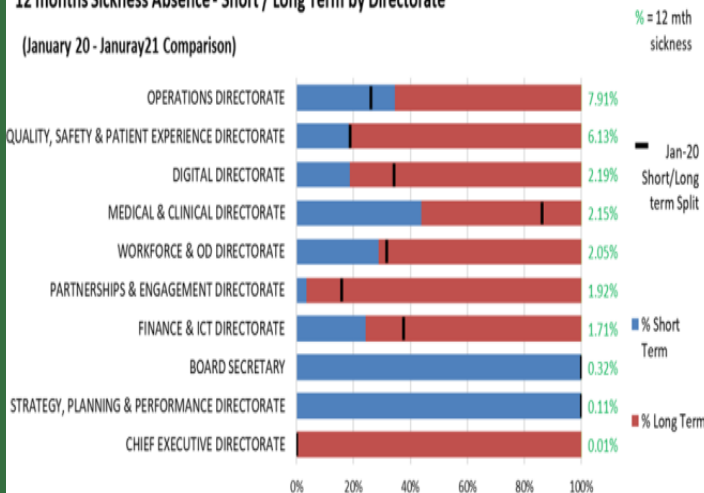


Rolling 12 months Absence

Average working days lost per FTE	
16.71 days	
Rolling 12 month Absence %	
7.33%	
Long Term	Short Term
4.83%	2.50%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
1.86%	0.69%

12 months Sickness Absence - Short / Long Term by Directorate

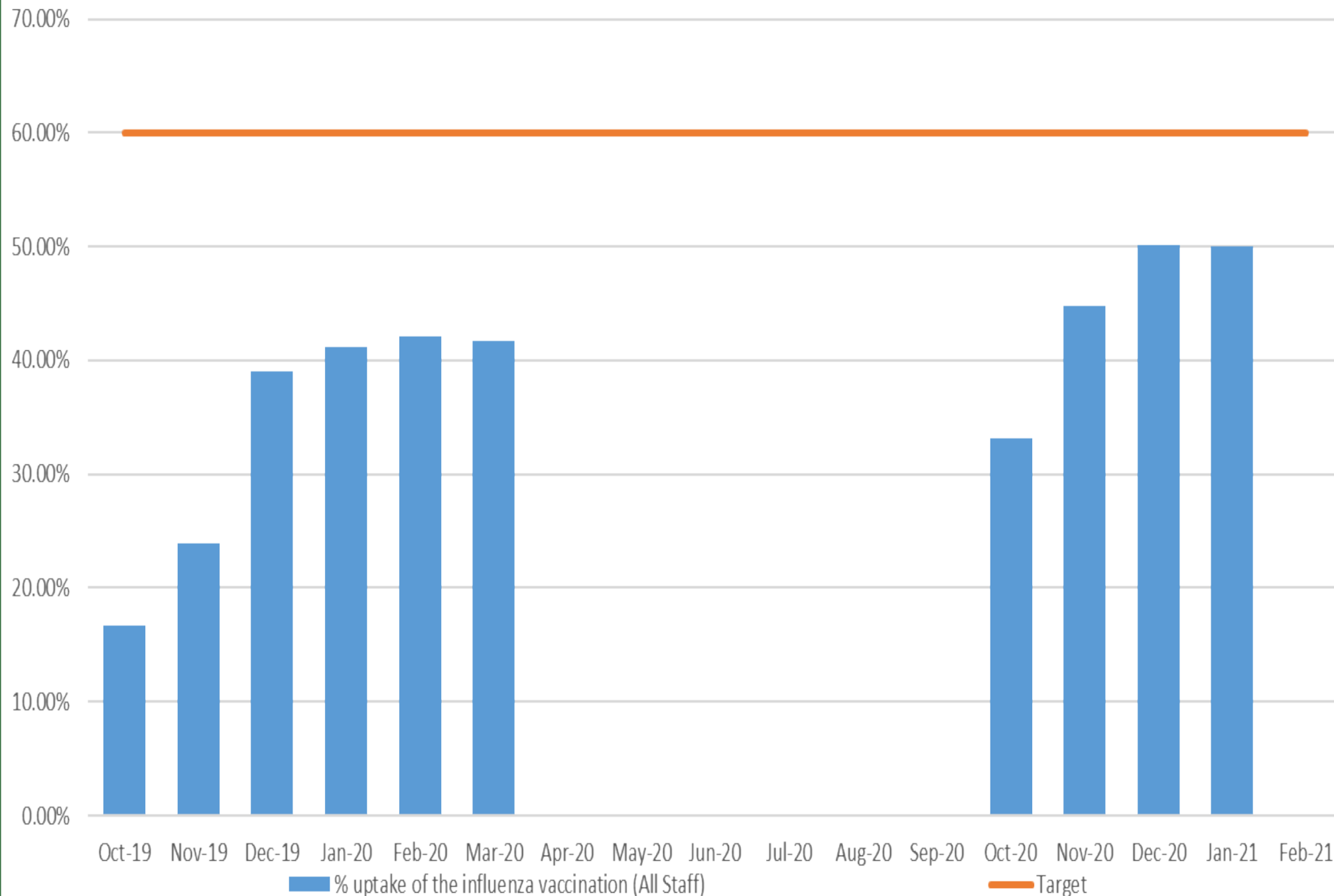
(January 20 - January 21 Comparison)



Responsible Officer: Claire Vaughan

INDICATOR 16 – Staff Vaccinations

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



Analysis

The graph to the left indicates that the 2020-21 Flu campaign saw a bigger uptake for Flu vaccines than the previous years campaign.

3,674 staff; or approximately 85% of frontline, patient facing staff have received a first dose of the CoVID-19 vaccination.

Remedial Plans and Actions

This section is currently under development and will include data to report CoVID-19 vaccination rates/uptake of frontline, patient facing staff.

The Trust is considering in-house vaccination programme to administer CoVID-19 booster vaccines. Upskilling and training CFRs in order to utilise them to deliver the vaccination is in process and further work to explore the feasibility of bringing the vaccine in-house, however this is still in the consideration stages.

Expected Performance Trajectory

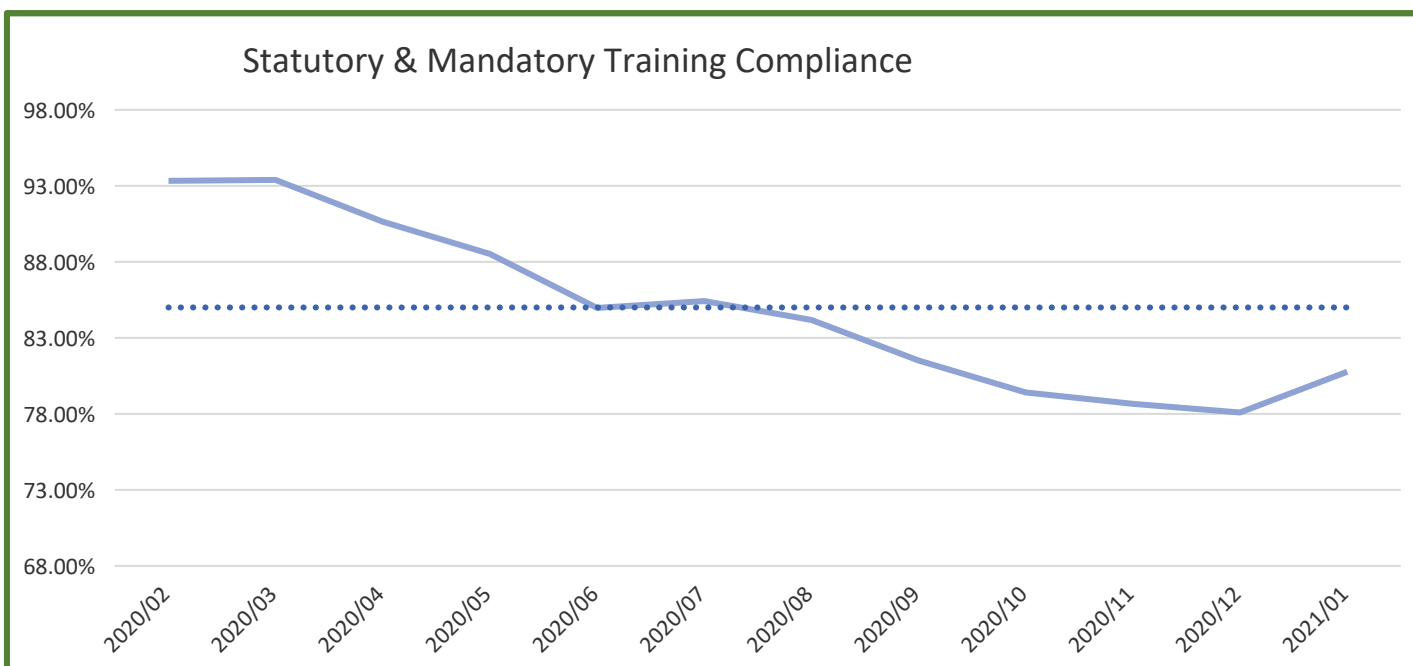
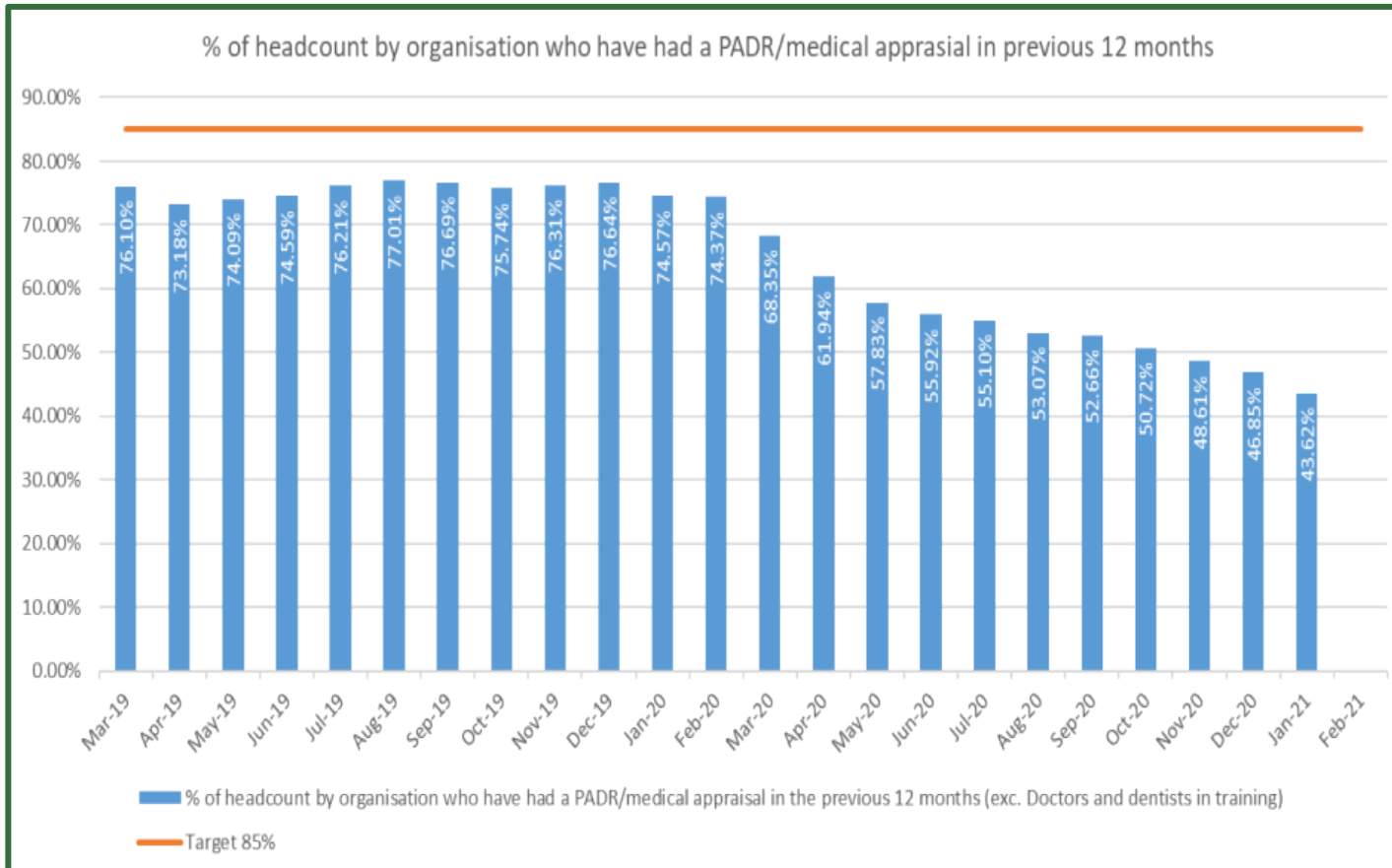
Due to the easing of lockdown measures in Wales, flu rates are expected to see a surge over the 2021/22 winter period, therefore it is expected that there will again be an increased uptake of the vaccine.

*****Please note this section is under development***

Responsible Officer: Claire Vaughan

INDICATORS 17&18– PADR & Training Rates

NB: January 2021 data



Analysis

PADR rates for Jan-21 were 43.62%, well below the 85% target.

Jan-21 Statutory & Mandatory Training rates increased by 2.68% from the Dec-20 figure and are now 4.23% below the 85% target. Four competences remain below the 85% target - Fire Safety (60.64%), Information Governance (67.65%), Moving & Handling (63.45 %) and Safeguarding Adults (61.81%)

Continuing Professional Development is currently suspended due to the Coronavirus Pandemic. Band 6 Paramedic Competency rates are 90.13% for year 1 and 85.61% for year 2. These figures exclude NQP Paramedics and staff on Long-Term Sickness and Maternity.

There are currently 2 (13 for Admin & Clerical Staff) Statutory and Mandatory courses that all NHS employees must complete in their employment. These include:

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

Remedial Plans and Actions

Targeted communication has been published on Siren to encourage corporate staff to ensure individual compliance by 31-Mar-21 #WASTMakeItHappen challenge in order to improve compliance rates.

Expected Performance Trajectory

The outlook for 2021 is unclear, a potential third wave of the CoVid-19 pandemic could result in the Trust again moving out of the Monitor Phase and again into a Response Phase resulting in the redeployment of staff and a pause to PADR and Statutory and Mandatory compliance.

****Please note this section is under development**

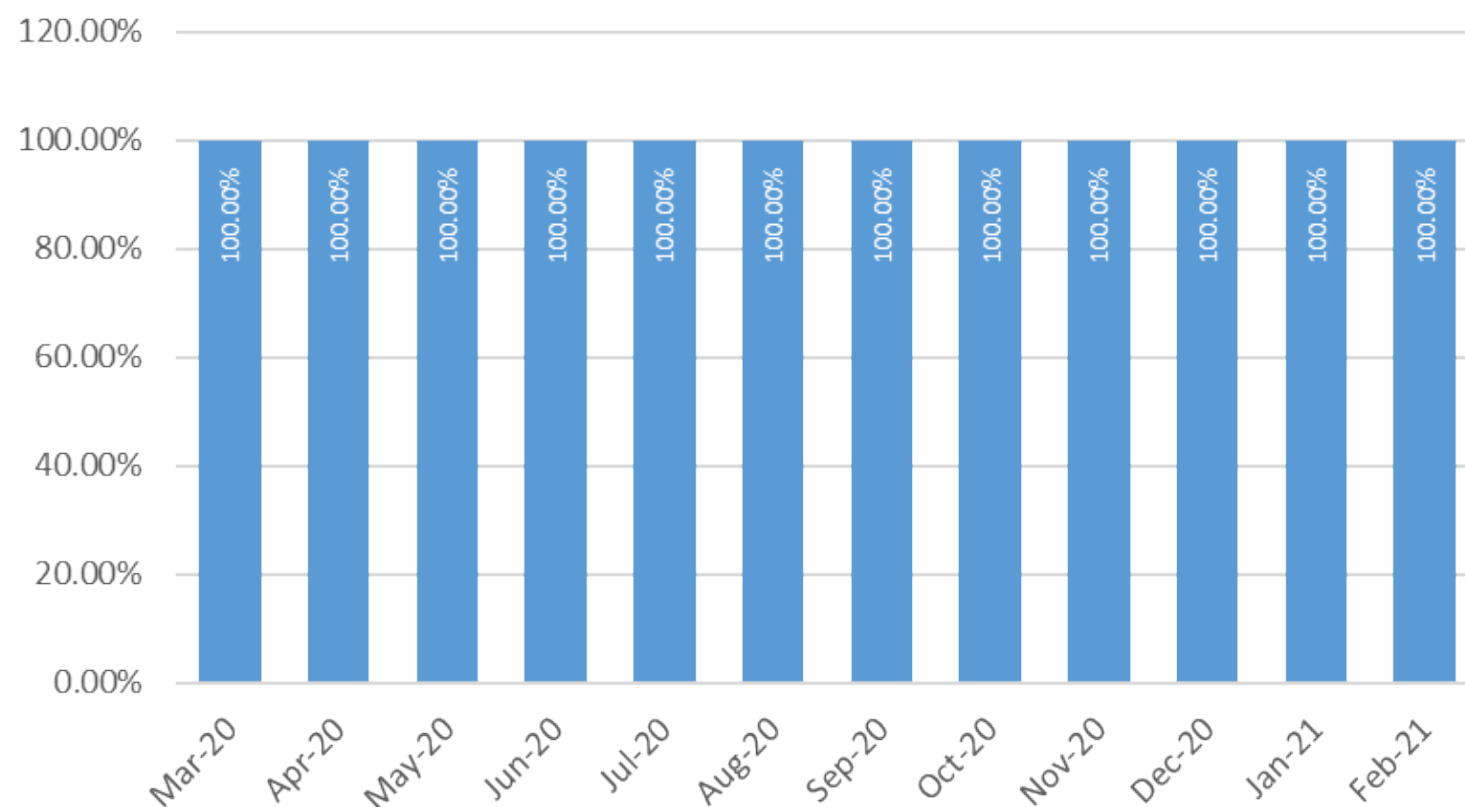


Responsible Officer: Chris Turley

INDICATOR 19 – Finance

G

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



Analysis

As of Feb-21 the reported outturn performance remains above target and is a surplus of £65k, with a forecast to the yearend of breakeven.

The Trust is reporting planned savings of £4.014m and actual savings of £4.028m, an achievement rate of 100.3% and above target.

Cumulative performance against the Public Sector Purchase Programme (PSPP) as of Feb-21 is 97.1% against a target of 95% so is therefore on target.

As of Feb-21 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

Remedial Plans and Actions

The Trust's financial plan for 2021-24 will build on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the current 2021-24 plan is in development.

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

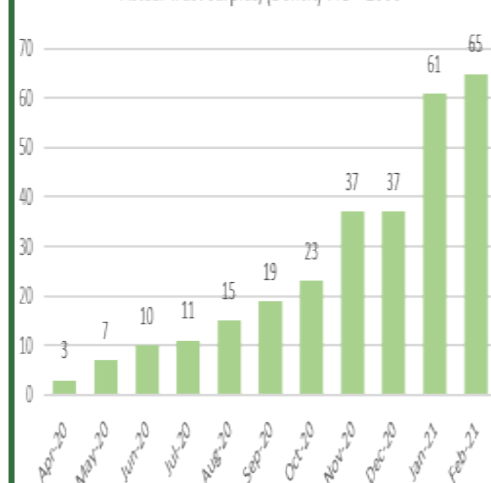
Key specific risks to the delivery of the 2021/22 financial plan include:

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

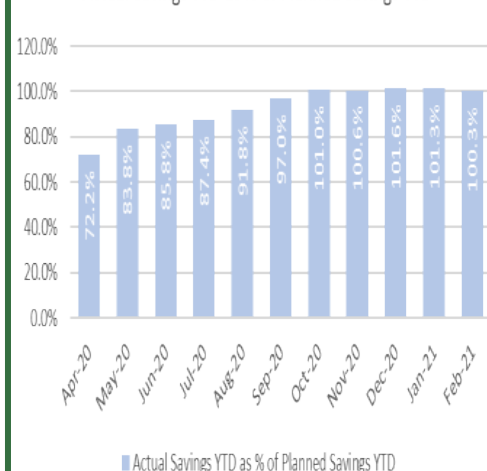
Expected Performance Trajectory

The expectation is that we will continue to meet our statutory financial duties, as outlined in our IMTP.

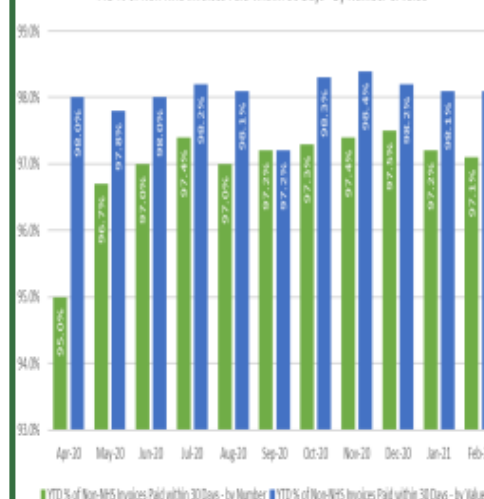
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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





GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

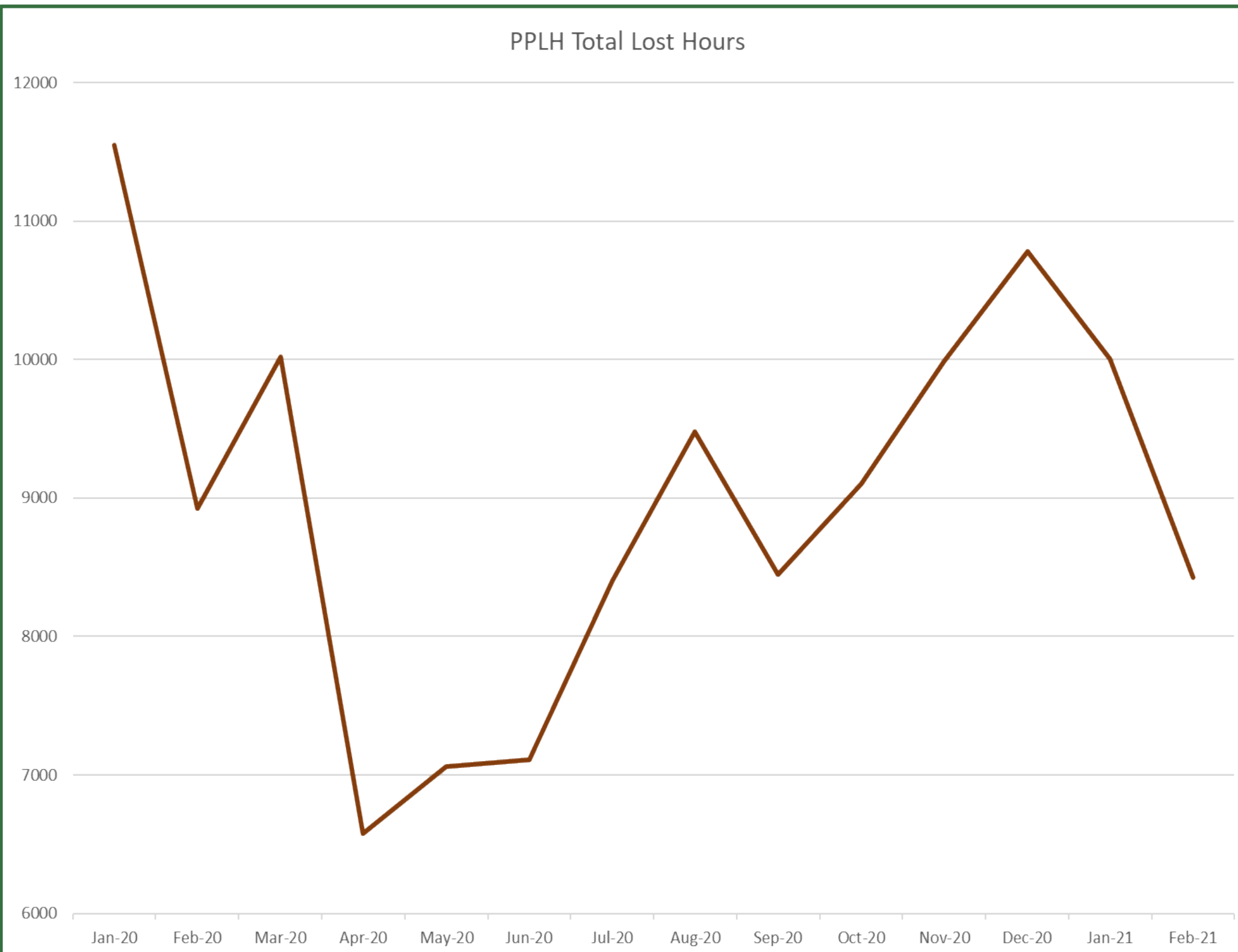


Responsible Officer: Lee Brooks

INDICATOR 20 – EMS Utilisation & Post Production Lost Hours

TBD

PPLH Total Lost Hours



Analysis

There were 8,427 hours lost in Feb-21 compared to 10,005 in Jan-21 and 8,922 in Feb-20 to Post-Production Lost Hours (PPLH).

Hours lost through PPLH can be down to numerous factors, including but not limited to Meal Breaks, HALO duties, Vehicle cleaning, vehicle defects and Traumatic stand down. It can also be as a result of different processes at hospital sites causing variation in process in flow throughout the system that contribute towards post- production lost hours.

Remedial Plans and Actions

The tracking and monitoring of post-production lost hour is undertaken through a new dashboard which sits within QlikSense. This identified the number of hours lost by unavailability reason and vehicle location. This will allow the Trust to start actively monitoring and identifying any outliers in relation not lost hours.

Expected Performance Trajectory

The Trust benchmarked well on post-production lost hours in the EMS Demand & Capacity Review, with the exception of meal-breaks which accounted for 75% of the lost hours. This is currently an area of focus via the Modernisation Agenda and no target or forecast has been set.

*****Please note this section is under development***





GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Partnerships / System Contribution

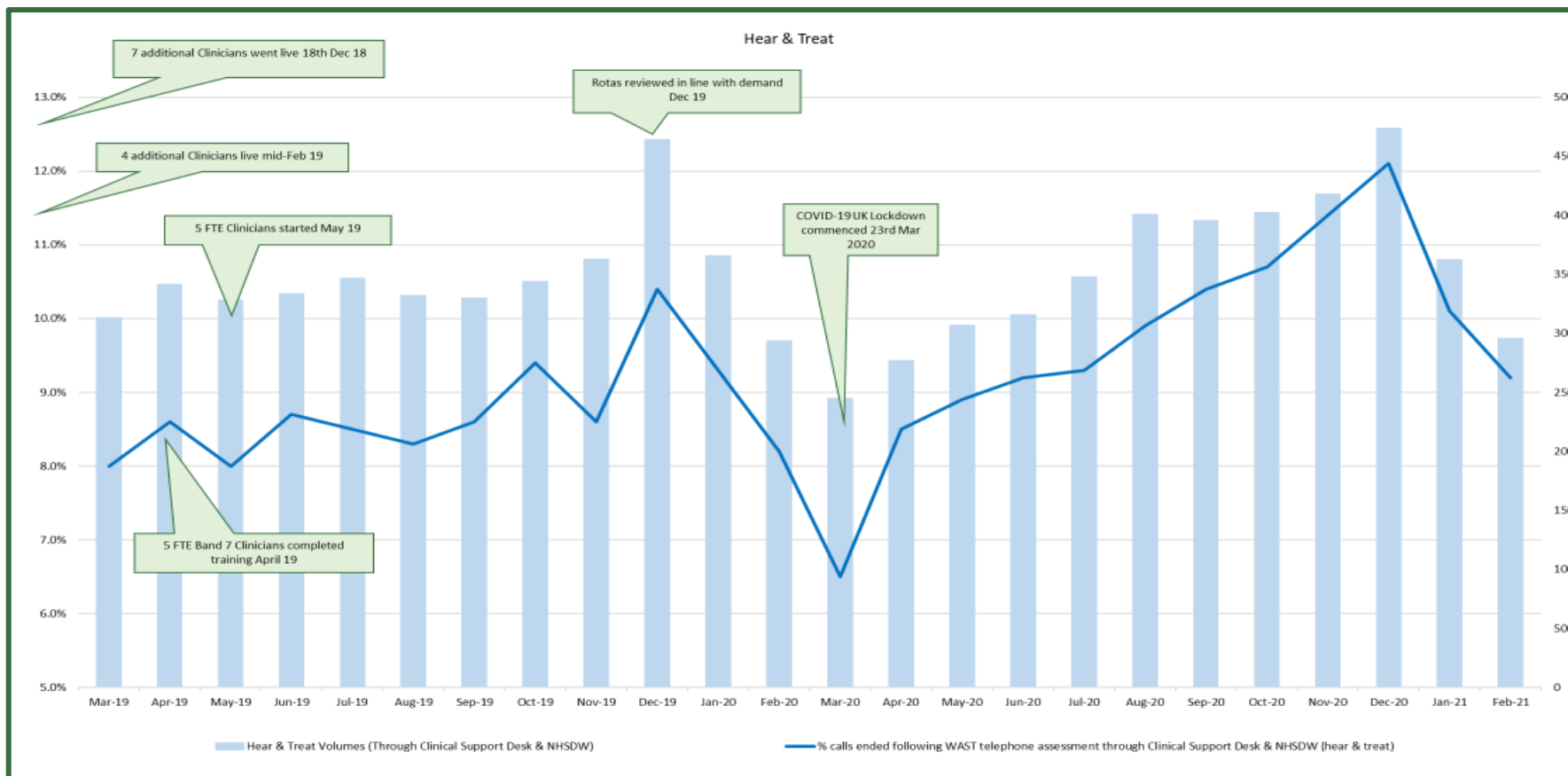
FPC

INDICATOR 21 – Hear & Treat

NB: % Calls triaged by a Nurse
Advisor January 2021 Data

G

Responsible Officer: Lee Brooks



Analysis

The **Clinical Service Desk (CSD)** and **NHSDW (Hear & Treat)** achieved 9.2% performance in Feb-21.

5.9% of hear & treat volumes were achieved by the CSD in Feb-21. In comparison, 3.3% of hear & treat was by NHSDW/111.

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

Re-contact rates in Jan-21 were 7.5% a decline compared to 7.6% in Dec-20 but an increase compared to 5.1% in Feb-20.

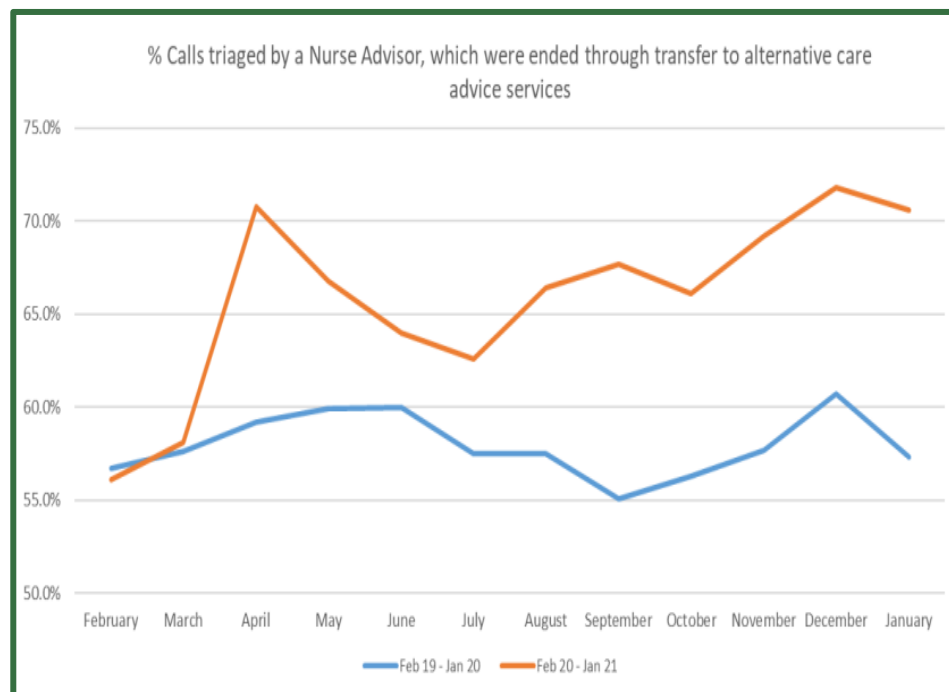
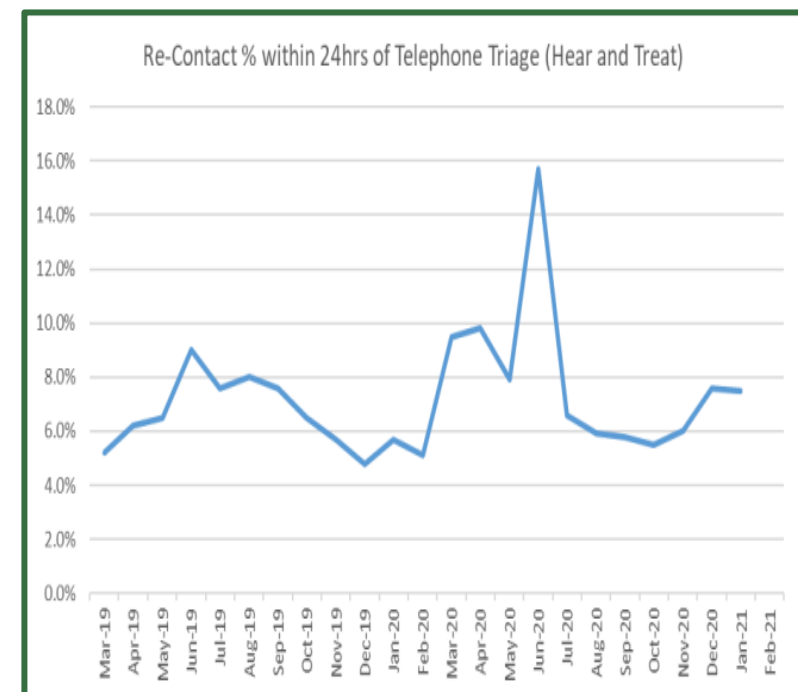
The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice overall on an increasing trend, achieving 70.6% in Jan-21 compared to 57.3% in Jan-20.

Remedial Plans and Actions

- The work to implement the findings of the CCC Clinical Review will be the main driver of change and improvement. Limited progress has been made through the pandemic, but work has recommenced. A report on predicted impact on hear and treat rates will be coming to the next D&C Programme Board.
- An offer has been made to the system to recruit additional mental health practitioners into the 999 (and 111) clinical teams which would increase hear and treat rates significantly based on findings of a pilot during the pandemic. Funding decisions are awaited.

Expected Performance Trajectory

The expectation from the D&C review is that we ought to be able to achieve a 10.2% hear and treat rate (achieved in some recent months). Commissioning intentions do not set any further specific targets, but further joint work will be undertaken to understand the art of the possible.





GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

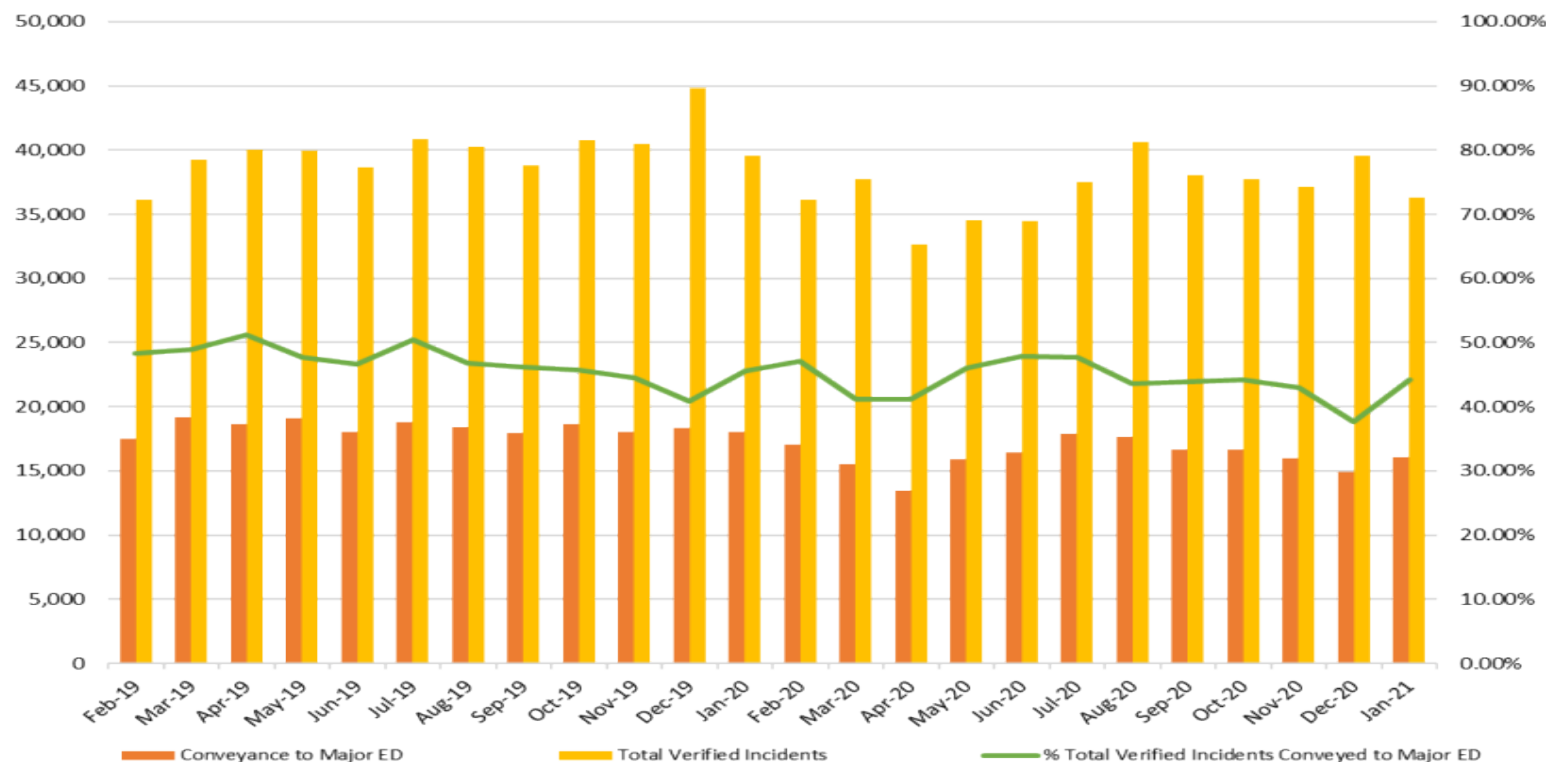
INDICATOR 22 – Conveyance to ED

A

Responsible Officer: Brendan Lloyd

NB: January 2021 Data

Conveyance to Major ED



Analysis

The percentage of patients conveyed to EDs decreased i.e. improved, compared to the same period last year. In Jan-21 conveyance to EDs as a proportion of total verified incidents was 44% (compared to 46% in Jan-20).

The combined number of incidents treated at scene and referred to alternate providers increased in Jan-21 when compared to Dec-20 and is also higher than the same period last year.

Remedial Plans and Actions

This indicator (it is not a formal measure at this time) captures the impact of all “shift left” activity, for example hear & treat, see & treat (APPs, Band 6 Paramedics), pathways and conveyance to other hospital locations e.g. minor injury units (MIUs), direct admissions etc. Years 3-5 of the EMS Demand & Capacity Programme offer the potential to take a more transformative look at options for further reducing conveyance, where it is clinically safe and appropriate to do so. Initial scoping work on this transformative modelling will take place in quarter four.

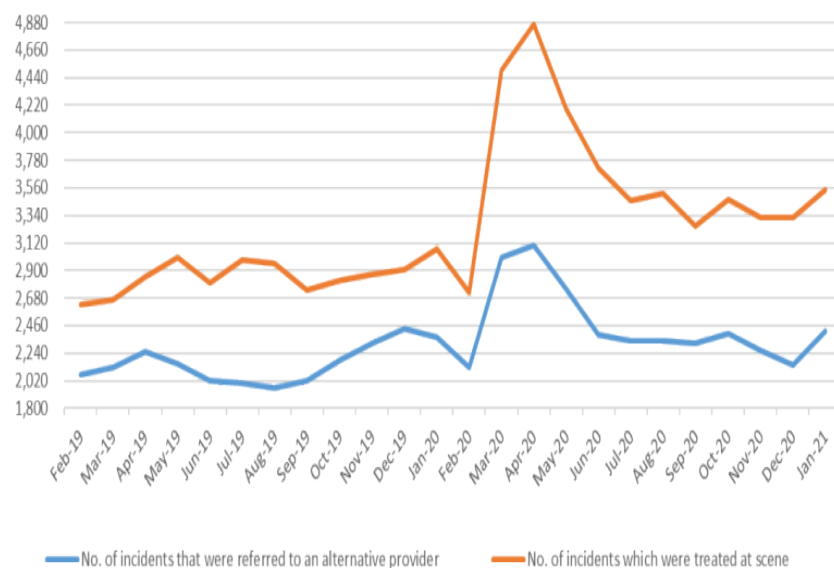
As part of the IMTP and working with partners across the health system, WAST has been asked to lead on the development of a National Respiratory work stream. A four phased proposal has been designed to deliver sustainable service level improvement for respiratory patients across Wales aligned to the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

We have been asked to work with health boards to consider whether we could increase recruitment of a further 50 paramedics this year, one option would be to use these to backfill further into APP training roles, but this has yet to be confirmed or decided.

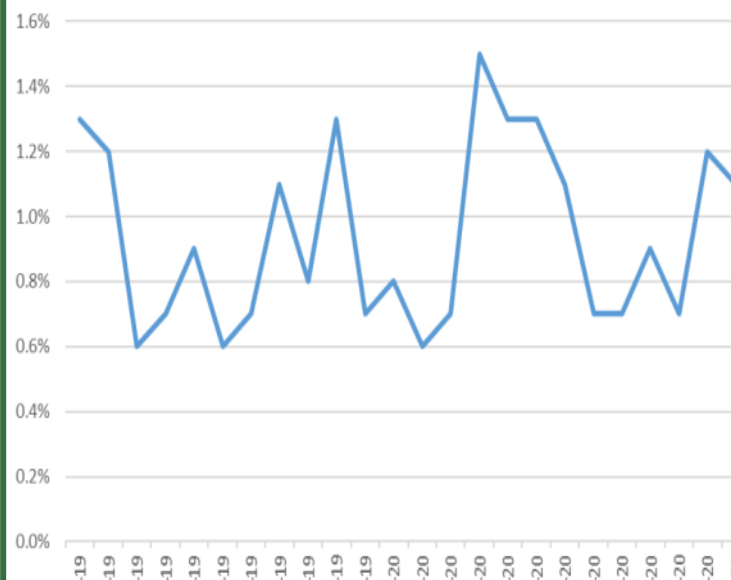
Expected Performance Trajectory

No targets are set for see and treat or conveyance rates, but the expectation that the range of actions being taken across the system will continue to incrementally improve these. More modelling will be done this year to determine whether this can be forecast.

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



Recontact % within 24 hours of See & Treat





GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Partnerships / System Contribution

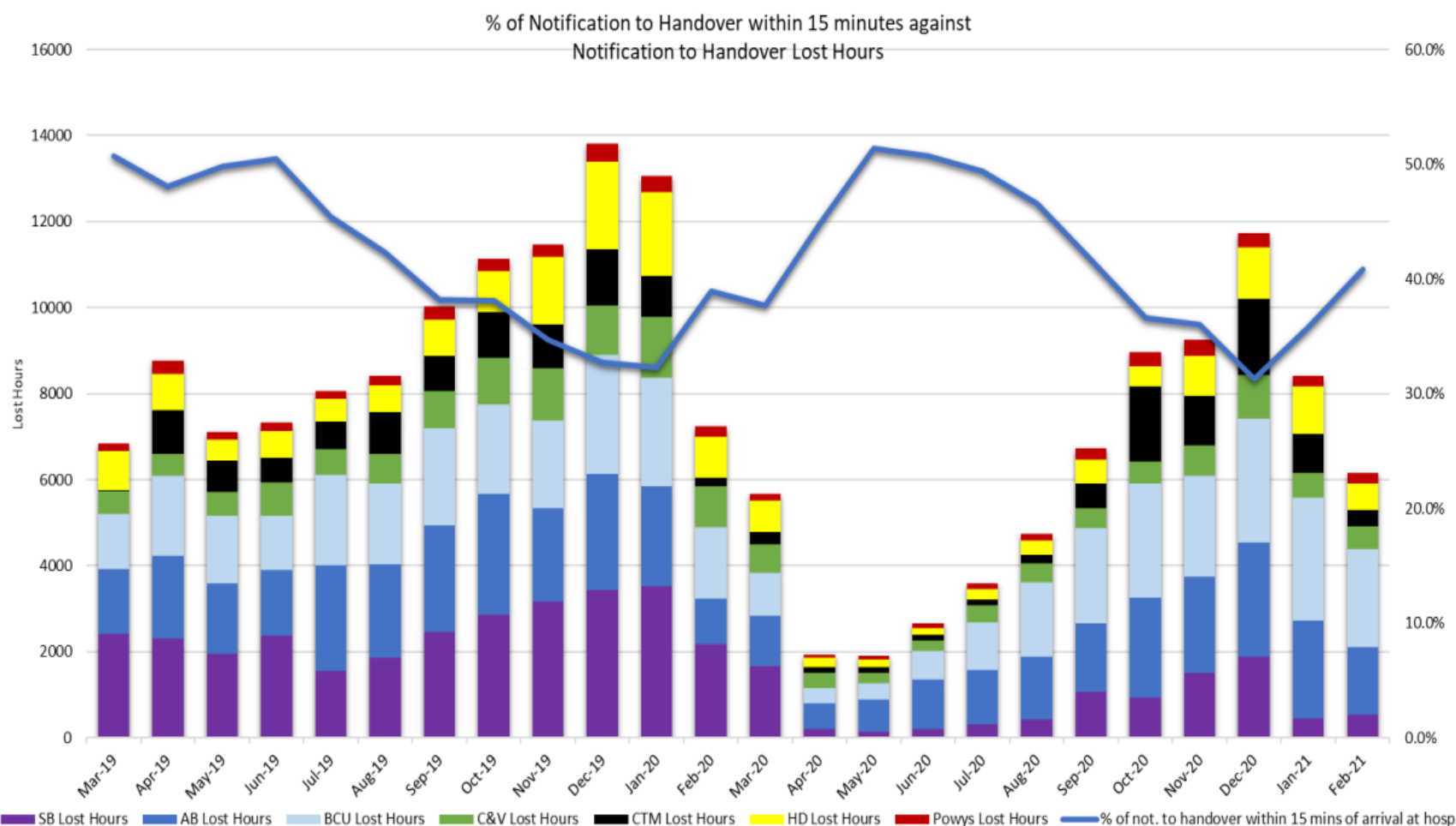
QUEST

CI

A

Responsible Officer: Health Boards

INDICATOR 23 – Handover



Analysis

The **percentage of handover to clear within 15 minutes** of transfer of patients to hospital staff was 80.7% in Feb-21, compared to 86.2 in Feb-21. The target is a reduction trend.

71,739 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 113,221 in same period a year ago (Mar-19 to Feb-20). 6,155 hours were lost in Feb-21, a 10.74% decrease compared to 7,232 lost hours in Feb-20. The worst hospitals during Feb-21 were Grange University Hospital (ABUHB) at 1,513 lost hours and Glan Clwyd Hospital Bodelwyddan (BCUHB) at 1,237 lost hours.

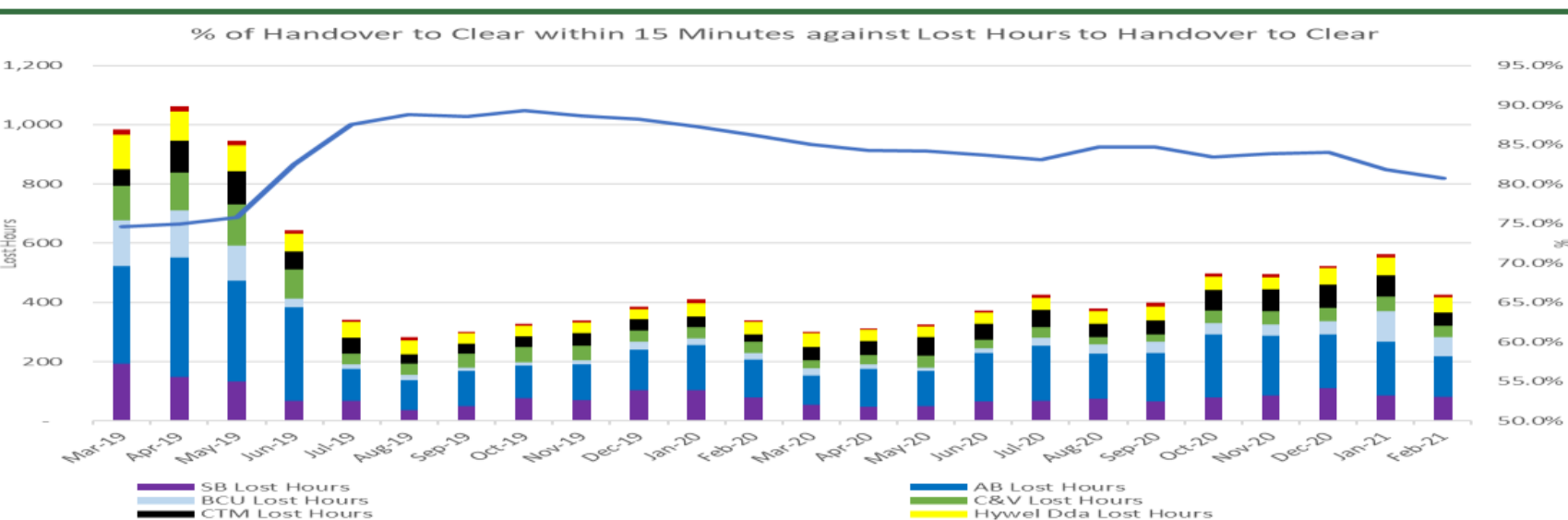
Handover to clear delays improved in Feb-21 to 427 lost hours. In the last 12 months, period Mar-20 to Feb-21 5,031 hours were lost, compared to 6,365 hours in the same period last year. An increase when compared to the previous year where there were 340 lost hours.

Remedial Plans and Actions

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

Expected Performance Trajectory

There is a very specific and welcome intention for **reducing handover lost hours** so that they do not exceed 150 hours per day 95% of the time. This will clearly be for Health Boards to deliver, but the Trust will expect to collaborate with Health Boards, in particular, on optimising conveyance and treating, referring more patients into community services closer to home and supporting timely patient discharge from hospital.





Section 3 - Acronyms Glossary

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





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

AGENDA ITEM No	3.3
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	4

Financial Performance as at Month 11 – 2020/21

MEETING	Trust Board Meeting
DATE	25 th March 2021
EXECUTIVE	Executive Director of Finance
AUTHOR	Executive Director of Finance
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this paper is to present to the Board the Trust's Financial Performance Report as at Month 11 (February), 2020/21.

The Board is asked to scrutinise, comment and receive assurance on the financial performance, position and expected year end forecast of the Trust.

A summary presentation of the Month 11 financial position was also provided to the Finance & Performance Committee on 11th March 2021.

KEY ISSUES/IMPLICATIONS

The key highlights for the Board to note are:

- The Trust continues to broadly breakeven month on month, with a small year to date reported surplus of £65k;
- The Trust is forecast to breakeven for the 2020/21 financial year;
- Welsh Government (WG) has now confirmed full recovery of Covid-19 related costs, which have been invoiced direct;
- Capital expenditure is forecast to be fully spent in line with updated plans and the WG set Capital Expenditure Limit;
- Risk of deviation from forecasts at this stage of the financial year are now considered to be very low;
- Planning and interim audit work for the 2020/21 accounts is continuing.

REPORT APPROVAL ROUTE

The Month 11 financial performance was presented to and considered by the Finance and Performance Committee on 11th March 2021. The main points to note were:

- The Committee noted that, due to meeting timing, the year to date financial performance was provided via a presentation to Committee, with the detailed reporting being provided to Trust Board via this report;
- The Committee noted the financial position at Month 11;
- Assurances were sought that Capital spend will be on plan by year-end. This was confirmed, although it was also noted that there are other projects which could be funded in the event of unexpected slippage between now and the year end. These would involve the acceleration of planned, approved and funded 2021/22;
- The Committee were informed that all Covid expenditure has now been fully funded by the WG;
- The Committee were provided with the high level draft 2021/22 financial plan for consideration, as part of the IMTP;
- It was noted that the plan was also to still look to bring a separate draft budget setting paper for 2021/22 through to Board this time, building on that contained within the financial plan.

REPORT APPENDICIES

A more detailed Month 11 Financial Performance Report is attached, along with appendices providing the Board with the detailed financial monitoring returns provided to WG, for information and which is a specific WG requirement.

REPORT CHECKLIST

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

**WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD
FINANCIAL PERFORMANCE AS AT MONTH 11 2020/21**

INTRODUCTION

1. This report provides the Trust Board with a summary update on the revenue financial performance of the Trust as at 28th February 2021 (Month 11), along with an update on the 2020/21 capital programme. Both of these were also presented to the Finance & Performance Committee (FPC) meeting held on 11th March 2021.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Duties for the 2020/21 year to date** (1st April 2020 – 28th February 2021) are that:
 - The cumulative revenue financial position reported is a small **underspend against budget of £0.065m**. The year-end forecast for 2020/21 is a balanced position, set against a small number of remaining, and at this stage of the financial year very low, risks in achieving this;
 - In line with the financial plans that supported the submitted IMTP for this financial year, gross savings of £4.028m have been achieved against a year to date target of £4.014m, thus a slight **over achievement to date against the phasing plan set at the opening of the financial year**.
 - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.1% for the number, and 98.1% of the value** of non NHS invoices paid within 30 days.
3. Any risks previously reported have continued to be reviewed and fully assessed, however there are now no formally reported quantified financial risks but as we move through the final weeks of the financial year we will continue to review any potential risks that may arrive as we head into the year end and the annual accounts / audit period.

REVENUE FINANCIAL PERFORMANCE

4. The table below presents an overview of the financial position for the period 1st April to 28th February 2021.

Revenue Financial Position for the period 1st April - 28th February				
	Annual Budget £000	Year to date		
		Budget £000	Actual £000	Variance £000
Income	-227,278	-207,032	-207,765	-733
Expenditure				
Pay	162,172	148,249	148,228	-21
Non-pay	48,921	43,898	44,543	645
Total pay & non-pay expenditure	211,093	192,147	192,771	624
Depreciation & Impairments / interest payable & receivable	16,185	14,885	14,929	44
Total	0	0	-65	-65

Treatment of COVID-19 spend

- Due to the COVID-19 pandemic, the Trust has recorded additional unavoidable spend in the period to Month 11 totalling £9.926m, of which £5.346m are pay costs (including £1.777m in respect of an increase in the outstanding annual leave accrual), £4.768m of non-pay costs and £0.271m within some areas of unachieved savings targets. This has then been offset by an element of reduced expenditure, compared to what would have been incurred without the pandemic, of £0.459m. The Month 11 position and full year position in relation to this unavoidable spend has been fully funded by WG.
- Current COVID-19 revenue cost projections for the full financial year 2020/21 are estimated at £10.138m. As requested by WG these estimated costs have now been invoiced in full.
- A summary of the COVID-19 revenue costs reported in the Month 11 financial position is as per the table below:

	Month 11 (February 21) £000	Full Year Forecast £000	Costs invoiced to date £000
Total Pay (exc Annual Leave)	3,569	3,639	
Total Non - Pay	4,768	4,910	
Non Delivery of Savings	271	271	
Expenditure Reductions	- 459	- 459	
	8,149	8,361	8,361
Annual Leave Accrual	1,777	1,777	1,777
Including Annual Leave Accrual	9,926	10,138	10,138

Income

8. Reported income against the initial budget set to Month 11 shows a surplus of £0.733m. The surplus is primarily due to VAT reclaims in excess of budget, this has offset the reduction in income from sporting events cover seen this financial year.

Pay costs

9. Overall, the total pay variance at Month 11 is a small overspend of £0.021m.
10. As noted above, unavoidable COVID-19 related pay costs incurred and accrued to date amount to £5.346m, a summary of which is as follows:
 - Overtime costs to support UHP - £1.640m and this includes initiatives relating to payments for attendance allowance to operational staff earlier in the financial year, hours in excess of normal averaged overtime, overtime to Band 8 staff and payment of overtime to those in corporate functions who worked excess hours supporting COVID activities;
 - Students / Returners - £0.564m who worked on bank contracts;
 - Salary recharge costs for Fire and Rescue staff estimated at £0.236m;
 - Additional staff utilised to support 111 and 999 costs (Call Handlers, Clinicians etc) £0.833m;
 - Staff who increased contracted hours on a temporary basis and those who had temporary increases in grading and supported pandemic cells and agency costs £0.296m.
 - A current estimate, based in an agreed all Wales methodology, of the financial impact of an additional Covid-19 related outstanding annual leave accrual of £1.777m.

Non-pay Costs

11. The overall non-pay position at Month 11 is an overspend of £0.689m, this was due to overspends on fleet maintenance costs, Ambulance car services, staff uniforms, medical supplies, and services and includes some approved planned additional expenditure towards the financial year end, including that offset by the income position.
12. As again noted above, COVID-19 related additional unavoidable non pay expenditure incurred and accrued to Month 11 totalled £4.768m. Areas of additional spend included:
 - Transport - £1.613m, which includes procuring private providers to support NEPTS and Health Board field hospitals and surge sites, and also extended use of St John Ambulance Cymru provision to support EMS;
 - PPE and Clinical Supplies - £2.084m. Whilst significant levels of PPE have been provided to the Trust through the NHS Wales supply chain via NWSSP, given the nature of our services, levels of additional PPE have also had to be sourced locally;
 - Project Management and Consultancy support - £0.142m;
 - Telephony Costs - £0.062m from additional costs of 111 call volume;
 - Rent & Utilities - £0.188m from extended 111 and 999 areas;

- Other areas included general equipment, cleaning and uniforms.

Savings

- Our 2021/22 financial plan identified that a minimum of £4.300m of savings and cost containment measures were required to achieve financial balance in 2020/21. £4.028m of savings have been delivered between 1st April and 28th February 2021 against a profiled year to date target of £4.014m.
- As detailed above, included within the savings is a shortfall of £0.271m which is attributable to the impact of COVID-19 pandemic, this is now offset by overachievement on some schemes resulting in a small year to date overall overachievement on savings of £0.014m against the phasing plan set at the opening of the financial year.

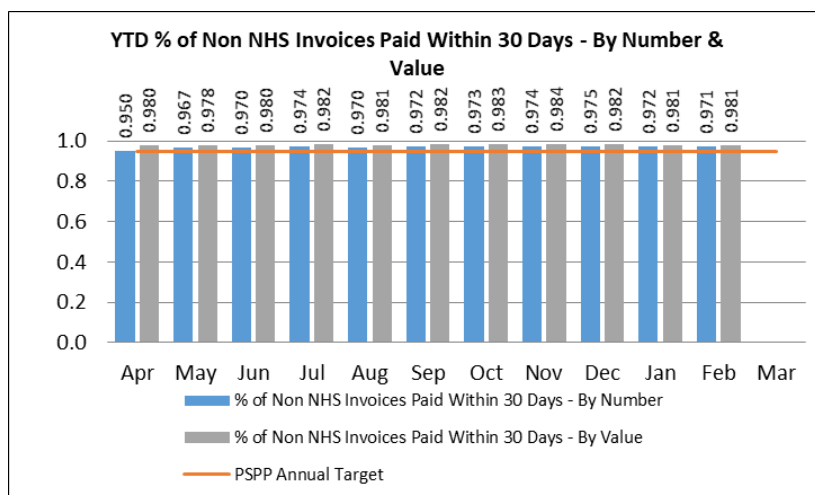
Financial Performance by Directorate

- Whilst there is a small surplus reported at Month 11 there are a few variances between Directorates as shown in the table below when compared to the budgets set at the outset of the financial year. As previously reported to Board and Finance & Performance Committee, the treatment of centralising gross unavoidable costs as a result of the COVID-19 pandemic, to allow for consistent detailed analysis and reporting of this as required in our monthly financial monitoring returns to WG, through the "Trusts reserves" line, whilst then obviously only reporting the net funding coverage for this through this line too, results in a presented overspend here, which is offset against a resulting presentational underspend elsewhere, predominantly in the Operations Directorate line. As noted above, this net difference is currently £0.459m which makes up the single biggest element of the offset variances reported against these two areas in the table below, along with some planned additional expenditure accounted for through the Reserves line, including that relating to the non-recurring release of the previously held contingency.

	Financial position by Directorate @ 28th February			
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Directorate				
Operations Directorate	117,949	106,702	105,880	-821
Chief Executive Directorate	1,824	1,635	1,555	-79
Board Secretary	307	280	244	-36
Partnerships & Engagement Directorate	641	582	541	-41
Finance and Corporate Resources Directorate	13,884	12,645	12,724	78
Planning and Performance Directorate	731	661	634	-27
Quality, Safety and Patient Experience Directorate	3,808	3,450	3,286	-164
Digital Directorate	9,233	7,999	7,857	-141
Workforce and OD Directorate	3,790	3,422	3,233	-188
Medical & Clinical Services Directorate	2,638	2,370	2,424	54
Trust Reserves	18,204	16,504	17,715	1,212
Trust Income (mainly WHSSC)	-173,010	-156,248	-156,159	89
Overall Trust Position	0	0	-65	-65

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

16. Public Sector Payment Policy (PSPP) compliance up to Month 11 was 97.1% against the 95% WG target set for non-NHS invoices by number and 98.1% by value.



CAPITAL

17. At Month 11 the Trust's current approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2020/21 is £16.211m. Against this, there has been £10.131m of Capital expenditure incurred. Finance and Performance Committee received a detailed update on the capital programme delivery, any expected year end variations and how these will be cash managed over the financial year end at its meeting on 11th March 2021. Further assurances on the delivery of the Trust's CEL in full by the end of March 2021 were sought and provided and also how this will be delivered a way that should have minimal impact on the 2021/22 programme, being managed by the acceleration of spend against approved and funded 2021/22 schemes.
18. Included within the £10.131m are £0.953m worth of capital spend incurred earlier in the financial year as a result of the COVID-19 pandemic, which were again separately funded by WG as part of the 2020/21 CEL.
19. Below is therefore a summary of the current capital position.

	Actual £'000	Plan £'000
All Wales Capital Programme:		
Schemes:		
ESMCP - Control Room Solution	17	119
111 Integrated Information Solution	513	900
COVID-19 Digital Devices	160	160
COVID-19 DPIF	162	180
COVID-19 Digipens	129	129
COVID-19 Working from home	363	351
Phone First - ICT	260	500
Electronic Patient Clinical Records	21	216
111 Assets transferred from Aneurin Bevan ULHB	835	835
WAST Cardiff MRD	1,305	3,428
COVID-19 Estates	139	137
Phone First Estates	174	500
Provision of Mobile Clinical Solution Unit	531	537
EMS Comms 19-20	114	138
RRV Conversion 19-20	217	214
RRV Comms 19-20	97	101
NEPTS Large Renault Master (Double Wheelchair) Conversion 19-20	78	44
NEPTS Large Renault Master (Double Wheelchair) COMMS 19-20	(1)	6
Specialist (HART) Personnel Carrier Conversion 19-20	14	14
Specialist (HART) Personnel Carrier COMMS 19-20	(1)	17
Urgent Care Services Vehicle (Grange project) - Conversion	512	511
Urgent Care Services Vehicle (Grange project) - Chassis	10	10
Urgent Care Services Vehicle (Grange project) - Comms	48	195
Urgent Care Services Vehicle (Grange project) - Equipment	91	428
EA Chassis 21-22	500	500
Sub Total	6,288	10,170
Discretionary:		
I.T.	460	792
Equipment	2,798	2,740
Statutory Compliance	0	0
Estates	416	2,151
Other	169	280
Unallocated Discretionary Capital	0	194
Sub Total	3,843	6,157
Total	10,131	16,327
Less NBV reinvested	0	(116)
Total Funding from WG	10,131	16,211

RISKS AND ASSUMPTIONS

20. Even at this late stage of the financial year, any financial risks continue to be reviewed and fully assessed, however there are now no quantified financial risks reported within our position and returns to WG.
21. The risk previously reported in relation to the outcome of the current appeal against the ruling in relation to the payment of holiday pay on voluntary overtime (the "Flowers case") has been removed following confirmation from WG that they will fund any increase in provisions needed for this across the NHS in Wales, as part of the year end accounts process.
22. The risk of £1.42m relating to funding for the PIBS scheme previously included has also now been removed for M11 following confirmation of funding up to this level from Welsh Government. This was a low risk and has now continued to be funded in the same way as it has in previous financial years.

WELSH GOVERNMENT MONTHLY MONITORING RETURNS

23. As is required by Welsh Government, **Appendices 1, 2, 3 and 4** provide the Board with copies of the detailed Monthly Monitoring Return narrative and tables provided to WG for Month 10 and Month 11.

2020-21 YEAR END AND FOCUS ON 2021-24 FINANCIAL PLANNING

25. As we move into 2021/22, the finance function's focus shifts somewhat on to the following priorities for the organisation :

2020-21 Year end accounts & audit work

26. Planning and interim audit work continues in respect of the 2020/21 Trust Annual Accounts.

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

2021-22 Financial Plan & IMTP 2021-24

28. The focus of the teams operationally and financially has been to produce the detailed financial plan for 2021/22 that underpins the IMTP for 2021-24 and as can be appreciated, the 2021/22 financial plan production will be impacted significantly, as across the entire NHS, by the pandemic. A separate Revenue Budget Paper for the 2021/22 financial year is however being presented to this Board for consideration and sign off.

RECOMMENDED that the Board:

- **Notes the Month 11 revenue and capital financial position and performance of the Trust as at 28th February 2021;**
- **Notes the Month 10 and Month 11 Welsh Government monitoring return submission included within Appendix 1-4 below (as required by WG).**



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd
Chair: Martin Woodford

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

11th February 2021

Your ref: WAST\M10\ajh\al-w

Dear Andrea

Re: JANUARY 2021 (MONTH 10 2020/21) MONITORING RETURN

Please find attached the Monitoring Returns for January 2021.

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

In line with our approved IMTP, our opening budgets and financial plan for the year reflect the level of funding, expenditure plans and savings requirement included and agreed with our Commissioners and approved by the Trust Board in March 2020.

The Trust's performance against financial targets for Month 10 2020/21 is as follows:-

1. Actual Year to Date 20/21 (Tables A, B & B2)

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the budget setting approach. The key funding assumptions for 2020/21 being that the 2019/20 funding is fully recurrent, and the 2020/21 funding will include:-

- 2% uplift for core cost growth, which includes funding to meet the first 1% of the 2020/21 pay award costs.
- Funding to support the final year of A4C 3 year pay award
- Impact of Previously Agreed Developments/other adjustments including income support to implement the EMS Demand & Capacity Review, in line with support by Commissioners in the IMTP.

Month 10 also includes an income assumption to offset the significant net additional unavoidable revenue costs incurred by WAST in its planning and response to COVID-19. The year to date value now stands at £7.822m as shown in Table B3, in addition to this we are including £1.777m for the holiday pay accrual, revised down from £2.490m which has been invoiced and included from M11 as per WG guidelines. In line with Welsh Government

Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg
neu'r Saesneg, ac na fydd gohebu yn Gymraeg yn arwain at oedi

The Trust welcomes correspondence in Welsh or English, and
that corresponding in Welsh will not lead to a delay

www.ambulance.wales.nhs.uk

Pencadlys Rhanbarthol
Ambiwlans a Chanolfan
Cyfathrebu Clinigol

Regional Ambulance
Headquarters and
Clinical Contact Centre

Tŷ Vantage Point
Vantage Point House
Tŷ Coch Way
Cwmbran NP44 7HF

Ffôn/Tel
01633 626262

guidance WAST have currently invoiced for all direct COVID costs incurred to Month 09 totaling £7.611m together with £1.777m in respect of the annual leave accrual. The balance of forecast remaining costs is planned to be invoiced in Month 11.

The resulting reported performance at Month 10 as per Table B is therefore a small year to date under-spend against budget of £0.061m, after allowing for the above COVID-19 funding assumption.

The reported total pay variance against plan as at Month 10 is an overspend of £0.92m. As per Table B3 the COVID-19 pay related costs to Month 10 totaled £3.462m, this excludes £1.777m in respect of the Annual Leave accrual which has been invoiced and included from M11, this is discussed further below in point 7.

The non-pay position at Month 10 is a reported overspend of £0.520m, this is made up of overspends on fleet maintenance costs, Ambulance car services, staff uniforms, medical supplies, and services.

Income at Month 10 shows a surplus of £0.673m due to VAT reclaim in excess of budget, this has offset somewhat the reduction in income from Sporting events cover.

Also included within the forecasted figures are current potential developments which the Trust has incorporated as part of the Q3/Q4 plan, it should be noted that these are all deemed as cost neutral in the sense that the costs will only be committed to once the Trust receives confirmation that additional income will flow to cover these costs in their entirety. This was fully described as such in the supporting financial narrative submitted as part of our Q3 / Q4 plan and again in the discussions with WG and FDU colleagues on 6th December.

It should be noted that following the Q3/Q4 exercise some of these schemes have either not yet had approval to proceed, are now subject to updated assumptions or have yet moved forward with the pace anticipated at the time, this has resulted in the revised forecast spend (and resulting income offset) now being lower than previously stated - this is discussed in more detail in section 4 below.

2. Movement (Table A)

The Movement table has been completed in accordance with the new guidance, incorporating the approved IMTP data. Included within the Movement table is the additional income and expenditure assumed in association with the COVID-19 costs. Included within this table and the COVID-19 sheet is the Non-planned savings due to COVID-19, this has been shown on Month 1 planned savings – Forecast (Underachievement) / Overachievement (line 14) of the movement tab, and has been offset by the Additional funding line (line 22).

Following the inclusion of the savings tables, the profiling in relation to identified saving plans and Planned Net income generation are different to the profiles per the IMTP, however as these saving schemes are reported internally to our Board the Trust has amended these figures to match those reported internally. This does not change the bottom line as the totals remain the same, it is just the profiles that have been amended to agree.

The Trust has now also had to include additional saving scheme variances previously not identified within the table on line 28 to offset the declared underachievement, which was previously included within the total on line 40 but now identified on line 15.

Following a review of Table A, the Trust has incorporated additional income associated with VAT reclaims above the previously budgeted figure, this has in part offset the profit on disposal, and in addition, the Trust has identified additional non-recurring savings.

The Trust has considered your request for the VAT reclaims (£0.181m) to be included within the Savings tracker rather than on Table A and have actioned this accordingly, these are now shown as scheme number 12. **(Action Point 9.1)**

3. Risk (Table A2)

The risks reported in Table A2 continue to be reviewed and fully assessed, however at present there are no high likelihood financial risks and as we move through the final months of the financial year we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value.

Winter pressure risks were removed at Month 7, due to the above approach detailed within the Q3/Q4 plan that any Winter pressures will be covered off with additional funding from the Commissioner or an alternative source, and for which the Trust will not commit any such costs until funding is agreed upfront.

The re-based accrual funded by the Welsh Government in respect of the impact of voluntary overtime on holiday pay now totals £1.765m and this continues to be held on the balance sheet. This related to an estimate made on the impact for the two years ended 31 March 2020. I understand that there is movement in the settlement of this and that WG are coordinating meetings in the near future. No accruals are included within the 2020/21 position at present but we have continued to include a medium rated risk of an additional £1.0m in connection with this but based on the assumption that previous years accruals have been fully funded by WG, any change to the methodology and hence accruals are assumed as cost neutral in the 20/21 financial plan. It is hoped that the outcome of the planned upcoming meetings on this will confirm this and allow for this risk to either be reduced or removed in the very near future.

An additional risk has been added to Table A2 in Month 10, this relates to funding for the PIBS scheme. The value of this risk has been reviewed and reduced in M10 to £1.42m which equates to the current full year forecast for costs associated with this scheme. Funding for this scheme is expected to be provided by the WG on a matched annual basis, in line with previous years. This is supported by ongoing correspondence between Jillian Gill and Jackie Salmon.

In line with your suggestion and taking into account current performance, the risk previously shown of non-delivery of savings (£0.350m) has been removed at Month 10. **(Action Point 9.2)**

4. Monthly Profiles (Table B)

This table has now been completed in full, including forecast; it should be noted that following a review of planned disposals, given the Trust's requirement to hold onto decommissioned vehicles to potentially assist with any demand issues in relation to any future COVID-19 spikes, the plan profits will not now be realised this financial year.

It should also be noted that following the Q3/Q4 exercise some of the previously forecast (worst case) unavoidable costs relating to the pandemic have not yet materialised, and some of the developments and schemes for which funding needs to be confirmed upfront have either not yet been approved, or have seen some approval delays, and therefore have not yet moved forward with the pace previously anticipated and in other cases some of the previous key assumptions have now been updated. The full year forecast has again been reviewed and revised in month and this has resulted in changes which are summarised within point 7 below.

As previously noted the Trust will only seek to recover the actual costs it eventually incurs. This has been the approach agreed, and in many cases, insisted upon by the Commissioner or whoever is confirming the funding to the Trust (e.g. in the case of the MTUs, the DHSC).

The Trust's Commissioners and relevant WG and other colleagues continue to therefore be regularly informed and updated as more certainty in terms of some of these additional spend areas emerges, however by definition much of this still remains largely unknown (especially in relation to what may continue to be required as a result of the pandemic) with detailed cost tracking in place within the Trust to continue to update on any significant movements within these areas as soon as they are known.

These schemes and associated values will continue to be monitored and refined on a monthly basis therefore with supporting tables and narratives included in future months monitoring returns. This is also further supported by a much more detailed tracking system than that provided here, which can also be shared for information and assurance, should you require.

Non-pay spend forecasts for the final remaining months have been reviewed at Month 10. The increased spend shown in future months is due to agreed developments (with assumed matched income) such as MTUs (mobile testing units), Contact First and commissioner funding initiatives. **(Action Point 9.3)**

5. Ring Fenced Funding and Annual Leave provision (Table B)

The full year forecast for DEL Depreciation for 20/21 has been reviewed in month and reduced to £15.536m with additional funding of £0.607m being required, an overall reduction of £0.860m. This reduction relates to £0.515m slippage of in year schemes together with £0.345m baseline/contingency. In respect of AME Impairments this area has also been reviewed and funding of £0.579m is now required a small reduction of £0.044m. **(Action Point 9.8)**

With regards to the annual leave accrual due to COVID 19, in accordance with Welsh Government instructions, the anticipated increase of £1.777m is included within the forecast year-end position in Table B and also within Table B3. An invoice has been raised for this amount in Month 11 and within Table E1 this is now included as agreed full year income (line 1).

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

Agency costs for Month 10 totalled £0.069m. The current percentage of agency costs against the total pay figure is 0.5%, this is to cover vacancies and to provide additional cover in relation to COVID-19. The Trust is always attempting to reduce agency costs by recruiting into permanent positions, and this table has now been updated and includes revised forecasts of the likely costs, however it should be noted that this is only a forecast and is subject to change.

7. COVID-19 (Table B3)

A summary of the year to date COVID-19 costs displayed in Table B3 and cumulatively reported in the Month 10 financial position are provided below:

	Month 10 (January 21)
	£000
Total Pay (exc Annual Leave)	3,462
Total Non - Pay	4,548
Non Delivery of Savings	271
Expenditure Reductions	- 459
To M10	7,822
Annual Leave Accrual	1,777
Including Annual Leave Accrual	9,599

As previously noted, the Month 10 position assumes that these costs will be fully funded and hence income will be provided to offset as this additionality is over and above that included in the initial 2020/21 financial plan and Board approved budget.

Current COVID-19 revenue cost projections for the financial year 2020/21 are now estimated at £10.138m the table below explains the differences from the previous estimate. These forecasts continue to be updated as per the demand profiling based on the latest intelligence, the additional costs we have had to incur to date and pressures we see coming through to us as a direct result of impacts within HBs (e.g. in relation to transport support that was previously forecast as potentially required to field hospitals, of which none has been needed as yet). These forecast costs will continue to be reviewed and remain sensitive to the changing impact of the Trust's continued response to the pandemic over the remaining couple of months of the financial year, with funding of course only being required for the eventual actual net costs incurred. At Month 10 a re-evaluation of the effect of annual leave has also been included, this is explained further below.

Table B3 : COVID	
	£m
COVID FORECAST YEAR SPEND REPORTED M9 20/21	11.733
COVID FORECAST YEAR SPEND REPORTED M10 20/21	10.138
Decrease	-1.595
<i>Analysed By</i>	
Reduction in NEPTS Support required for Field Hospitals	0.150
Reduction in MH Support in CCC	0.082
Reduction in costs to over produce Unit Hour Production	0.472
Reduction in Annual Leave Accrual	0.713
Reduction in anticipated spend on PPE / IPC for December 20	0.032
Reduction in other COVID related spend for January 21	0.146

To note there is still **one main exclusion** from the costs in Table B3 and this relates to PPE stock released from UK and Welsh Pandemic stock which are currently issued without cost recharge to NHS Wales organisations.

During phase 2 of the COVID response WAST are again utilising the military and welcomes the assurance from you that WG are picking up costs for these MACAs direct and hence no expenditure is included in COVID projections. This has in large part been the reason for the variance reported above in terms of costs the Trust is incurring direct in relation to its UHP.

With regards to the annual leave accrual due to COVID 19, as at M10 WAST have, as requested by the Welsh Government, undertaken a further full review of this area using the methodology agreed by TAG on an all Wales basis. Using the applied methodology a total forecast provision for year-end has been arrived at of £2.865m. This compares to the provision for annual leave at 31 March 2020 of £1.088m, an increase therefore of £1.777m. In accordance with Welsh Government instructions, the anticipated increase of £1.777m is included within the forecast year-end position in Table B and also within Table B3 (line 52). In line with guidance provided, an invoice has now been raised for this amount and agreed income to match this is included within Table E1 (line 1).

In relation to the step up in additional staff costs for the final remaining months, a review of this area was undertaken in Month 10 The increased spend shown in future months is due to agreed developments (with assumed matched income) such as MTUs (mobile testing units), Contact First and commissioner funding initiatives. **(Action Point 9.4)**

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

For Month 10 the Trust is reporting planned savings of £3.710m and actual savings of £3.759m, thus a small overachievement of plan. The Trust is forecasting to achieve savings of £4.300m against the plan of £4.300m during the financial year. The Trust is currently forecasting to overachieve on other saving lines and as previously mentioned is assuming funding for the COVID-19 shortfall as detailed within Table A in order to breakeven as forecasted.

Your comments in connection with the unallocated scheme number 8 have been noted, at month 10 this scheme has been renamed and some savings have been allocated against it. **(Action Point 9.5)**

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

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

Non EASC income assumptions are in line with additional services provided by WAST, as these are yet to all be signed off these are included on line 9 in the anticipated section. At present however there are no known risks indicating that these services will not be provided to the level currently budgeted.

The Trust has been engaging with colleagues across NHS Wales to eliminate any variance.

WHSSC / EASC and WAST continue to meet to reconcile income / expenditure assumptions between our organisations but due to timing issues for the release of funding for approved CASC developments there continues

to be a reconcilable element that will be present in the MMR returns and hence will appear again in Month 10. For Month 10 WAST's income assumptions total £171.725m **which have been agreed by WHSSC**. There is now one further adjustment to be agreed in Month 11 relating to the repayment of any unused funding relating to the Grange University Hospital. **(Action Point 9.6)**

With regards to the annual leave accrual due to COVID 19 discussed above, agreed income of £1.777m is included to match this within Table E1 (line 1).

10. Healthcare agreements and Major Contracts

Invoices for WAST's LTA/SLA with other NHS Wales organisations have been raised and to date no major issues have been received. As above, discussion will continue with EASC via our commissioning arrangements.

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

The Statement of Financial Position has been completed for Month 10.

At Month 10 there is one invoice over 11 weeks with a value of £0.033m. Discussions are ongoing in connection with this and the Trust hopes to resolve this issue shortly.

12. Cash flow (Table G)

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

MONTHLY CASHFLOW FORECAST 2020-21													
	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	28	23	22	27	25	19	27	25	22	28	27	27	300
Other Non NHS Income	82	93	35	202	40	33	66	45	31	172	100	100	999
Pensions Agency	0	0	0	0	0	0	0	0	21	0	0	0	21
Vat Refund	182	521	234	0	262	591	204	0	594	0	670	150	3,408
Risk Pool Refund	0	52	0	338	0	0	0	5	0	0	0	0	395
Total	292	689	291	567	327	643	297	75	668	200	797	277	5,123
PAYMENTS													
Other items (specify in narrative)													
VAT Payment	0	0	30	0	0	0	0	0	0	0	0	0	30
Pensions / Retirements	0	0	0	0	0	0	0	127	0	0	127	0	254
Total	0	0	30	0	0	0	0	127	0	0	127	0	284

Details of 'Other' receipts and 'Other' payments as shown within lines 7 and 15 of Table G are shown above.

13. Public Sector Payment Compliance (Table I)

This has been completed for Quarter 3. Work continues internally to improve the NHS payment performance during 2020/21. **(Action Point 9.7)**

14. Capital (Tables I and K)

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

The Trust has reviewed the current schemes to ensure that the Trust is able to achieve its CEL by the 31st March 2021. Following a detailed review of individual schemes, it can confirm that whilst there is slippage on some schemes, as previously discussed with the WG Capital Team, the slippage is now manageable by accelerating approved 2021/22 programmes.

The Trust will continue to monitor the capital spend to ensure achievement of CEL by the 31st March and is working hard to progress both future approved and unapproved schemes, in the form of revised SOP's and local business cases.

15. Committee to receive Financial Monitoring Return

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

The Month 10 Financial Monitoring Return will be presented to the next Finance and Performance Committee on 11th March 2021.

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

16. Other Issues

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

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

Yours sincerely



Chris Turley
Executive Director of Finance & Corporate Resources



Jason Killens
Chief Executive

Enc

cc:

Mr M Woodford, Chairman

Non-Executive Directors Executive Directors

VALIDATION SUMMARY 2020-21

Your organisation is showing as :	WELSH AMBULANCE TRUST
Period is showing :	JAN 21
TABLE A : MOVEMENT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A1 : UNDERLYING POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A2: RISKS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B2 : PAY & AGENCY/LOCUM	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B3 : COVID-19	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C, C1 & C2 : SAVINGS SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C3 : TRACKER	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E1 : INVOICED INCOME	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE F : STATEMENT OF FINANCIAL POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : MONTHLY CASHFLOW	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE J: CAPITAL IN YEAR SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K : CAPITAL DISPOSALS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TOTAL ERRORS FOR YOUR JAN 21 RETURN IS	YOUR RETURN HAS ZERO ERRORS

Welsh Ambulance Trust

Period : Jan 21

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	61	0

Period : Jan 21

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG

Lines 1 - 12 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0
2 New Cost Pressures - as per 3 year plan (Negative Value)	-16,424	-300	-16,124	-16,124
3 Opening Cost Pressures	-16,424	-300	-16,124	-16,124
4 Welsh Government Funding (Positive Value)	0	0		
5 Identified Savings Plan (Positive Value)	4,300	0	4,300	4,300
6 Planned Net Income Generated (Positive Value)	6,024	0	6,024	6,024
7 Planned Accountancy Gains (Positive Value)	0	0	0	0
8 Planned Profit / (Loss) on Disposal of Assets	300	300	0	0
9 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10 LTA/SLA inflation	5,800	0	5,800	5,800
11 Planning Assumptions still to be finalised at Month 1	0	0		
12 IMTP / Annual Operating Plan	0	0	0	0
13 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
14 Month 1 Planned Savings - Forecast Underachievement Due to Covid-19	-271	0	-271	
15 Month 1 Planned Savings - Other Forecast (Underachievement) / Overachievement	0	0	0	0
16 Additional In Year Identified Savings - Forecast (Positive Value)	271	271	0	
17 Additional In Year & Variance from Planned Net Income Generated (Positive Value)	161	161	0	0
18 Additional In Year & Variance from Planned Accountancy Gains (Positive Value)	0	0	0	0
19 Additional In Year & Variance from Planned Profit / (Loss) on Disposal of Assets	-140	-140		
20 Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
21 Additional In Year Welsh Government Funding (Positive Value)	0	0		
22 Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	10,138	10,138		
23 Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	-10,326	-10,326		
24 Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	459	459		
25 Slippage on Planned Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive)	0	0		
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
27 WRP	-312	-312		
28 Adjustment re saving schemes prior months	0	0		
29	0	0		
30	0	0		
31	0	0		
32	0	0		
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	0	271	-271	

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1													0	0
2	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,644	-13,437	-16,424
3	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,644	-13,437	-16,424
4													0	
5	385	576	430	386	337	342	333	310	308	305	304	286	3,710	4,300
6	467	276	422	467	515	510	519	542	544	547	598	616	4,810	6,024
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8												300	0	300
9												0	0	0
10	483	483	483	483	483	483	483	483	483	483	483	483	4,833	5,800
11													0	0
12	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	42	42	-83	0
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	-107	-30	-38	-48	-48	0	0	0	0	0	0	0	-271	-271
15	0	-19	-4	23	97	51	72	-41	-5	-46	-76	-53	129	0
16	0	0	0	0	0	50	30	30	41	40	40	40	191	271
17	0	0	0	0	0	0	0	33	-28	38	13	125	43	181
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19												-140	0	-140
20													0	0
21													0	0
22	1,437	1,698	1,992	993	488	494	364	261	2,374	-2,279	2,047	269	7,822	10,138
23	-1,455	-1,890	-2,037	-974	-440	-494	-364	-261	-2,374	2,279	-2,047	-269	-8,010	-10,326
24	125	222	83	29	0	0	0	0	0	0	0	0	459	459
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	11	12	12	10								-45	45	0
27					-85	-88	-90				-49		-263	-312
28	0	19	4	-23									0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	3	4	3	1	4	4	4	14	0	24	-30	-31	61	

Table A1 - Underlying Position

This table needs completing monthly from Month: 6

This Table is currently showing 0 errors

Section A - By Spend Area		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Pay - Administrative, Clerical & Board Members				0		0
2	Pay - Medical & Dental				0		0
3	Pay - Nursing & Midwifery Registered				0		0
4	Pay - Prof Scientific & Technical				0		0
5	Pay - Additional Clinical Services				0		0
6	Pay - Allied Health Professionals				0		0
7	Pay - Healthcare Scientists				0		0
8	Pay - Estates & Ancillary				0		0
9	Pay - Students				0		0
10	Non Pay - Supplies and services - clinical				0		0
11	Non Pay - Supplies and services - general				0		0
12	Non Pay - Consultancy Services				0		0
13	Non Pay - Establishment				0		0
14	Non Pay - Transport				0		0
15	Non Pay - Premises				0		0
16	Non Pay - External Contractors				0		0
17	Health Care Provided by other Orgs – Welsh LHBs				0		0
18	Health Care Provided by other Orgs – Welsh Trusts				0		0
19	Health Care Provided by other Orgs – WHSSC				0		0
20	Health Care Provided by other Orgs – English				0		0
21	Health Care Provided by other Orgs – Private / Other				0		0
22	Total	0	0	0	0	0	0

Section B - By Directorate		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Primary Care				0		0
2	Mental Health				0		0
3	Continuing HealthCare				0		0
4	Commissioned Services				0		0
5	Scheduled Care				0		0
6	Unscheduled Care				0		0
7	Children & Women's				0		0
8	Community Services				0		0
9	Specialised Services				0		0
10	Executive / Corporate Areas				0		0
11	Support Services (inc. Estates & Facilities)				0		0
12	Total	0	0	0	0	0	0

Welsh Ambulance Trust

Period : Jan 21

This Table is currently showing 0 errors

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Opportunities to achieve IMTP/AOP (positive values)		
1	Red Pipeline schemes (inc AG & IG)		
2	Potential Cost Reduction		
3	Total Opportunities to achieve IMTP/AOP	0	
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare		
6	Prescribing		
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Overtime on Holiday pay	(1,000)	Low
13	PIBS funding	(1,420)	Low
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(2,420)	
	Further Opportunities (positive values)		
27			
28			
29			
30			
31			
32			
33			
34	Total Further Opportunities	0	
35	Current Reported Forecast Outturn	0	
36	IMTP / AOP Outturn Scenario	0	
37	Worst Case Outturn Scenario	(2,420)	
38	Best Case Outturn Scenario	0	

Welsh Ambulance Trust

Table B - Monthly Positions

YTD Months to be completed from Month: 1
Forecast Months to be completed from Month: 3

Period : Jan 21

This Table is currently showing 0 errors

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Revenue Resource Limit	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Capital Donation / Government Grant Income	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	2,822	2,879	2,907	2,927	2,921	2,923	2,870	2,937	2,885	3,368	2,934	2,934	29,439	35,307
4	WHSSC Income	Actual/F'cast	12,898	13,788	13,329	12,534	13,908	14,363	13,648	14,409	14,653	15,598	16,327	16,327	139,128	171,782
5	Welsh Government Income (Non RRL)	Actual/F'cast	1,579	1,749	2,046	1,120	532	526	512	305	2,420	(2,130)	2,087	310	8,659	11,056
6	Other Income	Actual/F'cast	1,075	422	663	1,484	1,183	155	1,371	1,006	1,784	(91)	367	367	9,052	9,786
7	Income Total		18,374	18,838	18,945	18,065	18,544	17,967	18,401	18,657	21,742	16,745	21,715	19,938	186,278	227,931
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Provided Services - Pay	Actual/F'cast	12,953	13,335	13,310	12,753	12,928	13,282	13,024	13,510	15,940	11,467	15,837	14,253	132,502	162,592
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	3,316	3,428	3,319	3,044	3,085	3,086	3,396	3,247	3,069	3,526	3,844	3,653	32,516	40,013
12	Secondary Care - Drugs	Actual/F'cast	52	36	34	19	32	39	41	38	40	31	31	31	362	424
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Other Private & Voluntary Sector	Actual/F'cast	733	720	854	414	369	413	418	543	1,231	990	670	670	6,685	8,025
17	Joint Financing and Other	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	60	59	176	118	97	(223)	127	48	148	109	70	70	719	859
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast	(5)	0	0	0	0	0	0	0	0	0	0	0	(5)	(5)
21	Total Interest Payable - (Trust Only)	Actual/F'cast	18	17	18	18	18	17	18	(79)	6	6	6	5	57	68
22	DEL Depreciation\Accelerated Depreciation\Impairments	Actual/F'cast	1,244	1,244	1,244	1,706	1,360	1,359	1,407	1,366	1,366	651	1,294	1,295	12,947	15,536
23	AME Donated Depreciation\Impairments	Actual/F'cast	0	0	0	0	659	0	(36)	0	0	(44)	0	0	579	579
24	Uncommitted Reserves & Contingencies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Profit\Loss Disposal of Assets	Actual/F'cast	0	(5)	(13)	(8)	(8)	(10)	2	(30)	(58)	(15)	(7)	(8)	(145)	(160)
26	Cost - Total	Actual/F'cast	18,371	18,834	18,942	18,064	18,540	17,963	18,397	18,643	21,742	16,721	21,745	19,969	186,217	227,931
27	Net surplus/ (deficit)	Actual/F'cast	3	4	3	1	4	4	4	14	0	24	(30)	(31)	61	0

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)		£'000
28. Actual YTD surplus/ (deficit)		61
29. Actual YTD surplus/ (deficit) last month		37
30. Current month actual surplus/ (deficit)		24
31. Average monthly surplus/ (deficit) YTD	Trend	6 ▲
32. YTD /remaining months		31

Full-year surplus/ (deficit) scenarios		£'000
33. Extrapolated Scenario		109
34. Year to Date Trend Scenario		73

C. DEL/AME Depreciation & Impairments

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	£'000	£'000
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
35	Baseline Provider Depreciation	Actual/F'cast	1,244	1,244	1,244	1,706	1,360	830	878	811	811	268	911	911	10,396	12,218
36	Strategic Depreciation	Actual/F'cast						529	529	555	555	383	383	384	2,551	3,318
37	Accelerated Depreciation	Actual/F'cast													0	0
38	Impairments	Actual/F'cast													0	0
39	Other (Specify in Narrative)	Actual/F'cast													0	0
40	Total		1,244	1,244	1,244	1,706	1,360	1,359	1,407	1,366	1,366	651	1,294	1,295	12,947	15,536
41	Donated Asset Depreciation	Actual/F'cast													0	0
42	Impairments	Actual/F'cast					659		(36)			(44)			579	579
43	Other (Specify in Narrative)	Actual/F'cast													0	0
44	Total		0	0	0	0	659	0	(36)	0	0	(44)	0	0	579	579

D. Accountancy Gains

[illegible]

E. Committed Reserves & Contingencies

[illegible]

Welsh Ambulance Trust

Period : Jan 21

YTD Months to be completed from Month:	1
Forecast Months to be completed from Month:	3

This Table is currently showing 0 errors

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

A - Pay Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	2,225	2,277	2,186	2,015	2,073	2,257	2,006	2,066	2,516	1,730	2,703	2,293	21,351	26,347
2	Medical & Dental	136	77	(52)	(4)	(7)	(33)	(36)	100	(176)	(5)	0	0	0	0
3	Nursing & Midwifery Registered	830	780	846	846	880	712	768	792	970	637	894	1,067	8,061	10,022
4	Prof Scientific & Technical	8	8	8	8	8	8	8	8	10	6	8	8	80	96
5	Additional Clinical Services	4,565	4,703	4,879	4,676	4,688	4,974	5,006	5,187	6,414	4,468	6,135	5,438	49,560	61,133
6	Allied Health Professionals	5,031	5,314	5,279	5,060	5,130	5,203	5,118	5,205	6,004	4,489	5,887	5,262	51,833	62,982
7	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Estates & Ancillary	158	176	164	152	156	161	154	152	202	142	210	185	1,617	2,012
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL PAY EXPENDITURE	12,953	13,335	13,310	12,753	12,928	13,282	13,024	13,510	15,940	11,467	15,837	14,253	132,502	162,592

Analysis of Pay Expenditure

[illegible]

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

B - Agency / Locum (premium) Expenditure		1	2	3	4	5	6	7	8	9	10	11	12	Forecast	
- Analysed by Type of Staff		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	32	52	33	25	28	(4)	17	30	33	26	25	25	272	322
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered			14	8	14	16	15	16	21	7	7	7	111	125
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services					7	16	4	5	29	32	30	30	93	153
6	Allied Health Professionals			18	14	36	43	42	36	0	0	0	0	189	189
7	Healthcare Scientists													0	0
8	Estates & Ancillary	12	16	7	5	4	6	4	0	0	4	4	4	58	66
9	Students													0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	44	68	72	52	89	77	82	87	83	69	66	66	723	855

11	Agency/Locum (premium) % of pay	0.3%	0.5%	0.5%	0.4%	0.7%	0.6%	0.6%	0.6%	0.5%	0.6%	0.4%	0.5%	0.5%	0.5%
----	---------------------------------	------	------	------	------	------	------	------	------	------	------	------	------	------	------

C - Agency / Locum (premium) Expenditure

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

[illegible]

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
REF	Enter as positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Pay (Additional costs due to C19)												
2	Establishment & Bank Additional Hours:												
3	Administrative, Clerical & Board Members	126	109	58	0	10	9	0	0	0	0	0	0
4	Medical & Dental												
5	Nursing & Midwifery Registered	18	0	0	0	0	0	0	0	0	0	0	0
6	Prof Scientific & Technical												
7	Additional Clinical Services	141	206	158	101	56	32	38	35	11	0	25	25
8	Allied Health Professionals	121	176	119	87	45	25	38	35	11	0	25	25
9	Healthcare Scientists												
10	Estates & Ancillary	3	2	2	0	0	0	0	0	0	0	0	0
11	Sub total Establishment & Bank Additional Hours	407	492	336	187	110	66	76	69	22	0	50	50
12	Agency:												
13	Administrative, Clerical & Board Members	0	32	17	19	22	28	18	17	0	0	0	0
14	Medical & Dental												
15	Nursing & Midwifery Registered												
16	Prof Scientific & Technical												
17	Additional Clinical Services												
18	Allied Health Professionals												
19	Healthcare Scientists												
20	Estates & Ancillary	16	15	15	10	5	0	0	0	0	0	0	0
21	Sub total Agency	16	47	32	29	27	28	18	17	0	0	0	0
22	Returners (Provide WTE to the right):												
23	Administrative, Clerical & Board Members												
24	Medical & Dental												
25	Nursing & Midwifery Registered												
26	Prof Scientific & Technical												
27	Additional Clinical Services												
28	Allied Health Professionals												
29	Healthcare Scientists												
30	Estates & Ancillary												
31	Sub total Returners	0	0	0	0	0	0	0	0	0	0	0	0
32	Students (Provide WTE to the right):												
33	Medical & Dental												
34	Nursing & Midwifery Registered												
35	Prof Scientific & Technical												
36	Additional Clinical Services	54	113	155	95	95	32	0	0	13	7	7	7
37	Allied Health Professionals												
38	Healthcare Scientists												
39	Estates & Ancillary												
40	Sub total Students	54	113	155	95	95	32	0	0	13	7	7	7
41	Other Temp Staff (Provide WTE to the right):												
42	Administrative, Clerical & Board Members	32	107	112	100	52	40	27	8	20	0	20	20
43	Medical & Dental												
44	Nursing & Midwifery Registered	0	0	7	7	0	0	0	0	0	0	0	0
45	Prof Scientific & Technical												
46	Additional Clinical Services	82	14	30	25	5	5	(6)	105	6	21	26	26
47	Allied Health Professionals	31	36	40	0	0	13	0	0	0	0	0	0
48	Healthcare Scientists												
49	Estates & Ancillary	0	0	0	0	0	0	0	0	0	0	0	0
50	Sub total Other Temp Staff	145	157	189	132	57	58	21	113	26	21	46	46
51	Other (specify below and in narrative)												
52	Annual Leave Accrual									2,490	(2,490)	1,777	
53													
54													
55													
56	TOTAL ADDITIONAL PAY EXPENDITURE	622	809	712	443	289	184	115	199	2,551	(2,462)	1,880	103

B - Non Delivery of Planned Savings Due To C19

B - Non Delivery of Planned Savings Due To C19		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Enter as Positive values												
111	Non Delivery of Planned Savings (due to C19)												
	Non Delivery of Finalised (M1) Savings	107	30	38	48	48	0	0	0	0	0	0	0
113	Non delivery of Savings Assumed but not finalised at M1												
114	TOTAL NON DELIVERY OF PLANNED SAVINGS	107	30	38	48	48	0	0	0	0	0	0	0

C - Planned Operational Expenditure Cost Reduction Due To C19

[illegible]

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

		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
C19	D - Slippage on Planned Investments/Repurposing of Developmental Initiatives due to C19												
126	Enter as Negative values												
127	Slippage on Planned Investments/Repurposing of Developmental Initiatives (due to C19)												
128													
129													
130													
131													
132													
133													
134													
135													
136	TOTAL RELEASE/REPURPOSING OF PLANNED INVESTMENTS/DEVELOPMENT INITIATIVES (Agrees to Table A)	0	0	0	0	0	0	0	0	0	0	0	0
137	NET EXPENDITURE DUE TO Covid-19	1,437 0	1,698 0	1,992 0	993 0	488 0	494 0	364 0	261 0	2,374 0	(2,279) 0	2,047 0	269 0

Period : Jan 21

Total YTD £'000	Forecast year-end position £'000
311	311
0	0
18	18
0	0
775	825
654	704
0	0
7	7
1,765	1,865
153	153
0	0
0	0
0	0
0	0
0	0
61	61
214	214
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
564	578
0	0
0	0
0	0
564	578
498	538
0	0
14	14
0	0
287	339
120	120
0	0
0	0
919	1,011
0	1,777
0	0
0	0
3,462	5,445

A - WTE of New Staff

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
22 Returns:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23 Administrative, Clerical & Board Members												
24 Medical & Dental												
25 Nursing & Midwifery Registered												
26 Prof Scientific & Technical												
27 Additional Clinical Services												
28 Allied Health Professionals												
29 Healthcare Scientists												
30 Estates & Ancillary												
31 Sub total Returns	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32 Students:												
33 Medical & Dental												
34 Nursing & Midwifery Registered												
35 Prof Scientific & Technical												
36 Additional Clinical Services	22.00	46.00	63.00	39.00	39.00	13.00	0.00	0.00	5.00	3.00	3.00	3.00
37 Allied Health Professionals												
38 Healthcare Scientists												
39 Estates & Ancillary												
40 Sub total Students	22.00	46.00	63.00	39.00	39.00	13.00	0.00	0.00	5.00	3.00	3.00	3.00
41 Other Temp Staff:												
42 Administrative, Clerical & Board Members	10.00	33.00	35.00	31.00	16.00	12.00	8.00	2.00	6.00	0.00	6.00	6.00
43 Medical & Dental												
44 Nursing & Midwifery Registered												
45 Prof Scientific & Technical												
46 Additional Clinical Services	16.00	3.00	6.00	5.00	1.00	1.00	-1.00	21.00	1.00	4.00	5.00	5.00
47 Allied Health Professionals	8.00	9.00	11.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00
48 Healthcare Scientists												
49 Estates & Ancillary			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50 Sub total Other Temp Staff	34.00	45.00	52.00	36.00	17.00	16.00	7.00	23.00	7.00	4.00	11.00	11.00

A1 - Major Projects : Change in Bed Numbers Due To C19 (subset of Table A)

[illegible]

Period : Jan 21

This Table is currently showing 0 errors

		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast	
		Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			YTD variance as %age of YTD	Green £'000	Amber £'000	non recurring £'000	recurring £'000
CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
Non Pay	Budget/Plan	235	362	288	231	231	235	228	203	199	198	198	202	2,408	2,808		2,808	0		
	Actual/F'cast	128	320	247	211	219	269	189	180	201	182	164	170	2,146	2,480	86.53%	2,480	0	111	2,369
	Variance	(107)	(42)	(41)	(20)	(12)	34	(39)	(23)	2	(16)	(34)	(32)	(262)	(328)	(10.89%)	(328)	0		
Pay	Budget/Plan	150	214	142	155	106	107	105	107	109	107	106	84	1,302	1,492		1,492	0		
	Actual/F'cast	150	207	141	149	167	174	246	119	143	117	104	103	1,613	1,820	88.63%	1,820	0	160	1,660
	Variance	0	(7)	(1)	(6)	61	67	141	12	34	10	(2)	19	311	328	23.89%	328	0		
Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
Total	Budget/Plan	385	576	430	386	337	342	333	310	308	305	304	286	3,710	4,300		4,300	0		
	Actual/F'cast	278	527	388	360	386	443	435	299	344	299	268	273	3,759	4,300	87.42%	4,300	0	271	4,029
	Variance	(107)	(49)	(42)	(26)	49	101	102	(11)	36	(6)	(36)	(13)	49	0	1.32%	0	0		
22	Variance in month	(27.78%)	(8.46%)	(9.70%)	(6.61%)	14.64%	29.46%	30.63%	(3.45%)	11.80%	(1.97%)	(11.76%)	(4.45%)	1.32%						
23	In month achievement against FY forecast	6.47%	12.26%	9.02%	8.37%	8.98%	10.30%	10.12%	6.95%	8.00%	6.95%	6.23%	6.35%							

Table C1- Savings Schemes Pay Analysis

Month		1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY YTD variance as %age of YTD Budget/Plan	Assessment		Full In-Year forecast	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Green	Amber	non recurring	recurring
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000
Changes in Staffing Establishment	Budget/Plan	150	214	142	155	106	107	105	107	109	107	106	84	1,302	1,492		1,492	0		
	Actual/F'cast	150	207	141	149	167	174	246	119	143	117	104	103	1,613	1,820	88.63%	1,820	0	160	1,660
	Variance	0	(7)	(1)	(6)	61	67	141	12	34	10	(2)	19	311	328	23.89%	328	0		
Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
Total	Budget/Plan	150	214	142	155	106	107	105	107	109	107	106	84	1,302	1,492		1,492	0		
	Actual/F'cast	150	207	141	149	167	174	246	119	143	117	104	103	1,613	1,820	88.63%	1,820	0	160	1,660
	Variance	0	(7)	(1)	(6)	61	67	141	12	34	10	(2)	19	311	328	23.89%	328	0		

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

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

Table C : Identified Expenditure Savings Schemes

Annual Forecast Savings (Ensure all 12 months are completed)	Ok
Total Forecast Savings agrees to Table A	Ok
Total FYE of Recurring Savings agrees to Table A	Ok

Full-Year Effect of Recurring Savings
£'000
0
0
0
2,640
1,660
0
4,300

[illegible]

Full-Year Effect of Recurring Savings	£'000
	0
	0
	0
	0
	0

Table C3 - Tracker

This Table is currently showing 0 errors

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	385	576	430	386	337	342	333	310	308	305	304	286	3,710	4,300	0	4,300	0	4,300
	Month 1 - Actual/Forecast	278	527	388	360	386	393	405	269	303	259	228	233	3,568	4,029	0	4,029	271	4,300
	Variance	(107)	(49)	(42)	(26)	49	51	72	(41)	(5)	(46)	(76)	(53)	(142)	(271)	0	(271)	271	(0)
	In Year - Plan	0	0	0	0	0	50	30	30	30	30	22	20	170	212	212	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	50	30	30	41	40	40	40	191	271	271	0	0	0
	Variance	0	0	0	0	0	0	0	0	11	10	18	20	21	59	59	0	0	0
	Total Plan	385	576	430	386	337	392	363	340	338	335	326	308	3,880	4,512	212	4,300	0	4,300
	Total Actual/Forecast	278	527	388	360	386	443	435	299	344	299	268	273	3,759	4,300	271	4,029	271	4,300
	Total Variance	(107)	(49)	(42)	(26)	49	51	72	(41)	6	(36)	(58)	(33)	(121)	(212)	59	(271)	271	(0)
	Month 1 - Plan	467	276	422	467	515	510	519	542	544	547	598	616	4,810	6,024	0	6,024	0	6,024
Income Generation	Month 1 - Actual/Forecast	467	276	422	467	515	510	519	542	544	547	598	616	4,810	6,024	0	6,024	0	6,024
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	33	(28)	38	13	125	43	181	181	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	33	(28)	38	13	125	43	181	181	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	467	276	422	467	515	510	519	575	516	585	611	741	4,853	6,205	181	6,024	0	6,024
	Total Actual/Forecast	467	276	422	467	515	510	519	575	516	585	611	741	4,853	6,205	181	6,024	0	6,024
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Plan	852	852	852	852	852	852	852	852	852	852	902	902	8,520	10,324	0	10,324	0	10,324
	Month 1 - Actual/Forecast	745	803	810	827	901	903	924	811	847	806	826	849	8,378	10,053	0	10,053	271	10,324
	Variance	(107)	(49)	(42)	(26)	49	51	72	(41)	(5)	(46)	(76)	(53)	(142)	(271)	0	(271)	271	(0)
Total	In Year - Plan	0	0	0	0	0	50	30	63	2	68	35	145	213	393	393	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	50	30	63	13	78	63	165	234	452	452	0	0	0
	Variance	0	0	0	0	0	0	0	0	11	10	18	20	21	59	59	0	0	0
	Total Plan	852	852	852	852	852	902	882	915	854	920	937	1,047	8,733	10,717	393	10,324	0	10,324
	Total Actual/Forecast	745	803	810	827	901	953	954	874	860	884	879	1,014	8,612	10,505	452	10,053	271	10,324
	Total Variance	(107)	(49)	(42)	(26)	49	51	72	(41)	6	(36)	(58)	(33)	(121)	(212)	59	(271)	271	(0)

Welsh Ambulance Trust

Period : Jan 21

Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University	5,124	233	5,357
2	Aneurin Bevan University	9,964	164	10,128
3	Betsi Cadwaladr University	5,722	62	5,784
4	Cardiff & Vale University	3,931	714	4,645
5	Cwm Taf Morgannwg University	2,071	5	2,076
6	Hywel Dda University	4,538	51	4,589
7	Powys	1,159	0	1,159
8	Public Health Wales	0	46	46
9	Velindre	1,153	20	1,173
10	NWSSP	0	0	0
11	NWIS	0	0	0
12	Wales Ambulance Services			0
13	WHSSC	0	0	0
14	EASC	170,691	1,034	171,725
15	HEIW	0	643	643
16	NHS Wales Executive	0	0	0
17	Total	204,353	2,972	207,325

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
10	52	62
0	209	209
280	78	358
11	22	33
0	38	38
0	117	117
0	43	43
7	11	18
1,376	776	2,152
0	0	0
0	0	0
		0
0	0	0
0	0	0
0	0	0
0	0	0
1,684	1,346	3,030

Welsh Ambulance Trust

This Table is currently showing 0 errors

Period : Jan 21

Table E - Resource Limits

Table E - Resource Limits		STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit £'000	Recurring (R) or Non Recurring (NR)	Total Revenue Drawing Limit £'000	Total Capital Resource Limit £'000	Total Capital Drawing Limit £'000	WG Contact and Date Item First Entered Into Table
HCBS £'000	Pharmacy £'000	Dental £'000	GMS £'000								
1. BASE ALLOCATION											
1	LATEST ALLOCATION LETTER/SCHEDULE REF:										
2	Total Confirmed Funding					0					
2. ANTICIPATED ALLOCATIONS											
3	DEL Non Cash Depreciation - Baseline Surplus / Shortfall					0					
4	DEL Non Cash Depreciation - Strategic					0					
5	DEL Non Cash Depreciation - Accelerated					0					
6	DEL Non Cash Depreciation - Impairment					0					
7	AME Non Cash Depreciation - Donated Assets					0					
8	AME Non Cash Depreciation - Impairment					0					
9	AME Non Cash Depreciation - Impairment Reversals					0					
10	Removal of Donated Assets / Government Grant Receipts					0					
11						0					
12						0					
13						0					
14						0					
15						0					
16						0					
17						0					
18						0					
19						0					
20						0					
21						0					
22						0					
23						0					
24						0					
25						0					
26						0					
27						0					
28						0					
29						0					
30						0					
31						0					
32						0					
33						0					
34						0					
35						0					
36						0					
37						0					
38						0					
39						0					
40						0					
41						0					
42						0					
43						0					
44						0					
45						0					
46						0					
47						0					
48						0					
49						0					
50						0					
51						0					
52						0					
53						0					
54						0					
55						0					
56	Total Anticipated Funding				0	0	0	0	0	0	
3. TOTAL RESOURCES & BUDGET RECONCILIATION											
57	Confirmed Resources Per 1. above				0	0	0	0	0	0	0
58	Anticipated Resources Per 2. above				0	0	0	0	0	0	0
59	Total Resources				0	0	0	0	0	0	0

Welsh Ambulance Trust

Period : Jan 21

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref		Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morgannwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	NWIS £'000	HEIW £'000	WG £'000	EASC £'000	WHSSC £'000	Other (please specify) £'000	Total £'000	WG Contact and date item first entered into table
1	Agreed full year income	5,318	10,101	5,774	4,526	2,075	4,581	1,159	38	0	1,170	0	0	536	9,388	171,553	0		216,218	
	Details of Anticipated Income																			
2	DEL Non Cash Depreciation - Baseline Surplus / Shortfall														(2,711)				(2,711)	Per November submission amended M10
3	DEL Non Cash Depreciation - Strategic														3,318				3,318	Per November submission amended M10
4	DEL Non Cash Depreciation - Accelerated																		0	
5	DEL Non Cash Depreciation - Impairment																		0	
6	AME Non Cash Depreciation - Donated Assets																		0	
7	AME Non Cash Depreciation - Impairment														579				579	Per August submission amended M10
8	AME Non Cash Depreciation - Impairment Reversals																		0	
9	Non contracted Income	39	27	10	119	1	9	0	8	0	3	0	0	107		172	0		495	M1 - Non contracted income
10	COVID-19 Anticipated Revenue														750				750	Mth 1 reply letter
11	Non contracted Income - Other																	7,862	7,862	Non contracted income including Q3/Q4 assumptions
12	PIBS funding														1,420				1,420	Jackie Salmon - M9
13																			0	
14																			0	
15																			0	
16																			0	
17																			0	
18																			0	
19																			0	
20																			0	
21																			0	
22																			0	
23																			0	
24																			0	
25																			0	
26																			0	
27																			0	
28																			0	
29																			0	
30																			0	
31																			0	
32																			0	
33																			0	
34																			0	
35	Total Income	5,357	10,128	5,784	4,645	2,076	4,589	1,159	46	0	1,173	0	0	643	12,744	171,725	0	7,862	227,931	

Welsh Ambulance Trust

Period : Jan 21

This table needs completing monthly from Month: 6
This Table is currently showing 0 errors

Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 20 £'000	Closing Balance End of Jan 21 £'000	Forecast Closing Balance End of Mar 21 £'000
Non-Current Assets			
1 Property, plant and equipment	87,680	82,580	88,857
2 Intangible assets	5,133	3,713	3,338
3 Trade and other receivables	536	536	500
4 Other financial assets	0	0	0
5 Non-Current Assets sub total	93,349	86,829	92,695
Current Assets			
6 Inventories	1,556	1,549	1,500
7 Trade and other receivables	9,086	17,795	9,086
8 Other financial assets	0	0	0
9 Cash and cash equivalents	24,582	11,401	326
10 Non-current assets classified as held for sale	246	130	0
11 Current Assets sub total	35,470	30,875	10,912
12 TOTAL ASSETS	128,819	117,704	103,607
Current Liabilities			
13 Trade and other payables	27,523	16,891	2,515
14 Borrowings (Trust Only)	1,970	1,943	2,667
15 Other financial liabilities	-	-	-
16 Provisions	7,293	11,807	7,000
17 Current Liabilities sub total	36,786	30,641	12,182
18 NET ASSETS LESS CURRENT LIABILITIES	92,033	87,063	91,425
Non-Current Liabilities			
19 Trade and other payables	0	0	0
20 Borrowings (Trust Only)	2,667	1,059	1,059
21 Other financial liabilities	0	0	0
22 Provisions	9,554	6,228	11,035
23 Non-Current Liabilities sub total	12,221	7,287	12,094
24 TOTAL ASSETS EMPLOYED	79,812	79,776	79,331
FINANCED BY: Taxpayers' Equity			
25 General Fund	0	0	0
26 Revaluation Reserve	9,712	9,437	9,712
27 PDC (Trust only)	76,309	76,309	75,828
28 Retained earnings (Trust Only)	(6,209)	(5,970)	(6,209)
29 Other reserve	0	0	0
30 Total Taxpayers' Equity	79,812	79,776	79,331

	Opening Balance Beginning of Apr 20	Closing Balance End of Jan 21	Closing Balance End of Mar 21
EXPLANATION OF ALL PROVISIONS			
31 Clinical Negligence	1,977	2,740	2,740
32 Personal Injury and special payments	1,788	1,999	1,999
33 Personal Injury-PIBS	10,101	10,635	10,635
34 Defence legal fees and other administration	312	350	350
35 Pensions-other staff PIBS	92	87	87
36 Redress	0	26	26
37 Restructurings	0	0	0
38 Other	2,577	2,198	2,198
39			
40 Total Provisions	16,847	18,035	18,035

ANALYSIS OF WELSH NHS RECEIVABLES (current month)

41 Welsh NHS Receivables Aged 0 - 10 weeks
42 Welsh NHS Receivables Aged 11 - 16 weeks
43 Welsh NHS Receivables Aged 17 weeks and over

£'000
7,663
33
0

ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)

	£'000	£'000	£'000
44 Capital	9,381	629	500
45 Revenue	18,142	16,262	2,015

ANALYSIS OF CASH (opening, current & closing)

	£'000	£'000	£'000
46 Capital	9,381	629	50
47 Revenue	15,201	10,772	276

Welsh Ambulance Trust

Period : Jan 21

This Table is currently showing 0 errors

This table needs completing monthly from Month: 6

Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only													0
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3	WG Revenue Funding - Other (e.g. invoices)	1,895	3	225	2,227	888	17	843	0	47	44	6,690	2,560	15,439
4	WG Capital Funding - Cash Limit - LHB & SHA only													0
5	Income from other Welsh NHS Organisations	16,004	16,025	15,460	15,624	21,593	15,688	16,435	17,572	16,558	19,135	19,515	22,351	211,960
6	Short Term Loans - Trust only													0
7	PDC - Trust only	0	0									835		835
8	Interest Receivable - Trust only	5	0	0	0	0	0	0	0	0	0	0	0	5
9	Sale of Assets	0	5	13	8	8	10	(2)	32	174	14	15	12	289
10	Other - (Specify in narrative)	292	689	291	567	327	643	297	75	668	200	797	277	5,123
11	TOTAL RECEIPTS	18,196	16,722	15,989	18,426	22,816	16,358	17,573	17,679	17,447	19,393	27,852	25,200	233,651
	PAYMENTS													
12	Primary Care Services : General Medical Services													0
13	Primary Care Services : Pharmacy Services													0
14	Primary Care Services : Prescribed Drugs & Appliances													0
15	Primary Care Services : General Dental Services													0
16	Non Cash Limited Payments													0
17	Salaries and Wages	12,416	13,089	13,526	13,225	12,859	13,332	13,346	13,258	13,522	13,642	15,137	15,240	162,592
18	Non Pay Expenditure	4,727	5,114	4,093	4,685	4,386	3,559	4,258	4,457	4,657	4,748	11,100	11,023	66,807
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only	868											2,143	3,011
21	Capital Payment	1,810	3,739	1,500	993	1,166	2,655	883	646	1,905	559	6,231	3,126	25,213
22	Other items (Specify in narrative)	0	0	30	0	0	0	0	127	0	0	127	0	284
23	TOTAL PAYMENTS	19,821	21,942	19,149	18,903	18,411	19,546	18,487	18,488	20,084	18,949	32,595	31,532	257,907
24	Net cash inflow/outflow	(1,625)	(5,220)	(3,160)	(477)	4,405	(3,188)	(914)	(809)	(2,637)	444	(4,743)	(6,332)	
25	Balance b/f	24,582	22,957	17,737	14,577	14,100	18,505	15,317	14,403	13,594	10,957	11,401	6,658	
26	Balance c/f	22,957	17,737	14,577	14,100	18,505	15,317	14,403	13,594	10,957	11,401	6,658	326	

Welsh Ambulance Trust

Period : Jan 21

Table H - PSPP

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

30 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
	PROMPT PAYMENT OF INVOICE PERFORMANCE	Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	90.7%	-4.3%	92.7%	-2.3%	86.9%	-8.1%		-95.0%	90.5%	-4.5%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	90.4%	-4.6%	86.1%	-8.9%	93.3%	-1.7%		-95.0%	90.0%	-5.0%	95.0%	0.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	98.0%	3.0%	98.5%	3.5%	98.3%	3.3%		-95.0%	98.2%	3.2%	98.0%	3.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	97.0%	2.0%	97.3%	2.3%	98.1%	3.1%		-95.0%	97.5%	2.5%	97.0%	2.0%

10 DAY COMPLIANCE			ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
			Actual %		Actual %		Actual %		Actual %		Actual %		Actual %	
	PROMPT PAYMENT OF INVOICE PERFORMANCE													
5	% of NHS Invoices Paid Within 10 Days - By Value		49.6%		74.5%		45.0%				58.0%		75.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number		65.2%		63.9%		52.9%				60.9%		75.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		53.7%		86.0%		81.9%				72.8%		75.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		56.5%		54.1%		50.3%				53.4%		75.0%	

Welsh Ambulance Trust

Period : Jan 21

This Table is currently showing 0 errors

Table I - 2020-21 Capital Resource / Expenditure Limit Management

£'000 15,711
Approved CRL / CEL issued at : 3/2/21

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure (accrued, to include capitalised finance leases)</i>						
	All Wales Capital Programme:						
	Schemes:						
1	ESMCP – Control Room Solution	13	13	0	119	119	0
2	Cardiff MRD	1,127	1,127	0	3,428	3,428	0
3	111 Integrated Information Solution	431	431	0	800	800	0
4	C19 - 19.20 Return of Vehicles Slippage	518	518	0	534	534	0
5	C19 - 19.20 Return of 111 Slippage	49	49	0	100	100	0
6	C19 - Digital Devices	615	615	0	617	617	0
7	COVID-19 DPIP	160	160	0	160	160	0
8	Provision of Mobile Clinical Solution Unit	162	162	0	180	180	0
9	GUH - WAST Patient Transfer Arrangements	531	531	0	537	537	0
10	COVID-19 Requirements - Tranche 4	643	643	0	1,144	1,144	0
11	111 / contact first service at WAST Vantage Point House Clinical Contact Centre.	110	110	0	1,000	1,000	0
12	Electronic Patient Clinical Records	16	16	0	216	216	0
13	111 Assets transferred from Aneurin Bevan ULHB	0	0	0	835	835	0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	Sub Total	4,373	4,373	0	9,670	9,670	0
	Discretionary:						
43	I.T.	338	338	0	792	792	0
44	Equipment	2,024	2,024	0	2,740	2,740	0
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	196	196	0	2,151	2,151	0
47	Other	173	173	0	358	358	0
48	Sub Total	2,731	2,731	0	6,041	6,041	0

	Other Schemes:						
49	Re investment of NBV	0	0	0	121	121	0
50				0			0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56				0			0
57				0			0
58				0			0
59				0			0
60				0			0
61				0			0
62				0			0
63				0			0
64				0			0
65				0			0
66				0			0
67				0			0
68				0			0
69	Sub Total	0	0	0	121	121	0
70	Total Expenditure	7,104	7,104	0	15,832	15,832	0
	Less:						
	Capital grants:						
71				0			0
72				0			0
73				0			0
74				0			0
75				0			0
76	Sub Total	0	0	0	0	0	0
	Donations:						
77				0			0
78	Sub Total	0	0	0	0	0	0
	Asset Disposals:						
79	Nelson	0	0	0	121	121	0
80	Disposal of Vehicles and equipment	0	0	0	0	0	0
81				0			0
82				0			0
83				0			0
84				0			0
85				0			0
86				0			0
87				0			0
88				0			0
89				0			0
90	Sub Total	0	0	0	121	121	0
91	Technical Adjustments			0			0
92	CHARGE AGAINST CRL / CEL	7,104	7,104	0	15,711	15,711	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(8,607)			0	

Welsh Ambulance Trust

YTD Months to be completed from Month:	4
Forecast Months to be completed from Month:	6

Period : Jan 21

This Table is currently showing 0 errors

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile														YTD £'000	Total £'000	Risk Level
	Schemes:		Min. £'000	Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000					
1	ESMCP – Control Room Solution	A WILLIAMS	119	119	0	0	0	0	0	0	13	0	(6)	6	53	53	13	119	Low		
2	Cardiff MRD	R DAVIES	3,428	3,428	4	0	0	4	141	142	262	279	269	24	1,163	1,140	1,125	3,428	Low		
3	111 Integrated Information Solution	A WILLIAMS	800	800	16	18	16	21	19	32	69	48	145	46	216	154	430	800	Low		
4	C19 - 19.20 Return of Vehicles Slippage	D HOLMES	534	534	0	0	143	70	149	88	0	13	39	16	16	0	518	534	Low		
5	C19 - 19.20 Return of 111 Slippage	A WILLIAMS	100	100	0	49	0	0	0	0	0	0	0	0	51	0	49	100	Low		
6	C19 - Digital Devices	A WILLIAMS	160	160	0	160	0	0	0	0	0	0	0	0	0	0	160	160	Low		
7	COVID-19 DPIF	A WILLIAMS	180	180	0	0	0	0	0	0	162	0	0	0	18	0	162	180	Low		
8	Provision of Mobile Clinical Solution Unit	E ROBERTS	537	537	0	0	0	0	0	0	0	0	531	0	6	0	531	537	Low		
9	GUH - WAST Patient Transfer Arrangements	D HOLMES	1,144	1,144	0	0	0	0	0	0	4	17	613	10	370	130	644	1,144	Low		
10	COVID-19 Requirements - Tranche 4	E ROBERTS	617	617	0	0	0	0	0	0	0	615	0	0	2	0	615	617	Low		
11	111 / contact first service at WAST Vantage Point House Clinic	A WILLIAMS / R DAVIES	1,000	1,000	0	0	0	0	0	0	0	0	110	0	640	250	110	1,000	Low		
12	Electronic Patient Clinical Records	A WILLIAMS	216	216	0	0	0	0	0	0	0	0	0	16	130	70	16	216	Low		
13	111 Assets transferred from Aneurin Bevan ULHB	A WILLIAMS / R DAVIES	835	835	0	0	0	0	0	0	0	0	0	0	835	0	0	835	Low		
14																	0	0			
15																	0	0			
16																	0	0			
17																	0	0			
18																	0	0			
19																	0	0			
20																	0	0			
21																	0	0			
22																	0	0			
23																	0	0			
24																	0	0			
25																	0	0			
26																	0	0			
27																	0	0			
28																	0	0			
29																	0	0			
30																	0	0			
31																	0	0			
32																	0	0			
33																	0	0			
34	Sub Total		9,670	9,670	20	227	159	95	309	262	510	972	1,701	118	3,500	1,797	4,373	9,670			
Discretionary:																					
35	I.T.	A WILLIAMS	784	784	106	93	205	121	31	61	15	(285)	(101)	92	317	129	338	784	Low		
36	Equipment	D HOLMES	2,717	2,717	18	26	40	574	61	1,005	171	59	240	(170)	410	283	2,024	2,717	Low		
37	Statutory Compliance	R DAVIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Low		
38	Estates	R DAVIES	2,213	2,213	84	147	34	87	(29)	1	(10)	(116)	0	(2)	1,266	751	196	2,213	Low		
39	Other	E ROBERTS	327	327	3	24	14	41	3	22	88	(31)	6	3	109	45	173	327	Low		
40	Sub Total		6,041	6,041	211	290	293	823	66	1,089	264	(373)	145	(77)	2,102	1,208	2,731	6,041			
Other Schemes:																					
41	Re investment of NBV	R DAVIES	121	121	0	0	0	0	0	0	0	0	0	0	121	0	121	0	Low		
42																	0	0			
43																	0	0			
44																	0	0			
45																	0	0			
46																	0	0			
47																	0	0			
48																	0	0			
49																	0	0			
50																	0	0			
51																	0	0			
52																	0	0			
53																	0	0			
54																	0	0			
55																	0	0			
56																	0	0			
57																	0	0			
58																	0	0			
59																	0	0			
60																	0	0			
61	Sub Total		121	121	0	0	0	0	0	0	0	0	0	0	121	0	121	0			
62	Total Capital Expenditure		15,832	15,832	231	517	452	918	375	1,351	774	599	1,846	41	5,602	3,126	7,104	15,832			

Table K - Capital Disposals

This Table is currently showing 0 errors

A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 20)	MM/YY (text format, e.g. Apr 20)	MM/YY (text format, e.g. Feb 21)	£'000	£'000	£'000	£'000	
1	Nelson	N/A	N/A	2020-21	121	185	8	56	
2	Disposal of Vehicles and equipment	N/A	N/A	2020-21	0	104		104	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				121	289	8	160	

Welsh Ambulance Trust

Period : Jan 21

This Table is currently showing 0 errors

This table needs completing monthly from Month: 6

Table L: EXTERNAL FINANCING LIMIT

		Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
REF	NET FINANCIAL CHANGE	A	B	C	D
1	Retained surplus/(deficit) for period			0	61
2	Depreciation	16,396	15,536	(860)	12,947
3	Depreciation on Donated Assets			0	
4	DEL and AME Impairments	623	579	(44)	579
5	Net gain/loss on disposal of assets		(160)	(160)	(145)
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals		281	281	262
8	Other Income (specify)			0	
9	APPLICATION OF FUNDS				
10	Capital Expenditure	(15,711)	(15,832)	(121)	(7,104)
11	Other Expenditure			0	
	MOVEMENTS IN WORKING CAPITAL				
12	Inventories			0	7
13	Current assets - Trade and other receivables			0	(8,709)
14	Current liabilities - Trade and other payables			0	(10,632)
15	Non current liabilities - Trade and other payables			0	0
16	Provisions			0	1,188
17	Sub total - movement in working capital	0	0	0	(18,146)
18	NET FINANCIAL CHANGE	1,308	404	(904)	(11,546)
	EFL REQUIREMENT TO BE MET BY				
19	Increase in Public Dividend Capital	(2,176)	(404)	1,772	0
20	Net change in temporary borrowing	868		(868)	(27)
21	Change in bank deposits and interest bearing securities			0	13,181
22	Net change in finance lease payables			0	(1,608)
23	TOTAL EXTERNAL FINANCE	(1,308)	(404)	904	11,546

Table M - Debtors Schedule

Jan 21

[illegible]

Invoices paid since the end of the month		
--	--	--

Total outstanding as per MFR submission date	33,322.65	0.00
--	-----------	------

Welsh Ambulance Trust

Period : Jan 21

Table N - General Medical Services
Table to be completed from Q2

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

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

SUPPLEMENTARY INFORMATION

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

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

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

GENERAL MEDICAL SERVICES
Operating Expenditure

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

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

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

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

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

GENERAL MEDICAL SERVICES
Dispensing

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

Year to Date
£000's
0

0

0

[illegible][illegible]

£000's
0

£000's
0

£000's
0

--

Year to Date
£000's

0

Welsh Ambulance Trust

Period : Jan 21

Table O - General Dental Services
Table to be completed from Q2
Operating Expenditure from the revenue allocation for the dental contract

This Table is currently showing 0 errors

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER (PLEASE DETAIL BELOW)	12				0	
TOTAL DENTAL SERVICES EXPENDITURE	13		0	0	0	0
OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	LINE NO.		£000's	£000's	£000's	£000's
Emergency Dental Services (inc Out of Hours)	14					
Additional Access	15					
Sedation services including GA	16					
Continuing professional development	17					
Occupational Health / Hepatitis B	18					
Gwen Am Byth - Oral Health in care homes	19					
Refund of patient charges	20					
Design to Smile	21					
Other Community Dental Services inc WHC/2015/001	22					
Dental Foundation Training/Vocational Training	23					
DBS/CRB checks	24					
Health Board staff costs associated with the delivery / monitoring of the dental contract	25					
Oral Surgery	26					
Orthodontics	27					
Special care dentistry e.g. WHC/2015/002	28					
Oral Health Promotion/Education	29					
	30					
	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
TOTAL OTHER (must equal line 12)	43			0		0
RECEIPTS						
TOTAL DENTAL SERVICES INCOME (Enter as a negative value)	44				0	



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd

Chair: Martin Woodford

Prif Weithredwr

Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

11th March 2021

Your ref: WAST\M10\ajh\al-w

Dear Andrea

Re: FEBRUARY 2021 (MONTH 11 2020/21) MONITORING RETURN

Please find attached the Monitoring Returns for February 2021.

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

In line with our approved IMTP, our opening budgets and financial plan for the year reflect the level of funding, expenditure plans and savings requirement included and agreed with our Commissioners and approved by the Trust Board in March 2020.

The Trust's performance against financial targets for Month 11 2020/21 is as follows:-

1. Actual Year to Date 20/21 (Tables A, B & B2)

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the budget setting approach. The key funding assumptions for 2020/21 being that the 2019/20 funding is fully recurrent, and the 2020/21 funding will include:-

- 2% uplift for core cost growth, which includes funding to meet the first 1% of the 2020/21 pay award costs.
- Funding to support the final year of A4C 3 year pay award
- Impact of Previously Agreed Developments/other adjustments including income support to implement the EMS Demand & Capacity Review, in line with support by Commissioners in the IMTP.

Month 11 also includes an income assumption to offset the significant net additional unavoidable revenue costs incurred by WAST in its planning and response to COVID-19. The year to date value now stands at £9.926m as shown in Table B3. In line with Welsh Government guidance WAST have currently invoiced for all direct COVID costs incurred and anticipated up to Month 12 totaling £10.138m.

Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg, ac na fydd gohebu yn Gymraeg yn arwain at oedi

The Trust welcomes correspondence in Welsh or English, and that corresponding in Welsh will not lead to a delay

www.ambulance.wales.nhs.uk

Pencadlys Rhanbarthol
Ambiwlans a Chanolfan
Cyfathrebu Clinigol

Regional Ambulance
Headquarters and
Clinical Contact Centre

Tŷ Vantage Point
Vantage Point House
Tŷ Coch Way
Cwmbran NP44 7HF

Ffôn/Tel
01633 626262

The resulting reported performance at Month 11 as per Table B is therefore a small year to date under-spend against budget of £0.065m, after allowing for the above COVID-19 funding assumption.

The reported total pay variance against plan as at Month 11 is an underspend of £0.021m. As per Table B3 the COVID-19 pay related costs to Month 11 totaled £5.346m, this includes £1.777m in respect of the Annual Leave accrual.

The non-pay position at Month 11 is a reported overspend of £0.689m, this is made up of overspends on fleet maintenance costs, Ambulance car services, staff uniforms, medical supplies, and services, and includes some approved planned additional expenditure towards the financial year end, including that offset by the income position below.

Income at Month 11 shows a surplus of £0.733m due to VAT reclaim in excess of budget, this has offset somewhat the reduction in income from Sporting events cover.

Also included within the forecasted figures are current potential developments which the Trust has incorporated as part of the Q3/Q4 plan, it should be noted that these are all deemed as cost neutral in the sense that the costs will only be committed to once the Trust receives confirmation that additional income will flow to cover these costs in their entirety. This was fully described as such in the supporting financial narrative submitted as part of our Q3 / Q4 plan and again in the discussions with WG and FDU colleagues on 6th December.

2. Movement (Table A)

The Movement table has been completed in accordance with the new guidance, incorporating the approved IMTP data. Included within the Movement table is the additional income and expenditure assumed in association with the COVID-19 costs. Included within this table and the COVID-19 sheet is the Non-planned savings due to COVID-19, this has been shown on Month 1 planned savings – Forecast (Underachievement) / Overachievement (line 14) of the movement tab, and has been offset by the Additional funding line (line 22).

Following the inclusion of the savings tables, the profiling in relation to identified saving plans and Planned Net income generation are different to the profiles per the IMTP, however as these saving schemes are reported internally to our Board the Trust has amended these figures to match those reported internally. This does not change the bottom line as the totals remain the same, it is just the profiles that have been amended to agree.

The Trust has now also had to include additional saving scheme variances previously not identified within the table on line 28 to offset the declared underachievement, which was previously included within the total on line 40 but now identified on line 15.

Following a review of Table A, the Trust has incorporated additional income associated with VAT reclaims above the previously budgeted figure, this has in part offset the profit on disposal, and in addition, the Trust has identified additional non-recurring savings.

3. Risk (Table A2)

Any risks previously reported in Table A2 have continued to be reviewed and fully assessed, however there are now no reported financial risks but as we move through the final weeks of the financial year we will continue to review any potential risks to ensure that the level of likelihood is assessed along with the financial value. However, as you would expect at this stage of the financial year now, the number and value of outstanding risks continues to significantly reduce.

The re-based accrual funded by the Welsh Government in respect of the impact of voluntary overtime on holiday pay now totals £1.653m and this continues to be held on the balance sheet. This related to an estimate made on the impact for the two years ended 31 March 2020. I understand that there is movement in the settlement of this and that WG are coordinating meetings in the near future, including how this is to be treated now for the 2020/21 financial year end. No accruals are included within the 2020/21 position at present and following verbal confirmation from the WG that they will fund any increase in provisions for this across Wales, we have at Month 11 now removed the risk of £1.0m in connection with this.

The risk of £1.42m relating to funding for the PIBS scheme previously included within this table has also been removed for M11 following confirmation of funding up to this level from Jackie Salmon. Funding for this scheme has

now been confirmed on a matched basis, in line with previous years. The final cost for this area for 2020/21 will not be known until early April once information has been released by NHS Pensions in respect of Quarter 4.

4. Monthly Profiles (Table B)

This table has now been completed in full, including forecast; it should be noted that following a review of planned disposals, given the Trust's requirement to hold onto decommissioned vehicles to potentially assist with any demand issues in relation to any future COVID-19 spikes, the plan profits will not now be realised this financial year.

5. Ring Fenced Funding and Annual Leave provision (Table B)

The full year forecast for DEL Depreciation for 2020/21 has been reviewed in month and reduced to £15.528m with additional funding of £0.599m being required that has now been invoiced for, an overall reduction of £0.008m. In respect of AME Impairments this area has also been reviewed and funding of £0.638m has now been agreed and invoiced for.

With regards to the annual leave accrual due to COVID 19, in accordance with Welsh Government instructions, the anticipated increase of £1.777m is included within the forecast year-end position in Table B and also within Table B3. An invoice has been raised for this amount in Month 10 and within Table E1 this is now included as agreed full year income (line 1).

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

Agency costs for Month 11 totalled £0.094m. The current percentage of agency costs against the total pay figure is 0.6%, this is to cover vacancies and to provide additional cover in relation to COVID-19. The Trust is always attempting to reduce agency costs by recruiting into permanent positions, and this table has now been updated and includes revised forecasts of the likely costs, however it should be noted that this is only a forecast and is subject to change.

7. COVID-19 (Table B3)

A summary of the year to date COVID-19 costs displayed in Table B3 and cumulatively reported in the Month 11 financial position are provided below:

	Month 11 (February 21) £000	Full Year Forecast £000	Costs invoiced to date £000
Total Pay (exc Annual Leave)	3,569	3,639	
Total Non - Pay	4,768	4,910	
Non Delivery of Savings	271	271	
Expenditure Reductions	- 459	- 459	
	8,149	8,361	8,361
Annual Leave Accrual	1,777	1,777	1,777
Including Annual Leave Accrual	9,926	10,138	10,138

The Month 11 position and full year position is fully funded. Current COVID-19 revenue cost projections for the financial year 2020/21 remain estimated at £10.138m, at the same level as for M10. As requested by the WG these estimated costs have now been invoiced in full.

To note there is still **one main exclusion** from the costs in Table B3 and this relates to PPE stock released from UK and Welsh Pandemic stock which are currently issued without cost recharge to NHS Wales organisations.

During phase 2 of the COVID response WAST are again utilising the military and welcomes the assurance from you that WG are picking up costs for these MACAs direct and hence no expenditure is included in COVID

projections. This has in large part been the reason for the variance reported above in terms of costs the Trust is incurring direct in relation to its UHP.

With regards to the annual leave accrual due to COVID 19 as previously reported an increase of £1.777m has been forecast. In accordance with Welsh Government instructions, the anticipated increase of £1.777m is included within the forecast year-end position in Table B and also within Table B3 (line 52). In line with guidance provided, an invoice has now been raised for this amount and agreed income to match this is included within Table E1 (line 1).

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

For Month 11 the Trust is reporting planned savings of £4.014m and actual savings of £4.028m, thus a small overachievement of plan. The Trust is forecasting to achieve savings of £4.300m against the plan of £4.300m during the financial year. The Trust is currently forecasting to overachieve on other saving lines and as previously mentioned is assuming funding for the COVID-19 shortfall as detailed within Table A in order to breakeven as forecasted.

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

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

Non EASC income assumptions are in line with additional services provided by WAST, as these are yet to all be signed off these are included on line 9 in the anticipated section. At present however there are no known risks indicating that these services will not be provided to the level currently budgeted.

The Trust has been engaging with colleagues across NHS Wales to eliminate any variance.

WHSSC / EASC and WAST continue to meet to reconcile any remaining income / expenditure assumptions between our organisations but due to timing issues for the release of funding for approved CASC developments there continues to be a reconcilable element that will be present in the MMR returns and hence may appear again in Month 11, although given that we did then fully reconcile in M10 I am hoping this will not be the case. For Month 11 WAST's income assumptions total £171.475m which have been agreed by WHSSC. There is now one further adjustment to be agreed in Month 12 relating to the repayment of any unused funding relating to the Grange University Hospital together with a Regional Solution for NEPTS.

With regards to the annual leave accrual due to COVID 19 discussed above, agreed income of £1.777m is included to match this within Table E1 (line 1).

10. Healthcare agreements and Major Contracts

Invoices for WAST's LTA/SLA with other NHS Wales organisations have been raised and to date no major issues have been received. As above, discussion will continue with EASC via our commissioning arrangements.

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

The Statement of Financial Position has been completed for Month 11.

At Month 11 there are two invoices over 11 weeks with a combined value of £0.176m. No queries have been raised and the Trust is anticipating receipt of the outstanding monies shortly.

12. Cash flow (Table G)

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

MONTHLY CASHFLOW FORECAST 2020-21	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	28	23	22	27	25	19	27	25	22	28	19	27	292
Other Non NHS Income	82	93	35	202	40	33	66	45	31	172	142	100	1,041
Pensions Agency	0	0	0	0	0	0	0	0	21	0	0	0	21
Vat Refund	182	521	234	0	262	591	204	0	594	0	670	373	3,631
Risk Pool Refund	0	52	0	338	0	0	0	5	0	0	0	0	395
Total	292	689	291	567	327	643	297	75	668	200	831	500	5,380
PAYMENTS													
Other items (specify in narrative)													
VAT Payment	0	0	30	0	0	0	0	0	0	0	104	0	134
Pensions / Retirements	0	0	0	0	0	0	0	127	0	0	127	0	254
Total	0	0	30	0	0	0	0	127	0	0	231	0	388

Details of 'Other' receipts and 'Other' payments as shown within lines 7 and 15 of Table G are shown above.

13. Public Sector Payment Compliance (Table I)

This has been completed for Quarter 3. Work continues internally to improve the NHS payment performance during 2020/21.

14. Capital (Tables I and K)

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

The Trust has reviewed the current schemes to ensure that the Trust is able to achieve its CEL by the 31st March 2021. Following a detailed review of individual schemes, it can confirm that whilst there is slippage on some schemes, as previously discussed with the WG Capital Team, the slippage is now manageable by accelerating approved 2021/22 programmes.

The Trust will continue to monitor the capital spend to ensure achievement of CEL by the 31st March and is working hard to progress both future approved and unapproved schemes, in the form of revised SOP's and local business cases.

15. Committee to receive Financial Monitoring Return

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

The Month 11 Financial Monitoring Return will be presented to Trust Board on 25th March 2021.

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

16. Other Issues

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

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

Yours sincerely

A handwritten signature in black ink, appearing to read 'Chris Turley', with a stylized flourish at the end.

Chris Turley
Executive Director of Finance & Corporate Resources

A handwritten signature in blue ink, appearing to read 'Jason Killens', with a stylized flourish at the end.

Jason Killens
Chief Executive

Enc

cc:

Mr M Woodford, Chairman
Non-Executive Directors Executive Directors

VALIDATION SUMMARY 2020-21

Your organisation is showing as :	WELSH AMBULANCE TRUST
Period is showing :	FEB 21
TABLE A : MOVEMENT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A1 : UNDERLYING POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A2: RISKS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B2 : PAY & AGENCY/LOCUM	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B3 : COVID-19	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C, C1 & C2 : SAVINGS SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C3 : TRACKER	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E1 : INVOICED INCOME	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE F : STATEMENT OF FINANCIAL POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : MONTHLY CASHFLOW	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE J: CAPITAL IN YEAR SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K : CAPITAL DISPOSALS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TOTAL ERRORS FOR YOUR FEB 21 RETURN IS	YOUR RETURN HAS ZERO ERRORS

Welsh Ambulance Trust

Period : Feb 21

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	65	0

Period : Feb 21

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG

Lines 1 - 12 should not be adjusted after Month 1

	In Year Effect £'000	Non Recurring £'000	Recurring £'000	FYE of Recurring £'000
Underlying Position b/fwd from Previous Year - as per 3 year plan (Surplus - Positive Value / Deficit - Negative Value)	0	0	0	0
2 New Cost Pressures - as per 3 year plan (Negative Value)	-16,424	-300	-16,124	-16,124
3 Opening Cost Pressures	-16,424	-300	-16,124	-16,124
4 Welsh Government Funding (Positive Value)	0	0		
5 Identified Savings Plan (Positive Value)	4,300	0	4,300	4,300
6 Planned Net Income Generated (Positive Value)	6,024	0	6,024	6,024
7 Planned Accountancy Gains (Positive Value)	0	0	0	0
8 Planned Profit / (Loss) on Disposal of Assets	300	300	0	0
9 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10 LTA/SLA inflation	5,800	0	5,800	5,800
11 Planning Assumptions still to be finalised at Month 1	0	0		
12 IMTP / Annual Operating Plan	0	0	0	0
13 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
14 Month 1 Planned Savings - Forecast Underachievement Due to Covid-19	-271	0	-271	
15 Month 1 Planned Savings - Other Forecast (Underachievement) / Overachievement	0	0	0	0
16 Additional In Year Identified Savings - Forecast (Positive Value)	271	271	0	
17 Additional In Year & Variance from Planned Net Income Generated (Positive Value)	161	161	0	0
18 Additional In Year & Variance from Planned Accountancy Gains (Positive Value)	0	0	0	0
19 Additional In Year & Variance from Planned Profit / (Loss) on Disposal of Assets	-140	-140		
20 Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
21 Additional In Year Welsh Government Funding (Positive Value)	0	0		
22 Additional In Year Welsh Government Funding Due To Covid-19 (Positive Value)	10,138	10,138		
23 Operational Expenditure Cost Increase Due To Covid-19 (Negative Value)	-10,326	-10,326		
24 Planned Operational Expenditure Cost Reduction Due To Covid-19 (Positive Value)	459	459		
25 Slippage on Planned Investments/Repurposing of Developmental Initiatives Due To Covid-19 (Positive)	0	0		
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
27 WRP	-312	-312		
28 Adjustment re saving schemes prior months	0	0		
29	0	0		
30	0	0		
31	0	0		
32	0	0		
33	0	0		
34	0	0		
35	0	0		
36	0	0		
37	0	0		
38	0	0		
39	0	0		
40 Forecast Outturn (- Deficit / + Surplus)	0	271	-271	

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1													0	0
2	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,644	-14,780	-16,424
3	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,344	-1,644	-14,780	-16,424
4													0	
5	385	576	430	386	337	342	333	310	308	305	304	286	4,014	4,300
6	467	276	422	467	515	510	519	542	544	547	598	616	5,408	6,024
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8												300	0	300
9													0	0
10	483	483	483	483	483	483	483	483	483	483	483	483	5,317	5,800
11													0	0
12	-8	-8	-8	-8	-8	-8	-8	-8	-8	-8	42	42	-42	0
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	-107	-30	-38	-48	-48	0	0	0	0	0	0	0	-271	-271
15	0	-19	-4	23	97	51	72	-41	-5	-46	-75	-54	54	0
16	0	0	0	0	0	50	30	30	41	40	40	40	231	271
17	0	0	0	0	0	0	0	33	-28	38	46	92	89	181
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19												-140	0	-140
20													0	0
21													0	0
22	1,437	1,698	1,992	993	488	494	364	261	2,374	-2,279	2,104	212	9,926	10,138
23	-1,455	-1,890	-2,037	-974	-440	-494	-364	-261	-2,374	2,279	-2,104	-212	-10,114	-10,326
24	125	222	83	29	0	0	0	0	0	0	0	0	459	459
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	11	12	12	10								-45	45	0
27					-85	-88	-90				-49		-312	-312
28	0	19	4	-23									0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	3	4	3	1	4	4	4	14	0	24	4	-65	65	

Table A1 - Underlying Position

This table needs completing monthly from Month: 6

This Table is currently showing 0 errors

Section A - By Spend Area		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Pay - Administrative, Clerical & Board Members				0		0
2	Pay - Medical & Dental				0		0
3	Pay - Nursing & Midwifery Registered				0		0
4	Pay - Prof Scientific & Technical				0		0
5	Pay - Additional Clinical Services				0		0
6	Pay - Allied Health Professionals				0		0
7	Pay - Healthcare Scientists				0		0
8	Pay - Estates & Ancillary				0		0
9	Pay - Students				0		0
10	Non Pay - Supplies and services - clinical				0		0
11	Non Pay - Supplies and services - general				0		0
12	Non Pay - Consultancy Services				0		0
13	Non Pay - Establishment				0		0
14	Non Pay - Transport				0		0
15	Non Pay - Premises				0		0
16	Non Pay - External Contractors				0		0
17	Health Care Provided by other Orgs – Welsh LHBs				0		0
18	Health Care Provided by other Orgs – Welsh Trusts				0		0
19	Health Care Provided by other Orgs – WHSSC				0		0
20	Health Care Provided by other Orgs – English				0		0
21	Health Care Provided by other Orgs – Private / Other				0		0
22	Total	0	0	0	0	0	0

Section B - By Directorate		IMTP	Full Year Effect of Actions			New, Recurring, Full Year Effect of Unmitigated Pressures (-ve)	IMTP
		Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal		Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Primary Care				0		0
2	Mental Health				0		0
3	Continuing HealthCare				0		0
4	Commissioned Services				0		0
5	Scheduled Care				0		0
6	Unscheduled Care				0		0
7	Children & Women's				0		0
8	Community Services				0		0
9	Specialised Services				0		0
10	Executive / Corporate Areas				0		0
11	Support Services (inc. Estates & Facilities)				0		0
12	Total	0	0	0	0	0	0

Welsh Ambulance Trust

Period : Feb 21

This Table is currently showing 0 errors

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

[illegible]

Year-to-date (YTD)	1000	
28. Actual YTD surplus/ (deficit)	65	
29. Actual YTD surplus/ (deficit) last month	61	
30. Current month actual surplus/ (deficit)	4	
31. Average monthly surplus/ (deficit) YTD	5	Trend ▼
32. YTD remaining months	65	

Full-year surplus (deficit) scenario	\$'000
33. Extrapolated Scenario	69
34. Year to Date Trend Scenario	71

[illegible][illegible][illegible]

Revenue Resource Limit line completed for 12 months	On
Manufacture Income - Capital Dotation/Government Grant Income line completed for 12 months	On
Manufacture Income - Other line completed for 12 months	On
Primary Care Contractor associated direct line completed for 12 months	On
Primary Care - Single line completed for 12 months	On
Pay line completed for 12 months	On
Pen Pay (including drugs & depreciation) line completed for 12 months	On
Secondary Care - Drug line completed for 12 months	On
Healthcare Services Provided by Other NHS Bodies line completed for 12 months	On
NHS Healthcare Services Provided by Other NHS Bodies line completed for 12 months	On
Continuing Care & Limited Nursing Care line completed for 12 months	On
Other Charges & Voluntary Service line completed for 12 months	On
Joint Expenses & Other line completed for 12 months	On
Leases, Social Payments and Irrecoverable Debts line completed for 12 months	On
Expenditure (Income) - Costs line completed for 12 months	On
Total Internal Resources line completed for 12 months	On
Total Internal Payable line completed for 12 months	On
Capex Depreciation line completed for 12 months	On
Capex Depreciation/Impairments line completed for 12 months	On
Contingent Resources & Contingencies line completed for 12 months	On
Uncommenced Resources & Contingencies line completed for forecast months only	On
Profit/Loss Disposed of Assets line completed for 12 months	On
Agencies Resource Resource Limit on Table 1 Monthly Position Cell D14 - Resource Limits CELL D14	On
Capital Dotation - Government Grant Income agency in Table 1 2020-21 Capital Resources - Expenditure Line Management	On
Section C - NHS Main Care VTE actual limit of 233 agents in line of 16	On
Section C - NHS Main Care Internal limit of 233 agents in line of 16	On
Section C - Agency VTE actual limit of 40 agents in line of 16	On
Section C - Agency Internal limit of 40 agents in line of 16	On
Section C - Contingent Resources & Contingencies completed for forecast months only	On

Welsh Ambulance Trust

Period : Feb 21

YTD Months to be completed from Month:	1
Forecast Months to be completed from Month:	3

This Table is currently showing 0 errors

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

A - Pay Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	2,225	2,277	2,186	2,015	2,073	2,257	2,006	2,066	2,516	1,730	2,761	2,325	24,112	26,437
2	Medical & Dental	136	77	(52)	(4)	(7)	(33)	(36)	100	(176)	(5)	0	0	0	0
3	Nursing & Midwifery Registered	830	780	846	846	880	712	768	792	970	637	962	1,013	9,023	10,036
4	Prof Scientific & Technical	8		8	8	8	8	8	8	10	6	7	8	87	95
5	Additional Clinical Services	4,565	4,703	4,879	4,676	4,688	4,974	5,006	5,187	6,414	4,468	6,012	5,103	55,572	60,675
6	Allied Health Professionals	5,031	5,314	5,279	5,060	5,130	5,203	5,118	5,205	6,004	5,775	5,288	5,775	57,608	62,896
7	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Estates & Ancillary	158	176	164	152	156	161	154	152	202	142	209	186	1,826	2,012
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL PAY EXPENDITURE	12,953	13,335	13,310	12,753	12,928	13,282	13,024	13,510	15,940	11,467	15,726	13,923	148,228	162,151

Analysis of Pay Expenditure

[illegible]

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	32	52	33	25	28	(4)	17	30	33	26	48	48	320	368
2	Medical & Dental													0	0
3	Nursing & Midwifery Registered			14	8	14	16	15	16	21	7	11	11	122	133
4	Prof Scientific & Technical													0	0
5	Additional Clinical Services					7	16	4	5	29	32	30	30	123	153
6	Allied Health Professionals			18	14	36	43	42	36	0	0	0	0	189	189
7	Healthcare Scientists													0	0
8	Estates & Ancillary	12	16	7	5	4	6	4	0	0	4	5	5	63	68
9	Students													0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	44	68	72	52	89	77	82	87	83	69	94	94	817	911

11	Agency/Locum (premium) % of pay	0.3%	0.5%	0.5%	0.4%	0.7%	0.6%	0.6%	0.6%	0.5%	0.6%	0.6%	0.7%	0.6%	0.6%
----	---------------------------------	------	------	------	------	------	------	------	------	------	------	------	------	------	------

C - Agency / Locum (premium) Expenditure

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

[illegible]

Welsh Ambulance Trust

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
REF	Enter as positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Pay (Additional costs due to C19)												
2	Establishment & Bank Additional Hours:												
3	Administrative, Clerical & Board Members	126	109	58	0	10	9	0	0	0	0	0	0
4	Medical & Dental												
5	Nursing & Midwifery Registered	18	0	0	0	0	0	0	0	0	0	0	0
6	Prof Scientific & Technical												
7	Additional Clinical Services	141	206	158	101	56	32	38	35	11	0	42	25
8	Allied Health Professionals	121	176	119	87	45	25	38	35	11	0	42	25
9	Healthcare Scientists												
10	Estates & Ancillary	3	2	2	0	0	0	0	0	0	0	0	0
11	Sub total Establishment & Bank Additional Hours	407	492	336	187	110	66	76	69	22	0	84	50
12	Agency:												
13	Administrative, Clerical & Board Members	0	32	17	19	22	28	18	17	0	0	0	0
14	Medical & Dental												
15	Nursing & Midwifery Registered												
16	Prof Scientific & Technical												
17	Additional Clinical Services												
18	Allied Health Professionals												
19	Healthcare Scientists												
20	Estates & Ancillary	16	15	15	10	5	0	0	0	0	0	0	0
21	Sub total Agency	16	47	32	29	27	28	18	17	0	0	0	0
22	Returners (Provide WTE to the right):												
23	Administrative, Clerical & Board Members												
24	Medical & Dental												
25	Nursing & Midwifery Registered												
26	Prof Scientific & Technical												
27	Additional Clinical Services												
28	Allied Health Professionals												
29	Healthcare Scientists												
30	Estates & Ancillary												
31	Sub total Returners	0	0	0	0	0	0	0	0	0	0	0	0
32	Students (Provide WTE to the right):												
33	Medical & Dental												
34	Nursing & Midwifery Registered												
35	Prof Scientific & Technical												
36	Additional Clinical Services	54	113	155	95	95	32	0	0	13	7	0	0
37	Allied Health Professionals												
38	Healthcare Scientists												
39	Estates & Ancillary												
40	Sub total Students	54	113	155	95	95	32	0	0	13	7	0	0
41	Other Temp Staff (Provide WTE to the right):												
42	Administrative, Clerical & Board Members	32	107	112	100	52	40	27	8	20	0	0	0
43	Medical & Dental												
44	Nursing & Midwifery Registered	0	0	7	7	0	0	0	0	0	0	0	0
45	Prof Scientific & Technical												
46	Additional Clinical Services	82	14	30	25	5	5	(6)	105	6	21	23	20
47	Allied Health Professionals	31	36	40	0	0	13	0	0	0	0	0	0
48	Healthcare Scientists												
49	Estates & Ancillary	0	0	0	0	0	0	0	0	0	0	0	0
50	Sub total Other Temp Staff	145	157	189	132	57	58	21	113	26	21	23	20
51	Other (specify below and in narrative)												
52	Annual Leave Accrual									2,490	(2,490)	1,777	
53													
54													
55													
56	TOTAL ADDITIONAL PAY EXPENDITURE	622	809	712	443	289	184	115	199	2,551	(2,462)	1,884	70

[illegible]

B - Non Delivery of Planned Savings Due To C19

B - Non Delivery of Planned Savings Due To C19		1	2	3	4	5	6	7	8	9	10	11	12
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Enter as Positive values												
111	Non Delivery of Planned Savings (due to C19)												
	Non Delivery of Finalised (M1) Savings	107	30	38	48	48	0	0	0	0	0	0	0
113	Non delivery of Savings Assumed but not finalised at M1												
114	TOTAL NON DELIVERY OF PLANNED SAVINGS	107	30	38	48	48	0	0	0	0	0	0	0

C - Planned Operational Expenditure Cost Reduction Due To C19

[illegible]

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

[illegible]

Period : Feb 21

Total YTD		Forecast	
£'000		year-end position	
£'000		£'000	
311		311	
0		0	
18		18	
0		0	
817		842	
696		721	
0		0	
7		7	
1,849		1,899	
153		153	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
61		61	
214		214	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
0		0	
564		564	
0		0	
0		0	
0		0	
564		564	
498		498	
0		0	
14		14	
0		0	
310		330	
120		120	
0		0	
0		0	
942		962	
1,777		1,777	
0		0	
0		0	
0		0	
5,346		5,416	

A - WTE of New Staff

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
22 Returns:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23 Administrative, Clerical & Board Members												
24 Medical & Dental												
25 Nursing & Midwifery Registered												
26 Prof Scientific & Technical												
27 Additional Clinical Services												
28 Allied Health Professionals												
29 Healthcare Scientists												
30 Estates & Ancillary												
31 Sub total Returns	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32 Students:												
33 Medical & Dental												
34 Nursing & Midwifery Registered												
35 Prof Scientific & Technical												
36 Additional Clinical Services	22.00	46.00	63.00	39.00	39.00	13.00	0.00	0.00	5.00	3.00	0.00	0.00
37 Allied Health Professionals												
38 Healthcare Scientists												
39 Estates & Ancillary												
40 Sub total Students	22.00	46.00	63.00	39.00	39.00	13.00	0.00	0.00	5.00	3.00	0.00	0.00
41 Other Temp Staff:												
42 Administrative, Clerical & Board Members	10.00	33.00	35.00	31.00	16.00	12.00	8.00	2.00	6.00	0.00	0.00	0.00
43 Medical & Dental												
44 Nursing & Midwifery Registered												
45 Prof Scientific & Technical												
46 Additional Clinical Services	16.00	3.00	6.00	5.00	1.00	1.00	-1.00	21.00	1.00	4.00	5.00	4.00
47 Allied Health Professionals	8.00	9.00	11.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00
48 Healthcare Scientists												
49 Estates & Ancillary			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50 Sub total Other Temp Staff	34.00	45.00	52.00	36.00	17.00	16.00	7.00	23.00	7.00	4.00	5.00	4.00

A1 - Major Projects : Change in Bed Numbers Due To C19 (subset of Table A)

[illegible]

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			£'000	£'000	non recurring	recurring		
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000		
1	CHC and Funded Nursing Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
4	Commissioned Services	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
10	Non Pay	Budget/Plan	235	362	288	231	231	235	228	203	199	198	198	202	2,606	2,808		2,808	0			
		Actual/F'cast	128	320	247	211	219	269	189	180	201	182	170	177	2,316	2,493	92.90%	2,493	0	111	2,382	
		Variance	(107)	(42)	(41)	(20)	(12)	34	(39)	(23)	2	(16)	(28)	(25)	(290)	(315)	(11.12%)	(315)	0			
13	Pay	Budget/Plan	150	214	142	155	106	107	105	107	109	107	106	84	1,408	1,492		1,492	0			
		Actual/F'cast	150	207	141	149	167	174	246	119	143	117	99	95	1,712	1,807	94.74%	1,807	0	160	1,647	
		Variance	0	(7)	(1)	(6)	61	67	141	12	34	10	(7)	11	304	315	21.60%	315	0			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
19	Total	Budget/Plan	385	576	430	386	337	342	333	310	308	305	304	286	4,014	4,300		4,300	0			
		Actual/F'cast	278	527	388	386	386	443	435	299	344	299	269	272	4,028	4,300	93.67%	4,300	0	271	4,029	
		Variance	(107)	(49)	(42)	(26)	49	101	102	(11)	36	(6)	(35)	(14)	14	0	0.35%	0	0			
22	Variance in month		(27.78%)	(8.46%)	(9.70%)	(6.61%)	14.64%	29.46%	30.63%	(3.45%)	11.80%	(1.97%)	(11.43%)	(4.80%)	0.35%							
23	In month achievement against FY forecast		6.47%	12.26%	9.02%	8.37%	8.98%	10.30%	10.12%	6.95%	8.00%	6.95%	6.26%	6.33%								

Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY		Assessment		Full In-Year forecast	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD Budget/Plan		Green	Amber	non recurring	recurring
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000					£'000	£'000	£'000	£'000
1	Changes in Staffing Establishment	Budget/Plan	150	214	142	155	106	107	105	107	109	107	106	84	1,408	1,492			1,492	0		
2		Actual/F'cast	150	207	141	149	167	174	246	119	143	117	99	95	1,712	1,807	94.74%		1,807	0	160	1,647
3		Variance	0	(7)	(1)	(6)	61	67	141	12	34	10	(7)	11	304	315	21.60%		315	0		
4	Variable Pay	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
5		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0
6		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
7	Locum	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
10	Agency / Locum paid at a premium	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
13	Changes in Bank Staff	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
16	Other (Please Specify)	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0		
19	Total	Budget/Plan	150	214	142	155	106	107	105	107	109	107	106	84	1,408	1,492			1,492	0		
20		Actual/F'cast	150	207	141	149	167	174	246	119	143	117	99	95	1,712	1,807	94.74%		1,807	0	160	1,647
21		Variance	0	(7)	(1)	(6)	61	67	141	12	34	10	(7)	11	304	315	21.60%		315	0		

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

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

Full-Year Effect of Recurring Savings
£'000
0
0
0
2,653
1,647
0
4,300

[illegible][illegible]

This Table is currently showing 0 errors

Table C3 - Tracker

	£'000	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Full-year forecast	Non Recurring	Recurring	FYE Adjustment	Full-year Effect
Savings (Cash Releasing & Cost Avoidance)	Month 1 - Plan	385	576	430	386	337	342	333	310	308	305	304	286	4,014	4,300	0	4,300	0	4,300
	Month 1 - Actual/Forecast	278	527	388	360	386	393	405	269	303	259	229	232	3,797	4,029	0	4,029	271	4,300
	Variance	(107)	(49)	(42)	(26)	49	51	72	(41)	(5)	(46)	(75)	(54)	(217)	(271)	0	(271)	271	0
	In Year - Plan	0	0	0	0	0	50	30	30	30	30	22	20	192	212	212	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	50	30	30	41	40	40	40	231	271	271	0	0	0
	Variance	0	0	0	0	0	0	0	0	11	10	18	20	39	59	59	0	0	0
	Total Plan	385	576	430	386	337	392	363	340	338	335	328	308	4,206	4,512	212	4,300	0	4,300
	Total Actual/Forecast	278	527	388	360	386	443	435	299	344	299	269	272	4,028	4,300	271	4,029	271	4,300
	Total Variance	(107)	(49)	(42)	(26)	49	51	72	(41)	8	(36)	(57)	(34)	(178)	(212)	59	(271)	271	0
	Month 1 - Plan	467	276	422	467	515	510	519	542	544	547	598	616	5,408	6,024	0	6,024	0	6,024
Income Generation	Month 1 - Actual/Forecast	467	276	422	467	515	510	519	542	544	547	598	616	5,408	6,024	0	6,024	0	6,024
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	33	(28)	38	13	125	56	181	181	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	33	(28)	38	46	92	89	181	181	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	33	(33)	33	0	0	0	0	0
	Total Plan	467	276	422	467	515	510	519	575	516	585	611	741	5,464	6,205	181	6,024	0	6,024
	Total Actual/Forecast	467	276	422	467	515	510	519	575	516	585	644	708	5,497	6,205	181	6,024	0	6,024
	Total Variance	0	0	0	0	0	0	0	0	0	0	33	(33)	33	0	0	0	0	0
	Month 1 - Plan	0	0	0	0	0	0	0	0	0	0	33	(33)	0	0	0	0	0	0
	Month 1 - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accountancy Gains	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Actual/Forecast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Month 1 - Plan	852	852	852	852	852	852	852	852	852	852	902	902	9,422	10,324	0	10,324	0	10,324
	Month 1 - Actual/Forecast	745	803	810	827	901	903	924	811	847	806	827	848	9,205	10,053	0	10,053	271	10,324
	Variance	(107)	(49)	(42)	(26)	49	51	72	(41)	(5)	(46)	(75)	(54)	(217)	(271)	0	(271)	271	0
Total	In Year - Plan	0	0	0	0	0	50	30	63	2	68	35	145	248	393	393	0	0	0
	In Year - Actual/Forecast	0	0	0	0	0	50	30	63	13	78	86	132	320	452	452	0	0	0
	Variance	0	0	0	0	0	0	0	0	11	10	51	(13)	72	59	59	0	0	0
	Total Plan	852	852	852	852	852	902	882	915	854	920	937	1,047	9,670	10,717	393	10,324	0	10,324
	Total Actual/Forecast	745	803	810	827	901	953	954	874	860	884	913	980	9,525	10,505	452	10,053	271	10,324
	Total Variance	(107)	(49)	(42)	(26)	49	51	72	(41)	6	(36)	(24)	(67)	(145)	(212)	59	(271)	271	0

Welsh Ambulance Trust

Period : Feb 21

Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income £'000	Non Contracted Income £'000	Total Income £'000
1	Swansea Bay University	5,121	236	5,357
2	Aneurin Bevan University	9,964	164	10,128
3	Betsi Cadwaladr University	5,722	62	5,784
4	Cardiff & Vale University	3,931	714	4,645
5	Cwm Taf Morgannwg University	2,071	5	2,076
6	Hywel Dda University	4,538	51	4,589
7	Powys	1,159	0	1,159
8	Public Health Wales	0	46	46
9	Velindre	1,149	24	1,173
10	NWSSP	0	0	0
11	NWIS	0	0	0
12	Wales Ambulance Services			0
13	WHSSC	0	0	0
14	EASC	170,083	1,392	171,475
15	HEIW	0	643	643
16	NHS Wales Executive	0	0	0
17	Total	203,738	3,337	207,075

Contracted Expenditure £'000	Non Contracted Expenditure £'000	Total Expenditure £'000
10	52	62
0	209	209
280	78	358
11	22	33
0	38	38
0	117	117
0	43	43
7	11	18
1,376	776	2,152
0	0	0
0	0	0
		0
0	0	0
0	0	0
0	0	0
0	0	0
1,684	1,346	3,030

Welsh Ambulance Trust

This Table is currently showing 0 errors

Period : Feb 21

Table E - Resource Limits

1. BASE ALLOCATION

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

2. ANTICIPATED ALLOCATIONS

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

3. TOTAL RESOURCES & BUDGET RECONCILIATION

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

Welsh Ambulance Trust

Period : Feb 21

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref		Swansea Bay ULHB £'000	Aneurin Bevan ULHB £'000	Betsi Cadwaladr ULHB £'000	Cardiff & Vale ULHB £'000	Cwm Taf Morganwg ULHB £'000	Hywel Dda ULHB £'000	Powys LHB £'000	Public Health Wales NHS Trust £'000	Welsh Ambulance NHS Trust £'000	Velindre NHS Trust £'000	NWSSP £'000	NWIS £'000	HEIW £'000	WG £'000	EASC £'000	WHSSC £'000	Other (please specify) £'000	Total £'000	WG Contact and date item first entered into table
1	Agreed full year income	5,337	10,114	5,779	4,586	2,076	4,585	1,159	42	0	1,171	0	0	589	10,138	171,359	0		216,935	
	Details of Anticipated Income																			
2	DEL Non Cash Depreciation - Baseline Surplus / Shortfall														(3,177)				(3,177)	Amended M11 agreed and invoiced £0.599m
3	DEL Non Cash Depreciation - Strategic														3,776				3,776	Amended M11 agreed and invoiced as above
4	DEL Non Cash Depreciation - Accelerated																		0	
5	DEL Non Cash Depreciation - Impairment																		0	
6	AME Non Cash Depreciation - Donated Assets																		0	
7	AME Non Cash Depreciation - Impairment														638				638	Amended M11 agreed and invoiced £0.638m
8	AME Non Cash Depreciation - Impairment Reversals																		0	
9	Non contracted Income	20	14	5	60	0	4	0	4	0	2	0	0	54		116	0		278	M1 - Non contracted income
10	COVID-19 Anticipated Revenue														0				0	Invoiced up to M12 total for year £10.138m
11	Non contracted Income - Other																	8,110	8,110	Non contracted income including Q3/Q4 assumptions
12	PIBS funding														1,420				1,420	Jackie Salmon - M9, agreed matched funding
13																			0	
14																			0	
15																			0	
16																			0	
17																			0	
18																			0	
19																			0	
20																			0	
21																			0	
22																			0	
23																			0	
24																			0	
25																			0	
26																			0	
27																			0	
28																			0	
29																			0	
30																			0	
31																			0	
32																			0	
33																			0	
34																			0	
35	Total Income	5,357	10,128	5,784	4,645	2,076	4,589	1,159	46	0	1,173	0	0	643	12,795	171,475	0	8,110	227,980	

Welsh Ambulance Trust

Period : Feb 21

This table needs completing monthly from Month: 6
This Table is currently showing 0 errors

Table F - Statement of Financial Position For Monthly Period

	Opening Balance Beginning of Apr 20 £'000	Closing Balance End of Feb 21 £'000	Forecast Closing Balance End of Mar 21 £'000
Non-Current Assets			
1 Property, plant and equipment	87,680	83,033	89,310
2 Intangible assets	5,133	3,540	3,311
3 Trade and other receivables	536	536	500
4 Other financial assets	0	0	0
5 Non-Current Assets sub total	93,349	87,109	93,121
Current Assets			
6 Inventories	1,556	1,549	1,500
7 Trade and other receivables	9,086	15,142	9,086
8 Other financial assets	0	0	0
9 Cash and cash equivalents	24,582	17,677	326
10 Non-current assets classified as held for sale	246	130	0
11 Current Assets sub total	35,470	34,498	10,912
12 TOTAL ASSETS	128,819	121,607	104,033
Current Liabilities			
13 Trade and other payables	27,523	20,489	2,763
14 Borrowings (Trust Only)	1,970	1,780	2,667
15 Other financial liabilities	-	-	-
16 Provisions	7,293	11,459	7,000
17 Current Liabilities sub total	36,786	33,728	12,430
18 NET ASSETS LESS CURRENT LIABILITIES	92,033	87,879	91,603
Non-Current Liabilities			
19 Trade and other payables	0	0	0
20 Borrowings (Trust Only)	2,667	1,059	1,059
21 Other financial liabilities	0	0	0
22 Provisions	9,554	6,228	10,687
23 Non-Current Liabilities sub total	12,221	7,287	11,746
24 TOTAL ASSETS EMPLOYED	79,812	80,592	79,857
FINANCED BY: Taxpayers' Equity			
25 General Fund	0	0	0
26 Revaluation Reserve	9,712	9,414	9,534
27 PDC (Trust only)	76,309	77,144	76,354
28 Retained earnings (Trust Only)	(6,209)	(5,966)	(6,031)
29 Other reserve	0	0	0
30 Total Taxpayers' Equity	79,812	80,592	79,857

	Opening Balance Beginning of Apr 20	Closing Balance End of Feb 21	Closing Balance End of Mar 21
EXPLANATION OF ALL PROVISIONS			
31 Clinical Negligence	1,977	2,739	2,739
32 Personal Injury and special payments	1,788	1,999	1,999
33 Personal Injury-PIBS	10,101	10,512	10,512
34 Defence legal fees and other administration	312	344	344
35 Pensions-other staff PIBS	92	83	83
36 Redress	0	26	26
37 Restructurings	0	0	0
38 Other	2,577	1,984	1,984
39			
40 Total Provisions	16,847	17,687	17,687

ANALYSIS OF WELSH NHS RECEIVABLES (current month)

41 Welsh NHS Receivables Aged 0 - 10 weeks
42 Welsh NHS Receivables Aged 11 - 16 weeks
43 Welsh NHS Receivables Aged 17 weeks and over

£'000
2,631
176
0

ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)

	£'000	£'000	£'000
44 Capital	9,381	609	500
45 Revenue	18,142	19,880	2,263

ANALYSIS OF CASH (opening, current & closing)

	£'000	£'000	£'000
46 Capital	9,381	609	50
47 Revenue	15,201	17,068	276

Welsh Ambulance Trust

Period : Feb 21

This Table is currently showing 0 errors

This table needs completing monthly from Month: 6

Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only													0
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only													0
3	WG Revenue Funding - Other (e.g. invoices)	1,895	3	225	2,227	888	17	843	0	47	44	7,982	4,105	18,276
4	WG Capital Funding - Cash Limit - LHB & SHA only													0
5	Income from other Welsh NHS Organisations	16,004	16,025	15,460	15,624	21,593	15,688	16,435	17,572	16,558	19,135	16,799	22,327	209,220
6	Short Term Loans - Trust only													0
7	PDC - Trust only	0	0									835		835
8	Interest Receivable - Trust only	5	0	0	0	0	0	0	0	0	0	0	0	5
9	Sale of Assets	0	5	13	8	8	10	(2)	32	174	14	11	4	277
10	Other - (Specify in narrative)	292	689	291	567	327	643	297	75	668	200	831	500	5,380
11	TOTAL RECEIPTS	18,196	16,722	15,989	18,426	22,816	16,358	17,573	17,679	17,447	19,393	26,458	26,936	233,993
	PAYMENTS													
12	Primary Care Services : General Medical Services													0
13	Primary Care Services : Pharmacy Services													0
14	Primary Care Services : Prescribed Drugs & Appliances													0
15	Primary Care Services : General Dental Services													0
16	Non Cash Limited Payments													0
17	Salaries and Wages	12,416	13,089	13,526	13,225	12,859	13,332	13,346	13,258	13,522	13,642	13,920	16,016	162,151
18	Non Pay Expenditure	4,727	5,114	4,093	4,685	4,386	3,559	4,258	4,457	4,657	4,748	4,359	19,295	68,338
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only	868											790	1,658
21	Capital Payment	1,810	3,739	1,500	993	1,166	2,655	883	646	1,905	559	1,672	8,186	25,714
22	Other items (Specify in narrative)	0	0	30	0	0	0	0	127	0	0	231	0	388
23	TOTAL PAYMENTS	19,821	21,942	19,149	18,903	18,411	19,546	18,487	18,488	20,084	18,949	20,182	44,287	258,249
24	Net cash inflow/outflow	(1,625)	(5,220)	(3,160)	(477)	4,405	(3,188)	(914)	(809)	(2,637)	444	6,276	(17,351)	
25	Balance b/f	24,582	22,957	17,737	14,577	14,100	18,505	15,317	14,403	13,594	10,957	11,401	17,677	
26	Balance c/f	22,957	17,737	14,577	14,100	18,505	15,317	14,403	13,594	10,957	11,401	17,677	326	

Welsh Ambulance Trust

Period : Feb 21

Table H - PSPP

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

30 DAY COMPLIANCE		ACTUAL Q1			ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
PROMPT PAYMENT OF INVOICE PERFORMANCE		Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	90.7%	-4.3%	92.7%	-2.3%	86.9%	-8.1%		-95.0%	90.5%	-4.5%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	90.4%	-4.6%	86.1%	-8.9%	93.3%	-1.7%		-95.0%	90.0%	-5.0%	95.0%	0.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	98.0%	3.0%	98.5%	3.5%	98.3%	3.3%		-95.0%	98.2%	3.2%	98.0%	3.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	97.0%	2.0%	97.3%	2.3%	98.1%	3.1%		-95.0%	97.5%	2.5%	97.0%	2.0%

10 DAY COMPLIANCE			ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
			Actual %		Actual %		Actual %		Actual %		Actual %		Actual %	
	PROMPT PAYMENT OF INVOICE PERFORMANCE													
5	% of NHS Invoices Paid Within 10 Days - By Value		49.6%		74.5%		45.0%				58.0%		75.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number		65.2%		63.9%		52.9%				60.9%		75.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		53.7%		86.0%		81.9%				72.8%		75.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		56.5%		54.1%		50.3%				53.4%		75.0%	

Welsh Ambulance Trust

Period : Feb 21

This Table is currently showing 0 errors

Table I - 2020-21 Capital Resource / Expenditure Limit Management

£'000 16,211
Approved CRL / CEL issued at : 3/3/21

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	<i>Gross expenditure (accrued, to include capitalised finance leases)</i>						
	All Wales Capital Programme:						
	Schemes:						
1	ESMCP – Control Room Solution	17	17	0	119	119	0
2	Cardiff MRD	1,304	1,304	0	3,428	3,428	0
3	111 Integrated Information Solution	462	462	0	800	800	0
4	C19 - 19.20 Return of Vehicles Slippage	518	518	0	534	534	0
5	C19 - 19.20 Return of 111 Slippage	49	49	0	100	100	0
6	C19 - Digital Devices	160	160	0	617	617	0
7	COVID-19 DPIP	162	162	0	160	160	0
8	Provision of Mobile Clinical Solution Unit	531	531	0	180	180	0
9	GUH - WAST Patient Transfer Arrangements	661	661	0	537	537	0
10	COVID-19 Requirements - Tranche 4	615	615	0	1,144	1,144	0
11	111 / contact first service at WAST Vantage Point House Clinical Contact Centre.	434	434	0	1,000	1,000	0
12	Electronic Patient Clinical Records	21	21	0	216	216	0
13	111 Assets transferred from Aneurin Bevan ULHB	835	835	0	835	835	0
14	WAST vehicle replacement programme	0	0	0	500	500	0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	Sub Total	5,769	5,769	0	10,170	10,170	0
	Discretionary:						
43	I.T.	352	352	0	784	784	0
44	Equipment	2,179	2,179	0	2,717	2,717	0
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	284	284	0	2,213	2,213	0
47	Other	169	169	0	327	327	0
48	Sub Total	2,984	2,984	0	6,041	6,041	0

	Other Schemes:						
49	Re investment of NBV	0	0	0	116	116	0
50				0			0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56				0			0
57				0			0
58				0			0
59				0			0
60				0			0
61				0			0
62				0			0
63				0			0
64				0			0
65				0			0
66				0			0
67				0			0
68				0			0
69	Sub Total	0	0	0	116	116	0
70	Total Expenditure	8,753	8,753	0	16,327	16,327	0
	Less:						
	Capital grants:						
71				0			0
72				0			0
73				0			0
74				0			0
75				0			0
76	Sub Total	0	0	0	0	0	0
	Donations:						
77				0			0
78	Sub Total	0	0	0	0	0	0
	Asset Disposals:						
79	Nelson	0	0	0	116	116	0
80	Disposal of Vehicles and equipment	0	0	0	0	0	0
81				0			0
82				0			0
83				0			0
84				0			0
85				0			0
86				0			0
87				0			0
88				0			0
89				0			0
90	Sub Total	0	0	0	116	116	0
91	Technical Adjustments			0			0
92	CHARGE AGAINST CRL / CEL	8,753	8,753	0	16,211	16,211	0
93	PERFORMANCE AGAINST CRL / CEL (Under)/Over		(7,458)			0	

Welsh Ambulance Trust

YTD Months to be completed from Month:	4
Forecast Months to be completed from Month:	6

Period : Feb 21

This Table is currently showing 0 errors

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme:	Project Manager	In Year Forecast		Capital Expenditure Monthly Profile														YTD £'000	Total £'000	Risk Level
	Schemes:		Min. £'000	Max. £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000					
1	ESMCP – Control Room Solution	A WILLIAMS	119	119	0	0	0	0	0	0	13	0	(6)	6	4	102	17	119	Low		
2	Cardiff MRD	R DAVIES	3,428	3,428	4	0	0	4	141	142	262	279	269	24	179	2,124	1,304	3,428	Low		
3	111 Integrated Information Solution	A WILLIAMS	800	800	16	18	16	21	19	32	69	48	145	46	32	338	462	800	Low		
4	C19 - 19.20 Return of Vehicles Slippage	D HOLMES	534	534	0	0	143	70	149	88	0	13	39	16	0	16	518	534	Low		
5	C19 - 19.20 Return of 111 Slippage	A WILLIAMS	100	100	0	49	0	0	0	0	0	0	0	0	0	51	49	100	Low		
6	C19 - Digital Devices	A WILLIAMS	160	160	0	160	0	0	0	0	0	0	0	0	0	0	160	160	Low		
7	COVID-19 DPIF	A WILLIAMS	180	180	0	0	0	0	0	0	162	0	0	0	0	18	162	180	Low		
8	Provision of Mobile Clinical Solution Unit	E ROBERTS	537	537	0	0	0	0	0	0	0	0	531	0	0	6	531	537	Low		
9	GUH - WAST Patient Transfer Arrangements	D HOLMES	1,144	1,144	0	0	0	0	0	0	4	17	613	10	17	483	661	1,144	Low		
10	COVID-19 Requirements - Tranche 4	E ROBERTS	617	617	0	0	0	0	0	0	0	615	0	0	0	2	615	617	Low		
11	111 / contact first service at WAST Vantage Point House Clinic	A WILLIAMS / R DAVIES	1,000	1,000	0	0	0	0	0	0	0	0	110	0	324	566	434	1,000	Low		
12	Electronic Patient Clinical Records	A WILLIAMS	216	216	0	0	0	0	0	0	0	0	0	16	5	195	21	216	Low		
13	111 Assets transferred from Aneurin Bevan ULHB	A WILLIAMS / R DAVIES	835	835	0	0	0	0	0	0	0	0	0	0	835	0	835	835	Low		
14	WAST vehicle replacement programme	D HOLMES	500	500	0	0	0	0	0	0	0	0	0	0	0	500	0	500	Low		
15																	0	0			
16																	0	0			
17																	0	0			
18																	0	0			
19																	0	0			
20																	0	0			
21																	0	0			
22																	0	0			
23																	0	0			
24																	0	0			
25																	0	0			
26																	0	0			
27																	0	0			
28																	0	0			
29																	0	0			
30																	0	0			
31																	0	0			
32																	0	0			
33																	0	0			
34	Sub Total		10,170	10,170	20	227	159	95	309	262	510	972	1,701	118	1,396	4,401	5,769	10,170			
Discretionary:																					
35	I.T.	A WILLIAMS	784	784	106	93	205	121	31	61	15	(285)	(101)	92	14	432	352	784	Low		
36	Equipment	D HOLMES	2,717	2,717	18	26	40	574	61	1,005	171	59	240	(170)	155	538	2,179	2,717	Low		
37	Statutory Compliance	R DAVIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Low		
38	Estates	R DAVIES	2,213	2,213	84	147	34	87	(29)	1	(10)	(116)	0	(2)	88	1,929	284	2,213	Low		
39	Other	E ROBERTS	327	327	3	24	14	41	3	22	88	(31)	6	3	(4)	158	169	327	Low		
40	Sub Total		6,041	6,041	211	290	293	823	66	1,069	264	(373)	145	(77)	253	3,057	2,984	6,041			
Other Schemes:																					
41	Re investment of NBV	R DAVIES	116	116	0	0	0	0	0	0	0	0	0	0	0	116	0	116	Low		
42																	0	0			
43																	0	0			
44																	0	0			
45																	0	0			
46																	0	0			
47																	0	0			
48																	0	0			
49																	0	0			
50																	0	0			
51																	0	0			
52																	0	0			
53																	0	0			
54																	0	0			
55																	0	0			
56																	0	0			
57																	0	0			
58																	0	0			
59																	0	0			
60																	0	0			
61	Sub Total		116	116	0	0	0	0	0	0	0	0	0	0	0	116	0	116			
62	Total Capital Expenditure		16,327	16,327	231	517	452	918	375	1,351	774	599	1,846	41	1,649	7,574	8,753	16,327			

Table K - Capital Disposals

This Table is currently showing 0 errors

A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 20)	MM/YY (text format, e.g. Apr 20)	MM/YY (text format, e.g. Feb 21)	£'000	£'000	£'000	£'000	
1	Nelson	N/A	N/A	2020-21	116	165	1	48	
2	Disposal of Vehicles and equipment	N/A	N/A	2020-21	0	112		112	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				116	277	1	160	

Welsh Ambulance Trust

Period : Feb 21

This Table is currently showing 0 errors

This table needs completing monthly from Month: 6

Table L: EXTERNAL FINANCING LIMIT

		Full Year Per WG £'000	Full Year Per Trust £'000	Planning Variance £'000	Actual to date £'000
REF	NET FINANCIAL CHANGE	A	B	C	D
1	Retained surplus/(deficit) for period			0	65
2	Depreciation	15,528	15,528	0	14,234
3	Depreciation on Donated Assets			0	
4	DEL and AME Impairments	638	638	0	638
5	Net gain/loss on disposal of assets		(160)	(160)	(156)
6	Profit/loss on sale term of disc ops			0	
7	Proceeds of Capital Disposals		276	276	273
8	Other Income (specify)			0	
9	APPLICATION OF FUNDS				
10	Capital Expenditure	(16,211)	(16,327)	(116)	(8,753)
11	Other Expenditure			0	
	MOVEMENTS IN WORKING CAPITAL				
12	Inventories			0	7
13	Current assets - Trade and other receivables			0	(6,056)
14	Current liabilities - Trade and other payables			0	(7,034)
15	Non current liabilities - Trade and other payables			0	0
16	Provisions			0	840
17	Sub total - movement in working capital	0	0	0	(12,243)
18	NET FINANCIAL CHANGE	(45)	(45)	0	(5,942)
	EFL REQUIREMENT TO BE MET BY				
19	Increase in Public Dividend Capital	45	45	0	835
20	Net change in temporary borrowing			0	(190)
21	Change in bank deposits and interest bearing securities			0	6,905
22	Net change in finance lease payables			0	(1,608)
23	TOTAL EXTERNAL FINANCE	45	45	0	5,942

[illegible]

Invoices paid since the end of the month		
--	--	--

Total outstanding as per MFR submission date	175,643.70	0.00
--	------------	------

Welsh Ambulance Trust

Period : Feb 21

Table N - General Medical Services
Table to be completed from Q2

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

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

SUPPLEMENTARY INFORMATION

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

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

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

GENERAL MEDICAL SERVICES
Operating Expenditure

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

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

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

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

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

GENERAL MEDICAL SERVICES
Dispensing

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

Year to Date
£000's
0

0

0

[illegible]

£000's
0

£000's
0

£000's
0

£000's
0

--

Year to Date
£000's

0

Welsh Ambulance Trust

Period : Feb 21

Table O - General Dental Services
Table to be completed from Q2
Operating Expenditure from the revenue allocation for the dental contract

This Table is currently showing 0 errors

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Value - General Dental Services	2				0	
Emergency Dental Services (inc Out of Hours)	3				0	
Additional Access	4				0	
Business Rates	5				0	
Domiciliary Services	6				0	
Maternity/Sickness etc.	7				0	
Sedation services including GA	8				0	
Seniority payments	9				0	
Employer's Superannuation	10				0	
Oral surgery	11				0	
OTHER (PLEASE DETAIL BELOW)	12				0	
TOTAL DENTAL SERVICES EXPENDITURE	13		0	0	0	0
OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	LINE NO.		£000's	£000's	£000's	£000's
Emergency Dental Services (inc Out of Hours)	14					
Additional Access	15					
Sedation services including GA	16					
Continuing professional development	17					
Occupational Health / Hepatitis B	18					
Gwen Am Byth - Oral Health in care homes	19					
Refund of patient charges	20					
Design to Smile	21					
Other Community Dental Services inc WHC/2015/001	22					
Dental Foundation Training/Vocational Training	23					
DBS/CRB checks	24					
Health Board staff costs associated with the delivery / monitoring of the dental contract	25					
Oral Surgery	26					
Orthodontics	27					
Special care dentistry e.g. WHC/2015/002	28					
Oral Health Promotion/Education	29					
	30					
	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
TOTAL OTHER (must equal line 12)	43			0		0
RECEIPTS						
TOTAL DENTAL SERVICES INCOME (Enter as a negative value)	44				0	



AGENDA ITEM No	3.4
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	25 th March 2021
EXECUTIVE	Board Secretary
AUTHOR	Corporate Governance Manager
CONTACT	Julie Boalch, 01633 626251, Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide the Trust Board with a composite report containing the Trust's Corporate Risks, which are aligned to the strategic themes on the Board Assurance Framework (BAF).

RECOMMENDATION:

2. **Members are asked to receive assurances on the contents of the report; specifically relating to:**
 1. The risk management activity since the last Trust Board in January 2021.
 2. The changes to existing Corporate Risk scores, oversight, and management.
 3. Receive and comment on the BAF report.

KEY ISSUES/IMPLICATIONS

3. The ADLT reviewed the existing and proposed new corporate risks at regular intervals during the period and made recommendations to the Executive Management Team (EMT) on the 15th February 2021.
4. The EMT considered these recommendations at the meeting on 24th February 2021, approved the changes to the scores and the transfer of Corporate Risks between Directorates and Committees for oversight.
5. Furthermore, principal risks assigned to the following Committees were considered during this period for scrutiny and strategic oversight.
 - a) **People & Culture Committee** (4th February 2021)
 - b) **Quality, Safety & Patient Experience Committee** (23rd February 2021).
 - c) **Audit Committee** (4th March 2021)
 - d) **Finance & Performance Committee** (11th March 2021).

REPORT APPROVAL ROUTE	
6. The report has been submitted to: <ul style="list-style-type: none"> • ADLT – 15th February 2021 • EMT – 24th February 2021 • Audit Committee – 4th March 2021 	

REPORT APPENDICIES	
7. An SBAR report is attached to this Executive Summary.	
8. A short summary table describing each of the 19 Corporate Risks is contained in Appendix 1.	
9. The BAF Report is detailed in Appendix 2.	

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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

SITUATION

- 1 The purpose of this report is to provide the Trust Board with a composite report containing the Trust's Corporate Risks, which are aligned to the strategic themes on the Board Assurance Framework (BAF), in addition to describing key internal and external controls, what the gaps are and where and how management and the Board receive its assurances.
- 2 A short summary table describing the risk management activity covering the period 29th January 2021 to 4th March 2021.
- 3 A 'live' review of each of the Corporate Risks is available through the electronic Datix Register.

BACKGROUND

- 4 The Governance Team are working with the Assistant Directors Leadership Team (ADLT) to streamline the reporting of Corporate Risks through the mechanism of the BAF report alongside the electronic Datix Risk Register.
- 5 The ADLT reviewed the existing and proposed new Corporate Risks at regular intervals during the last quarter and made recommendations to the Executive Management Team (EMT) for inclusion on the Corporate Risk Register (CRR).
- 6 The EMT considered these recommendations, approved the changes to the scores and the transfer of Corporate Risks between Directorates and Committees for oversight.
- 7 Furthermore, principal risks assigned to the People & Culture, Finance & Performance and the Quality, Safety & Patient Experience Committees in February and March 2021 for strategic oversight.
- 8 The full CRR and BAF were received and discussed at the Audit Committee on the 4th March 2021.
- 9 This report provides a platform to demonstrate how the Trust is continually improving its risk maturity in sourcing and controlling risks, in addition to providing strong internal and external assurances over the lifespan of the Risk Management Strategy & Framework 2018/21.

ASSESSMENT

Corporate Risks

- 10 The Trust's Corporate Risks have been closely aligned to each of the strategic themes and the BAF incorporates the Trust's Corporate Risks as at 4th March 2021; these have been extracted from the Datix E-Risk module.
- 11 **Risk ID 223** and **Risk ID 224** remain the highest scoring risks at scores of 25, this is due to pressure in the unscheduled care system and the emergence of

long handover delays at Hospital Emergency Departments.

- 12 Two risks have reduced in score; **Risk ID 315** *Inability to confirm CoVID + status through workplace exposure in order to complete RIDDOR in a timely manner* which has decreased from 15 to 9 and **Risk ID 217** *Cleanliness in Ambulance Stations* which has decreased from 15 to 12. Both risks have been de-escalated to the Quality, Safety & Patient Experience Directorate Risk Register for management.
- 13 **Risk ID 322** *Lack of compliance with statutory Health & Safety regulations relating to competent registered fit testers* and **Risk ID 351** *Increased transmission of Covid due to not wearing medical masks in trust vehicles* have been de-escalated to the Quality, Safety & Patient Experience Directorate Risk Register for management. Both risks sit underneath the overarching **Risk ID 199** *Compliance with Health & Safety Legislation* Corporate Risk.
- 14 No new risks have been recommended for inclusion on the CRR.
- 15 One risk has transferred from Planning and Performance to the Finance & Corporate Resources Directorate; this is **Risk ID 311** *Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH*.
- 16 One risk has been closed during this quarter; **Risk ID 182** which is *Significant risk to planning for the transfer service for Aneurin Bevan due to opening earlier impacting on recruitment & fleet*. This is due to the project being completed.
- 17 One risk has transferred from the People & Culture Committee to the Finance & Performance Committee for oversight. This is **Risk ID 245** which is *Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs*.
- 18 The refreshed BAF report is included in Appendix 2 and work continues across the Trust to further align sources of assurance against each of the Corporate Risks in addition to identifying gaps in controls and assurances.

Sources of Assurances

- 19 The BAF report is separated into nine tabs; these contain the nine strategic aims and reference the key deliverables as set out in the Trust's IMTP for 2020-23, particularly those which have been deemed a priority during the pandemic recovery phase and actions described in the Trust's operating plans.

RECOMMENDED:

- 20 **Members are asked to receive assurances on the contents of the report; specifically:**
 - (1) The risk management activity during the period.
 - (2) The changes to existing Corporate Risk scores, oversight, and management.
 - (3) Receive and comment on the BAF report.

Appendix 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
223	Unable to attend patients in community who require See & Treat (CRR58)	Service Delivery	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
224	Patients delayed on ambulances outside A&E Departments (CRR57)	Quality & Safety	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
151	Business continuity for recording digital patient clinical records	Business Continuity	Medical and Clinical	20 (5x4)	Finance and Performance Committee
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Operations Directorate	20 (5x4)	Finance and Performance Committee
199	Organisation not in compliance with Health and Safety legislation	Statutory Duties	Quality, Safety & Patient Experience	20 (4x5)	Audit Committee; Quality, Patient Experience and Safety Committee
316	Increased risk of personal injury claims citing COVID exposure	Statutory Duties	Quality, Safety & Patient Experience	20 (5x4)	Quality, Patient Experience and Safety Committee
160	High Sickness Absence Rates	Resource Availability	Workforce & Organisational Development	16 (4x4)	People and Culture Committee
225	On-call CCA ability to cover 24/7 command (CRR62)	Business Continuity	Operations Directorate	16 (4x4)	People and Culture Committee
311	Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH	Resource Availability	Finance & Corporate Resources	16 (4x4)	Finance and Performance

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
201	Trust Reputation	Stakeholder Relationships	Partnerships and Engagement	15 (3x5)	Trust Board
245	Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs.	Service Delivery	Operations Directorate	15 (3x5)	Finance & Performance Committee
100	Failure to collaborate and engage with EASC on developing ambitions and plans for WAST	Service Developments	Planning and Performance	12 (3x4)	Audit Committee; Trust Board
109	Resource availability (revenue and capital) to deliver the organisations IMTP	Service Developments	Planning and Performance	12 (3x4)	Audit Committee; Finance and Performance Committee
139	Non delivery of financial balance	Statutory Duties	Finance and Corporate Resources	12 (3x4)	Finance and Performance Committee
283	EMS Demand and Capacity Review Implementation Programme	Service Delivery	Planning and Performance	12 (3x4)	Finance and Performance Committee
303	Delayed initiation of chest compressions (resuscitation)	Quality and Safety	Medical & Clinical	10 (2x5)	Quality, Patient Experience and Safety Committee
88	Continued Availability of Digital Pens	Quality & Safety	Digital Directorate	8 (2x4)	Finance and Performance Committee
343	Failure to undertake tactical seasonal planning (winter)	Service Delivery	Planning and Performance	8 (2x4)	Finance and Performance Committee
229	Impact of proposed Brexit on service delivery	Business Continuity	Operations Directorate	6 (2x3)	Trust Board

Appendix 2 – Board Assurance Framework

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
223	<p>Unable to attend patients in community who require See & Treat (CRR58)</p> <p>ASSIGNED TO: COMMITTEE: QUEST DIRECTORATE: OPERATIONS</p>	20 4x5 QTR 2 19/20	25 5x5 QTR 3 20/21	10 2x5 QTR 2 19/20	<p>Last reviewed on Datix: 17/02/21</p> <ol style="list-style-type: none"> 1. Welsh Government target that ambulance handover at ED will be no longer than 15 minutes. 2. Piloted a HALO (hospital ambulance liaison officer) at major Emergency Departments. 3. REAP (Resource Escalation Action Plan) and Demand Management Plan in place. 4. Gold/Strategic, Silver/tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans. 5. Alternative pathways in place. 6. Maximising the services across the 5 Step model: Hear and Treat Services (CCC, NHSDW and 111). 7. Working to the Well-being and Future Generations Act in co-production with various partners and volunteers to build community resilience (Prudent care principles). 		<ol style="list-style-type: none"> 1. Deep Dive x2 Risks - QUEST Presentation. 2. Significant Incident Presentation September 2019. 3. Significant Incident Debrief - 17 Oct 2020 4. Seasonal Plan (Winter) & supported by forecasting and modelling. 5. Regional Escalation Protocols - Establishment of Operational Delivery Unit (ODU) in WAST. 6. Regional Escalation UHB Indicators. 7. REAP/DMP tested on scenario based exercise (30/09/20). 8. D&C Programme additionality (108 FTEs, on target for 136 FTEs). 9. Seasonal Plan (winter) additional capacity: SJA and FRS. 10. Demand Management Plan (DMP) and clinical review of no sends (DMP 4 and above) 11. Significant incident 3/12/20 SBAR and debrief 12. Extended hours of opening in ODU 13. Tactical Approach to Production (TAP) 14. Military support via an approved MACA 15. Additional UCS capacity provided by SJAC through existing MOU. 16. Duty Operations Managers (DOMs) recruitment Jan – March 2021 17. Weekly review of the impact of hospital waits data shared with COO group 18. Red immediate release request refusals now being recorded on Datix 19. Datix of all handover delays over 6hrs 	2

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
224	Patients delayed on ambulances outside A&E Depts (CRR57) ASSIGNED TO: COMMITTEE: QUEST DIRECTORATE: OPERATIONS	20 4x5	25 5x5	10 2x5	Last reviewed on Datix: 17/02/21 1. Welsh Government target that ambulance handover at ED will be no longer than 15 minutes. 2. Piloted a HALO (hospital ambulance liaison officer) at major Emergency Departments. 3. REAP (Resource Escalation Action Plan) and Demand Management Plan in place. 4. Gold/Strategic, Silver/tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans. 5. Alternative pathways in place. 6. Maximising the services across the 5 Step model: Hear and Treat Services (CCC, NHSDW and 111). 7. Working to the Well-being and Future Generations Act in co-production with various partners and volunteers to build community resilience (Prudent care principles).		1. CEO letters to Health Boards. 2. CEO to CEO meetings. 3. Ambulance Task Force. 4. Medical Director/ COO/Nurse Directors meetings. 5. Visits to HB Quality Committees. 6. Joint Investigation Framework. 7. Deep Dive x2 Risks - QUEST Presentation (Feb20). 8. Royal Gwent Hospital POD patient offload area. Agency paramedics commissioned from May20. 9. Regional Escalation Protocols - Establishment of Operational Delivery Unit (ODU) in WAST. 10. Demand Management Plan (DMP) and clinical review of no sends (DMP 4 and above) 11. Significant incident declared on 03/12/20 as a result of whole system pressure and escalation to REAP 4 for a sustained period throughout Dec20 into mid Jan21. 12. Extended hours of opening in ODU 13. Tactical Approach to Production (TAP) 14. Military support via an approved MACA 15. Additional UCS capacity provided by SJAC through existing MOU. 16. Duty Operational Managers (DOMs) in place 17. Weekly review of the impact of hospital waits data shared with COO group 18. Red immediate release request refusals now being recorded on Datix 19. Datix of all handover delays over 6hrs	4

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
151	Business continuity for recording digital patient clinical records ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: MEDICAL & CLINICAL	16 4x4 QTR 1 19/20	20 5x4 QTR 3 20/21	8 2x4 QTR 4 20/21	Last reviewed on Datix: 12/02/21 1. ePCR contingency plan: Full Business Case endorsed by Trust Board and successfully submitted to WG Oct 20. 2. iPads Project roll out of tablets to all clinical staff in preparation for a digital software solution. 3. Digital Directorate in commercial discussions with Vodafone regarding contract end date. CRR88 4. Supply of additional Digipens is secured when required in tranches of 200 units. 5. Small scale application of paper PCRs when Digipen is not available. 6. Confirmed supply of digital PCRs until contract end-point. 7. Supply of paper PCRs exists within the Trust and a tested process for localities to order when required. 8. Process for sending completed paper PCRs in secure (tamper evident) bags in place across organisation. 9. DATIX reports routinely raised by CAED team when a problem obtaining the Digipen clinical record is encountered.	1. Director of Digital is working with finance, procurement and suppliers to extend the Digipen contract until the end of March 2022.	1. ePCR Engagement with NWIS to ensure fit into national. 2. Official engagement with English Ambulance Services – ePCR. 3. ePCR T&F Group set up to develop business case.	4
244	Impact on EMS CCC service delivery due to estates constraints ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: OPERATIONS	20 5x4 QTR 3 19/20	20 5x4 QTR 3 20/21	6 2x3 QTR 4 19/20	Last reviewed on Datix: 18/02/21 1. Full review of CCC room configuration completed. 2. CCC Management team prioritise how the space is used on each shift to align it to priorities associated with safe service delivery.		1. VPH Reconfiguration plans in progress 2. Temporary capacity 2nd floor Llangunnor 3. Logistics cell review 4. Use of the major incident room to facilitate social distancing in Bryn Tyrion 5. Use of Ty Elwy in North Wales for 111	3
199	Compliance with Health & Safety legislation ASSIGNED TO: COMMITTEE: QUEST DIRECTORATE: QUALITY, SAFETY & PATIENT EXPERIENCE	20 4x5 QTR 2 19/20	20 4x5 QTR 3 20/21	10 2x5 QTR 4 20/21	Last reviewed on Datix: 22/01/21 1. Leadership and direction set by Executive Management Team and Interim Head of risk and H&S. 2. Health and safety Governance structure (National Health and Safety Committee Meeting and Regional Meeting temporarily suspended due to COVID). 3. Health and safety policy and topic specific policies and procedures. 4. Health and Safety mandatory training. 5. IOSH health and Safety training for Managers and Leaders (temporarily suspended due to COVID). 6. Local H&S Inspections (COVID secure inspections undertaken). 7. Rolling programme of H&S Review visits (temporarily suspended due to COVID). 8. Health and Safety improvement plan. 9. Local risk assessments.		1. HSE Visits / Inspections 2. IA review of Health & Safety Follow Up (18/19) 3. Rolling programme of H&S Review visits 4. Health and Safety improvement plan 5. Monitored through Health & Safety Committee, QuEST, EMT and ADLT. 6. Health & Safety Committee commissioned a review of the current Health & Safety Improvement Plan with a view with a H&S transformation plan in September 2020 (for further follow up April 2021).	8

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
316	<p>Increased risk of personal injury claims citing COVID exposure</p> <p>ASSIGNED TO: COMMITTEE: QUEST DIRECTORATE: QUALITY, SAFETY & PATIENT EXPERIENCE</p>	20 5x4	20 5X4	12 3x4	<p>Last reviewed on Datix: 22/01/21</p> <ol style="list-style-type: none"> RIDDOR Investigation Tool trailed with developments undertaken to undertake amendments to accommodate 111 and strengthen Corporate investigation criteria. Group established to investigate backlog of cases. Central coordinator assigned to manage retrospective cases. Newly appointed member of H&S staff primary role is to review COVID investigations. 	<ol style="list-style-type: none"> Lack of process in place in regards to quality check / oversight of investigations. Quality of investigation is reliant on handler training /resource and availability of information. Challenging in investigating retrospective cases. Lack of process in place in regards to quality check / oversight of investigations. 	<ol style="list-style-type: none"> Outbreak Management SOP SBAR Trust Cleaning Provision Options V5 Oct 30 19 IPC Policy reviewed and updated Competencies for Fit Testing on ESR IPC Group feeds into QUEST IPC Improvement Plan and monitoring Pandemic Flu Plan 	8

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
160	High Sickness Absence Rates ASSIGNED TO: COMMITTEE: PEOPLE & CULTURE COMMITTEE DIRECTORATE: WORKFORCE & OD	16 4x4 QTR 1 19/20	16 4x4 QTR 3 20/21	12 3x4 QTR 4 19/20	Last reviewed on Datix: 18/01/21 1. Sickness Absence Policy. 2. Sickness Action plan. 3. Health and Wellbeing Strategy. 4. Operational Workforce Recruitment Plans. 5. Roster Review & Implementation. 6. Monthly performance review meetings. 7. Reported at ET, FRC, Board.		1. Flu campaign 2. Records Analysis 3. Additional resource allocated from Ops 4. Proactive management of long term sickness cases 5. Workforce performance reports 6. Exec Team discussion 7. Integrated Quality & Performance report 8. Flu immunisation uptake reports 9. Redeployment policy in review 10. Flu campaign and plan (EMT Sept 17) 11. Occupational Health Report - transfer of records (EMT Sept 17) 12. Sickness deep dive May 2018 analysing sickness hotspots 13. Sickness Audit Tool refreshed to monitor management of both long and short term sickness 14. Task and Finish group to refresh industrial injury process 15. Task and Finish group to refresh long term sickness absence termination 16. Sickness Improvement Plan - FRC June 2018 17. Bursary Schemes 18. CPD 52 hours for EM 19. Welfare and Wellbeing Service 20. Resource Availability Jan 2020 21. COVID-19 Action Cards on intranet for staff 22. DASH_Resource Availability Update 10 09 2020_v1.xlsx 23. Discussions with Welsh Government 24. IA review of Sickness Absence Follow up (18/19) 25. IA review of Health & Care Standards 26. IA review of Corporate Governance 27. IA review of CPD Management (Sept 18) 28. IA review of Volunteer Car Drivers Governance (Sept 18) 29. IA review of Trade Union Release Time (18/19)	5

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
							30. IA review of Whistleblowing/Raising Concerns (18/19) 31. IA review of Appropriately Equipped Paramedics (18/19) 32. IA review of Research & Dev Gov Structure (18/19) 33. IA review of Personal Injury Claims Management (18/19)	
225	On-call CCA ability to cover 24/7 command (CRR62) ASSIGNED TO: COMMITTEE: PEOPLE & CULTURE COMMITTEE DIRECTORATE: OPERATIONS	16 4x4 QTR 2 19/20	16 4x4 QTR 3 20/21	8 2x4 QTR 1 21/22	Last reviewed on Datix: 17/02/21 1. Rotas are updated weekly and assistance from existing staff is requested to provide additional cover; however, on regular occasions there are no operational level commanders 'on call' in some areas and this impacts on our CCA obligations to be able to support the management of an incident with appropriately experienced and capable staff at all times.		1. Gold - strategic robust rota in place. 2. Exec on call rota assessed at EMT - 12th Sept 18. 3. Commanders trained on competency assessed courses using National. Occupational Standards which they have to adhere to through CPD. 4. Exec on call rota assessed at EMT - 12th Sept 18. 5. Roster Reviews - procurement of external supplier (Dec-20) National courses for Commanders On Call Task and Finish Group. 6. Minutes from the On Call Task and Finish Group. 7. Conversion courses for EMTs. 8. North and South East Tactical Rotas in place. 9. First cohort of DOMs appointed Jan 21. Second cohort recruitment in train Feb/March 21 10. Senior manager on duty capacity increased through the ODU, who will be trained as Tactical Commanders	6

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
311	<p>Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH.</p> <p>ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: FINANCE & CORPORATE RESOURCES</p>	<p>16 4x4</p> <p>QTR 2 20/21</p>	<p>16 4x4</p> <p>QTR 3 20/21</p>	<p>8 2x4</p> <p>QTR 2 20/21</p>	<p>Last reviewed on Datix: 20/01/21</p> <ol style="list-style-type: none"> Estates SOP Delivery Group. EMS D&C Programme Board. NEPTS D&C Review. GUH Programme Team and development of a "mega" s/sheet that is combining all the information into the total cumulative impact on estate (and fleet), led by AD Commissioning & Performance. 		<ol style="list-style-type: none"> Development of the refreshed Estates SOP is progressing, good engagement with Operational colleagues. Further engagement with EMT planned in March and onward to F&P and Trust Board for approval and onward to WG. A detailed programme has been developed by the Estates team for the staff increases identified within the D&C data and subsequent megasheet. Further resources have been agreed to commence the delivery of the programme as part of the Capital and Estates team. 	9
201	<p>Trust Reputation</p> <p>ASSIGNED TO: COMMITTEE: TRUST BOARD DIRECTORATE: PARTNERSHIPS & ENGAGEMENT</p>	<p>15 3x5</p> <p>QTR 2 19/20</p>	<p>15 3x5</p> <p>QTR 3 20/21</p>	<p>10 2x5</p> <p>QTR 4 20/21</p>	<p>Last reviewed on Datix: 17/04/20</p> <ol style="list-style-type: none"> Regular engagement with senior stakeholders, namely, Minister, senior Welsh Government officials, commissioners, elected politicians, and NHS Wales organisational system leaders. Programme of media engagement including challenging of reporting to ensure accuracy and media liaison to ensure relationships developed with key media. Appointment of Head of External Communications in October 2019 supports efforts to engage media and stakeholders. Board approved Engagement Framework (July 19) focuses on a range of actions to manage reputation. Engagement Framework delivery plan developed to specify discrete actions and forms basis of monitoring. 		<ol style="list-style-type: none"> Quarterly reports to Trust Board Forward reputational look items in EMT Horizon scanning Engagement Delivery Plan Framework (qtrly to Board) Ad hoc board updates to reflect incidents Board updates - comms in real time to inform members - daily updates Revised Engagement Framework / Delivery Plan April 2019 	6
245	<p>Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs</p> <p>ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: OPERATIONS</p>	<p>15 3x5</p> <p>QTR 3 19/20</p>	<p>15 3x5</p> <p>QTR 3 20/21</p>	<p>2 2x1</p> <p>QTR 3 19/20</p>	<p>Last reviewed on Datix: 18/01/21</p> <ol style="list-style-type: none"> Demand Management Plan. REAP. National EOC Resilience Plan. Clinical remote working. Outbreak Management SOP Virtual CAD in place (phase 2) ITK (Interoperability Toolkit) technology in place which provides connectivity with other UK ambulance Trusts 		<ol style="list-style-type: none"> Senior manager on duty capacity increased through the ODU Business continuity plans and outbreak management SOP activated during recent Covid-19 outbreaks in North Wales (EMS and 111); resilience and Trust's ability to maintain service upheld 	4

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
100	Failure to collaborate and engage with EASC on developing ambitions and plans for WAST ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: PLANNING & PERFORMANCE	12 3x4 QTR 1 19/20	12 3x4 QTR 1 19/20	8 2x4 QTR 3 20/21	Last reviewed on Datix: 20/01/21 1. EASC/WAST Forward Plan. 2. EASC Management Group (replacement for PDEG/JMAG). 3. Monthly catch up between CASC/CEO. 4. Collaboration on specific projects e.g. Amber Review, EMS D&C Programme Board. 5. There is also now a monthly Quality & Delivery meeting. 6. A two weekly "touch point" meeting for the commissioning intentions/IMTP has been introduced in Jan-21.		1. EASC Management Group Minutes	4
109	Resource availability (revenue and capital) to deliver the organisations IMTP ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: PLANNING & PERFORMANCE	12 3x4 QTR 1 19/20	12 3x4 QTR 3 20/21	4 1x4 QTR 2 19/20	Last reviewed on Datix: 18/01/21 1. EASC governance structure whereby the performance and wider scrutiny of the organisations IMTP delivery and proposed funding requirements are discussed. 2. Discretionary capital planning group . 3. Finance and Performance sub committee. 4. FRC Executive group.		1. IA review of IMTP (19/20) 2. IA review of Performance Management LDPs (18/19)	9
139	Non delivery of financial balance ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE AND AUDIT COMMITTEE DIRECTORATE: FINANCE & CORPORATE RESOURCES	12 3x4 QTR 1 19/20	12 3x4 QTR 3 20/21	8 2x4 QTR 4 20/21	Last reviewed on Datix: 03/02/21 1. Financial reporting to EFG & FPC, policies in respect of financial management. 2. Regular engagement with commissioners of our services. 3. Ensuring good governance and compliance with Trust Standing Orders. 4. Welsh Government Reporting. 5. Regular review of savings targets via ADLT.		1. Discretionary capital planning group 2. IA review of Fuel Spend (19/20) 3. IA review of Discretionary Capital (19/20) 4. IA review of Lessons Learned from Losses & Special Payments (18/19)	9
283	EMS Demand and Capacity Review Implementation Programme ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: PLANNING & PERFORMANCE	16 4x4 QTR 4 20/21	12 3x4 QTR 4 20/21	8 2x4 QTR 2 20/21	Last reviewed on Datix: 20/01/21 1. Implementation Programme Board firmly established. 2. Executive SRO in place. 3. Programme Manager and programme support office functioning. 4. Programme documentation in place and developing. 5. Clear links to EASC Management Group and EASC. 6. Ambulance Availability Taskforce now restarting. 7. Programme budget.		1. D&C Programme Board highlight report and Minutes	

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
303	Delayed initiation of chest compressions (resuscitation) ASSIGNED TO: COMMITTEE: QUEST DIRECTORATE: MEDICAL & CLINICAL	15 3x5 QTR 1 20/21	10 2x5 QTR 3 20/21	10 2x5 QTR 3 20/21	Last reviewed on Datix: 14/01/21 1. Ready available PPE: ease of access. 2. Repeated and regular communication to staff via written and broadcasts/ videos/ podcasts. 3. Clarity of guidance to staff (infographic). 4. Communication to caller via CCC call handler regarding BLS. 5. Clinical Cell will review frequently and amend guidance if required. 6. Patient safety incidents will be monitored and reported via EPT/TPT. 7. Dissemination of a process for rapidly donning PPE disseminated.		1. Operational performance appears to be improving in recent weeks, mitigating the impact of donning PPE. 2. Switching back on of GoodSam App which will increase the number of provider available to respond in a timely manner (albeit L3 PPE still required) 3. Existing guidance from RCUK still current and not been amended.	4
88	Continued Availability of Digital Pens ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: DIGITAL	16 4x4 QTR 4 18/19	8 2x4 QTR 3 20/21	4 2x2 QTR 1 20/21	Last reviewed on Datix: 16/02/21 1. secured additional DP201 pens - 200 on loan, now utilised and no further DP201 pens available. 2. Re-issue pens from infrequent users where possible. 3. Repair faulty pens where possible and re-issue. 4. New model DP701 pens tested and 200 operational - Jan 2020. 5. Further 500 DP701 pens ordered and delivered - May 2020.		1. Online learning with ESR for Healthwrap 2. Datix recording / Bespoke reporting concern 3. Weekly PSM meetings 4. Fortnightly team meetings - concerns 5. ePCR Project Manager for business case 6. ePCR Project Board meetings 7. ePCR - contract for feasibility study 8. CCC Concerns portfolio discussed at monthly CCC Business Meeting 9. CCC Managers monthly 1:1 review meeting 10. Patient Offload Dept (POD) developed at Royal Gwent Hospital 11. Successful testing of DP701 pens 12. Fortnightly meetings with supplier - Digi Pens	4
343	Failure to undertake tactical seasonal planning (winter) ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: PLANNING & PERFORMANCE	16 4x4 QTR 2 20/21	8 2x4 QTR 3 20/21	12 3x4 QTR 3 20/21	Last reviewed on Datix: 20/01/21 1. Seasonal Planning lead (AD Response and AD Commissioning & Performance). 2. Annual review of winter (workshop this year due to CoVID-19). 3. Forecasting of daily demand. 4. Modelling of winter scenarios. 5. Development of seasonal initiatives (to attract stakeholder funding 6. Winter scenario exercise and seasonal plan using headings provided by WG.		1. WAST Winter Plan Final 2. ADLT Monitoring 3. SD Letter to CEOs - Winter Delivery Funding 4. Annex A - reporting arrangements - winter delivery milestones 5. Template for USC Winter Monies	9

Risk ID	Risk Details	Risk Score			Existing Controls	Gaps in Controls / Assurance	Assurances	Linked Strategic Aim
		Likelihood v consequence			What measures are already in place to mitigate the risk	What additional actions need to be taken to manage this risk	What evidence is available?	
	Title and Description	Initial	Current	Target				
229	Impact of proposed Brexit on service delivery ASSIGNED TO: COMMITTEE: QUEST or TRUST BOARD??? DIRECTORATE: OPERATIONS	12 3x4 QTR 2 18/19	6 2x3 QTR 3 20/21	8 2x4 QTR 3 20/21	Last reviewed on Datix: 18/02/21 1. A separate Brexit Risk Register has been developed detailing all the mitigated risks and the control on place. 2. This is regularly monitored by the Executive management team and has been considered by the Trust Board in March 2019 and will be further considered Sept 2019. 3. Due to the delay of the EU Exit to December 31st 2020 this will need to be reconsidered again, however the risks change to now include a) resurgence of COVID-19 and impacts on infrastructure; b) winter pressures; c) seasonal flu; d) severe weather.		1. SBAR on implications of Brexit - 28th Jan 2019 2. SBAR on Risk Assessment for Brexit - 28th Jan 2019 3. Brexit Risk Register under review 4. EU exit plan v3.2 December 5. EU Transition reporting template 6. D20 BRAG reporting	6



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

AGENDA ITEM No	3.5
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

IMPACT OF UK WITHDRAWAL FROM THE EUROPEAN UNION/EUROPEAN SINGLE MARKET:CLOSURE REPORT

MEETING	Board
DATE	March 25, 2021
EXECUTIVE	Estelle Hitchon, Director of Partnerships and Engagement
AUTHOR	Estelle Hitchon
CONTACT	estelle.hitchon2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper provides Board with a “closure report” in respect of the impact on the Trust of the UK’s withdrawal from the European Union and subsequently from the European Single Market on December 31, 2020.

It is provided for completeness given the various updates which have been provided to Board on the potential impact on the Welsh Ambulance Service of “Brexit” since the outcome of the 2016 referendum.

KEY ISSUES/IMPLICATIONS

There are no key issues to note, other than the impact to-date has been negligible but that a watching brief will continue, with the corporate risk register risk pertaining to Brexit being reviewed as appropriate.

REPORT APPROVAL ROUTE
EMT: March 17, 2021 Board: March 25, 2021

REPORT APPENDICES
Appendix 1 SBAR

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

Appendix 1: SBAR

Situation

The United Kingdom left the Single European Market on December 31, 2020, marking the end of the transition period following the UK's exit from the European Union on January 31, 2020.

Background

Board members will be aware of the considerable work which has been undertaken since 2016 to understand and plan for the UK's withdrawal from the European Union. This work has been outlined in a number of papers and presentations to both the Executive Management Team and the Board.

This work, led operationally by the Head of Resilience, with the Director of Partnerships and Engagement as executive lead, has spanned both local and national planning, across the full gamut of the Trust's functions.

Assessment

To-date, the UK's exit from the European Single Market on December 31, 2020 has not resulted in any issues of note, largely as a result of extensive local and national planning.

In line with the wider NHS in Wales, WAST continues to report weekly into Welsh Government on matters related to the transition from EU/ESM membership, which also includes anything related to COVID-19. While reporting was originally required on a daily basis, Welsh Government has stepped back its monitoring and the Emergency Coordination Centre (Wales) has now stepped down to a virtual model.

Reporting will continue until advice is received that it can be ceased. Reporting involves each department feeding a weekly report into the Trust's Operational Delivery Unit on any perceived issues, which is then collated and submitted to Welsh Government.

The EU risk assessment has been reviewed. The organisation's preparation in locking down fuel bunkers and overstocking supplies and critical equipment (although not used) was a sensible approach to have taken under the circumstances and given the widespread uncertainty about the potential impacts of the entire withdrawal process.

In addition, the extensive "Brexit" planning undertaken proved of benefit in the management of the organisation's response to the Covid-19

pandemic, particularly at the outset where the extent and impact of the disease were unclear.

In summary, weekly reporting continues as required, the corporate risk register entry in respect of EU withdrawal will continue to be reviewed until such time as it is deemed appropriate to remove it (likely within the next six months) and to-date, no detrimental impact has been experienced by the organisation to date as a result of the UK's withdrawal from the European Union.

Recommendation: That

- (1) The Board notes the contents of this report;**
- (2) The Board notes that no further reports on this matter are scheduled. Any further update e.g. the stepping down of reporting to Welsh Government, will be provided verbally; and**
- (3) The Board formally records its thanks to the Head of Resilience and the wider Brexit Planning Group for their efforts in operationally managing the process of planning for the impact of the UK's withdrawal from the European Union on the Welsh Ambulance Service, particularly given other pressures introduced by the Covid-19 pandemic**



AGENDA ITEM No	5.1
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

PROCEDURAL MATTERS

MEETING	Trust Board
DATE	25 March 2021
EXECUTIVE	Board Secretary
AUTHOR	Steve Owen
CONTACT	Steven.owen2@wales.nhs.uk

EXECUTIVE SUMMARY

The report is to confirm as a correct record the Minutes of the Board meeting held on 28 January 2021 and other procedural matters as required as shown below.

- a. Minutes of Board meeting held on 28 January 2021
- b. Action Log. No actions since the last meeting
- c. Trust Seal – The Trust seal was used on two occasions since the last meeting: Updated lease for Cwmbran ambulance station and Transfer of title relating to Bassaleg Mortuary from Newport City Council
- d. Board Committees – Terms of reference review

RECOMMENDED: That

- (1) the Minutes of the Open Trust Board meeting held on 28 January 2021 be confirmed as a correct record;**
- (2) it be noted there are no actions on the log;**
- (3) the use of the Trust seal as described be noted; and**
- (4) Trust Board approve the amended Terms of Reference (TOR) and operating arrangements for its Board Committees as set out in Annex 3.**

KEY ISSUES/IMPLICATIONS
None

REPORT APPROVAL ROUTE
Not Applicable

REPORT APPENDICES
<ol style="list-style-type: none"> 1. Minutes of meeting 2. Action Log (Blank) 3. Committees Terms of reference

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

UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 28 JANUARY 2021
Meeting Conducted via Zoom

PRESENT:

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Director of Operations (Part)
Craig Brown	Trade Union Partner
Keith Cox	Board Secretary
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Andy Haywood	Director of Digital Services
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Nathan Holman	Trade Union Partner
Dr Brendan Lloyd	Medical Director
Rachel Marsh	Director of Planning and Performance
Claire Roche	Executive Director of Quality and Nursing
Joga Singh	Non Executive Director
Andy Swinburn	Associate Director of Paramedicine
Chris Turley	Director of Finance and Corporate Resources
Martin Turner	Non Executive Director
Claire Vaughan	Director of Workforce & OD

IN ATTENDANCE

Baptiste Fesselet	Communications Officer
Fflur Jones	Audit Wales
Dr Catherine Goodwin	Organisational Culture and Workplace Wellbeing Lead
Leanne Hawker	Partners in Healthcare Lead
Lois Hough	Head of Communications
Steve Owen	Corporate Governance Officer
Darren Panniers	Area Operational Manager
Jeff Prescott	Corporate Governance Officer
Rachel Watling	Head of Communications
Alun Williams	
Andrew Challenger	Senior Education and development Lead
Caroline Lewis	
Dave Mackie	
Fatehullah Tahir	

Gareth Thomas	Patient Experience and Community Involvement Team
Glyn Thomas	
Gwyn John	
Kevin Webb	Head of Clinical Effectiveness
Kim Tovey	Senior OD Manager
Malcom Latham	Community Health Council
Martin O'Connor	CCC Clinician
Melanie O'Connor	
Navin Kalia	Deputy Director of Finance and Corporate Services
Richard Teulon	
Shalini Sharma	Interim Commissioning and Performance Manager
Steve Upcott	Staff Officer
Dean Messer	Paramedic
Aled Davies	Paramedic

BSL Interpreter

Kate Shaw (Part)

Prior to the start of the meeting, the Chair asked that a moment's silence be observed as a mark of respect to reflect on the sad passing of colleague Paul Teasdale. Paul joined the ambulance service in 2012 following a distinguished career in the South Wales Fire and Rescue Service. When he initially joined he was based in Hawthorn and latterly had been a call handler for the Non Emergency Transport Service based in Cwmbran. He was a much loved member of the Trust and will be sorely missed by all colleagues.

01/21 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting and advised that it was an open session of the Board; it was being conducted through the medium of Zoom and broadcasted on Facebook. In particular he welcomed Fflur Jones from Audit Wales and the following staff members who would be involved in presenting the staff story: Gareth Thomas, Darren Panniers, Dr Catherine Goodwin, Dean Messer and Aled Davies

Apologies

None received

Declarations of interest

The standing declarations of interest were formally recorded in respect of:

Professor Kevin Davies, Independent Trustee of St John Cymru, Emrys Davies, retired member of Unite, and Nathan Holman, Member of the Llannon Community Council

RESOLVED: That the standing declarations and apologies as described above were formally recorded.

CHAIR INTRODUCTION AND UPDATE

The Chair informed the Board of the recent external meetings he had attended and the activities he had undertaken in his role as Chair. Over the last two months he had:

1. Attended three meetings with the Minister for Health and Social Services, along with other Chairs of Health Boards; during which amongst other items discussed, concerns with the ongoing severe pressures including hospital handover delays being sustained across the NHS in Wales had been raised
2. Meetings with other Chairs as a peer group had also taken place in which the issue of hospital handover delays was featured prominently
3. Accompanied by Jason Killens and Estelle Hitchon a number of meetings were held with party leaders from the Senedd; this proved to be invaluable in terms of exchanging information and having a shared understanding of the pressures being faced across the NHS in Wales
4. Attended the North Wales Regional Leadership Board – These meetings had proved to be very beneficial in discussing the impact of the pandemic in North Wales
5. Held meetings with the individual Chairs of Health Boards which were very important in terms of discussing service pressures and opportunities for collaboration to address these issues. Of significant importance had been the meeting with Cardiff and Vale in which partnership working opportunities were discussed in detail
6. Attended an all Wales NHS Confederation event in which the new socio and economic duties of health bodies which apply from April 2021 were discussed
7. Met with the Trust's external regulators including Audit Wales and Health Inspectorate Wales

In terms of internal activities the Chair had met regularly on an informal basis with Trade Union partners and attended all the WAST live sessions to provide an update on Board business. He added it was very important to consider where the Trust would be in five years' time and how the Trust's services could be improved and developed going forward. He then asked the Chief Executive to pick this theme up in his update.

RESOLVED: That the update was noted.

CHIEF EXECUTIVE UPDATE

Prior to his update, Jason gave an overview on the Trust's strategy through to 2030, which had been delayed by the pandemic, and how it was being developed. The Chief Ambulance Services Commissioner had been engaged early on in the Trust's future vision and ambition. The next stages of the strategy would include how the Trust sees the future of its service delivery not only for staff but also for the people

of Wales. The strategy will integrate much closer both with the 111 service on a national basis and EMS, therefore making access to care much easier

In providing his update, the Chief Executive drew attention to the following:

1. Pleasing to see new colleagues join during the pandemic as part of the first phase of the Demand and Capacity review; the target rate of 136 additional personnel had been achieved.
2. Several Mobile Testing Units had been actively deployed and were continuing to flourish as part of the overall effort in managing the prevalence of the virus through this community testing
3. There had been several external and internal awards which included: From the Queen's New Year's Honours list, Nich Woolf and Sharon Thorpe were awarded the British Empire Medal, Chris Powell was made a Member of the Order of the British Empire and Lee Brooks and Claire Langshaw were awarded the Queen's Ambulance Medal.
4. In December a critical incident was declared and the Trust moved to Resource Escalation Action Plan (REAP) level 4, as a result of increasing activity, significant delays at ED departments and an increase in staff abstraction. Additional measures to maintain service to patients have included the use of military assistance
5. The Estates team have been developing projects and plans which amongst others include: Aberaron ambulance station, Cardiff Area Ambulance Centre and Cwmbwrla ambulance station.
6. In terms of the EMS Demand and Capacity review this continued to be managed; further growth was expected going forward
7. Military assistance was ongoing with around 80 soldiers being deployed and also members of the Fire and Rescue Service and second year paramedics were assisting in maximising the Trust's ability to respond. A note of thanks was recorded for all those involved
8. With regards to progress with the Clinical Team Leader review this has now been settled which has given rise to new roles; Duty Operations Manager and a Senior Paramedic role.
9. The Non Emergency Patient Transfer Service (NEPTS) Demand and Capacity review has now been completed.
10. The Chief Executive invited Lee Brooks to provide a verbal update on the developing Volunteer strategy; of note the Board were informed that the Executive Management Team had approved the provision of uniform items to volunteers.
11. Despite the increase in activity the Putting Things Right team continued to yield positive results

12. Covid-19 Vaccine, 2,925 frontline staff have been vaccinated; the Board noted there was capacity available to vaccinate all frontline staff

Comments:

Members welcomed the investment in providing uniform to volunteers and recognised that volunteer schemes utilised charitable funds spending on items other than uniform.

The outstanding achievement of the Educational Department in redesigning the delivery of education was recognised

In terms of the flu vaccine, was the increase in uptake linked to the Covid vaccine? Andy Swinburn explained that was one of the factors and also it should be noted that it had been built on the work from the previous year

The British Red Cross initiative in supporting staff and patients at some hospitals, was there a plan to roll this out to more hospitals across Wales? Lee Brooks advised that the current sites were where British Red Cross capacity existed; this should continue at the present sites for the remainder of this financial year. Further decisions would need to be made should it be able to continue at these and other hospital sites, and those decisions would be made with an evaluation in mind.

Were there any frontline staff refusing the vaccination and was this a risk to the Community. Jason Killens advised it was entirely voluntary. Claire Vaughan commented that it cannot be enforced; at this stage there was no data on those refusing, however staff were being encouraged to take the vaccine. The uptake was currently standing at 70%.

The Board noted the comprehensive report and recognised and congratulated all those who had recently received awards in recognition of their service to the Trust

RESOLVED: That the update was noted.

04/21

STAFF STORY

Prior to listening to the staff experiences, Gareth Thomas from the Patient Experience Community Involvement Team, illustrated to the Board feedback received by patients in terms of the care given by the Trust during the pandemic

There were several examples which showed positive interaction between patients and staff. The cases also demonstrated the selfless dedication and the excellent care and support provided to patients in a caring and compassionate way. Despite the ongoing pressures, patients felt their needs were met. All the positive information was fed back to the staff involved,

On the other had there were some occasions where patients were less complimentary and this in the main revolved around waiting for a response and understood this was due to the ongoing system pressures

Estelle Hitchon introduced the story which would focus on the experiences of staff who had been directly affected by the pandemic

Darren Panniers recounted his story to the Board. In early March 2020 he initially experienced muscle cramp and thought it was due to exercise; at this stage he did not think about Covid-19. A few days later he had a loss of smell and as it was revealed to be one of the symptoms, he booked in for a test which came back positive. He was told to self-isolate at home for two weeks. Luckily he was able to be in a room away from the rest of his family and following the two weeks returned to work. Darren went on to say that this experience brought home to him as a manager the importance of compassionate leadership in dealing with staff illness and concerns during the pandemic.

Dr Catherine Goodwin, introduced two people who had been profoundly impacted by the pandemic Dean Messer and Aled Davies, whose brother Gerallt had very sadly passed away due to Covid-19. The Board were shown a video which recalled Dean's story.

Dean Messer, an operational paramedic currently based in Swansea supporting the educational team shared his story with the Board. On 31 March 2020 he contracted Covid-19 and initially thought it was just flu like symptoms. After a few days he started to experience shortness of breath and remained at home.

After a week or so he started to improve and regained his appetite. Day by day his mental health and well-being improved and this was helped by visitors who were able to see him, albeit through the window. His colleague, Gerallt Davies very sadly passed away due to Covid-19 and this impacted greatly on Dean. Dean sought solace from the Well-Being team which proved to be very beneficial for him. The compassionate leadership he experienced from the Trust also helped and continues to help him

Comments:

Was awareness of the Well-Being team well publicised within the Trust? Dr Catherine Goodwin explained there may be small pockets where this information was not available, however on the whole, coverage was good. She added that there was online support available and also access to a 24 hours text service.

Were there any issues with capacity in providing the Well-Being service going forward? Catherine advised there was a need to consider expanding the capability going forward.

Members noted the excellent work by frontline staff in these very trying conditions and thanked them for their continuing efforts

Both Aled Davies and Dean Messer reiterated the importance of staff speaking out and expressing their anxieties and feelings and the significance of following the Covid-19 measures in place. Aled thanked the Well-Being team and the Trust for their help and support.

Jason thanked both Aled and Dean for sharing their very difficult experiences which brought home the impact of the virus; adding that it was ok for staff to seek help and ask for support. He asked what advice they could give to both the Board and to colleagues. Dean commented it was about staff keeping

themselves safe, with vaccinations being a priority. Aled advised that the use of PPE must continue to be used correctly, keep up the high overall cleanliness standards and look out for each other

The Board recognised that the People and Culture Committee would continue to monitor and review the impact of Covid-19 on staff. Furthermore, Claire Vaughan added that the Committee would also consider the compassionate leadership style, and to learn and reflect on the past year

The Chair commented that the past half an hour had been a salutary reminder about the importance of these powerful stories and the compassion and courage shown by all those involved during these very testing times.

RESOLVED: That the staff story was noted.

05/21 IMTP DEVELOPMENT – UPDATE REPORT

Rachel Marsh gave an overview of the plan and reminded the Board of the actions being taken to implement the plan.

Members recognised that the planning guidance from Welsh Government was to produce an annual plan and it was expected that next year it would be the full three year plan. The deadline for submission of the plan was 31 March 2021

In terms of highlights to note from the report the following was drawn to the Board's attention:

1. A detailed plan had recently been submitted to the Finance and Performance Committee who applied due scrutiny noting that exceptional progress had been made despite the pandemic.
2. The plan would take into account the ongoing pandemic, recognising the associated pressures on staff
3. The plan would be centred on improving experiences for patients
4. It was expected that the plan would be signed off on 25 March subject to the relevant scrutiny beforehand; noting that there may be a requirement to have an additional Board session prior to sign off

Comments:

The Chair of the Finance and Performance Committee commented on the productive discussion at Committee adding it was content with the way forward.

Members noted that guidance from Welsh Government did not recognise timely access to the Trust's services. How can this be emphasised within the plan? Rachel Marsh advised that it would be reflected within the plan.

RESOLVED: That the update was received and noted.

06/21 AUDIT WALES ANNUAL REPORT

Fflur Jones presented the report as read and drew attention to the following points:

1. Each individual report within the Annual Report had been received by the Trust's Audit Committee and the Annual Report itself had also been seen
2. The work programme for the upcoming year was to be presented to the Audit Committee and Board on 4 and 25 March 2021 respectively

Comments

Keith Cox assured the Board that all the recommendations and comments were monitored through the audit tracker

RESOLVED: That the report was received.

07/21

PATIENT SAFETY HIGHLIGHT REPORT – November and December 2020

Claire Roche gave an overview of the report and drew attention to:

1. There was a period of unprecedented pressure in November and December, on 12 December the Trust moved to REAP level 4 which indicated a period of extreme pressure
2. 583 patient safety incidents had been reported during the reporting period, 233 in November and 350 in December
3. There was an increase in cases coded as catastrophic, in November there were 4 cases and in December there were 39. The most serious of cases were discussed at Serious Case Incident Forums (SCIF), of which 65 cases were discussed
4. In relation to the 65 cases, a breakdown of how these were being reported to the Delivery Unit leading the investigation and those being referred to Health Boards. Delays at hospital were the primary reason for concerns
5. 96% compliance with the 2 day acknowledgment to concerns in November and in December 100% was achieved. The 30 day response rate in November was 77% and in December was 88%; the year to date reporting was approximately 75%.
6. Learning from incidents; in the Clinical Contact Centre, all Emergency Medical Despatchers have now been issued with three courses relating to burns
7. Audits had been undertaken in relation to the ineffective breathing code which was a national focus for all UK ambulance services
8. The report now illustrates the clinical reviews and clinical learning and any relevant themes and trends. Brendan Lloyd commented there were no significant themes following the reviews which required further training. Andy Swinburn added that as the Senior Paramedic role was being developed, this

would enable the Trust to identify any gaps in learning and to pick up on any themes and trends for future learning

9. The Trust maintained, monitored and reviewed a detailed action plan as a result of the recommendations from the concerns raised
10. The Board were provided with an overview of the ongoing work the Trust was undertaking to deal with the current pressures by Brendan Lloyd and Jason Killens. This included maximising capacity in EMS

Comments:

1. Was there any indication in terms of the number of patient safety incidents for January? Claire Roche stated it was too early to tell at the moment due to the delay in data recording. This information would be readily available in early February
2. Would the Chair be reaching out to Community Health Councils (CHC) as part of the wider discussions? The Chair advised this would be the case and would contact the CHC going forward

RESOLVED: That the report was received for information, discussion and noting.

08/21

COVID-19 PANDEMIC RESPONSE WAVE 1 DEBRIEF/WAVE 2 APPROACH

Lee Brooks gave the Board a presentation which looked at; the Wave 1 operational debrief and the lessons learned, Wave 2 tactics and the vaccination programme

Wave 1 timelines: February 2020, pandemic plan revisited and exercising had begun, March 2020 Pandemic plan invoked, and eventually on 3 August moved into a recovery position

The review of Wave 1 response had shown that several lessons were learned which gave rise to 10 recommendations which were constantly being monitored. Actions included, development in PPE and refining and enhancing governance procedures

Tactics used in Wave 2; a dedicated forecasting and modelling group was used to assess the data from government sources to translate into ambulance metrics and monitor how this impacted on forecasting. Furthermore, a tactical approach to production was established with its aim being to maximise the Trust's resources.

Mutual aid which included support from the military, the Fire and Rescue service, St John Ambulance Cymru and paramedic students at Swansea university had all contributed to maximising the Trust's capacity to respond. It should be noted that at a peak time 2 weeks ago, approximately 11% of Emergency Ambulance hours were from this contribution.

Resource Escalation Action Plan (REAP) – this was constantly reviewed and it should be noted that the Trust very recently moved down to REAP level 3 which still indicates a severe level of pressure on the Trust's ability to respond

Demand Management Plan (DMP) – This provided the framework for the operations directorate to respond to situations where the demand for service was greater than the capacity to respond. The plan set out the ability to react dynamically at different levels of pressure.

Protocol 36 – this was the specific 999 card in the triaging system which allows the Trust to identify those patients that were most likely to be showing symptoms of Covid-19. They could then be triaged in the appropriate manner

As a result of continuing pressures, a Critical Incident was declared on 3 December 2020. The Board were shown a detailed graph in which the levels of the DMP were utilised

Operational Delivery Unit (ODU) – funding had been received for the ODU to continue through to the end of the current financial year. It was hoped funding for the next year would be granted

Media and PR – The Communications Team should be commended for their efforts in continuing to provide excellent coverage both internally and externally throughout the pandemic

Staff Welfare – This has been adapted to take into account the pandemic; of note increasing the pool car fleet and the British Red Cross initiative were amongst the many measures deployed

Vaccinations – All frontline staff had been offered the vaccination. Currently 70% of staff had been vaccinated

Comments:

In terms of PPE, had any issues been identified? Lee Brooks explained that the Infection Prevention Control team were up to date with all the progress in terms of PPE development and guidance. In terms of stocks of PPE, whilst some items in wave 1 ran at lower levels, there were sufficient quantities and a mechanism was in place to monitor stock levels

With regards to the vaccine, were colleagues from other organisations who were assisting in the vaccination programme being offered the vaccine? Claire Vaughan confirmed this was the case and explained that all partners assisting the Trust in these high risk roles had been offered the vaccine

As the vaccine was being rolled out, were there any thoughts on the impact that lockdown measures being eased going forward. Lee Brooks explained that the Trust was expecting changes to the measures and would be able to react and respond accordingly when required

Following a query in terms of staff vaccinations, Claire Vaughan updated the Board on the Trust's in house vaccination delivery programme which included the vaccination of non-frontline staff

Following the outbreak of Covid-19 specifically in the Clinical Contact Centre in North Wales, Lee Brooks assured the Board that there had been no impact to

patients as a consequence. Going forward there would be an opportunity to learn from this episode. Claire Roche added that the involvement of Public Health Wales has allowed the Trust to have a robust approach to dealing with the pandemic.

Jason Killens paid tribute to all staff for their work and contribution during the pandemic. Going forward the main focus would continue to be the response to the pandemic

The Board welcomed the comprehensive presentation and were reassured that lessons were being learned

RESOLVED: That the update was noted.

09/21 FINANCIAL PERFORMANCE MONTH NINE

Chris Turley explained that the report provided the Board with a summary update on the revenue financial performance as at Month nine (December)

The Board's attention was drawn to the following areas:

1. Written confirmation had been received from Welsh Government (WG) that the unavoidable costs as a result of Covid-19 would be funded to the Trust in full; this had subsequently allowed the Trust to release some of its contingency funding on a non recurrent basis
2. The Trust was heading for a balanced position; and the underlying financial plan to support the IMTP was well underway

Comments:

Emrys Davies, as Chair of the Finance and Performance Committee commented that the Committee were pleased to note WG had supported the Covid-19 funding and looked forward to seeing the plan for next year.

RESOLVED: That

- (1) **the Month nine revenue and capital financial position and performance of the Trust as at 31 December 2020 was noted;**
- (2) **the Month eight and Month nine Welsh Government monitoring return submission included within Appendix 2-5 below (as required by WG) was noted; and**
- (3) **the Financial Plan & IMTP 2021-24 plan and submission dates externally and internally was noted.**

10/21 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Rachel Marsh explained that the Finance and Performance Committee had received the majority of the report explaining that the Board's report contained some revised up to date indicators.

The Board's attention was drawn to the following key issues:

1. The red performance target had not been met in December; it was noted there had been variable performance across health board areas. Reasons for not meeting the target included hospital hand over delays and staff abstractions
2. Clinical indicators – In terms of the Return of Spontaneous Circulation, further work was required to improve this rate; accepting it was a system wide issue
3. Sickness indicator rates had increased above 10% and would inevitably affect the response times; linked to this was an upsurge in staff abstraction rates
4. The Trust had continued to improve on the number of patients it has been able to close by phone therefore negating the need to send an ambulance
5. Conveyance to hospital rates were currently at their lowest for some time
6. 111, there were many instances of calls being abandoned. The Trust was looking to recruit more staff in this area to mitigate the problem
7. NEPTS, improvements have been made in ensuring patients met their appointment times

Comments:

Emrys Davies, as Chair of the Finance and Performance Committee commented that the Committee had expressed their concern with the Trust's red performance and its ability to respond and also the knock on effect of patients waiting in excess of 12 hours for an ambulance

In terms of staff sickness, Claire Vaughan reassured the Board that the People and Culture Committee would be considering this issue in more detail at their next meeting. In regard to Non Covid sickness levels, the Board were informed that this had improved. Jason Killens added that in Wave 2, cases of Covid-19 in the community had been more prevalent than in the first Wave.

RESOLVED: That the Trust's Dec-20 integrated quality and performance report and actions being taken was considered.

11/21

RISK AND BOARD ASSURANCE FRAMEWORK

Keith Cox explained the SBAR was in a new Executive Summary format which was intended to provide clarity and brevity and was being trialled at the Board for consideration

Highlights from the report included:

1. Risk ID 223 (service delivery) and Risk ID 224 (delays on ambulances) remained the highest scoring risks at scores of 25, this was due to pressure in the unscheduled care system and long handover delays at Hospital Emergency Departments.

2. Two risks had reduced in score; Risk ID 139 which had decreased from 15 to 12 and Risk ID 229 which has decreased from 9 to 6. These related to delivery of financial balance and the impact of Brexit respectively
3. Two new risks had been added to the register, these were Risk ID numbers 283 (EMS Demand and Capacity Review implementation Programme) and 322 (Lack of compliance with statutory Health and Safety regulations relating to competency of Fit testers); a summary of these is included in the CRR extract detailed in appendix 1.

Keith added that risks were scrutinised in more detail at Committee level in relation to those risks which were relevant to them

Comments

In terms of Fit testing, Claire Roche assured the Board that work was ongoing to address this risk and it was anticipated that the risk score would decrease shortly

RESOLVED: That the Board noted and received assurance on:

- (1) the risk management activity during the period;**
- (2) the changes to existing Corporate Risk scores and the inclusion of two new risks on the Register; and**
- (3) received and commented on the BAF report.**

12/21

QUESTIONS FROM MEMBERS OF THE PUBLIC

The Board noted that feedback from attendees found the staff story very powerful

Councillor John from the Vale of Glamorgan acknowledged the work of the Trust and thanked them for their continuing work

Estelle Hitchon advised the Board of the following questions:

1. Trefor Lloyd Hughes raised a concern that the 111 service not been rolled out in North Wales. Estelle Hitchon advised that work was ongoing to expedite 111 in the North and more information would be published in due course
2. Will there be another recruitment window soon? Claire Vaughan advised that jobs were being advertised and a big bang event was scheduled in April/May and a further event in September. Anyone interested in working for the ambulance service were encouraged to visit the Trust's social media platforms
3. In terms of in house driving instructors, it was hoped to increase growth in this area going forward; at present there was no timeline for courses and these would be advertised internally

4. Vaccination of staff who support NEPTS, what was the timeline? Claire Vaughan asked the person who raised the question to contact her or Jo Kelso directly.
5. Use of fire service in supporting the Trust, this would be answered offline in order for further details to be obtained
6. Were Welsh BASICS (British Association for Immediate Care) schemes included in the REAP demand plans? Dr Brendan Lloyd BR explained how the BASICS schemes would operate and how it would link into the Trust's operations.
7. Staff Health and Wellbeing. Why can't stations have quiet rooms and gyms etc? Claire Vaughan recognised the importance of providing these spaces at stations adding they were currently built into the Trust's estates strategy going forward; Chris Turley added that it was already in the Trust's plans and where it was able to, it would create the necessary required space. He added that the new Cardiff MRD would have a gym and quiet rooms already built in

RESOLVED: That the questions were noted and where applicable an answer provided.

13/21

PROCEDURAL MATTERS

The following procedural matters were brought to the Board's attention:

Minutes

The minutes of the open session of the meeting of the Board held on 26 November 2020 were approved.

Action Log

The Trust Board Action Log was considered:

Action Number 32 – IMTP 2019/20 quarterly update - Amber review - Within the narrative, list the actions that other organisations were responsible for and a separate list for the Trust's actions. Action to be reviewed. Rachel Marsh explained the history behind the action and it was agreed to close the action.

Action Number 39 - Patient Safety Highlight Report - Next report would include a section on the themes and trends for learning as a result of clinical incidents. Report presented to Board contained the required information. Action to be closed.

Non-Executive Director (NED) Committee Membership Effective From 1 January 2021

The NED Membership of Committee as illustrated was agreed and endorsed

Use of the Trust Seal

Since the last Trust Board meeting, the Trust seal was used as follows:

- a. Transfer of Title of Nelson Ambulance station to United Welsh Housing Association Limited
- b. Renewal of lease relating to Unit 1a, Spring Meadow Business park, Rumney, Cardiff between Sunflower UK logistics Propco and WAST

RESOLVED: That

- (1) the minutes of the Trust Board held on 26 November 2020 were confirmed as a correct record and consideration was given to any matters arising, together with the actions set out in the action log;
- (2) the NED Committee membership as detailed was endorsed; and
- (3) the use of the Trust seal as described was noted.

14/21

COMMITTEE UPDATES

Updates to the accompanying SBARs were given on the Finance and Performance, Quest and Audit Committees by the respective Chairs

Finance and Performance

1. Board Assurance Framework and the associated risks
2. Audit Tracker, deep dives would continue

Quest

1. The Quality Strategy was currently being developed
2. Impact of ambulance delays, a deep dive review on risks associated with the Trust's ability to respond was held. The issue was escalated to the Trust Chair. The Chair advised that Quest's concerns had been escalated by way of a letter to the Minister highlighting the Committee's concerns

Audit

Members noted that the All Wales Audit report and plan would be presented at the next Committee meeting.

RESOLVED: That the updates were noted and received.

15/21

MINUTES OF COMMITTEES

The Minutes of the following Committees were presented for endorsement

1. Open Audit Committee Minutes dated 17 September 2020
2. Closed Audit Minutes dated 17 September 2020
3. Open Quest Minutes dated 8 September 2020
4. Closed Quest Minutes dated 8 September 2020
5. Open Finance and Performance Minutes dated 19 November 2020

6. Closed Finance and Performance minutes dated 19 November 2020
7. Remuneration Committee Minutes dated 22 October 2020

RESOLVED: That the above minutes from the meetings as described were received and endorsed.

16/21 ANY OTHER BUSINESS

Estelle Hitchon drew the Board's attention to the Trust's position in terms of submitting its initial indicative application to attain University status. Going forward a more formal submission to Welsh Government would likely be much later in the year following further review

The Chair announced that Craig Brown an interim TU partner on the Board was due to step down from the Board as he was going on a secondment. He was thanked for his excellent contribution at the meetings and the Board wished him well.

Date of next meeting: 25 March 2021

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD ACTION LOG FOLLOWING MEETING ON 28 January 2021

CURRENT ITEMS

No:	Minute Ref	Date Raised	Subject	Agreed Action	Lead	Status/Due date
				No new actions since the last Trust Board meeting		



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

AGENDA ITEM No	5.1c
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1+1

Board Committees Terms of Reference Review

MEETING	Trust Board
DATE	25 March 2021
EXECUTIVE	Board Secretary
AUTHOR	Assistant Corporate Secretary
CONTACT	Email: Mike.Armstrong@wales.nhs.uk

EXECUTIVE SUMMARY

To approve amended Terms of Reference for Board Committees.

The revised Terms of Reference comply with the annual requirement to review the Terms of Reference of Board Committees.

RECOMMENDED:

That Trust Board approve the amended Terms of Reference and Operating Arrangements for its Board Committees as set out in Annex 1.

KEY ISSUES/IMPLICATIONS

There are no key issues arising from completing the report checklist.

The Legal box in the report checklist has been ticked to confirm that the work complies with Trust governance requirements. The TU partner box is ticked to confirm that TU consultation formed part of each review by each Committee.

REPORT APPROVAL ROUTE

During the period October – December 2020, each of the Board Committees reviewed their Terms of Reference (excluding Charitable Funds Committee).

Date	Action
8 October 2020	Academic Partnership Committee
13 October 2020	People & Culture Committee
19 November 2020	Finance & Performance Committee
1 December 2020	QuEST Committee
3 December 2020	Audit Committee
8 December 2020	Remuneration Committee
11 February 2021	Charitable Funds Committee (meeting cancelled, terms of reference review completed by the Board Secretary)

An initial outcome report was scheduled to have been discussed by Chairs Working Group on 5 January 2021 but the meeting was cancelled and therefore comes to this meeting direct.

The paper has been shared prior to the meeting with the Trust Board Chair and Committee Chairs.

REPORT APPENDICES

An SBAR report is attached to this Executive Summary. The attached report contains one appendix.

REPORT CHECKLIST

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

Board Committees Terms of Reference Review

SITUATION

1. This paper sets out amended Terms of Reference and Operating Arrangements for Board Committees.

BACKGROUND

2. Committee Terms of Reference and Operating Arrangements were last approved (excluding the Academic Partnership Committee) at Trust Board meetings held in Spring 2019. The Terms of Reference for the newly formed Academic Partnership Committee were agreed by Trust Board on 30 July 2020.
3. During the period October – December 2020, each of the Board Committees reviewed their Terms of Reference (excluding Charitable Funds Committee).

Date	Action
8 October 2020	Academic Partnership Committee
13 October 2020	People & Culture Committee
19 November 2020	Finance & Performance Committee
1 December 2020	QuEST Committee
3 December 2020	Audit Committee
8 December 2020	Remuneration Committee
11 February 2021	Charitable Funds Committee (meeting cancelled, terms of reference review completed by the Board Secretary)

ASSESSMENT

4. A number of the responses concerned the need for Terms of Reference to be updated to take account of the changes to the Executive Management Team job titles/responsibilities in 2019/20. Other issues raised with regards to membership matters concerned committee membership numbers and appointment periods. All such comments have been accepted and included in the updated Board Committee terms of reference document attached as **Appendix 1**.
5. The second category of responses from committees concerned the need to strengthen the wording of their Terms of Reference to reflect the amended assurance roles of committees on issues such as risk and audit recommendation scrutiny. To meet this requirement, the following wording has been added to the Terms of Reference for all Board Committees.

“The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless,

each risk from the corporate risk register, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee.”

6. The third category of responses from committees concerned operational matters and organisational linkages that whilst relevant to their annual review, do not necessarily require changes to the Terms of Reference. Further discussion on these matters is planned for Chairs Working Group (CWG) in early 2021/22.

RECOMMENDED:

That Trust Board approve the amended Terms of Reference and Operating Arrangements for its Board Committees as set out in Appendix 1.

ACADEMIC PARTNERSHIP COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Academic Partnership Committee.

1.2 The Trust has made a commitment to recognise the importance of partnership working with a full range of academic partners and has established an Academic Partnership Committee to facilitate and develop this work and are hereby set out in these formal terms of reference and operating arrangements

2. PURPOSE

2.1 The Committee is responsible for strategic collaboration and partnership working with higher and further education and wider education providers across and beyond Wales. Through this partnership working, the Committee will look to ensure that the Trust provides and strengthens patient safety and quality, identifies and implements best practice and gains an international reputation for excellence and innovation.

2.2 Develop a Memorandum of Understanding between all parties and ensures this enables support for the services provided by the Trust and achieves the highest standards of health, clinical care, research, innovation and health care education and training

2.3 ~~Promote collaborative efforts to improve the health, wellbeing, education of patients, service users and the population.~~ Promote and collaborate with partners in efforts to improve the health and wellbeing of the general population in Wales.

2.4 Review the strategic aims and objectives of each of the partners and where those aims and objectives appear to be usefully aligned, to optimise the benefits to patient care and health care service delivery through an inclusive and supportive approach

2.5 ~~Become a national and international exemplar for effective strategic and operational collaboration between the local health and social care service and its partner universities~~ Become a national and international exemplar for effective strategic and operational collaboration between the local health and social care service and its partner universities, including developing and advising upon the most appropriate health and social care pathways

2.6 ~~Foster a forward-looking organisational culture across all partners which~~ Facilitates a forward-looking organisational culture across all partners which: -

- a) promotes quality improvement across all activities;

- b) is rich in educational activities and staff development opportunities;
- c) helps attract and retain the very best staff, including internationally leading clinical academics;
- d) facilitates research, grant capture by clinicians and academics and the translation of evidence research findings into practice;
- e) encourages innovation and modernisation;
- f) encourages multi-disciplinary work and access to new and emergent fields of research and evidence based practice;
- g) builds capacity for translational research that allows all parties to compete at an international level;
- h) integrates education, research and practice that looks beyond targets and entrenched ways of working, fostering a culture of learning and innovation based on evidence and best practice;
- i) facilitates wealth and economic growth in the region and beyond;
- j) Supports the capture and analysis of the service user experience;
- k) Develops health informatics opportunities to achieve their potential;
- l) Supports strategic planned lines of enquiry enabling knowledge creation.
- m) Use of digital technology to enhance our services.

2.7 Receive assurance that projects in which the parties are currently collaborating have appropriate agreements which detail the projects and clearly reflect the responsibilities of the parties. Depending on the nature of the projects the risk to the parties should be understood and the appropriate mitigated action taken.

2.8 The work of the Committee will focus on the healthcare of the whole workforce professional education and training, continuing professional development, scholarly enquiry and research, audit and evaluation.

3. ROLE

3.1 With regard to its role in providing advice and assurance to the Board around obtaining and maintaining university status, the Committee will comment specifically upon the following:-

3.2 Explore opportunities for the further development of collaborative activities between the members of the partnership, especially in relation to clinical services, research, teaching, innovation and improvement, providing advice thereon to appropriate decision- making bodies;

~~3.3 Working and collaborating with other key partners which include Health Education Improvement Wales and Public Health Wales;~~ **Working and collaborating with key partners in health, social care, local authorities, third sector, academia, as well as patients and patient representative groups;**

3.4 Explore and identify opportunities for the development of the whole workforce.

3.5 Advise on matters relating to resources for existing or potential collaborative activity;

3.6 Build on existing work in developing opportunities for widening access and increasing participation in health and social care education amongst local

communities;

3.7 Explore opportunities for the development of collaborative activities in relation to research and to promote and plan for synergy in research;

3.8 Maximise the benefits of shared resources and expertise;

3.9 Monitor and facilitate the delivery of all aspects of undergraduate teaching and postgraduate training as delivered by the members of the partnership;

3.10 Promote excellence in education and training to develop a workforce with the capability and commitment to transform healthcare;

3.11 Build capacity for translational research across the integrated patient pathway that allows the Trust to compete at an international level;

3.12 Promote an outward-facing culture eager to build external links nationally and internationally with other clinical, academic and industrial partners;

3.13 Establish systems to recognise and reward innovation in education, research and practice, sharing best practice for stakeholders to learn from each other and facilitating the promotion of NHS clinicians to academic titles and academics to honorary clinical titles;

3.14 Establish specific task and finish groups, as necessary, to take forward any relevant initiatives;

3.15 Develop and agree a forward work programme, identifying key objectives and priorities

Corporate Risks and Audit Recommendation Tracker

3.16 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee.

Sub-Committees

3.17 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

4. MEMBERSHIP

Members

4.1 The core membership is a minimum of ~~five~~ **three** members comprising:-

Chair	Non Executive Director
Members	At least two other Non Executive Directors of the Board.

Attendees

4.2 The core membership will be supported routinely by the attendance of the following:-

- Executive Director of Workforce and Organisational Development
- Director of Partnerships and Engagement
- Assistant Director of Research, Audit & Service Improvement
- Board Secretary
- Representatives from Academia

Other Directors and staff members will be invited to attend, either by the Committee or to present individual reports.

With the permission of the Chair, those in attendance may send a deputy in their place. This, however, does not affect the right of the Chair to require those listed above to attend.

Two Trade Union partner representatives will also be invited to attend. The Committee may also co-opt additional 'external' invitees from outside the organisation to provide specialist skills, knowledge and expertise.

Secretariat

4.3 Secretary As determined by the Board Secretary

Member Appointments

4.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.5 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee's membership after three or four years service so as to ensure the Committee is continuously refreshed whilst maintaining continuity.

4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are

determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

4.7 Should any Non Executive Director on the Board be unable to attend a meeting of a Committee the member may consider appointing a substitute member to attend the meeting in his/her place. The substitute member will assume, upon appointment, full delegated responsibility on behalf of the substituted member and will be eligible to vote, as necessary on any matter before the Committee and will be counted as part of the quorum for that meeting. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Support to Committee Members

4.8 The Board Secretary, on behalf of the Committee Chair shall arrange for the provision of advice and support to committee members on any aspect related to the conduct of their role

5. COMMITTEE MEETINGS

Quorum

5.1 At least two core members must be present to ensure the quorum of the committee, one of whom should be the committee Chair or Vice Chair.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business; and
- Sharing of appropriate information;

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally to each Board meeting (as appropriate) on the Committee's activities, in a manner agreed by the Board. This includes verbal updates on activity, the submission of Committee minutes and referral of written reports where appropriate, and presentation of an annual report;
- bring to the Board's specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum – (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

AUDIT COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Audit Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The purpose of the Audit Committee ("the Committee") is to:

- **Advise** and **assure** the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the Trust's system of assurance - to support them in their decision taking, and in discharging their accountabilities for securing the achievement of the Trust's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon:

- the adequacy of the Trust's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities (both clinical and non clinical) designed to support the public disclosure statements that flow from the assurance process, including the Annual Governance Statement and the Annual Quality Statement, providing reasonable assurance on:
 - the organisation's ability to achieve its objectives;
 - compliance with relevant regulatory requirements, standards, quality and service delivery requirements and other directions and requirements set by the Welsh Government and others;
 - the efficiency, effectiveness and economic use of resources; and

- the extent to which the organisation safeguards and protects all its assets, including its people,

and to ensure the provision of high quality, safe healthcare for its citizens;

- the Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors;
- the Schedule of Losses and Compensation;
- the planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports);
- the adequacy of executive and management's response to issues identified by audit, inspection and other assurance activity;
- proposals for accessing Internal Audit services via Shared Services arrangements (where appropriate);
- anti-fraud policies, whistle-blowing processes and arrangements for special investigations; and
- any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.2 The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by reviewing:

- all risk and control related disclosure statements (in particular the Annual Governance Statement and the Annual Quality Statement) together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements; and
- the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service.

3.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

3.4 This will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance

functions that report to it, and enable the Committee to review and form an opinion on:

- the comprehensiveness of assurances in meeting the Board and the Accountable Officers assurance needs across the whole of the ~~LHB's~~ Trust's activities, both clinical and non clinical; and
- the reliability and integrity of these assurances.

3.5 To achieve this, the Committee's programme of work will be designed to provide assurance that:

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;
- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's committees;
- the work carried out by key sources of external assurance, in particular, but not limited to the Trust's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply;
- the systems for financial reporting to the Board, including those of budgetary control, are effective;
- the results of audit and assurance work specific to the Trust, and the implications of the findings of wider audit and assurance activity relevant to the Trust's operations, are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations' governance arrangements;
- monitor progress against the requirement of the Auditors' Management Letter;
- receive and review key Trust Annual Reports e.g. Trust Annual Report, Infection Control Annual Quality Statement; Annual Governance Statement and make recommendations to the Board for their adoption; and
- review the content of the Corporate Risk Register and obtain assurance that control measures are in place to mitigate all identified risks.

Corporate Risks and Audit Recommendation Tracker

3.6 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit

Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee.

Authority

3.7 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.8 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

3.9 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Access

3.10 The Head of Internal Audit and the Engagement Leads/Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit Committee.

3.11 The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

3.12 The Chair of Audit Committee shall have reasonable access to Directors and other relevant senior staff.

Sub Committees

3.13 The Committee may establish sub- committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee will comprise:

Chair	Non Executive Director
-------	------------------------

Members Three further Non Executive Directors of the Board

4.2 The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise e.g. Wales Audit Office, Internal Audit.

4.3 The Chair of the Trust shall not be a member of the Audit Committee.

Attendees

4.4 The core membership will be supported routinely by the attendance of the following:

- Director of Finance and ~~ICT~~ Corporate Resources
- Board Secretary
- Head of Internal Audit
- Director of Operations
- Local Counter Fraud Specialist
- Representative of the Auditor General
- Trade Union Partners (x2)
- Other Directors will attend as required by the Committee Chair

With the permission of the Chair, those in attendance may send a deputy in their place. This, however, does not affect the right of the Chair to require those listed above to attend.

By Invitation

4.5 The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:

- the Chair of the Trust
- any other Trust officials
- any others from within or outside the Trust
- the Chief Executive (Accountable Officer)

4.6 The Chief Executive (Accountable Officer) should be invited to attend at least annually to discuss with the Committee the process for assurance that supports the Annual Governance Statement and the Annual Quality Statement.

4.7 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.8 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.9 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.10 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.11 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.12 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly and otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board business and calendar of meetings. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

5.3 The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

Withdrawal of individuals in attendance

5.4 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, the Board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.3 The Committee, through its Chair and members, shall work closely with the Board's other committees, including where appropriate joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information;

in so doing, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

6.4 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.5 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Committee shall provide a written, Annual Report to the Board and the Chief Executive (Accountable Officer) on its work in support of the Annual Governance Statement and the Annual Quality Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the

committee's self-assessment and evaluation.

7.3 The Board may also require the Committee Chair to report upon the committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.4 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub-committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

1.2 In accordance with Standing Orders (and the Trust's Scheme of Delegation), the Board shall nominate annually a committee to be known as the **Charitable Funds Committee** "the Committee". The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. CONSTITUTION

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

2.2 The Welsh Ambulance Services NHS Trust is a corporate body in its own right. It is led by a Board of Directors comprising a Chairman, seven Non-Executive Directors, a Chief Executive, a Director of Finance & ICT **Corporate Resources** and three other Executive Directors. The Trust acts as the Corporate Trustee of the Charitable Funds held on behalf of the Welsh Ambulance Services NHS Trust.

2.3 The purpose of the Committee is to make and monitor arrangements for the control and management of the Trust's Charitable Funds.

3. SCOPE AND DUTIES

3.1 Within the budget, priorities and spending criteria determined by the Trust as Trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 and Charities Act 2011 (or any modification of these acts) to apply the charitable funds in accordance with their respective governing documents.

3.2 To ensure that the Trust policies and procedures for charitable funds investments are followed. To make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:-

- Trustee Act 2000
- The Charities Act 1993
- The Charities Act 2006
- The Charities Act 2011
- Terms of the fund's governing documents

3.3 To oversee and monitor the functions performed by the Director of Finance and ICT and the Bids Panel as defined in Standing Financial Instructions.

3.4 To monitor the progress of Charitable Appeal Funds where these are in place and considered to be material.

3.5 To monitor and review the Trust's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.

Corporate Risks and Audit Recommendation Tracker

3.6 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee.

4. DELEGATED POWERS AND DUTIES OF THE DIRECTOR OF FINANCE AND ICT

4.1 The Director of Finance and ICT has delegated responsibility for the Trust's Charitable Funds as defined in the Trust's Scheme of Reservation and Delegation and as detailed within the Charitable Funds Investment Policy. With support from the Bids Panel, the specific powers, duties and responsibilities delegated to the Director of Finance are:-

- That Charitable Funds held are managed and scrutinised appropriately
- Administration of all existing charitable funds.
- Provide guidelines in response to donations, legacies and bequests, fundraising and trading income.
- Responsibility for the management of investment of funds held on trust as detailed within the Charitable Funds Investment policy.
- Ensuring that the banking arrangements for the charitable funds are kept entirely separate from the Trust's NHS funds.
- Prepare reports to the Trust Board including the Annual Account.
- Make arrangements for independent audit at appropriate times.

5. AUTHORITY

5.1 The Committee is authorised by the Board to:

- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the Trust relevant to the Committee's remit. It can seek any relevant

information it requires from any employee and all employees are directed to co-operate with any reasonable request made by the Committee;

- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements;
 - by giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Board at any meeting of the Committee; and
 - establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. (Formal sub-committees may only be established with the agreement of the Board.)
- Reporting to the Committee is a Charitable Funds Bursary Panel whose duties and responsibilities are set out in the Bursary Scheme approved by Trust Board 28 January 2016. The Committee has also agreed a National Bids Approval Panel at its March 2019 meeting.

6. MEMBERSHIP

Members

6.1 The membership of the Committee will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board

6.2 The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

6.3 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Attendees

6.4 The core membership will be supported routinely by the attendance of the following:

- Director of Finance and ICT **Corporate Resources**
- Board Secretary
- Director of Workforce and OD
- Director of Operations
- Trade Union Partners (x2)

By Invitation

6.5 The Committee Chair may invite the following to attend all or part of a meeting to assist it with its discussions on any particular matter:

- the Chair of the Trust

- any other Trust officials
- any others from within or outside the Trust
- the Chief Executive (Accountable Officer)

~~6.6 — The Chief Executive (Accountable Officer) should be invited to attend at least annually to discuss with the Committee the process for assurance that supports the Annual Governance Statement and the Annual Quality Statement.~~

6.6 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

Member Appointments

6.7 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

6.8 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee's membership after three or four years' service so as to ensure the Committee is continuously refreshed whilst maintaining continuity.

6.9 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of any co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair {and, where appropriate, on the basis of advice from the Trust's Remuneration Committee}.

Secretariat and Support to Committee Members

6.10 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

7. COMMITTEE MEETINGS

Quorum

7.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of meetings

7.2 Meetings shall be held normally no less than twice in any financial year and otherwise as the Committee Chair deems necessary - consistent with the Trust's annual plan of Board Business.

Withdrawal of individuals in attendance

7.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

8.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

8.2 The Committee, through its Chair and members, shall work closely with the Board's other Committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- appropriate sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

8.3 The Committee will consider the assurance provided through the work of the Board's other Committees and sub-groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance,

8.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

9. REPORTING AND ASSURANCE ARRANGEMENTS

9.1 The Committee Chair shall agree arrangements with the Trust's Chair to report to the board in their capacity as trustees. This may include, where appropriate, a separate meeting with the Board.

9.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

10.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum – as set out in section 7

11. REVIEW

11.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

FINANCE AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Finance and Performance Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The purpose of the Finance and Performance Committee (the Committee) is to enable scrutiny and review of the Trust's arrangements in respect of the:

- overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties;
- ability of the Trust to deliver on its core objectives as set out in the Integrated Medium Term Plan (IMTP);
- monitoring of the IMTP and ensuring achievement of key milestones;
- robustness of any cost improvement measures and delivery of key strategies and plans;
- ensure delivery of the Trust's strategic aims in relation to value and efficiency, including an increased focus on benchmarking; and
- scrutinise business cases for capital and other investment

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice and assurance to the Board, the Committee will specifically:

Finance

- monitor the Trust's in-year and forecast revenue financial position against budget and review and make appropriate recommendations for corrective action to address imbalances;
- review progress against the Trust's annual operating framework and make recommendations to the Board in relation to development of the annual financial plan and budget setting and long term financial strategy, including the efficiency review implementation and required savings targets;
- monitor achievement and planning of both in-year and recurring cost improvement plans and efficiencies. The Committee shall review the

proposals for future efficiency schemes and make recommendations to the Board as appropriate;

- ensure delivery of core aims in relation to delivering value and development of value based health care in an out of hospital setting
- monitor progress against the Trust's capital programme, scrutinise, approve or recommend for approval (where appropriate) business cases for capital investment. This will include those then submitted to Welsh Government for approval via Trust Board;
- receive, review and ensure mitigation of financial risks of delivery of plans;
- monitor progress against a range of key developments and capital schemes, either in development through the business case process or in implementation, and
- review performance against the relevant Welsh Government financial requirements

Performance

- review performance against targets and standards set by Commissioners and/or Welsh Government for the Trust and, where appropriate, against national ambulance standards;
- monitor and review progress against the Trust's Integrated Medium Term Plan;
- review the effectiveness of the Trust's Performance Management Framework and receive assurance on the value of outcomes produced by the framework;
- monitor progress against Trust wide key performance indicators and ensure the development of robust intelligent targets;
- obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams; and
- consider and review all Corporate Risks which relate to those business areas which come under the scope of the Committee.

Planning

- oversee and contribute to the development of the Trust's Long Term Strategy and make recommendations to the Board;
- oversee and contribute to the development of the Trust's Integrated Medium Term Plan and make recommendations to the Board;
- review proposals for corporate objectives and delivery criteria and make recommendations to the Board as appropriate;
- develop and obtain assurance on the effectiveness of commissioning arrangements with the Local Health Boards via the Emergency Ambulance Services Committee;
- review the Trust's strategies and plans and make recommendations to the Board as appropriate and ensure that the financial considerations complement the business plans (this includes formally receiving all business cases that require approval by the Welsh Government and making recommendations to the Board regarding their annual submission to Welsh Government); and
- review and consider matters relating to demand and capacity including

proposals for reviews in this area and recommendations arising from such reviews.

Corporate Risks and Audit Recommendation Tracker

3.2 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee.

Authority

3.3 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.4 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

3.5 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees

3.6 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee should include at least one member of the Trust's Audit Committee and will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board.

Attendees

4.2 The core membership will be supported routinely by the attendance of the following:

- Director of Finance and ~~ICT~~ **Corporate Resources**
- Director of Operations
- Director of **Strategy**, Planning and Performance
- Trade Union Partners (x 2)

4.3 The Chief Executive will have a permanent standing invite to attend the Committee.

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.9 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;

- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

PEOPLE AND CULTURE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The purpose of the People and Culture Committee ('the Committee') is to enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, to a level of depth and detail not possible in Board meetings. The Committee will provide assurance to the Board of its leadership arrangements, behaviours and culture, training, education and development, equality, diversity and inclusion agenda, and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the NHS in Wales.

2.2 The Committee will provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to all matters relating to staff and staffing of the Trust.

2.3 The Committee will also provide assurance to the Board on matters relating to partnerships and engagement, and in relation to the effectiveness of arrangements in place to ensure organisational wide compliance of health, safety and welfare requirements.

2.4 The Committee will approve on behalf of the Board, relevant workforce policies, procedures and other written control documents in accordance with the Trust's scheme of delegation.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the following:-

- development and implementation of the Trust's People and associated strategies and plans;

- champion the health and wellbeing of the workforce, monitor the effectiveness of arrangements in place to support and protect the mental, physical and financial wellbeing of staff;
- development and implementation of the Trust's workforce plans and recruitment strategies;
- development, implementation, approval and compliance with workforce policies and procedures;
- monitor delivery of the Trust's strategic workforce priorities set out in the Integrated Medium Term Plan;
- monitor performance against key workforce indicators such as sickness absence, performance appraisal reviews, statutory and mandatory training, incidents of violence and aggression, disciplinaries and suspensions, turnover and recruitment; enabling deep dives to take place into specific areas of concern;
- champion the Trust's Strategic Equality Plan - Treating People Fairly, and support the work of networks and monitor progress against our equality, diversity and inclusion goals;
- consider the control and mitigation of high level workforce related risks and provide assurance to the Board that such risks are being effectively controlled and managed;
- receive and consider projects of major strategic organisational change where there is a significant impact on the workforce;
- monitor progress and seek assurance of an appropriate culture and arrangements to enable the Trust to discharge its statutory responsibilities regards the Welsh Language Standards, health, safety and welfare, equality and diversity, and relevant Healthcare Standards requirements;
- monitor the effectiveness of the Trust's leadership and management development and succession planning arrangements;
- monitor progress and seek assurance of arrangements in place to embed the Trust's behaviours, ensuring a continued journey of positive culture change;
- consider and seek assurance of the effectiveness of mechanisms used for measuring the experience of staff and volunteers and of plans in place to address areas of improvement;
- all matters relating to partnerships and engagement;
- monitor progress towards the achievement of the Trust's aspiration for University status and its relationships with educational partners; and
- any other matter in relation to the Committee's overall purpose and responsibilities.

Corporate Risks and Audit Recommendation Tracker

3.2 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring

that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee.

Authority

3.3 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.4 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

3.5 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees

3.6 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board.

Attendees

4.2 The core membership will be supported routinely by the attendance of the following:

- Trade Union Partners (~~x2~~) (x4)
- Director of Workforce and Organisation Development
- Director of Partnerships and Engagement
- Director of Finance and ICT Corporate Resources
- Director of Operations

4.3 The Chief Executive will have a permanent standing invite to attend the Committee.

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation (e.g. University representative) to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.9 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board

Business. Meeting agendas, papers and minutes shall be circulated no less than seven days prior to each meeting.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Quality, Patient Experience and Safety Committee**. This Committee has a key assurance role on behalf of the Board in relation to the Trust compliance with the Commissioning Core Quality Requirements, the NHS Wales Health & Care Standards 2015 and working towards the required compliance of the Welsh Government Quality and Governance Bill. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The Committee is responsible for overseeing the improvement and outcomes in quality, patient experience, effectiveness and safety and delivering the Quality Strategy.

Its specific responsibilities are to provide:

- Evidence based and timely **advice** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to governance, quality and safety of healthcare;
- **Assurance** to the Board in relation to the Trust's arrangements for safeguarding and improving the quality and safety of patient centred healthcare in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.

2.2 The Audit Committee will need to have an effective relationship with this Committee to understand the processes in operation. The primary focus of this Committee in relation to risk is to:

- propose new policy when needed;
- monitor the effectiveness of risk management processes, both clinical and non-clinical; and
- intervene in the event of any risks arising which cannot be resolved by an alternative group or body of the Trust.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice and assurance to the Board, the Committee will specifically:

- oversee the Trust's strategies and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- consider the implications for quality and safety arising from the development of the Trust's corporate strategies and plans, or those of its stakeholders and partners, including those arising from any Joint (sub) Committees of the Board; and
- consider the implications for the Trust's quality and safety arrangements from review/investigation reports, external guidance and national reports and actions arising from the work of external regulators.

3.2 The Committee will, in respect of its assurance role, seek assurances that governance (including risk management, management of health and safety and security) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare and services across the whole of the Trust's activities, and that these are compliant with relevant legislation. Additionally, the Committee will provide advice and assurance on the reliability, integrity, safety and security of the information collected and used by the organisation.

3.3 The Committee will be responsible for monitoring the Trust compliance with the Mental Health Act and Code of Practice through the work of the Trust Mental Health Steering Group.

3.4 The Committee's programme of work will be designed to ensure that, in relation to all aspects of quality and safety:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- the organisation, at all levels (directorate/team/region/locality) has a citizen centred approach, putting patients, patient safety, quality of care and safeguarding above all other considerations;
- the care planned, or provided, across the breadth of the organisation's functions (including directorate/team/region/locality and those provided by the independent or third sector) is consistently applied, based on sound evidence, is clinically effective and consistent with agreed standards e.g. NICE, JRCALC etc;
- the organisation, at all levels (directorate/team/region/locality) has the right systems and processes in place to deliver, from a patients perspective – person centred, efficient, effective, timely and safe services;
- there is an effective clinical audit and quality improvement plan and function that meets the standards set for the NHS in Wales;
- there is good collaborative team and partnership working to provide the best possible outcomes for its citizens; and
- that any matters raised by the Medical Director, Director of Quality &

Nursing or other Directors in relation to patient safety and clinical risk are considered and addressed promptly and fully.

3.5 **Annex A** sets out the main functions of the Quality, Patient Experience and Safety Committee

Corporate Risks and Audit Recommendation Tracker

3.6 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee.

Authority

3.7 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.8 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

3.9 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Sub-Committees

3.10 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee should include at least one member of the Trust's Audit Committee and will comprise:

Chair	Non Executive Director
Members	Three further Non Executive Directors of the Board.

Attendees

4.2 The core membership will be supported routinely by the attendance of the following:

- Medical Director
- Director of Operations
- Director of Quality and Nursing
- Trade Union Partners (x 2)

4.3 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.4 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.6 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.8 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two members must be present to ensure the quorum of the Committee. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIPS & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and

- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In so doing, account will be taken of the requirements set out in the NHS Wales Quality & Safety Committee Handbook and national guidance.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

Annex A

The main functions of the Quality, Patient Experience and Safety Committee are to:

TO OBTAIN ASSURANCE:

- that the Health and Care Standards and Commissioning Quality Core Requirement are embedded Trust wide with actions taken in relation to any identified non-compliance;
- to provide assurance that the Trust is in compliance with the Mental Health Act and the Trust's Mental Health Improvement Plan;
- review the outcomes of clinical audits in line with the Trust's Clinical Audit and Effectiveness Plan;
- obtain assurance that the risks aligned to this Committee are supported with evidence of mitigation and controls assurance;
- assurance will be provided to the Committee by the Research and Development Forum with regards to the Trust's obligations for research and governance, as set out in the Welsh Government Research Governance Framework for Health and Social Care;
- review the outcomes of infection control audits and obtain assurance on the effectiveness of management actions relating to infection prevention and control;
- that recommendations made by internal and external reviewers are considered and acted upon on a timely basis;
- that lessons are learned from patient experience information and patient safety and workforce related incidents, complaints and claims;
- on the Trust's safeguarding matters and where appropriate make recommendations for change;
- that the work of the Patient Experience & Community Involvement (PECI) arrangements and associated service user experience feedback is taken into account in the design and delivery of services, ensuring the full implementation of lessons learnt;
- on the arrangements for the management of health, safety and security and compliance with relevant legislation;
- that the workforce is appropriately selected, trained, supported and responsive to the needs of the service, and that professional standards and registration/revalidation requirements are maintained;
- progress of measures to improve data security and Caldicott performance against the Information Governance Toolkit;
- performance against indicators for clinical performance and clinical safety and assess the effectiveness of the relevant indicators

REMUNERATION COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Remuneration Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The purpose of the Remuneration Committee (the Committee) is to provide:

- advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government; and
- assurance to the Board in relation to the Trust's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:

- remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change, ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government, are applied consistently;
- ensuring that there is a process in place which both sets Executive Directors and other VSMs objectives and subsequently assesses performance;
- proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of all termination/severance payments (including A4C) in accordance with the relevant Welsh Government guidance; with regard to consideration of applications under the Voluntary Early Release Scheme, the Committee is authorised to approve all applications up to and not exceeding a value of £50k. Applications above that amount will be considered by the Committee and if endorsed will then specifically require WG approval.

- proposals in respect of any litigation claims in relation to any HR/employment matter which is not the subject of reimbursement by the Welsh Risk Pool.

Corporate Risks and Audit Recommendation Tracker

3.2 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee.

Authority

3.3 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.4 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements. .

Sub-Committees

3.5 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

4. MEMBERSHIP

Members

4.1 The membership of the Committee will comprise:

Chair	Non Executive Director Trust Board Chairman
Members	Three further Non Executive Directors of the Board.

4.2 The Chairman of the Audit Committee shall be co-opted to the Committee with full membership powers ~~when VERS applications are to be considered by the Committee.~~

Attendees

4.3 The core membership will be supported routinely by the attendance of the following:

- Chief Executive
- Director of Workforce and Organisation Development
- Board Secretary
- Trade Union Partner (x2)

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

4.9 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business; and
- Sharing of appropriate information;

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.

6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and

- ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.



AGENDA ITEM No	5.2a
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

UPDATE FROM THE PEOPLE AND CULTURE COMMITTEE – 4 FEBRUARY 2021

MEETING	Trust Board Meeting
DATE	25 March 2021
EXECUTIVE	Workforce and OD
AUTHOR	Claire Vaughan
CONTACT	Claire.vaughan@wales.nhs.uk

EXECUTIVE SUMMARY

At its meeting on 4 February 2021, the Committee focussed on matters pertaining to the impact of COVID on the health and wellbeing of our workforce and considered risks that sit within its purview. A full report is attached.

RECOMMENDED: That the report from the People and Culture Committee meeting on 4 February 2021 be noted.

KEY ISSUES/IMPLICATIONS

None

REPORT APPROVAL ROUTE

Not applicable as providing a summary of items discussed at Committee itself.

REPORT APPENDICIES

One

REPORT CHECKLIST

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

SITUATION

1. Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to Board on the activities of the Committee. This paper therefore provides an update from the People and Culture Committee meeting held on 4th February 2021.

BACKGROUND

2. The Trust's People and Culture Committee was established in April 2019 and is chaired by Paul Hollard, Non-Executive Director. The purpose of the People and Culture Committee is to enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, to a level of depth and detail not possible in Board meetings. The Committee will provide assurance to the Board of its leadership arrangements, behaviours and culture, training, education and development, equality, diversity and inclusion agenda, and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the NHS in Wales.

ASSESSMENT - SUMMARY FROM COMMITTEE

3. At its meeting on 4th February 2021, the Committee focussed on matters pertaining to the impact of COVID on the health and wellbeing of our workforce and considered risks that sit within its purview. The following matters were considered and noted:
 - **Operations Quarterly Report:** Lee Brooks, Director of Operations, provided an overview of the Operations Quarterly Report. Highlights included:
 - Pandemic Response and Plan, where the Committee noted the intention for consideration to now be given regarding triggers to move from 'response' to 'monitor' phase;
 - An update on the Mobile Testing Unit (MTU) developments, noting the extension of surge MTU contracts;
 - An update on the CTL Review and associated DOM recruitment and selection process, and positive progress towards completion;
 - Seasonal planning and the decision to establish a 'Summer Planning Group', in recognition of the challenges that the ongoing pandemic presents;
 - A proposed phased approach to conclusion of Military support.
 - **Director of Workforce and OD Update:** The Executive Director of Workforce and OD provided Committee members with an overview of recent activity undertaken by the Team, particularly highlighting the significant achievements of the Vaccine Delivery Group, positive early feedback from the recently launched Reverse Mentoring Scheme and external recognition of WOD colleagues.
 - **Workforce Performance Scorecard:** The December 2020 scorecard was presented to the Committee, with particular attention drawn to:
 - Work undertaken in relation to sickness absence management and improving wellbeing, noting the significant increase in rates for December 2020; *and*
 - Plans to address the continued reduction in PADR rates.

The Committee also received a presentation from the Deputy Director of WOD and the Trust's Consultant Psychologist / Organisational Culture and Workplace Wellbeing Lead, providing a further analysis of sickness absence data and detail

around the organisational response to longer term mental health care and long COVID.

- **COVID 19 Vaccination Programme:** An overview of the governance arrangements and progress made in relation to implementation of the Trust's COVID 19 vaccination programme was provided by the Executive Director of Workforce and OD, with Committee members' attention drawn to the significant challenges presented (particularly in data, communications and variability of approach between Health Boards) and substantial progress made to date in spite of the challenges faced. The Committee was appraised of the intention to commence internal delivery of the vaccine, and plans being laid, subject to confirmation of the Trust's request to receive a batch of the Oxford Astra Zeneca Vaccine.
 - **Staff Survey:** The Committee was pleased to note the trends and themes of responses to the recent Staff Survey and plans to address areas of concern, including bullying, harassment and abuse were well received. The Committee expressed a desire to be closely appraised of the delivery of these plans, and to have a more in-depth discussion on this subject at a future meeting as appropriate.
 - **People and Culture Strategy:** The Executive Director of Workforce and OD presented to the Committee an overview of progress to date in relation to delivery of the Trust's People and Culture Strategy 2019- 2022 and highlighted the key areas of focus for the coming year. Committee members supported the proposed 'big ticket' items, on the understanding that priority order and pace be agreed locally between managers and TUPs. Discussions touched on ambition versus capacity, with attendees acknowledging the vital importance of the Workforce and OD agenda, and particularly Occupational Health and Wellbeing capacity.
 - **Committee Assurance Framework:** The Executive Director of Workforce and OD provided colleagues with an overview of the key people and culture risks and issues under the purview of the Committee, many of which had been addressed as specific agenda items, and an update on progress against delivery of Internal Audit recommendations, with members' attention drawn to the TU Facilities Agreement Update in particular.
 - **Violence and Aggression Policy:** The Committee received the amended Violence and Aggression Policy, with a recommendation that it be approved for implementation following progression through the Trust's formal policy review route. The Committee approved the Policy for introduction.
 - **Committee Review:** The Chair requested the People and Culture Committee undergo a review process and consider the timing of future meetings, and it was agreed for further discussion around this point to take place at the next Committee meeting.
4. Full minutes from this Committee meeting will be presented to the Board in due course.
 5. The next meeting of the People and Culture Committee will be held on 11 May 2021.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	5.2b
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

UPDATE FROM QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE - 23 FEBRUARY 2021

MEETING	Trust Board
DATE	25 March 2021
EXECUTIVE	Director of Quality & Nursing
AUTHOR	Director of Quality & Nursing
CONTACT	Claire Roche, Claire.Roche2@wales.nhs.uk , 07870 382720

EXECUTIVE SUMMARY

The purpose of this report is to provide the Trust Board with a summary of the items discussed at the meeting of the Quality, Patient Experience and Safety Committee (QuEST) held on 23 February 2021.

RECOMMENDED: That the report from the Quality, Patient Experience & Safety Committee meeting on 23 February 2021 be noted.

KEY ISSUES/IMPLICATIONS

Scrutiny Panel Feedback
Health & Safety & RIDDOR Reporting
Healthcare Inspectorate Wales Patient Safety Review - Extension to delivery dates

REPORT APPROVAL ROUTE

Executive Management Team - 17 March 2021

REPORT APPENDICES

Annex 1 - SBAR Quality, Patient Experience & Safety (QuEST) Committee sets out the key issues discussed at the QuEST meeting of 23 February 2021.

REPORT CHECKLIST

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

SITUATION

- 1 To present to the Trust Board with a summary of the items discussed at the meeting of the Quality, Patient Experience and Safety Committee (QuEST) held on 23 February 2021.

BACKGROUND

- 2 The reporting and assurance arrangements in place detail that the Committee Chair shall:
 - Report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
 - Bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
 - ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant Committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

ASSESSMENT

- 3 Set out below for Board attention are the key issues discussed at the QuEST:
 - 3.1 **Non-Executive Directors concerns with Ambulance delays and Patient Experience** - Following the QuEST Committee on 1 December 2020, the Non-Executive Director (NED) members of QuEST raised their concerns of ambulance availability as a result of system wide pressure and handover delays at Emergency Departments with the Trust Chair. Subsequently, a paper was presented to Committee noting the independent action by NEDs and that a period of monitoring is required to evaluate any improvement actions that emerge.
 - 3.2 **Patient story** - Karen related her experiences of her elderly mother. Karen described "a disjointed healthcare system with each provider focused on their narrow, specific role and highlighting a lack of joined-up thinking". Positive comments were received regarding staff/paramedics who were "sensitive to her needs" and "reassuring".
 - 3.3 **Quarterly Quality Assurance Report (Quarter 3)** - Key achievements highlighted:
 - Trust awarded accredited centre of excellence status by the international academy of emergency dispatch.
 - COVID 19 Symptom Checker was accessed 587,491 times during the quarter.
 - Flu vaccination data at end of November 2020, 57% of staff vaccinated against flu which is the highest recorded for the Welsh Ambulance Services NHS Trust (WAST). It was noted that in the reported this as 50% in the IPR (50% front line staff).

3.4 Health and Safety Report - Key messages as follows:

- The Health and Safety (H&S) Improvement Plan has been reviewed and outstanding Actions will be incorporated into a H&S Transformational Plan, commissioned by the H&S Committee
- Local Authority Inspection of Vantage Point House provided a positive outcome.
- New Violence and Aggression Policy was noted.
- COVID RIDDOR reporting was discussed and the significance of this task noted.

3.5 Clinical Contact Centre (CCC) Clinical Review - Key messages included:

- The 25 recommendations made within the review have been aligned to 5 broad categories.
- The Programme Board met on 17 December 2020 to review the 15 objectives in the context of easing some aspects to support the response to the pandemic. Five objectives were identified as appropriate to ease, whilst 10 continued. Progress is continuing to be made on all the 15 objectives with a focus being given to the 10 objectives not on hold. The Committee received an update on the Work Programme.

3.6 Clinical Audit Programme/Action Tracker 2020-21 Quarter 3 Update - The Clinical Audit Programme has been on hold for several months due to the Pandemic with little or no progress being made. As part of the Recovery Plan the Quarter 3 Programme includes 11 audits which the Committee noted along with the Action Tracker update

3.7 Welsh Ambulance Services NHS Trust Safeguarding Annual Report 2019-20 - The Committee received a summary of this report which has been presented in detail at the Safeguarding Steering Group.

3.8 Protocol 36 Level Medical Priority Dispatch System (MPDS) & Clinical Reviews - Summary Report 9 December 2020 - 20 January 2021 - This paper detailed the Clinical Reviews of the audited daily no-send incidents between 9 December 2020 and 20 January 2021 noting that that there have been no Serious Adverse Incidents raised as a result of this decision and none were reported through internal processes such as the Serious Case Incident Forum. The Committee received and noted the report.

3.9 Healthcare Inspectorate Wales Clinical Contact Centre Emergency Medical Services Clinical contact Centre Patient Safety Review - It was recommended that the Committee approve the proposed extension to delivery dates for actions with low confidence of delivery (as detailed below) - These were approved.

- (i) Action 8.3 iN Network extension requested until Q1 21/22
- (ii) Action 12.1 CCC reconfiguration extension requested until Q4 21/22
- (iii) Action 17.1 EMS CCC Training roles extension requested until Q1 21/22
- (iv) Action 17.1 EMS CCC Training roles extension requested until Q1 21/22
- (v) Action 17.3 HEIW programme extension requested until Q2 21/22
- (vi) Action 19.1 PADR process extension requested until Q1 21/22
- (vii) Action 21.1 Estates Strategy extension requested until Q4 21/22

3.10 **Critical Incident South East Wales - 3 December 2020** - Presented for noting

3.11 **Extraordinary Scrutiny Panel** - convened on 8 February 2021 to review a number of key cases to address concerns raised by NEDs resulting from the recent Patient Safety Highlight Report. The Committee received a paper highlighting the outcome of the Scrutiny Panel detailing actions/recommendations:

- Production of an Aggregated Review as approved by Executive Management Team, similar to the paper produced in relation to the winter of 2017/2018 to inform any immediate learning and improvements to be undertaken, with the findings advising winter planning for 2021/2022.
- Future reports presented to Trust Board to contain/offer assurances, in particular where incidents are categorised as Catastrophic initially but have not been fully investigated. This will include exploring the possibility of separating them.

A key discussion point included the impact of hospital handover delays on volumes of catastrophic incidents (Highlighted by Appendix B serious incidents)

3.12 **Policies noted** - The DCR Table Management Policy; Information Risk Policy; Confidentiality Code of Conduct Policy; Putting Things Right Policy were noted and approved



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambwlans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	5.2c
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

UPDATE FROM AUDIT COMMITTEE – 4 MARCH 2021

MEETING	Trust Board Meeting
DATE	25 March 2021
EXECUTIVE	Board Secretary
AUTHOR	Corporate Governance Officer
CONTACT	keith.Cox@wales.nhs.uk

EXECUTIVE SUMMARY

To present to the Board a summary of the items discussed at the meeting of the Audit Committee held on 4 March 2021.

RECOMMENDED: That the report from the Audit Committee meeting on the 4th March 2021 be noted.

KEY ISSUES/IMPLICATIONS

None

REPORT APPROVAL ROUTE

Not applicable as providing a summary of items discussed at Committee itself.

REPORT APPENDICIES

None

REPORT CHECKLIST

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

**UPDATE FROM AUDIT COMMITTEE
4TH MARCH 2021**

SITUATION

1. Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to Board on the activities of the Committee. This paper therefore provides an update from the Audit Committee meeting held on 4th March 2021.

BACKGROUND

2. The Audit Committee is Chaired by Martin Turner and meets on a quarterly basis.

ASSESSMENT

Summary from Audit Committee

3. A range of topics were covered; these included:

2020/21 Internal Audit Reviews

4. The Head of Internal Audit advised that the 2020/21 Internal Audit Plan was on track with 10 reports having been finalised to date out of the 17 in the plan.
5. The following Internal Audit Reviews were presented to the Committee by the Deputy Head of Internal Audit:
 - 111 Service Governance Arrangements – Reasonable Assurance
 - Clinical Contact Centres (CCC) Performance Management – Reasonable Assurance
 - Job Evaluation Process – Limited Assurance
 - IM&T Control Risk Assessment – Not Rated
 - Fleet Disposal – Reasonable Assurance

2021/22 Internal Audit Plan

6. The plan was approved.

Audit Wales Reports including the 2021/22 Audit Plan

7. Members received the Audit Wales report and were advised on progress in terms of the 2021 Structured Assessment.
8. Michelle Phoenix, Audit Manager explained that the Audit Wales plan detailed the initial audit work to be carried out in 2021-22 and was subject to any further measures that might occur resulting from the Pandemic.

Risk Management And Board Assurance Framework (BAF)

9. A summary report of the Corporate Risk Register and associated activity during the period was presented to the Committee In addition, Members received the BAF report for assurance.

Audit Recommendation Tracker

10. The Committee received a position statement in relation to the outstanding recommendations on the audit tracker resulting from internal and external reviews. Chris Turley provided further assurance that each Committee had an opportunity to scrutinise and monitor the recommendations assigned to them for oversight.

Losses and Special Payments

11. The total net Losses and Special Payments report was presented to Committee in line with Standing Orders. The report described the period 1st April 2020 to 31st January 2021. Members were also provided with an overview of the cost of personal injury claims linked to Road Traffic Collisions.

Annual Accounts Update

12. The Committee were advised of the revised dates of submission of the annual accounts

CLOSED SESSION

13. The Committee met under a closed session to discuss updates relating to the Counter Fraud Progress Report covering the period 1st December to the 28th February 2021 alongside a tender update report and single tender waiver requests.

RECOMMENDATION

14. **That the report from the Audit Committee meeting on 4 March 2021 be noted.**



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

AGENDA ITEM No	5.2d
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	0

UPDATE FROM FINANCE AND PERFORMANCE COMMITTEE – 11 MARCH 2021

MEETING	Trust Board Meeting
DATE	25 th March 2021
EXECUTIVE	Finance and Corporate Resources
AUTHOR	Chris Turley
CONTACT	Chris.turley@wales.nhs.uk

EXECUTIVE SUMMARY

To present to the Board a summary of the items discussed at the meeting of the Finance and Performance Committee (FPC) held on 11th March 2021.

RECOMMENDED: That the report from the Finance and Performance Committee meeting on 11th March 2021 be noted.

KEY ISSUES/IMPLICATIONS

Key issues discussed at the FPC on 11th March 2021 included:

- A presentation on the current (to Month 11) financial performance of the Trust and further confirmation of the Trust's forecast to breakeven at year end;
- A presentation on the update of actions completed which came out of the 111 Peer Review undertaken in July 2019;
- A detailed review of the latest monthly Integrated Quality & Performance Report
- An update on the 2021-24 Integrated Medium Term Plan (IMTP) and underpinning 2021-22 financial plan
- The approval of NEPTS transfers of work from two of the remaining health boards (ABUHB and BCUHB), and
- Approval of an updated Vehicle Disposal Policy

REPORT APPROVAL ROUTE

Not applicable as providing a summary of items discussed at Committee itself.

REPORT APPENDICIES

None

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

WELSH AMBULANCE SERVICES NHS TRUST

TRUST BOARD

UPDATE FROM THE FINANCE & PERFORMANCE COMMITTEE MEETING HELD ON 11TH MARCH 2021

OPEN SESSION

1. The following provides a brief summary of the key items discussed at the Open meeting of the Finance & Performance Committee on 11th March 2021:

- **Review of Committee effectiveness.** The Committee considered a report in relation to this that had been informed by members responses. This contained some recommendations which will now be followed up over the next few months;
- **Financial Performance as at Month 11 2020/21.** The Committee received a presentation on the year to date financial performance and remaining year end forecast. The cumulative revenue financial position reported was a small underspend against budget of £0.065m with the 2020/21 forecast being a minimum of breakeven. Full funding for the additional unavoidable costs incurred as a result of COVID-19 pandemic were now confirmed and received, removing any previous risk that the Trust would not be fully funded for this. Members were also updated on the capital spend to date and were provided assurances in terms of delivering this at year end within the Welsh Government (WG) set Capital Expenditure Limit;
- **111 Peer Review Action Plan Benefits Realisation.** The Committee were provided with a detailed presentation, updating on the actions taken as a result of an action plan agreed following a Peer Review into the service which had been undertaken in July 2019. Several recommendations had resulted and all would be now completed by 31 March 2021;
- **Monthly Integrated Quality and Performance Report.** Rachel Marsh updated the Committee on the latest position on performance and drew attention to the following points:
 - Red performance had reached the target in March
 - There had been an improvement in Amber performance with the longest waits for patients reducing
 - There had been improvements in the lost hours caused by hospital handover delays
 - Staff sickness absence levels were higher in January than December
 - The number of Emergency Ambulance hours produced in January had been the highest for the past two years
 - In January there was an improvement in the 111 call abandonment rates
- **Update on 2021-24 IMTP and Draft 2021-22 Financial Plan.** Rachel Marsh presented a summary of the current draft of the Trust's IMTP ahead of it coming

through to Board for formal approval. In terms of the underpinning 2021-22 draft financial plan within this, Chris Turley presented the Committee with details of the plan and drew particular attention to the following areas:

- Summary financial plan;
 - Income and Expenditure assumptions;
 - Savings requirement;
 - Summary of financial risks;
 - Capital Plan.
- **Transfer of Non-WAST NEPTS Work to WAST - Aneurin Bevan University Health Board and Betsi Cadwaladr University Health Board.** The Committee were updated on progress in terms of both transfers of work and gave its approval; both transfers of work will complete on 1 April 2021.
- **Committee Assurance Report.** A summary report of the Corporate Risk Register and activity during the previous quarter was presented to the Committee, paying particular focus to risks relevant to the Committee. In addition Members received the BAF for assurance.
- **Internal Audit Tracker.** The Committee received a position statement in relation to the outstanding recommendations on the audit tracker as a result of internal and external reviews, again paying particular focus to those recommendations assigned to the Committee for oversight, noting some good progress against these since the Committee last reviewed these in its last meeting.
- **Vehicle Disposal Policy.** An updated policy was approved.

CLOSED SESSION

2. Following on from the Open session of the F&PC was a shorter Closed meeting where a number of items were considered, due to commercial sensitivities. The following items were discussed:

- Extension of Digi-Pen Contract;
- Appointment of Third Party Response in relation to a Roster Review;
- Detailed update on 2020/21 Capital Programme and year end forecast – as at Month 10 (January 2021);
- Fleet SOP Refresh, and
- Estates SOP Refresh.



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

AGENDA ITEM No	5.3
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	7

MINUTES OF COMMITTEES

MEETING	Trust Board
DATE	25 March 2021
EXECUTIVE	Board Secretary
AUTHOR	Steve Owen
CONTACT	Steven.owen2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to provide an update on the work of the Trust's Committees. The Board is asked to receive this report and to formally adopt the Minutes of the Committees.

Recommended: That the Minutes of Committees as appended are formally received and adopted.

KEY ISSUES/IMPLICATIONS

The Board is to note that a number of actions and or recommendations outlined in the Minutes of these Committees have already been progressed.

REPORT APPROVAL ROUTE

Approved on the applicable dates as shown at the relevant Committees:

- a. 4 February 2021: People and Culture Committee
- b. 23 February 2021 Quest Committee
- c. 4 March 2021: Audit Committee
- d. 11 March 2021: Finance and Performance Committee

REPORT APPENDICES

Minutes of Committees:

- a. 13 October 2020: People and Culture Committee
- b. 1 December 2020: Quest Committee
- c. 3 December 2020: Audit Committee
- d. 14 January 2021: Finance and Performance Committee

REPORT CHECKLIST

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

**CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING
(OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON
13 OCTOBER 2020**

Chair: Paul Hollard

PRESENT:

Paul Hollard	Non Executive Director and Chair
Martin Woodford	Chairman of the Board
Keith Cox	Board Secretary
Eleri Griffith	Trainee Clinical Psychologist
Chris Turley	Director of Finance and Corporate Resources
Claire Roche	Director of Quality and Nursing
Professor Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Joga Singh	Non Executive Director
Angela Roberts	Trade Union Partner
Craig Brown	Trade Union Partner
Hugh Bennett	Head of Planning and Performance
Bob Tooby	Assistant Director of Operations
Dr Catherine Goodwin	Organisational Culture & Workplace Wellbeing Lead
Andrew Challenger	Assistant Director, Professional Education & Training
Sharon Thorpe	Trade Union Partner
Sarah Davies	Workforce and OD Business Manager
Sarah Lewis	Trainee Emergency Medical Technician
Andy Swinburn	Associate Director of Paramedicine
Gavin Price	Duty Control Manager
Paul Seppman	Trade Union Partner
Claire Vaughan	Director of Workforce and OD
Helen Watkins	Deputy Director of Workforce and OD
Sara Williams	Workforce and OD Business Partner
Jeff Prescott	Corporate Support Officer

APOLOGIES:

Lee Brooks	Director of Operations
------------	------------------------

53/20

WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed all to the meeting of the People and Culture Committee and advised that the meeting was being audio recorded. Apologies were recorded from Lee Brooks.

54/20 DECLARATIONS OF INTEREST

The standing declaration of Professor Kevin Davies as Independent Trustee of St John Cymru was recorded.

RESOLVED: That the declaration as described above was RECORDED.

55/20 MINUTES AND TERMS OF REFERENCE REVIEW

The Minutes of the Open and Closed meetings held on 02 June 2020 were considered and agreed as a correct record. The Terms of Reference were considered with a number of small amendments being recommended. These were in relation to:

- Section 4.2 allocated membership and representation to 2 x Trade Union Partners. Trade Union Partners believed that the correct allocation was four representatives.
- Terms of Reference referred to the Director of Finance and Corporate Resources by the old title of 'Director of Finance' and would need to be amended to reflect current title.
- Section 7.1 required strengthening to reflect the stringent reporting and assurance arrangements for the Chair of the Committee.
- Terms of Reference did not currently acknowledge the new Academic Partnership Committee.
- Section 4.7 stated that 'Non Executive Members shall be appointed to hold office for a period of one year at a time'. Members acknowledged that this was in line with other Terms of Reference which were reviewed on an annual basis but queried whether the one year period was sufficient and whether this should be extended. Given that this was a standard requirement in many Terms of Reference, Members felt that Chairs Working Group would be the most appropriate forum for this to be reviewed.
- The Terms of Reference did not currently acknowledge the Partnership forum which reported through the People and Culture Committee although this would not be considered as a sub-committee under Section 3.5.

RESOLVED: That

(1) the Minutes of the meetings held on 02 June 2020 were AGREED; and

(2) The Terms of Reference, subject the above amendments were AGREED.

OPERATIONS QUARTERLY REPORT

Bob Tooby introduced the Quarterly Report for 2020/21 (Quarter 2) to Members and discussed the key points and highlights which included the following:

- Preparations for the opening of the Grange University Hospital
- Covid-19 Pandemic Response, Pandemic Plan and Major Incident Plan
- Non-Emergency Patient Transport Services move to Cefn Coed site.
- Community First Responders resuming normal activities
- Covid-19 Mobile Testing Units
- EMS Demand and Capacity Review - Year 1 recommendations
- Update on the Clinical Team Leader Review

Members received the report and queried the ongoing work around improving handover delays outside hospitals. Claire Roche confirmed that the Trust was in regular contact with Local Health Boards and crews were also being contacted to ensure the wellbeing of staff and patients who were delayed outside emergency departments. Bob Tooby confirmed that the ongoing dialogue with executives from areas suffering lengthy handover delays had proven beneficial and this was now beginning to have a positive impact on delays.

In regards to the relocation of Non-Emergency Patient Transport Services staff to the Cefn Coed site, Members noted that the move was temporary in nature and queried whether any plans were in place for a move to permanent location. Chris Turley confirmed that the Trust was actively seeking a suitable location for a permanent base although this had proven difficult with two potential sites being purchased by other organisations before the Trust was able to secure them.

Members then queried whether Community First Responders would be returning to support the Trust as they had previously been stood down due the outbreak of the Covid-19 Pandemic. Bob Tooby informed Members that plans were now underway to begin returning Community First Responders to their normal roles although this would be subject to additional training and suitable PPE equipment wherever necessary.

Finally, Members acknowledged the efforts and hard work of all those who had been involved in the recruitment of new staff as this had been a large scale process under difficult and challenging circumstances.

RESOLVED: That the report was NOTED.

RESOURCE AVAILABILITY PROGRAMME UPDATE

Bob Tooby gave an update to Members on the progress against the Resource Availability programme. The report was presented as read with only specific areas being picked out for further discussion. This included a summary of the progress against key work streams and showed an overall improvement in the Amber/Green RAG status for the following areas:

- Improving Attendance
- Improving Recruitment
- Modernising Bank Arrangements
- Resource Policy and Practice
- Trade Union Release
- Electronic Timesheet Implementation
- Reducing Lost Hours

The report acknowledged that further work was required to accelerate the pace of some of the work streams. However, given the virtual standstill on the programme of work during the pandemic, considerable input had taken place to refresh the work streams and reinvigorate pace to the programme. Overall, good progress had been made on the programme.

RESOLVED: That the update was NOTED.

EDUCATION DEVELOPMENTS

Andrew Challenger gave a presentation on Education and Training Developments which included input from Sarah Lewis, a Trainee Emergency Medical Technician who spoke to Members about her experiences of virtual training in the wake of the Covid-19 Pandemic. This had resulted in training schools from the North and South of Wales teaming up to create the first ever virtual classrooms.

This had proven to be highly successful and although very different to the traditional classroom based learning style, it had shown that virtual, online training was not only possible, but also presented numerous advantages and flexibility. This included the possibility to review and relisten to lectures and coursework at any time. Sarah Lewis explained how this had been pivotal to her success in absorbing and retaining the information delivered during training sessions.

Furthermore, Sarah Lewis explained to Members how she had unfortunately been taken ill during the training course and required a period of hospitalisation. However, despite being in this position, she was able to still access online material and content via her laptop while recovering. This ensured that she did not fall behind on the coursework and was always up to date, something which would not have been possible previously.

Members received the presentation and thanked Sarah Lewis for her valuable insight and first-hand experience of virtual online training. Members noted the level and pace of change that the Learning and Development team had adapted to in order to deliver the online training course and congratulated the team on overcoming the significant challenges that this has presented.

RESOLVED: That the presentation was received and NOTED.

59/20 DIRECTOR OF WORKFORCE AND OD UPDATE

Claire Vaughan presented the Workforce and OD update as read but highlighted the work which had been carried out around the training and recruitment of new staff. This had been a collaborative effort involving multiple teams and Trade Union partners who had worked together to progress plans in this area. The recruitment drive for Emergency Medical Technicians had proven to be exceptional with almost 1200 applicants. No additional comments or observations were received from Members.

RESOLVED: That the report was NOTED.

60/20 WORKFORCE PERFORMANCE SCORECARD REPORT

Helen Watkins presented the Workforce performance Scorecard report which provided an overview of the key trends and improvement actions as identified in the Workforce and OD performance reporting dashboard. The paper was presented as read with the exception of the sickness absence rate for August and the significant work which had been done to support colleagues who were returning to work after a period of shielding.

The Trust had reported sickness absence level of 5.87% for the month of August 2020. When compared to April's data at the onset of the pandemic, this denoted a considerable decrease, down from 7.60%.

At the height of the pandemic, the Trust had around 200 members of staff who were shielding. However, through collaboration with managers, individuals and Trade Union Partners, the Trust now had 27 individuals who were shielding and work was ongoing to help them return safely to work.

In addition, Appraisal rates had further decreased from 53.52% in July to 52.50% in August 2020. From April 2020, failure to have an in-date appraisal recorded on ESR prevented movement through pay steps and would stop an increment being awarded if the next step carried an increase in pay. However, it had been agreed that due to the Pandemic, the increments could be unlocked from the core part of ESR and this was currently being managed by the ESR Team.

Whilst this drop was to be expected due the organisation deciding to stop undertaking PADR's during the Pandemic, discussions had taken place giving consideration to an interim PADR approach up to March 2021, the focus being, where possible to undertake a full PADR discussion, or as a minimum ensuring a wellbeing discussion took place highlighting support that is required.

Members received the update and noted the positive work around improving sickness rates and helping staff return to work after shielding. However, Members recognised the very difficult and challenging circumstances faced by staff since the the start o fthe pandemc and queried whether more could be done to promote the wellbeing of staff who have been working tirelessly throughout.

Claire Vaughan informed Members that she shared their concerns for the wellbeing of staff and welcomed the support of Dr Catherine Goodwin who in her role as Organisational Culture & Workplace Wellbeing Lead had brought about significant improvements to the way in which the Trust approached the wellbeing of staff. Dr Goodwin then informed Members that the effects of the pandemic were not just felt by front line staff but also the 'unseen workforce' who worked behind the scenes in Corporate roles who were also be included when considering the wellbeing of staff.

Finally, Members noted the position on PADR's and accepted that while this was not ideal, it was a pragmatic and reasonable approach given the very difficult and challenging circumstances.

RESOLVED: That the content of the report was NOTED.

61/20

WELSH LANGUAGE UPDATE

Keith Cox introduced the Welsh Language Standards Annual Report and gave an update on the implementation of the standards, explaining to Members how the Trust had been working towards achieving compliance. The report showed that the majority of the Welsh Language standards had been either implemented or were in the process of being completed although there were still some areas that required further work. These were mainly around the initial contact with the NHS Direct Wales / 111 service and whether that initial contact was regarded as a consultation and would therefore be exempt from the requirement to offer a bilingual service. Keith Cox informed Members that following discussions, the Welsh Language Commisioner had confirmed to the Trust that in their view, this service constituted an initial contact and accordingly, should be offered bilingually.

In addition, the Trust was required to offer a bilingual website for the 111 service although in practice, this was proving difficult due to the complexity of the content and the medical terminology which would require translation. Therefore, conversations with the Commissioner were ongoing.

Members received the report and noted the progress which had been made. Members also noted the ongoing discussions with the Commissioner around the NHS Direct Wales/111 service along with the 111 website and stated that the report showed the Trust's continuing commitment towards implementing the standards.

RESOLVED: That the Committee NOTED and ENDORSED the annual report.

62/20

SEASONAL INFLUENZA CAMPAIGN 2019/20 FINAL REPORT

Andy Swinburn and Gavin Price introduced the Seasonal Influenza Campaign 2019/20 Final Report and discussed the findings and learning from that campaign along with plans and ideas for the upcoming 2020/21 campaign.

The report showed that in 2019/20, the Trust increased vaccination of staff by 6% on the previous year. However, despite performing better in terms of both staff engagement and vaccination deliveries compared to the previous year, it was clear that there were considerable improvements to be made. It was felt that in order to achieve a vaccination rate of 60%, the Trust would need to appeal to and engage with more staff. The report highlighted that early preparation and a uniform planning approach across the Trust, combined with the potential of implementing incentives for the next campaign would help to improve staff engagement.

Data showed that where staff were engaged, the majority were choosing to receive the vaccine. Therefore, a number of proposals had been put forward to encourage staff engagement. These included:

- Implementation of the uniform planning template across all departments/areas of the Trust.
- An increase of initial vaccine delivery to support momentum building, with a small number of additional delivery sites added to ensure adequate storage capacity and facility.
- Investigate the possibility of migrating current paper consent/opt out form to an electronic format, allowing for automatic data feed to be uploaded to
- ESR.
- To make the FluOne ESR online learning mandatory for all staff.
- To authorise and fund procurement of incentives such as donating £1 to a chosen charity for every delivered vaccine

Members received the report and queried how the Trust were managing the vaccinations for staff members who were currently working from home. Gavin Price confirmed that clinics would be run by colleagues from Occupational Health at Ty Elwy, Vantage Point House and Matrix One. This information was available for all staff to view on Siren and the clinics would operate two or three days per week and would be available on an appointment only basis to all staff, including those who were working from home.

However, for staff who were unable to attend either Ty Elwy, Vantage Point House or Matrix One, vaccinations would be available locally at ambulance stations and hospitals although staff would be encouraged to discuss these alternative arrangements with the Influenza leads for those areas.

RESOLVED: That the report was NOTED.

63/20

WINTER PLANNING 2020/21

Dr Catherine Goodwin and Hugh Bennett gave a report to Members on the Trust's Winter Planning for 2020/21. The purpose of the report was to update the Committee on tactical seasonal planning and measures to support and prioritise staff wellbeing, which would form a large part of the organisation's Q3/Q4 plan to Welsh Government.

Hugh Bennett explained that from a people and culture perspective, a key point of interest was staff wellbeing. The Trust had commissioned detailed modelling of winter demand which showed the projected impact upon staff and resources. This modelling had shown a likely increase in demand which would in turn, increase the workloads of staff. Therefore, planning had been undertaken to try and mitigate this and maintain staff wellbeing. Following this, a detailed tactical seasonal plan template had been completed by colleagues across the Trust which encompassed three key elements:

- Ensuring production levels (UHP) are maximised;
- Taking action to reduce demand; and
- Enabling and supporting operational delivery.

However, it was recognised that a fourth area of focus should be staff welfare and although a staff welfare plan had always been part of the tactical seasonal plan, there would be an increased focus this year as a result of the additional pressures presented by Covid-19. Consequently, Dr Catherine Goodwin informed the Committee that the Trust aimed to produce further planning by the end of October 2020, with a focus on three areas:

- What relevant staff welfare actions are already in place;
- What additional actions are planned to come on stream this winter; and
- What additional actions does the Trust need to take?

Members received the report and queried whether the Staff Wellbeing Plan would be brought to the Trust Board. Claire Vaughen informed Members that although the plan would not normally go to Board as a standalone item, it was possible that it could be presented as a supplementary appendice to the upcoming Wellbeing Strategy as it fell within that overarching theme.

In addition, Members queried whether the current modelling and forecasting system had taken into account the possibility of alternative pathways for patient care?

Hugh Bennett confirmed that at present, alternative pathways were not factored into the modelling although this was something that could be fed back to see if this was possible and if so, what potential benefits this may bring. Andy Swinburn observed that patients who would be suitable for alternative pathways would be difficult to identify through MPDS data alone. However, with the addition of supplementary ePCR data, it may be possible to gain a more accurate overview through modelling.

RESOLVED: That

(1) the overall arrangements in place for seasonal planning (winter) were NOTED;

(2) the outputs from the latest modelling were NOTED;

(3) a verbal update on planning for staff welfare was RECEIVED; and

(4) that a staff welfare plan will be produced by 31 Oct-20 was NOTED.

64/20

WORKFORCE PLANNING AND RECRUITMENT

Helen Watkins provided the Committee with an overview of the ongoing workforce planning and recruitment activity and focused specifically on the Operational planning and Strategic Workforce planning elements of the paper. The report showed that despite the challenges presented by Covid-19, significant progress has been made in relation to delivery of the additional 136 staff members associated with the Demand and Capacity Programme. Furthermore, funding had also been secured via the Emergency Ambulance Services Committee enabling recruitment to get underway to fill the following training programmes:

- November UCS Course: 35 candidates
- January EMT Course: 60 candidates
- January Conversion Course (for Qualified Paramedics): 12 candidates

Helen Watkins then gave a presentation detailing the Trust's ambition, strategy for recruitment and the ways in which the organisation would adapt to provide a suitable workforce capable of meeting the demands of a changing and evolving demographic over the next 10 years.

Members received the report and queried whether the Trust would have sufficient capacity to complete the necessary pre-employment checks given the proposed volume of recruitment. Helen Watkins confirmed that although this would be challenging, preparations were underway with colleagues from NWSSP Recruitment Services and Occupational Health to ensure that these checks were completed. Members also noted the importance of forward planning, particularly around what a future Ambulance service may look like as the system adapted to meet demand.

RESOLVED: That the contents of the report were NOTED.

65/20 HEALTH & WELLBEING STRATEGY

Dr Catherine Goodwin gave an update on the Health and Wellbeing strategy, following on from the first draft of the strategy being presented to the Committee in July 2020. The strategy had now been discussed in multiple forums to ensure as wide a consultation as possible including the Chief Ambulance Services Commissioner, Trade Union partners, Operational Team meetings, crews on shift, the Health and Safety and Welfare Cell, shielding staff, CCC managers and the wellbeing survey feedback workshop. Dr Goodwin then asked the Committee to review the strategy and provide any comments or feedback prior to the final version being submitted in its final form.

Members received the update and noted the very positive feedback from those who had been consulted, particularly the Chief Ambulance Services Commissioner who had been very supportive of the strategy.

RESOLVED: That the draft Health and Wellbeing strategy was REVIEWED.

66/20 REVERSE MENTORING

Dr Catherine Goodwin gave a brief update on the Reverse Mentoring project and confirmed that a number of Executive managers had volunteered to take part, noting that the project had been identified as a key component in working towards the Trust's strategic equality objectives. Dr Goodwin then invited Members to provide comments or queries in relation to the project.

Members received the update and noted how the Reverse Mentoring scheme had been so positively welcomed by the Executive Management Team. Members also recognised how the scheme tied in with the Trust's Equality and Diversity initiatives, providing opportunities for staff to share experiences and gain a greater understanding of their peers and colleagues.

RESOLVED: That the update was NOTED.

67/20 COMMITTEE ASSURANCE FRAMEWORK

Claire Vaughan highlighted the key aspects of the People and Culture Committee Assurance Framework for the Committee's attention. It was noted that the risk to staff not being able to access Vaccines for Preventable Diseases in a timely manner had been downgraded as this was in part related to the shortages of Hepatitis B and MMR vaccinations worldwide. This had now been rectified and was no longer an issue. However, a risk remained around staff having the appropriate vaccinations for their role and a new risk would be uploaded to the risk register once all the information of requirements had been obtained to ensure that this was addressed.

The impact of staff shielding / self-isolation on resource availability was also noted. Following a conversation with Operations team, it had been agreed to create a separate risk register, and staff abstraction would feature on this. It was likely to be impacted by access to testing, quarantine regulations, and potentially the new Contact Tracing App that had just come online. Members received the report and welcomed the identification of risks, particularly around staff shielding.

RESOLVED: That the report was RECEIVED and NOTED.

68/20 AUDIT RECOMMENDATIONS – PROGRESS SUMMARY

Helen Watkins gave an overview of the assessed deliverability of Internal Audit reports and associated recommendations with relevance to the People and Culture Committee. This was to enable the Committee to be sighted on recommendations and be aware of the current status of the agreed actions and potential risks to delivery.

The summary noted that action was required to develop a refreshed model of Trade Union working, facilities agreement and a standardised mechanism for reporting and recording Trade Union time and activity. However, work had been slow to progress in this area and following recent discussions, it had been requested that the organisation consider pushing back the timeline for delivery of the actions and that the follow up audit be moved into 2021/22 to allow time for the new ways of working to embed. This proposal had been discussed with TUP colleagues, and subject to subsequent consideration by the Chief Executive, People and Culture Committee Chair and Audit Committee Chair who support this approach, a paper to this effect would be presented to the Audit Committee in December 2020 to formalise the position.

RESOLVED: That the contents of the report were NOTED.

69/20 PARTNERSHIP WORKING UPDATE

Helen Watkins updated the Committee on the key areas of activity which had been undertaken in partnership through the Trade Union Partner Cell. The report highlighted some of the key issues which the TU Cell has considered thus far along with those which it intended to give further consideration to throughout the rest of 2020/21, building on the successes and addressing new and emerging workforce and service priorities. The Committee were also asked to recognise the contribution of Trade Union Partners over these unusual and difficult times.

RESOLVED: That the contribution of Trade Union Partners was recognised and that the contents of the report were NOTED.

DBS CLOSURE REPORT

Helen Watkins gave a brief overview and assessment of the retrospective Disclosure and Barring Service (DBS) check process which was implemented to ensure that, as a priority, all staff and Bank workers had a recent/current DBS check on file where appropriate. The report provided details of the progress made and the learning identified from the process and provided assurance through this and risk assessments, that staff did not pose a risk to patients or service users.

It was noted that the majority of DBS checks had now been completed with only a very small number of checks outstanding. In addition, of the checks which had been completed, the Trust was pleased to observe that only a tiny proportion of those had returned with any negative disclosures which had then been risk assessed to ensure that staff members were suitable to continue in their role. Risk assessment meetings had been completed for instances where a negative disclosure was identified. However, the outcome of all DBS risk assessments was that no further action was required as the disclosures were either historical or relatively minor in nature.

Members received the report and thanked those involved for their efforts in completing this work. Members noted the very small number of DBS checks that were still outstanding before giving their support to the reports recommendations.

RESOLVED: That

(1) the report and levels of assurance that staff did not pose a risk to patients and service users was NOTED;

(2) the learning identified from the new process to ensure all staff have a recent/current DBS check on file be IMPLEMENTED,

(3) work to resolve all open issues would CONTINUE, and

(4) the project was formally CLOSED.

ISSUES TO BE RAISED AT BOARD

Paul Hollard considered the potential issues to be raised at Board and informed Members that more time would be required to reflect upon these given the very broad range of items and issues which had been discussed by the Committee.

RESOLVED That the Chair would consider issues to be raised at Board in due course.

72/20 MINUTES OF SUB-GROUPS

Members were invited to review and comment upon the Minutes of the Sub-Groups. No comments were received and the Minutes were agreed as a correct record.

RESOLVED That the Minutes of the Sub-Groups were AGREED.

Date of Next Meeting: Thursday 04 February 2021.

**CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING
(CLOSED SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON
13 OCTOBER 2020**

Chair: Paul Hollard

PRESENT:

Paul Hollard	Non Executive Director and Chair
Martin Woodford	Chairman of the Board
Keith Cox	Board Secretary
Chris Turley	Director of Finance and Corporate Resources
Claire Roche	Director of Quality and Nursing
Professor Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Joga Singh	Non Executive Director
Angela Roberts	Trade Union Partner
Craig Brown	Trade Union Partner
Dr Catherine Goodwin	Organisational Culture & Workplace Wellbeing Lead
Sharon Thorpe	Trade Union Partner
Sarah Davies	Workforce and OD Business Manager
Andy Swinburn	Associate Director of Paramedicine
Paul Seppman	Trade Union Partner
Claire Vaughan	Director of Workforce and OD
Helen Watkins	Deputy Director of Workforce and OD
Sara Williams	Workforce and OD Business Partner
Jeff Prescott	Corporate Support Officer

APOLOGIES:

Lee Brooks	Director of Operations
------------	------------------------

07/20 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed all to the meeting of the People and Culture Committee and advised that the meeting was closed to members of the public and was being audio recorded.

08/20 DECLARATIONS OF INTEREST

The standing declaration of Professor Kevin Davies as Independent Member of St John Cymru was recorded.

RESOLVED: That the declaration as described above was RECORDED.

09/20 REPORT ON 4 MONTH+ SUSPENSIONS

Helen Watkins provided the committee with a brief overview on the number of suspensions in the Trust which were over 4 months in duration. The report also included a short summary of cases which had been lodged with the Employment Tribunal. The report showed that there were currently four employees who have been on suspension for over four months under the Disciplinary policy within the Trust. In addition, two cases had been lodged with an Employment Tribunal against the Trust.

Members received the update and asked what support was given to suspended staff while their cases were being processed. Helen Watkins confirmed that all staff members were assigned a welfare officer during their suspensions to ensure they had a point of contact to discuss any concerns or issues during the process.

Members also sought clarification over reporting for the purposes of professional standards and whether the four cases related to incidents inside or outside of Trust duties. Helen Watkins confirmed that all four incidents occurred outside of Trust duties and did not happen while on shift. Andy Swinburn informed Members that there was an obligation to report matters relating to professional standards to the relevant regulatory bodies although in practice, this would only normally be done once investigations were completed and outcomes were confirmed.

RESOLVED: That the contents of the report were NOTED.
10/20 ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting: Thursday 04 February 2021

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 1 DECEMBER 2020 VIA TEAMS

PRESENT:

Emrys Davies	Non Executive Director and Chair
Bethan Evans	Non Executive Director
Professor Kevin Davies	Non Executive Director
Paul Hollard	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Corporate Governance Manager (Part)
Lee Brooks	Director of Operations (Part)
Craig Brown	Trade Union Partner
Stephen Clarke	Head of Mental Health
Darryl Collins	Head of Patient Safety, Concerns and Learning
Leanne Hawker	Head of Patient Experience and Community Involvement
Alison Kelly	Business and Quality Manager
Dr Brendan Lloyd	Medical Director
Rachel Marsh	Director of Strategy, Planning and Performance
Nick Morgan	Trade Union Partner
Steve Owen	Corporate Governance Officer
Duncan Robertson	Interim Assistant Director of Research, Audit and Service
Claire Roche	Improvement
Gareth Thomas	Director of Quality and Nursing
Jonathan Turnbull-Ross	PECI Manager
	Assistant Director of Quality Governance

OBSERVERS

Peter Allen	
Osian Lloyd	Community Health Council
Anna Raikes	Internal Audit
Joseph Wilton	Patient Story
	Health Inspectorate Wales

APOLOGIES

Wendy Herbert	
	Assistant Director of Quality and Nursing

42/20 PROCEDURAL MATTERS

The Chair welcomed everyone to the meeting with a special mention for Anna Raikes who was the subject of the patient story. Attendees were advised that the meeting was being audio recorded. He referred the Committee to his standing declaration as a retired member of UNITE and Professor Kevin Davies as a Trustee of St John Wales.

Minutes

The Minutes of the Open meeting held on 8 December 2020 were confirmed as a correct record subject to amending the NHS 111 to NHS DW on minute 31/20

Action Log

The action was considered:

Number 30. Consider how to improve the response to concerns metric. Rachel Marsh advised the Committee that performance in this area had improved. Claire Roche added that there had been a focus on this issue and it was being monitored constantly. **Action Closed**

Number 34. Consideration of ethics at Board and Committees. The Chair commented that ethics was highlighted within the Committee's TOR. To remain on the log with the Chair, Claire Roche and Dr Brendan Lloyd to map out a process going forward.

Committee Terms of Reference (TOR) – Annual review

The TOR were accepted and recommended for Board approval

RESOLVED: That

- (1) the Minutes of the Open meeting held on 8 December 2020 were confirmed as a correct record subject to the minor amendment as described;
- (2) the standing declaration of the Chair, Mr Emrys Davies as a retired member of UNITE and Professor Kevin Davies as a Trustee of St John Wales was noted;
- (3) consideration was given to the Action Log as described above; and
- (4) the Committee Terms of Reference were approved

43/20 PATIENT STORY

Leanne Hawker introduced Anna Raikes who shared her experience with the Committee in accessing the ambulance service.

Anna Raikes woke early up on a Monday morning (around 2am) in moderate pain assuming it was indigestion. After about half an hour she decided to get out of bed to see if that would ease the pain. The pain started to increase and Anna became quite scared and began to realise that it probably wasn't indigestion as it was in the upper part of her body.

She woke up her husband and asked him to call the ambulance service, this was around 3am. Ten minutes had passed and a triage nurse called back to ascertain the severity of the problem. On determining that Anna was in a great deal of pain the nurse said she would escalate the call.

Approximately an hour later Anna's husband called 999 again as her pain had now become intolerable. He was told that an ambulance would be sent as soon as possible. After another hour, a female call handler from a different control centre called to apologies for the delay.

At around 6:30am Anna's pain had started to ease and her husband called to cancel the ambulance. The call handler apologised and advised if there was a change in her circumstances, to call back.

The Trust had asked Anna to share her and her husband's feedback on the way they had felt during the whole process. Her husband had felt frustration and anger hence the need to submit a complaint. Anna said she had felt very scared and thought the triage system had let her down by not easing her worries; Anna was that scared she just wanted reassurance she was not dying.

Comments:

Claire Roche thanked Anna for her moving and concise story; her feedback would be used to improve the learning process in the Control room going forward

In terms of the complaint, has this now been resolved? Anna explained that as far as she was aware it was still being processed; however she had subsequently learned there were major handover delays at Glan Clwyd Hospital. Anna added that she did not hold the ambulance service individually responsible and understood it was an overall NHS service issue.

Leanne Hawker explained the process in which Anna's husband had made the complaint which was through the 'Have your Say' platform. The Putting Things Right team quickly addressed the issue and investigated the matter further. Leanne added that the Trust used a Patient story tracker system which examined each individual story to ensure any changes from the learning could be implemented and to maintain contact with the patient on their particular issue.

Claire Roche reiterated the importance of the feedback from the patient stories and how the Trust can learn to improve on the service it provides.

The Chair commented that the issue of ambulance delays outside ED's was being escalated by senior members of the Trust to the Local Health Boards.

Patient Story Diagram

Leanne Hawker gave an update on Pam's story who is a carer for her husband. The health board involved had now been able to implement changes in which carers in that area have a link to discuss issues in the form of a carers pack. The pack was in the process of being delivered to carers in Pam's area.

RESOLVED: That the patient story and the patient story diagram was noted.

44/20 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT HIGHLIGHT REPORT (JULY - SEPTEMBER 2020)

Leanne Hawker gave an overview of the report and drew the Committee's attention to the following:

1. The number of visits to the Trust's website had fallen slightly during the reporting period
2. There had been an increase with the number of students with mental health care issues calling 999 as they were not sure who else to call. This was clearly an issue and the Trust was addressing it by liaising with local colleges etc...

3. There was a considerable amount of work going on behind the scenes especially in relation to the NHS Wales patient experience network

Comments:

How was the Trust dealing with negative comments from patients in respect of the behaviour of NEOPTS drivers, Leanne Hawker advised that she liaised immediately with the relevant manager and could identify the member of staff involved and provide him/her with the necessary feedback

Engagements events, what has been the impact? Leanne Hawker advised the Committee that the people attending were provided with up to date information on the Trust's activities and plans which they welcomed very much.

The Committee welcomed the work done on Shoctober and the impact it had made on public awareness

RESOLVED: That the Committee noted and supported the actions being taken forward.

45/20 MONTHLY INTEGRATED PERFORMANCE REPORT

Rachel Marsh gave a brief overview of the report which covered October 2020 and explained that it was the same report that had been presented to the recent Trust Board meeting.

Going forward the Committee noted that a deep dive report in terms of the ROSC (Return of Spontaneous Circulation) metric and how the Trust was contributing to this, would be presented at a future meeting

Comments:

1. The ROSC performance had been at its worst for the past two years; what was the reason for this? Dr Brendan Lloyd explained that from a clinical perspective, the Trust was researching the reasons behind it; anecdotal information from crews was also being considered. The donning of PPE has an effect on the staff response time. There was still further public engagement require to encourage more confidence in the use of public defibrillators. At this stage the trust was not aware of one single factor affecting these figures.
2. The Chair commented that offline discussion with other Committee chairs and Rachel Marsh would be convened in order to identify which committee would manage a particular metric

RESOLVED: That the Trust's Oct-20 integrated quality and performance report and actions being taken was considered

46/20 QUARTERLY QUALITY ASSURANCE REPORT

Jonathan Turnbull-Ross gave an overview of the report and explained the reasoning behind its new layout.

Jonathan advised the Committee that the quality metrics for Quarter 2 had been refocused to contain a smaller suite of high level quality metrics instead of the full range of metrics previously reported.

He drew attention to the following key areas:

1. Risks relating to Covid were starting to be illustrated within the report and were being managed internally, especially with PPE
2. There had been two Health and safety Executive notifications, both issues have now been addressed and lessons learned. One related to PPE and the other one related to a sharps issues
3. In terms of the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR), this process has now been updated with the Health and Safety team monitoring this on a weekly basis. It was noted there was a backlog of Covid related incidents. It was likely this would increase
4. Hospital HO delays remained a concern. In terms of a quality perspective initiatives were in place to address and improve the issue

Comments:

1. Safeguarding, was there a plan in place to improve the performance target. Jonathan advised that the safeguarding team were addressing the issue. Claire Roche commented that a quality assurance mechanism was in place to ensure any safeguarding referrals were dealt with accordingly. It should be borne in mind that the number of overall safeguarding issues had increased during the pandemic
2. Could the SBAR reflect the notable changes and progress that would be more current than the report itself? Jonathan agreed to implement this, noting that it would be a challenge to condense the information in such a short space of time.

RESOLVED: That the Committee discussed the Report and levels of assurance provided ahead of onward reporting to Trust Board by the Chair.

47/20 QUALITY STRATEGY

Prior to the PowerPoint presentation, Jonathan Turnbull-Ross made reference to 'The Health and Social Care (Quality and Engagement) Act (Health and Social Care) (Wales) Act 2020. The Act placed a duty of Candour and Duty of Quality on organisations

Jonathan gave the Committee a PowerPoint presentation which considered the following areas:

1. Quality of engagement which included the Duty of quality, the Duty of candour, The Citizen's Voice and Board Membership
2. Duty of Quality: The Trust must consider how any changes have an effect on people and how changes will improve health services
3. Duty of Candour: When things go wrong the Trust will be obliged to find out why they happened and achieve this without the apportion of blame
4. The Citizen's voice: this gives the public the ability to voice their opinion on the
5. Structure and Systems: this includes how to integrate quality management and how to empower staff further. Also there was a need to develop governance structures to

improve the link between the committee and frontline staff

6. Quality Leadership and Culture: Develop further a culture of patient and staff safety through awareness and education

Comments:

1. Members recognised how importance of collaboration and partnerships were to the success of delivering the strategy. Jonathan added that Trade Union partners had already had sight of the strategy
2. Trade Union partners welcomed further engagement in developing the strategy going forward
3. Claire Roche advised the Committee that this a re-set of the current strategy and to note the key building blocks in place which had adversely been affected by the pandemic. Conversely the pandemic had given the Trust the ability to learn more lessons.

RESOLVED: That the update was noted.

48/20 REVIEW OF COMMITTEE EFFECTIVENESS

The Chair referred to the report and advised that a questionnaire had been sent to the Non-Executive Directors, Executive Directors, Staff Side Representatives and regular attendees who attend the Committee in order to gather feedback on the effectiveness of the Committee and to identify areas for improvement.

Feedback received had shown that the Committee still remained effective. In terms of what the Committee could improve included sharper metrics.

Comments:

1. The committee has been very consistent and has a genuine interest in quality assurance.
2. Dr Brendan Lloyd informed the Committee that the Trust was working to improve data collection which would give rise to more meaningful and intelligent clinical indicators
3. In terms of improving the Personal Appraisal development Review (PADR) position, Dr Lloyd explained that once the EPCR was in place the overall information and structure would be enhanced greatly and help to drive quality forward

The Chair was confident that the Committee would continue to be effective and recognised it was dependant on the Committee maintaining a continuous improvement approach and the ongoing development of the Quality and Safety Group and their supporting members helping to embed the new Quality and Candour regulations within WAST.

RESOLVED: That the Committee considered the report and would learn lessons from it going forward.

49/20 COMMITTEE ASSURANCE REPORT

Julie Boalch explained that the report was a merger of the Board Assurance Framework

and the Corporate Risk Register

The Committee were informed that the Assistant Directors Leadership Team continued to review the corporate risks on a regular basis and make the necessary recommendations to the Executive Management Team

There were seven Corporate risks assigned to the Committee. Since the last update to the Committee, two new risks have been added and three existing risks that had increased in score

Comments:

Why had risk 199 (failure to adhere to Health and safety statutory requirements was likely) increased in score? Jonathan Turnbull-Ross advised that health and safety guidance had changed as a result of ongoing Covid measures. Claire Roche added this was a cause for concern in particular with the Trust's estate, and therefore the team had increased the score and there was now more clarity as to what was expected

RESOLVED: That the Committee

(1) received and discussed the contents of the report; and

(2) highlighted any specific aspects or concerns that needed to be raised to EMT and/or Audit Committee on 3 December 2020.

50/20 DEEP DIVE INTO ID223 AND ID224 ON THE CORPORATE RISK REGISTER

Lee Brooks gave the Committee a PowerPoint presentation in relation to the two risks which were:

Risk 223: Unable to attend to patients in the community who require See and Treat services

Risk 224: Patients unable to access secondary care assessment and treatment (Patients being delayed on the back of ambulances outside Accident and Emergency)

The Committee's attention was drawn to the following points:

1. The risks of delayed handovers, this caused patient harm as a result of several issues including; delay to definitive care and increased risk of developing a pressure sore injury. There was also a loss of dignity in some case with patients being confined to an ambulance for a long period of time. In addition there would inevitably be a financial cost to the Trust
2. The monthly lost hours caused ambulances waiting outside the ED were correct as at 29 November and it showed that 9,000 hours had been lost during October and it would be approximately the same in November
3. The immediate release protocol (occasions when the Trust contacted an ED to have an ambulance released to attend a red call) was in place. The number of declined requests was 29 in November. These were also recorded for Amber calls
4. On an all Wales basis, the number of patients waiting longer than an hour to access the ED was 981

5. The average wait for an ambulance to access the ED on an all Wales basis was one hour and two minutes. In respect of the recently opened Grange University Hospital the average time to access the ED was one Hour and 40 minutes
6. In relation to the average all Wales community wait for an ambulance the Committee were shown the average wait time by each health board
7. In terms of the longest waits for an Amber call, the longest recorded time was over 24 hours. There were now a high number of waits of over 12 hours
8. As the Handover delay were on the increase there was a correlation with that and the lost hours when staff return to base for a break
9. To give some context to the effect of the delays the following two examples were provided; one was about a 91 year old patient who had fallen and was treated as a low acuity call. The time taken for the patient to access the ED was almost 32 hours, this included a wait outside the ED for 10 hours. The second related to a 61 year old patient who was reported as struggling to breathe. After waiting for almost an hour outside the ED, the patient had a cardiac arrest on the ambulance. Fortunately there was a good outcome for the patient
10. Members were shown a slide which illustrated several comments from staff who had vented their frustration of their recent experiences
11. Escalation, the Operational Delivery Unit remained in place for 12 hours a day; through the ODU there was constant dialogue with Health Boards, seeking plans for remedy.
12. Mitigating actions – these included how to increase EMS capacity and to defray activity
13. Regional Escalation Protocol – The ODU has utilised this protocol which was the framework to use in which ambulances can be diverted away from and to other Health Board areas

Comments:

Claire Roche gave further details of the escalation process in which patient experience and safety risks would be highlighted. The long patient waits were taking its toll both on patients and staff. It was clearly recognised that the pandemic had added to the Hand Over delays at ED and that in the UK, Wales was the worst performing in terms of those delays. She added that the Association of Ambulance Chief Executives had for the first time made this problem a high priority

Further discussion on the topic led to the following points being raised:

1. There was a sense of shame being part of the NHS that was delivering such an appalling and wholly unacceptable level of service
2. Members were becoming absolutely disenchanted with hearing the same levels of inadequate and poor service time and time again that were outside of the Trust's control
3. The Committee were frustrated and felt that responsibility for the HO delays lay not only at the top corporate level in Health Boards but also at the lower levels of the ED; and both of these were failing miserably. They also agreed that without the direct intervention at Ministerial level any change to improving the whole system was futile

4. Members also noted that the ambulance availability task force was starting to operate again and this should add impetus to the cause
5. This problem must be the Committee's highest priority going forward and should be the forum for escalating
6. Lee Brooks thanked all colleagues for their support in an effort to attempt to bring the problem to a satisfactory conclusion
7. It was imperative that NED's should discuss the impact of HO delays as a matter of great urgency and decide on the manner in which it should be escalated to higher authorities
8. Members thanked Lee Brooks and all the staff involved in trying to deliver a satisfactory service to patients under the current circumstances
9. In terms of the 29 occasions in November when ambulances were not immediately released the Committee were astounded by this number

The Committee recognised this was a whole service issue and raised grave concern with regards to the unacceptable level of HO delays which were clearly having a dramatic effect on patients and staff alike.

RESOLVED: That

- (1) the update was noted; and**
- (2) the Committee NED's would meet outside of the Committee to discuss the impact of the deep dive on risks 223 and 224 and consider what further action to take going forward.**

51/20 MENTAL HEALTH UPDATE

Steve Clarke presented the update informing Members that the Mental Health Improvement Plan (MHIP) was due to conclude at the end of 2020. It illustrated the challenges of meeting the needs of people with a mental health crisis and the actions that will improve their outcomes and experience.

Furthermore, The WAST Dementia Plan (DP) which spans the period 2017-2020, sets out the achievements and next steps as new plans were being developed beyond 2020.

In terms of progress on both plans, Steve Clarke drew attention to the following areas:

1. Development of a Mental Health Portal which has now been accessed by the equivalent of 80% of the WAST workforce
2. Six Mental Health E-learning Modules developed and over 800 users having completed at least one module so far
3. Pathways to improve the dementia journey
4. Mental Health and dementia now has a consistent visibility both internally and externally

There was still further work to be undertaken particularly understanding how to identify people who have a dementia diagnosis early on in the initial 999 call. There were also issues which required further consideration regarding people being conveyed around the system for example when being detained under the mental health act.

In terms of the Mental Health Practitioners Piloting scheme in the Clinical Support Desk during phase 1 of the pandemic (March - June 2020). This has demonstrated considerable benefits including a 20% hear, treat and discharge rate and avoiding ambulances in 50% of psychiatric calls

Comments:

Was there a sense of the number of people with mental health worries and concerns in the general population of Wales? Steve Clarke stated that mental health demand in 999 was quite different to that initially expected; a lot of the calls related to suicide or self-harm. It transpired that the vast majority of those people were not known to mental health services. This therefore suggested there was a great deal of people whose mental needs were not met appropriately by any service.

In terms of the mental health pathway what were the challenges? The Trust had ambitious both to improve the 'hear and treat' and 'see and treat' initiatives which would be able to treat people more rapidly going forward. These would be people who would not necessarily benefit being seen in an ED and wouldn't get access to a crisis resolution team. The Trust needs to build on its directory of services so it can signpost people into the most appropriate place going forward.

Following a question regarding the Mental Health Plan and stakeholder engagement. Steve Clarke advised that engagement was firmly embedded within the plan

Was it possible to promote the e learning package to other blue light services? Steve Clarke advised there was potential to use this e learning a wider scale going forward and had ambitions to share it more widely.

Third sector involvement, how were they involved in the Trust's plans going forward? Steve Clarke advised there was a strong network of third party sector involvement.

Concern was expressed that as part of the e learning training was conducted in isolation it may have an impact on the mental health well-being of staff

Claire Roche added that work was underway which would support the mental health of staff and going forward it was the Trust's ambition to have a mental health specialist clinician as part of 111.

RESOLVED:

- (1) the Committee noted the considerable progress that has been made against the Mental health Improvement Plan and Dementia Plan;**
- (2) the timescales for the production of the successor Plans was agreed; and**
- (3) the success of the Mental Health Improvement Plan pilot during the pandemic and support further piloting of the Mental Health Improvement Plan in the Clinical Support Desk was recognised.**

The report was presented as read.

RESOLVED: That the update was noted

53/20 EMSCCC REPORTS

Clinical Contact Centre (CCC) Clinical Review

Lee Brooks updated the Committee on the 16 objectives and the progress being made.

Health Inspectorate Wales (HIW) – EMSCCC Patient Safety Review

An update was given by Lee Brooks, he advised the Committee that the actions were progressing very well.

Demand Management Plan

Lee Brooks updated the Committee and advised them on the times the plan had been utilised. Further work was ongoing in order to introduce the Covid response on the CAD system. It was noted that a revised version of the plan would be forthcoming

Comments:

1. Rachel Marsh added that the plan had been reviewed by the Commissioner and he raised several questions following which a workshop was being implemented to scrutinise the plan in more detail
2. Dr Brendan Lloyd advised that feedback from GP's had shown that they were frustrated with the delays. He made reference to the phrase 'No Send' as part of the DMP-4 and the significant impact this had on Health Boards, in particular with GP's
3. Was there any information on the adverse effect of patients that had not been attended to by the Trust? Claire Roche advised the Committee that work was underway to evaluate if a 'No Send' had caused an adverse incident; early indications had shown there had been no incidents reported. In order to know the final outcome the Trust would rely, to a degree, on the patient informing the Trust

RESOLVED: That the updates were noted and commented upon.

54/20 ITEMS FOR NOTING/APPROVAL

Safer Handling Policy

Policy approved

Infection Prevention and Control: Sharps Policy safe use and disposal

Policy approved

Quarter 2 Mental Health Report for Welsh Government

Presented for noting

Quarter 2 Dementia Report for Welsh Government

Presented for noting

Regulation 28 Reports

- a. Alyn Lewis Rees
- b. Andres Roberts

Daryl Collins updated the Committee further on the regulation 28 reports adding that they had been responded to within the mandatory deadline. Furthermore he notified the Committee that the number of coroner's inquests were increasing

RESOLVED: That the above were approved and noted where applicable.

55/20 ANY OTHER BUSINESS

The Chair referred to the previous discussion regarding the deep dives on risks and it was resolved that NED's would meet outside of Committee to discuss.

The Committee recorded a belated note of thanks to Trade Union Partner Nick Morgan for his work and outstanding contribution to the Committee over the last two years. Nick Morgan was standing down from his duties as a TU Partner and this was his last meeting.

RESOLVED: That a belated note of thanks was recorded for Nick Morgan for his contribution at Committee meetings as the TU Partner.

56/20 Key Messages for the Board

The Committee noted that the Chair would update the Board on the following points

1. mental Health developments
2. Development of the Quality Assurance Report
3. Quality Strategy
4. The Impact of the deep dive on risks 223 and 224, the inability to respond and the inactivity of Health Boards to assist in resolving this; also the patient story related to the long wait as presented today
5. Demand Management Plan

Date of Next meeting: 23 February 2021

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 3 DECEMBER 2020 VIA TEAMS

PRESENT :

Pam Hall	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Paul Hollard	Non Executive Director
Joga Singh	Non Executive Director
Martin Turner	Non Executive Director

IN ATTENDANCE :

Julie Boalch	Corporate Governance Manager
Lee Brooks	Director of Operations (Part)
Judith Bryce	Assistant Director of Operations
Keith Cox	Board Secretary
Helen Higgs	Head of Internal Audit NWSSP
Estelle Hitchon	Director of Partnerships and Engagement (Part)
Jill Gill	Financial Accountant
Fflur Jones	Performance Audit Lead (Health), Audit Wales
Osian Lloyd	Deputy Head of Internal Audit NWSSP
Steve Owen	Corporate Governance Officer
Duncan Robertson	Interim Assistant Director of Research, Audit and Service Improvement
Paul Seppman	Trade Union Partner
Chris Turley	Director of Finance and Corporate Resources
Claire Vaughan	Director of Workforce (Part)
Carl Window	Counter Fraud Manager

APOLOGIES:

Hugh Parry	Trade Union Partner
Damon Turner	Trade Union Partner

28/20 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and advised that it was being audio recorded.

Declarations of Interest

The standing declaration of interest of Mr Emrys Davies as a former member of UNITE was recorded.

Minutes

The Minutes of the open and closed sessions of the Audit Committee meeting held on 17 September were confirmed as a correct record

Matters Arising

The Chair referred to paragraph 15 of Minute 20/20 and asked for an update on the all Wales position regarding Covid Governance arrangements. Helen Higgs advised that the report had been circulated to the Board Secretaries group; Keith Cox agreed to present the report at the next Audit Committee meeting.

Action Log

The Committee considered the action log:

Action Number: 62, risk register development – Keith Cox advised that risk had recently become part of his portfolio and that the action was not yet complete. It was to remain on the log.

Action Number 65, Counter Fraud Annual Report and Annual Plan, re-worded to clarify it was the 2020/21 reports. To remain on the log

Action Number 66, Counter Fraud awareness training and benchmarking information. On Agenda with Counter Fraud Progress report – Action closed.

Committee Terms of Reference

Keith Cox presented the Audit Committee terms of reference and operating arrangements reminding Members that they were required to be reviewed annually by the Committee, with any proposed amendments being approved by Trust Board. The following comments/queries were raised:

1. Membership, should this be the Chair plus three NEDs as currently shown or the Chair plus four NEDs. Following a detailed discussion, it was agreed that Keith Cox would clarify this point with the Trust Chair; noting that the TOR would be presented at the next Chairs' Working Group meeting for further contemplation.
2. There was a reference in the TOR regarding legislature; it was agreed that Keith Cox would confirm that it reflected the current legislation.
3. Job Titles, paragraph 4.4 to read, Director of Finance and Corporate Resources
4. Para 3.4 bullet point one, remove reference to LHB
5. Delegation to other Committees regarding certain aspects of business, this was to be specifically recognised in the TOR
6. Were there any other requirements for the Committee's conduct of business as set out in Standing Orders (SO)? Keith Cox explained that SOs hadn't changed since Audit Committee TORs were approved last year. In terms of Standing Financial Instructions (SFI) Chris Turley would cross check with the impending

revised SFI's to ensure any updates were illustrated in the TOR if required.

RESOLVED: That

- (1) the Minutes of the Audit Committee's open and closed sessions held on 17 September were confirmed as a correct record;**
- (2) the standing declaration of interest in respect of Mr Emrys Davies as a retired member of UNITE was recorded;**
- (3) the actions referred to in the action log were considered and actioned as necessary; and**
- (4) the approval of the Terms of Reference were deferred and would be reviewed at the Chairs Working Group Committee on 5 January 2021 subject to several amendments/comments as described. The TOR, once reviewed at CWG would be circulated to Audit Committee Members for approval.**

29/20 INTERNAL AUDIT REPORTS

Helen Higgs presented the progress report as read, and drew the Committee's attention to the following areas:

1. On track to deliver the year-end opinion
2. Proposed changes to the 2020/21 plan were provided: Fire Safety to move to quarter four and the role of the Advanced Paramedic Practitioner would be deferred to the 2021/22 plan

The following Internal Audit reports were presented by Osian Lloyd to the Committee:

Safeguarding Referral Process – Reasonable assurance. This audit sought to provide assurance that the referral process, which was via the recently introduced electronic system (Docworks) was being used effectively.

It should be noted that the review fieldwork was undertaken soon after the new system was implemented which had been delayed due to the pandemic. It was recognised that the system was still in its infancy and more time was required until the benefits of the system would be fully realised.

The assurance was based on one high priority finding and three medium priority findings. The high rating finding was due to the lack of an audit trail which would have demonstrated that the appropriate checks were being undertaken. The three medium priority findings related to; delivery confirmation of referrals, ensuring that training was captured and evidenced appropriately, specifically on the more advanced training levels and to conduct a post system benefits realisation exercise

Comments:

What was the process when there was a difference in opinion with the audit team and management with regard to the priority level of a particular recommendation? Helen Higgs advised should that be the case the Audit Committee would be asked to take a

view to resolve the issue.

Claire Vaughan explained that Executive Management Team (EMT) had robust discussions on reports that were given no/limited assurance and tended not to routinely discuss those of a reasonable assurance. On that basis it was unlikely that certain recommendations within a reasonable assurance report would be noted. It was agreed that a process would be implemented going forward to ensure EMT were sighted on the relevant recommendations.

The Chair proposed that the high priority finding remained as part of the recommendations subject to it being acceptable to management, pending their further discussion, and providing the response was delivered in the timescales indicated. Keith Cox added that should the EMT dispute the priority findings going forward, a conciliatory solution would be negotiated and agreed prior to Audit Committee.

Short Term Sickness Absence Management – Reasonable assurance. This review sought assurance that managers were effectively managing short term sickness absence and that employees were supported through occupational health and wellbeing services.

The assurance was based on one medium priority finding and six low priority findings. It was evident that a number of actions had been taken to improve staff wellbeing and reduce sickness levels. These included learning from other ambulance services and the recent implementation of the wellbeing strategy.

Several areas which required improvement in terms of the overall sickness management included; manager training to ensure that all periods of sickness were captured on the Electronic Staff record, documentation relating to working whilst on sick leave and timeliness of return to work meetings.

Management have accepted the findings and Internal Audit were satisfied with the response provided in terms of implementing the recommendations.

Comments:

Claire Vaughan welcomed the report and recognised there were still further improvements to be made to reduce sickness levels

Members asked for the wording on the final paragraph on page 11 to clarify that it was suspected cases of sickness fraud

The Committee recognised there was clearly an issue with Long Term sickness (any absence over four weeks) and in order to reduce the Trust's overall sickness levels this required addressing. Claire Vaughan advised that the People and Culture Committee was focussing on initiatives to reduce Long Term sickness.

Cardiff Make Ready Depot – Reasonable assurance

This audit was undertaken to evaluate the processes and procedures in place to support the management and delivery of the procurement of the £6.725m Cardiff Make Ready scheme.

The assurance had been based on two high priority findings, nine medium priority

findings and three low priority findings.

Several recommendations were made to strengthen the governance arrangements in respect of certain aspects of the project.

Comments:

Chris Turley welcomed the report adding that all the recommendations had been accepted and were being addressed.

RESOLVED: That

(1) the proposed changes to the 2020/21 Audit Plan were agreed; and

(2) the updates and reviews were noted.

30/20 TRADE UNION RELEASE TIME INTERNAL AUDIT - FOLLOW UP REVIEW

Keith Cox informed the Committee that the report sought permission from the Committee to further defer the follow –up internal audit review on the ‘Trade Union Release Time’ from the 2020/21 Audit Plan to the 2021/22 Audit Plan.

The original ‘Trade Union Release Time’ internal audit report was issued on 15 May 2019. It was concluded that the Trust could only gain Limited Assurance from the review and, consequently, a total of four recommendations (3x high priority and 1x medium priority) were made on how processes and internal controls could be improved. Normal practice for limited assurance audit reports, dictated that a follow-up audit review would be scheduled in the 2019/20 audit plan.

Although some progress had been made in implementing all four recommendations, it was clear that more work was required to complete the recommendations, particularly around finalising a facility time agreement on which both management and TU partners could agree. As a consequence, in February 2020, management asked that the follow-up review be deferred to later in 2020/21

Internal Audit confirmed, at the June 2020 Audit Committee, that a follow-up review had not taken place, other than to confirm the lack of progress against the original recommendations, and that the Trust should still only take limited assurance from this area. Members also noted that Covid pressures and ongoing negotiations relating to sensitive topics had added to the delay

Comments:

Claire Vaughan advised the Committee that work was progressing in resolving the problem which unfortunately had been pedestrian. It was anticipated that the People and Culture (P and C) Committee would receive a more detailed update at its meeting in January. Claire added it was an exceptional request to defer the review for another year and one she would not expect to repeat going forward.

The Chair of P and C updated Members on the discussions held at its meeting and recognised that should an agreement be reached in the early part of next year a further review should look at how the whole partnership arrangement was working. The P and C

Committee fully supported moving the review into the 2021/22 Audit Plan.

Paul Seppman gave an overview from a TU perspective assuring the Committee that the main focus of the TU's was to ensure that the correct processes were in place to ensure that partnership continued with minimum disruption.

The Committee fully supported deferring the review, in the knowledge it would be monitored at the P and C Committee going forward; recognising it was vital to move at pace to reach a satisfactory conclusion

RESOLVED: That The Audit Committee approved that the follow-up audit review of TU Facility Time, scheduled to take place in 2020/21, was further deferred to 2021/22.

31/20 EXTERNAL AUDIT REPORTS

Fflur Jones provided a general overview of Audit Wales (AW) update report in which she highlighted the following areas:

1. Accounts work update on the Charitable Funds account
2. Structured assessment
3. Effectiveness of counter fraud arrangements
4. Details of work currently underway; unscheduled care, resilience of emergency services, quality governance and test, trace and protect

Comments:

What were the Timescales for unscheduled care review, Fflur advised that from early 2021 field work would start and the Committee would be kept updated on progress

Members expressed their concern with hand over delays and suggested that external oversight could be part of the impetus required to address the problem; Fflur advised that AW were very conscious of the problem recognising it was a system wide issue and were contemplating the best way forward to consider the issue of hand over delays

Annual Audit report

Fflur explained that the report was currently in draft with the final report due to be presented to the Board in January 2021. There were unlikely to be any significant changes to the report and Fflur agreed to update the Committee should there be any.

RESOLVED: That the report was received and noted.

32/20 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Julie Boalch explained it was the same report presented to Board on 26 November.

The Committee were advised of the activity since the last Audit Committee meeting:

1. Three risks had increased in score, Risks 223, 224 and 119
2. Four had reduced in score, risks 88,303, 139 and 229

3. Three new risks have been assessed for inclusion on the register

Julie added that a deep dive was presented to the Quest Committee which analysed risks 223 and 224, these risks concerned the increasing pressures in the unscheduled care system and the emergence of long hand over delays.

Comments:

1. Risk 199 Health and Safety, was that related to handover delays? Julie advised this was a separate risk which related to the statutory requirements of Health and safety
2. Risk 88 (Digi pens) and Risk 151 (digital patient clinical records) which were related; why had the former been reduced in score and the latter remained the same? Duncan Robertson explained that these were two different risks to different systems; risk 151 related to the ability to retrieve a patient record and risk 88 related to the ability to provide Digi pens. There had been a recent restock of the pens, hence the reduction in score
3. In terms of risk management and project risks, it was understood that the ePCR project were utilising the Datix risk register, therefore it would be useful for the Committee to be apprised of the progress in this regard

RESOLVED: The Audit Committee noted the contents of the report; specifically:

- (1) the risk management activity since the last Committee in September 2020;**
- (2) the changes to existing Corporate Risk scores and the inclusion of three new risks on the Register; and**
- (3) received the BAF report.**

33/20 AUDIT RECOMMENDATION TRACKER

Julie Boalch advised the Committee that, a full and thorough review of each recommendation had been undertaken in preparation for the meeting and Members were provided with the following highlights:

1. There were 108 recommendations on the tracker
2. 34 recommendations were due to be completed by the end of the financial year

Comments:

1. In terms of the two to three year old high priorities, it might be helpful to have some more narrative on the high priorities overdue and beneficial to understand management's thoughts
2. It would also be useful for the Committee to understand further details of the recommendations that were overdue
3. Concern was expressed that a backlog of responding to risks had started to

accumulate

4. Chris Turley added that it may be prudent to consider a different way of presenting progress to the Committee. The tracker was a dynamic document and information on the SBAR may not be completely up to date

RESOLVED: That Audit Committee

- (1) received the report; and
- (2) considered the Trust's proposals to address particularly the high priority and overdue recommendations with the inclusion of revised completion dates.

34/20 LOSSES AND SPECIAL PAYMENTS FOR THE PERIOD 1 APRIL – 31 OCTOBER 2020

Prior to the update, Chris Turley advised that a rolling programme would be implemented to bring a deep dive on a specific subject and formally proposed that at every other Committee meeting a deep dive be provided. He added that at the March Committee a programme of deep dives would be presented.

Jill Gill presented the report as read.

Comments:

1. Clarification was sought on what the Committee was expected to do with the report. Chris Turley explained that in line with Standing Orders, it was mandated that the Committee should be made of aware of any Losses and Special payments on a regular basis
2. Emrys Davies gave an outline of the lessons learned from payments relevant from the Quest Committee's perspective. Chris Turley added it would be useful to annotate significant payments for the Committee's attention

RESOLVED: That the Losses and Special Payments Report for this period was received.

35/20 ANY OTHER BUSINESS

The Committee thanked the Chair, Pam Hall for her outstanding contribution and support on the Committee and wished her well for the future.

RESOLUTION TO MEET IN CLOSED SESSION

Representatives of the press and other members of the public were excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted in accordance with the requirements of Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960.

Reports relating to the items of business in these minutes can be found on the Trust's website, www.ambulance.wales.nhs.uk

Date of Next Meeting: 4 March 2021



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE CLOSED MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 3 DECEMBER 2020 VIA TEAMS

PRESENT :

Pam Hall	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Paul Hollard	Non Executive Director
Joga Singh	Non Executive Director
Martin Turner	Non Executive Director

IN ATTENDANCE:

Mike Armstrong	Assistant Board Secretary
Julie Boalch	Corporate Governance Manager
Keith Cox	Board Secretary (part)
Fflur Jones	Performance Audit Lead (Health), Audit Wales
Jill Gill	Financial Accountant
Helen Higgs	Head of Internal Audit
Ossian Lloyd	Internal Audit
Steve Owen	Corporate Governance Officer
Duncan Robertson	Interim Assistant Director of Research, Audit and Service Improvement
Paul Seppman	Trade Union Partner
Chris Turley	Director of Finance and Corporate Resources
Claire Vaughan	Director of Workforce
Carl Window	Counter Fraud Manager

APOLOGIES:

Hugh Parry	Trade Union Partner
Damon Turner	Trade Union Partner

11/20 PROCEDURAL MATTERS

The Chairman welcomed all to the meeting and advised that it was being audio recorded. The standing declaration of interest in respect of Mr Emrys Davies being a retired member of UNITE was noted

RESOLVED: That the declaration of interest as described was recorded.

12/20 COUNTER FRAUD PROGRESS REPORT - 1 SEPTEMBER 2020 – 30 NOVEMBER 2020

Carl Window provided an update on the following sections from the report and expanded in further detail:

1. Strategic Governance - work has increased in this area, this has included requests from the National Counter Fraud authority to carry out impact assessments on guidance. Engagement work had also been undertaken on fraud risk assessment. Members were updated on a new management system for Local Counter Fraud called the 'Clue System'
2. Inform and Involve – Committee were updated on International Fraud awareness week
3. Prevent and Deter – Members were updated on counter fraud performance from a benchmarking perspective against other Trusts in Wales
4. Hold to Account – There were currently 26 ongoing investigations, six of which were shortly due for closure

Comments

1. What does management guidance had been issued mean? Carl explained that each individual case was different and the appropriate specific guidance would be given
2. Carl Window added that In terms of benchmarking data, all Wales Audit Committee Chairs should now have access to the relevant information through the counter fraud extranet platform
3. In terms of lengthy timescales for closure of investigations Carl advised that any prolonged cases were mainly due to a system issue. Some cases could not be closed on the system until the full disciplinary outcome was known and this could be from outside agencies; potentially the new Clue System would address the issue.

RESOLVED: That

- (1) **the Counter Fraud progress report was acknowledged and accepted by the Committee; and**
- (2) **the excellent progress in tackling fraud was recognised.**

13/20 TENDER UPDATE REPORT AND SINGLE TENDER WAIVE REQUESTS

Chris Turley provided an update on tenders issued and awarded during the period together with a summary of single tender waivers approved.

There has been an element of catch up activity in the period reported to Audit Committee this time, with six tenders having been issued, three of which were completed within the period alongside three others also completed, and one single tender waiver approved.

Members noted that as part of an internal audit review, one of the recommendations had been to enhance the single tender waiver register; this was now completed with the register going live on 1 December 2020.

Chris Turley added there would be two significant single tender waivers being presented to the Committee at its next or following meeting; comprehensive details of which were provided.

The Committee was also asked to note that during the period there were no other contract extensions

Comments:

Following a query in terms of the revenue costs in respect of Covid; Chris Turley advised that the assumption was this would be funded separately by Welsh Government

RESOLVED: That members of the Committee were invited to comment on the information provided and noted the contents of the report: and

- (1) It was noted that six new tenders were issued during this period and that six tenders were also awarded during this timeframe, and**
- (2) It was noted that one request to waive SFIs in relation to a single tender waiver was issued and accepted during the period.**

14/20 Any Other Business

Pam Hall expressed her gratitude and appreciation to all Committee Members and attendees for their efforts during her role as Chair of the Audit Committee

Date of next meeting: 4 March 2021

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 14 JANUARY 2021 VIA TEAMS

Chair: Emrys Davies

PRESENT :

Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Joga Singh	Non Executive Director
Paul Hollard	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Corporate Governance Manager (part)
Lee Brooks	Director of Operations
Craig Brown	Trade Union Partner
Helen Higgs	Head of Internal Audit
Nathan Holman	Trade Union Partner
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rachel Marsh	Director of Strategy Planning and Performance
Steve Owen	Corporate Governance Officer
Chris Turley	Director of Finance and Corporate Resources

01/21 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interest in respect of Mr Emrys Davies as a retired member of Unite and Mr Nathan Holman, Member of the Llannon Community Council was noted. The Chair advised the Committee of changes to Committee chairs in respect of this Committee and Quest; and also the attendance of Executive Directors and/or their substitutes going forward.

Minutes

The minutes of the open and closed sessions held on 19 November 2020 were considered by the Committee and agreed as a correct record.

Matters Arising

The Chair made reference to the Committee's Terms of Reference (TOR) under minute 44/20 in which it stated that the TOR were approved subject to some minor changes. The changes would take place during the coming year and it was reconfirmed that the TOR would be presented to the Board at its next meeting for approval.

Action Log

The Action log was considered:

Action Number: 61, MIPR to be more refined and to contain details of any deep dive information. It was agreed this would remain on the log and be picked up at the next meeting

Action Number 62, Governance procedures for Operational Delivery Unit.

RESOLVED: That

- (1) the Minutes of the open and closed meeting held on 19 November 2020 were confirmed as a correct record; and**
- (2) the declarations of interest as stated were noted.**

02/21 FINANCIAL PERFORMANCE AS AT MONTH NINE 2020/21

The Committee was briefed by Chris Turley on the latest available financial performance as at month nine by way of a Powerpoint presentation. Members' attention was drawn to the following points:

- 1. The cumulative revenue financial position was a small underspend against budget of £0.037m
- 2. It had now been officially confirmed that the additional unavoidable costs Trust has and will incur this financial year as a result of Covid-19 would be funded in full by Welsh Government
- 3. Gross savings of £3.460m had been achieved against a year to date target of £3.405m
- 4. Details of the of the financial performance by each directorate was illustrated
- 5. The Committee were given details of the actual and forecasted Covid-19 costs which were reducing on a monthly basis
- 6. An explanation in terms of the theoretical cost impact of an increased annual leave accrual at year end as a result of Covid-19 was given, based on an agreed all Wales methodology and approach to this
- 7. Financial Risks – for example, the non-delivery of savings plans and the further in year cost pressures remained low
- 8. Capital – To date, £7.062m had been spent against a budget of £14.876. Over the next three months the Trust was pressing forward with its plans to deliver on the rest of expected spend and remained on track to do so
- 9. Other items to note: work had commenced on the 2020/21 annual accounts and there was a focus on producing the financial plan for 2021/22

Comments:

- 1. In terms of capital what was the confidence level in the ability to spend this in line

with the Capital Expenditure Limit? Chris Turley advised that he was confident it would be achieved and gave further detail on some of the larger projects which were now at their delivery stage

2. Would the Trust be able to secure more funding in respect of Covid-19 from WG should it need it. Chris Turley explained that should there be any more unavoidable costs he was confident they would be met. However the risk of this was currently very low, with current and forecast costs between now and the year end being much less than that included as a worst case in the previously submitted Q3 / Q4 financial plan to WG, on which the approved funded levels were set.
3. Following a query in terms of the cost of annual leave accrual, Chris Turley explained the reasoning as it was likely that leave would be carried forward for staff and this would incur a cost but would be funded by WG.
4. Would the Committee have sight of the 2021/22 financial plan prior to the Board? Chris Turley advised this would be the case.
5. In respect of the Flowers case, what was the Trust doing in regards to the outcome of this case? Chris Turley explained the details of this particular case which related to a claim regarding the inclusion of holiday pay in overtime payments and the Trust had current reserved funds to offset this; noting that this was an NHS wide issue with the expectation that a national funding solution would be found if this was not sufficient.

RESOLVED: That the update and the Month nine revenue and capital financial position and performance of the Trust was noted.

03/21

MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT – NOVEMBER/DECEMBER

Rachel Marsh updated the Committee on the latest information in which the following key performance figures were noted which included;

1. Red performance for the month of December was 53.7%
2. Serious Adverse Incident – eight had been reported and 19 incidents had been referred to the respective health boards; mainly due to the long waits at Emergency Departments (ED)
3. Nearly 12,000 hours had been lost with ambulances waiting outside ED's in December 2020
4. Return of Spontaneous Circulation (ROSC) clinical indicator; these rates were lower than expected and the Committee were advised of the ongoing initiatives to improve this figure
5. Staff sickness levels in November had risen slightly from the previous month and had reached 7.63%
6. The excellent call answering performance for 999 calls was being maintained
7. The work to increase the capacity to respond from the Trust's perspective was ongoing and this included the additional 136 staff by end of March 2021 and the use of additional resources such as the military and St John Cymru

8. A significant numbers of hours were still being produced in spite of the ongoing pandemic and the inevitable increase in staff abstraction rates
9. Hear and Treat performance was at 12% in December which had exceeded the benchmark set by the demand and capacity review
10. The number of patients being conveyed to ED had decreased in November when compared to the same month in 2019.
11. In terms of 111 calls, there had been an increase in the abandonment rate. Actions were in place to address this issue. Lee Brooks added that some calls may have initially been answered by the receptionist, put forward to the call handler and abandoned prior to reaching the call handler and therefore may not be fully reflective of the caller's experience. Health Informatics were exploring if there was an impact on reporting as a consequence of the 'receptionist model'.

Comments:

1. What was the trend in terms of Covid-19 related incidents? Lee Brooks advised that the trend was, in terms of the 111 demand starting to decrease. It was also likely that the incidents of 999 calls relating to Covid-19 would start to decrease
2. The number of patients waiting more than 12 hours was very high, it would be useful for these details to be captured at the Quest Committee. And also if this information could be separated by health board. Rachel Marsh agreed to include this detail in subsequent reports
3. In terms of the ROSC data, when would it be possible to see the latest data? Rachel Marsh commented that as it was a clinical indicator it was reported on a quarterly basis and should be available at the next meeting
4. With regard to the detail in respect of the RRV hours produced, Lee Brooks expressed that the narrative at point 38 set out percentages only and that perhaps the narrative needed to include units or hours to enhance understanding. The hours could be seen in the accompanying chart
5. Lee Brooks updated the Committee on the critical incident on 3 December 2020 and the increase to REAP level four also in December

RESOLVED: That the Committee considered the December 2020 integrated quality and performance report and actions being taken.

04/21 UPDATE ON IMTP

Rachel Marsh gave an overview of the report and drew attention to the following key areas:

1. In addition to the existing deliverables in the IMTP, further programmes of work included but not limited to; Mobile testing for Covid-19, continuation of the Operational delivery Unit and delivery of a tactical seasonal plan
2. The transport service for the Grange University Hospital which went live in November was progressing well
3. The Committee were updated on the details in terms of the plan for next year and where possible setting out the ambition in a three year frame

Comments:

1. Was there any progress on the 111 roll out in the Betsi Cadwaladr University Health board? Chris Turley reminded Committee members that the Trust was now seeking, in conjunction with the 111 Programme Team and BCU colleagues to accelerate the implementation of the “core” 111 service into North Wales by the summer if possible, ahead of the new SALUS system implementation (when the initial plan was for this to have been done post this). He advised that whilst there was no detailed progress on this as yet; meetings were being held to plan for the implementation of this roll out now to this timescale if at all possible, which much initial planning from a recruitment, training, estates etc.. perspective progressing.
2. It was noted that the Computer Aided Dispatch (CAD) phase three RAG (Red Amber Green) rating was red, what was the risk and impact to the Trust? Lee Brooks advised there was a delay in implementing phase three and subsequently a financial risk with the continuation of the call handling supervisor roles, originally deployed with temporary funding. There was an ongoing concern with the job evaluation process and as CAD Phase three had a number of new roles included, the project cannot proceed without outcomes from a job evaluation process. It was agreed that the concern regarding the process of job evaluation be considered by the People and Culture Committee.
3. It would be useful to have an understanding of progress being made in terms of the deliverables that fell under the amber category (in progress but off programme to deliver) in the next report
4. What were Welsh Government expecting in terms of IMTP's, i.e. One year or three year? Rachel Marsh explained that the current guidance was for a one year IMTP; however the Trust was considering a longer term view if possible. There was no update as yet from WG to report on progress going forward. In terms of presenting the one year IMTP it was expected that the Committee would receive it in March prior to the Board meeting

RESOLVED: That

- (1) the update provided on progress of the IMTP in 2020/21 to date was noted;**
- (2) the risks to delivery for the remainder of 2020/21 were noted;**
- (3) any specific areas of the plan for further scrutiny at future Committee meetings were advised; and**
- (4) the Committee recognised the work and the significant progress being made in the plan by all those involved and achieving so much under the current circumstances.**

05/21 OPERATIONS QUARTERLY REPORT

Lee Brooks presented the report as read and highlighted the following points:

1. Mobile Testing Units (MTU) – the four in existence were likely to be extended and information relating to an additional 15 MTU's was expected shortly
2. Operational Delivery Unit (ODU) - recruitment was ongoing to ensure the ODU was fully established and non- recurrent funding for the financial year had been given.

Until the ODU was fully funded and recruited to, it was not possible to fully assess the overall impact of the ODU and the proposed operating model. The issue with the recruitment surrounded the short term secondment which had not attracted many interested people. It was feasible to assume that without the ODU the lost hours would have been much worse

3. An update was given on the Clinical Team Leader review which was now progressing well; the Committee were advised on the induction process of the newly titled Duty Operational Managers
4. NEPTS demand and capacity review – It was hoped to present this to the Board this month; however this would now be presented at a Board Development session

Comments:

1. Lateral flow device testing – was there a level of caution around this? Lee Brooks explained that the Trust was the frontrunner in distributing kits to staff with particular prioritisation now in North Wales. He added there was a high confidence in negative tests and gave a detailed explanation into how the tests worked and the impact of the Trust
2. In terms of the British Red Cross initiative, was the Trust considering an evaluation process to see what the effectiveness might be? Following the meeting Lee Brooks had since provided details on the evaluation process which was now reflected in the action log
3. Following a query in terms of the NEPTS experience survey; Lee Brooks advised that any further updates would be reported through the Quest Committee
4. Does the ODU have to be based in VPH? Lee Brooks confirmed that initially it will be based in VPH and once it has had time to bed in, it will be reviewed

RESOLVED: That the update was noted.

06/21 COMMITTEE ASSURANCE REPORT

Julie Boalch presented the report as read adding that the report gave the Committee an opportunity to review the Corporate risks and sections of the Board Assurance Framework relevant to the Committee. In terms of update the following was brought to the Committee's attention:

1. Risk ID 139 had been decreased in score from 15 to 12
2. All risks were being reviewed and monitored on a regular basis

Comments:

1. Risk 109 (resource availability (revenue and capital)) was last reviewed in August, was this an issue? Chris Turley advised it was not a high risk and Rachel Marsh added that this particular risk had been reviewed as part of the IMTP process in December and would update the narrative. Julie Boalch explained that the review date had been added to the Board Assurance Framework as an enhancement and a visual prompt for colleagues and that all risks were being updated regularly; however, the date field on Datix was occasionally overlooked.

2. Lee Brooks enquired as to whether risks were being managed effectively at the Assistant Director Leadership Team level? Julie Boalch commented that a full review of the risks was being conducted by the corporate team which would then be presented to ADLT for their assessment, with the latter also reviewing the risk scores and any new risks for inclusion on the Corporate Register. In addition, the Trust's Risk Management Development Group would be re-established to provide a forum to review each of the Directorate Risk Registers in more depth and provide feedback to Directors in terms of controls, scoring, descriptions and any gaps in assurances.

RESOLVED: That

- (1) the contents of the report were noted and discussed; and**
- (2) any specific aspects or concerns that need to be raised to EMT and / or Trust Board on 28 January 2021 were highlighted where applicable.**

07/21 INTERNAL AUDIT TRACKER

Julie Boalch explained that purpose of the report was to provide the Committee with a general overview and a position statement in respect of recommendations made resulting from internal audit reviews. In terms of detail the Committee were informed of the following:

1. There were currently 49 recommendations from a total of 107 that were assigned to the Committee
2. There were 32 recommendations currently overdue, 10 were a high priority, 15 were medium and 7 were low
3. In terms of financial years, there were currently 3 recommendations from 2017/18, 2 from 2018/19, 30 from 2019/20 and 14 from 2020/21
4. With regards to assurance ratings, 5 were limited, 42 were reasonable and 2 that were not rated

Members noted that there were nine high priority overdue recommendations in which Julie Boalch provided further details by way of a live presentation on each one as follows:

1. Number: 308 (two recommendations), Single Tender Waivers. Due to be completed in November 2020. These were likely to be closed by ADLT on Monday 18 January 2021
2. Number: 316, Travel and subsistence follow up. Chris Turley advised that the recommendation had been completed and would be closed by ADLT
3. Number 349: Cardiff Make ready Depot. This had been due in December 2020. An update on the narrative would be completed by 18 January 2021
4. Number 237: (three recommendations) welsh Language Standards. These have been updated and should be closed on Monday
5. Number 109a: Non Emergency Patient Transport Service. Due to be completed by March 2021

6. Number 235: Vehicle Hire. Due to be completed by March 2021. This was expected to be signed off shortly

Members recognised that this type of presentation was very helpful and would like to continue to review risks in this way going forward.

RESOLVED: That

- (1) the contents of the report and following a “live” presentation of the tracker in terms of the nine overdue recommendations at the FPC meeting on 14 January 2021 was noted:**
- (2) the Trust’s proposals to address the high priority and overdue recommendations with the inclusion of revised completion dates, specifically focussing on those relevant to FPC were considered; and**
- (3) any specific items that the Committee wished to see raised at Audit Committee on 4 March 2021 were agreed.**

08/21 111 PEER REVIEW

Lee Brooks gave an overview of the report which detailed the peer review action plan and illustrated progress of any actions completed within the plan

26 actions have been completed with three actions delayed and a further open action expected to be completed on time

The team was currently working on a closing presentation of the actions to contain details any outcomes and it was expected the report could be ready for the next meeting

Comment:

Was it possible to, in terms of the implementation date of the band 5 nurse recruitment, to insert a potential completion date? Lee Brooks confirmed that should it extend beyond March a date would be added

RESOLVED: That the progress made against the actions including those that have been complete since the last submission was noted.

09/21 KEY MESSAGES TO BOARD

The Chair advised that the Board would be updated on the following:

1. It was expected the Trust would achieve a year-end financial balance
2. The risk of Covid-19 funding had been eliminated following WG approval
3. Red performance was still a challenge
4. There were issues with transport delays with grave concern on patients waiting over 12 hours for an ambulance
5. IMTP, concern with the CAD phase three work being on hold
6. Update on the Committee Assurance Framework to include the relevant risks

10/21 ANY OTHER BUSINESS

1. Committee Effectiveness Review. Members were requested to respond to the following questions: What do we do well? What should we do more of and what

should we do less of? Comments to be forwarded to Steve Owen by 1 February 2021

2. Ethics, it had been agreed at Quest that a full time ethics committee was not required. It was agreed that the SBAR would reflect an ethics question which should suffice
3. Vaccination of staff. Members noted that the People and Culture Committee was handling this and that an update would be provided at the next Board meeting
4. The Committee formally recognised the efforts of Lee Brooks and other ambulance personnel as published in the New Years' Honours List

Date of Next Meeting: 11 March 2021

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (CLOSED SESSION) HELD ON 14 JANUARY 2021 VIA TEAMS

Chair: Emrys Davies

PRESENT :

Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Joga Singh	Non Executive Director
Paul Hollard	Non Executive Director

IN ATTENDANCE:

Lee Brooks	Director of Operations
Craig Brown	Trade Union Partner
Nathan Holman	Trade Union Partner
Navin Kalia	Deputy Director of Finance and Corporate Resources
Steve Owen	Corporate Governance Officer
Chris Turley	Director of Finance and Corporate Resources

APOLOGIES

Rachel Marsh	Director of Strategy Planning and Performance
--------------	---

01/21 PROCEDURAL MATTERS

The Chairman welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interest in respect of Mr Emrys Davies as a retired member of Unite and Mr Nathan Holman, Chair of the Llannon Community Council was noted.

RESOLVED: That the declarations as described above and apologies were noted.

02/21 ESTATES IMPLICATIONS OF THE EMS DEMAND AND CAPACITY REVIEW

Chris Turley explained that Strategic Outline Programmes (SOPs) were currently in place for both the fleet and estates requirements across the Trust. It was anticipated that both SOPs would be refreshed by March 2021. A key component of the refresh work was the impact of the EMS Demand and Capacity (D&C) Review on the Trust estate.

The Committee received a first draft of the report that explained the challenges in terms of delivering the implementation of the EMS and D&C review from an estates perspective. The report also detailed the emerging solutions that had expanded upon a presentation given to Board Members at a strategy meeting last week, with some initial indicative capital

costs and a first draft of a potential timeline for delivery in terms of preferred solutions as currently presented, recognising the need for a range of likely interim solutions in some areas.

Comments

Members recognised the challenges in terms of resourcing to support the projects going forward

RESOLVED: That

- (1) the content of the SBAR was noted;**
- (2) the work done to date to consider the impacts of the EMS D&C review was noted;**
- (3) the current commitment to seek to submit revised SOPs to the Finance and Performance Committee in March 2021 for endorsement, with a view to submit to Trust Board in the same month was noted;**
- (4) the requirement to develop a programme of work for the implementation of the proposals outlined in the annex document, and the indicative costs associated with this, focussing specifically on the estates impact of the EMS D&C review, which will be a major part of the earlier years of the above estates SOP refresh was noted; and**
- (5) the report was to be shared informally at this stage with Welsh Government, ahead of the refreshed Estates SOP being completed.**

Date of Next Meeting: 11 March 2021