

Bundle Trust Board (Open Session) 26 November 2020

- 1 PROCEDURAL BUSINESS
- 1.1 09:30 - Welcome and Apologies for Absence
To welcome those in attendance and to note any apologies for absence.
- 1.2 09:33 - 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 09:35 - Chairman Introduction and Update
To receive an update from the Trust Board Chairman.
- 1.4 09:40 - Chief Executive Update
To provide an overview of progress made in key work streams and forward look of future events
ITEM 1.4 CEO REPORT TO TRUST BOARD NOVEMBER 2020 FINAL.docx
- 1.5 09:55 - Patient Story
- 2 STRATEGIC AND FORWARD LOOK BUSINESS
- 2.1 10:25 - Health and Well Being Strategy (CV)
Board consideration for approval.
ITEM 2.1 Wellbeing Strategy - SBAR - Board 26 November 2020.docx
ITEM 2.1a WAST Health and Wellbeing Strategy 2020 - 2024.pdf
- 2.2 10:45 - Digital Strategy (AH)
For Approval
ITEM 2.2 201120-SBAR-WAST Digital Strategy.docx
ITEM 2.2a 121120-WAST Digital Strategy-Final.pdf
- 2.3 11:00 - Draft Commissioning Intentions: 2021/22 (EASC) (RM)
To consider the EASC draft EMS commissioning intentions
ITEM 2.3 Commissioning Intentions 2122 rm.docx
ITEM 2.3a 21-22 Commissioning Intentions presentation EASC MG 22 Oct 2020.pptx
- 2.4 11:20 - BREAK
- 3 PERFORMANCE, GOVERNANCE AND ASSURANCE
- 3.1 11:30 - IMTP Progress Assurance Framework (RM)
To update on the progress against IMTP delivery in 2020/21, noting any key risks to delivery.
ITEM 3.1 SBAR IMTP 181120 Final.docx
- 3.2 11:45 - Patient Safety Highlight Report (CR)
To provide assurance to the Board on patient safety related topics, focussing on monitoring and learning
ITEM 3.2 SBAR Patient Safety Highlight Report Sep-Oct20-21.docx
- 3.3 12:00 - Monthly Integrated Quality and Performance Report (RM)
To note and discuss the Trust's performance and improvement actions
ITEM 3.3 SBAR IPR October 2020 TB rm.docx
ITEM 3.3a Annex 1 - MIQPR Headline Report October 2020 rm.pptx
ITEM 3.3b Annex 2 - IPR Dashboard October 2020.xlsx hb.xlsx
ITEM 3.3c Annex 3 - MIQPR Graph Pack October 2020 (002).pptx hb.pptx
- 3.4 12:15 - Risk and Board Assurance Framework (KC)

To receive and comment

NB. BAF report circulated separately by E mail as will not display correctly in ibabs

ITEM 3.4 SBAR Risk Management Report Trust Board 261120.docx

3.5 12:25 - Financial Performance Month 7, 2020/21 and Capital Programme Update (CT)

To provide the Board with a summary update on the financial performance of the Trust for Month 7 of the 2020/21 financial year and an update on the Trust's 2020/21 Capital Programme.

ITEM 3.5 Finance Report m07 and Capital update - TB 26 Nov - Final.docx

3.6 12:35 - United Kingdom's Exit from the European Union: An Updated Risk Register (EH)

To update Board on the revised risk assessment undertaken in respect of the impact on the Welsh Ambulance Service of the United Kingdom's period of transition in its withdrawal from the European Union. The period of transition ends on 31 December 2020

ITEM 3.6 BoardBrexitNovember20.docx

ITEM 3.6a Copy of WAST Brexit Risk Register - Updated 26 10 2020 (003)EVHNov20.xlsx

3.7 12:45 - Strategic Equality Objectives (Mid-Year Review) (CV)

This paper provides an update of progress towards WAST equality strategic objectives.

ITEM 3.7 SBAR Diversity and Inclusion - Board 26 November 2020.docx

3.7.1 13:00 - LUNCH

3.8 13:15 - Charitable Funds Annual Report and Accounts 2019/20 (CT)

For the Trust Board to approve the Trust's Charity Annual Report and Accounts for 2019/20 including the assessment of going concern

ITEM 3.8 SBAR Charitable Funds Accounts and Annual report to TB 261120 - Final.docx

ITEM 3.8a Charitable Fund Annual report 1920 - FINAL.doc

ITEM 3.8b Annex 2 - Charitable Fund Accounts 1920.pdf

4 13:25 - QUESTIONS FROM MEMBERS OF THE PUBLIC

5 CONSENT ITEMS

5.1 13:55 - Procedural Matters

To confirm as a correct record the Minutes of the Board and other procedural matters as required.

ITEM 5.1 Procedural Matters.docx

ITEM 5.1a Trust Board CLOSED Minutes 17 August 2020 v3.docx

ITEM 5.1b Trust Board Minutes Open 1 October 2020 v4.docx

ITEM 5.1c Trust Board CLOSED Minutes 01 October 2020.docx

ITEM 5.1d Trust Board CLOSED Minutes 16 October 2020.docx

ITEM 5.1e Trust Board CLOSED Minutes 11 November 2020.docx

ITEM 5.1f Action Log.docx

ITEM 5.1g 2021-22 Committee Calendar - Trust Board 26 November 2020.docx

ITEM 5.1h Revised Minutes of Chairs Action Meeting 23 October 2020.docx

5.2 14:00 - Update from Committees

a. People and Culture

b. Finance and Performance

ITEM 5.2a PCC Chair Brief.docx

ITEM 5.2b FP update SBAR to Board.docx

5.3 14:05 - Minutes of Committees

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

ITEM 5.3 Minutes of Committees.docx

ITEM 5.3a OPEN F and P Minutes 15 Sep 2020 (1).doc

ITEM 5.3ai CLOSED F and P Minutes 15 Sep 2020 (2).doc

ITEM 5.3b OPEN P and C mins 14 July 2020.docx

ITEM 5.3c Rem Com 11 August Minutes.docx

6 14:07 - 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 on 28 January 2021



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

CHIEF EXECUTIVE REPORT: 26 NOVEMBER 2020

MEETING	TRUST BOARD
DATE	26 November 2020
EXECUTIVE	Chief Executive
AUTHOR	Chief Executive
CONTACT DETAILS	Jason Killens – Jason.Killens@wales.nhs.uk

CORPORATE OBJECTIVE	
CORPORATE RISK (Ref if appropriate)	
QUALITY THEME	All
HEALTH & CARE STANDARD	Health and Care Standard 7.1

REPORT PURPOSE	To provide an overview of progress made in key work streams and forward look of future events
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
TRUST BOARD	26 November 2020	FOR INFORMATION

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.

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 continues to meet on a weekly basis. Likewise, the various Cells established to manage the Trust's pandemic response have continued to meet in response to the second wave of the pandemic. The EMT continues to carefully monitor community COVID transmission rates and if necessary the Trust could change its current pandemic 'Monitor' position to a 'Response' position, if necessary.
- WAST Live events continue to be scheduled on a monthly basis to inform our people of emerging issues and report on key actions taken by the Trust. They are popular with staff as an effective engagement tool and provide an opportunity for our people 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.
- Two strategy development days have been held since the last Trust Board meeting to develop the detail of the Trust's long term strategy. I look forward to bringing a final proposal to the Trust Board in the New Year.
- I have present CEO Commendations to our staff and staff from partner agencies to recognise acts of exceptional bravery and clinical practice involving 3 separate instances. One involving an ambulance crew preventing a robbery, a second to acknowledging the action of police officers who successfully performed CPR to a patient in cardiac arrest and a third involving a dangerous animal who had attacked 3 people causing significant injuries. It is important that we acknowledge the great work all our people do every single day.
- I was delighted to attend the virtual Advancing Health Care Awards on 16th October to witness the Trust's Associate Director of Paramedicine, Andy Swinburn, winning the AHP Clinical Leadership Award. The Trust was also 'Highly Commended' in two other categories; The Senior Clinical Team in the Welsh Government award for Prudent Healthcare, recognising the work to expand alternative treatment pathways within the Clinical Model, and The Year of Green Action Award for the work done to embed environmental sustainability within the Clinical Directorate.
- As you know Tracy Myhill, Chief Executive of Swansea Bay University Health Board is retiring on 31st December. I was also pleased to take part in the appointment process for Tracy's successor which resulted in Mark Hackett being appointed and will take up post in January 2021.
- At the last Trust Board meeting I reported that positive dialogue had been held with Trade Union partners to resolve the outstanding restructure of the CTL role and that heads of terms had been agreed that could potentially lead to a collective agreement to resolve the matter. These were subject to a ballot of Trade Union members who accepted the proposal. Therefore, work continues to now implement the arrangements.

FINANCE AND CORPORATE RESOURCES

Finance

4. The Financial Management Team continue to work across the Trust to support the financial implications of the EMS and NEPTS Demand and Capacity Reviews, Grange University Hospital, Mobile Testing Units and Phone First and are embedded in programme and project structures. Finance teams also continue to support the project groups as part of the monitoring stage of COVID.

5. An updated financial plan was re-drafted and submitted for the 2020/21 financial year as part of WAST Quarter 3 and 4 submission, following which a positive meeting on the year to date and forecast financial performance of the Trust was held with Welsh Government and NHS Wales Finance Delivery Unit colleagues.

6. Re-alignment of the Capital Programme continues to ensure maximisation of asset purchases within the reduced Capital Expenditure Limit. Following recent confirmation of additional financial support from Welsh Government, this will allow schemes to progress which were previously placed on hold. The objectives within the 2020/21 Finance Local Delivery Plan that were delayed due to the impact of COVID19 have now been re-assessed and new delivery timelines identified.

7. The Audit Wales Team have completed their independent examination of WAST Charitable Funds Accounts and Annual Report for 2019/20 with no amendments being required. These documents are being presented to Trust Board for formal approval in advance of the Charity Commission deadline of 31st January 2021. As a result of the COVID19 second wave, NHS Charities Together (NHSCT), previously known as the Association of NHS Charities, is providing a further grant of £50,000 to support staff and patients.

Capital Development and Estates

8. Cardiff Area Ambulance Centre scheme is currently in week 18 of construction and development on site has progressed well with the demolition phase now complete. Regular progress communications are provided for staff by way of photographs which are published on a dedicated intranet page.

9. The revised plans have been presented to the landlord for the new Training School to be located in Matrix House and costs have been received. Financial verification is awaited from the Trust Cost Advisor, and an element of value engineering is likely to ensure the project is delivered within budget.

10. The reconfiguration of Matrix One is the blueprint for the Trust's agile/remote working plan. No major construction works are required and drawings have been finalised and forwarded to the Trust Cost Advisor for review, prior to presentation to the market place for the appointment of a contractor to commence works prior to Christmas.

11. The pandemic has had a significant impact on the estate and its resources. Risk Assessments have been carried out in all administrative buildings including Clinical Control Centres. Achieving two metre social distancing within the Clinical Control Centre (CCC) at Vantage Point House (VPH) has proved challenging, therefore, screening has been erected. Social distancing has been successful on the first floor at VPH for 111 staff. Modifications to workstations; signage; floor tape; installation of transparent shields; increased cleaning schedules are just a few of the measures taken to achieve safe working and social distancing compliance.

12. The implications of the Demand and Capacity Review (D&C) is a key strand of the Estates Strategic Outline Programme refresh and there are currently eighteen pressure points across Wales. A separate 'Programme Business Case' will be prepared, highlighting estates requirements to deliver the D&C Review. This Business Case will be presented to Commissioners (who supported the D&C Review) and Welsh Government, highlighting the increase in the number of whole-time equivalent staff, estates capacity/constraints and possible solutions.

Fleet

13. The vehicle replacement program for 2019/20 is nearing completion with all the vehicles at the commissioning centre at Caerphilly. Unfortunately the 2020/21 project was not fully funded and has been amended to fit the financial package available.

14. As with Estates, the implications of the Demand and Capacity Review is a key strand in the Fleet Department's SOP and is in alignment with the Estates Strategy and the Trust's long term objectives. The cornerstone of those aligned objectives is the new build Workshop at Cardiff Gate, discussions for which are continuing with Welsh Government following the submission of an Outline Business Case (OBC). The recommendations of the D&C review will be included in the SOP refresh and the annual BJs thereafter.

15. The pandemic continues to have an impact on the department and the way that the service maintenance and repair of the fleet is undertaken. Extra cleaning of vehicles and equipment combined with continual dynamic risk assessments have quickly become normal working practise.

16. Welsh Government Energy Service (WGES) Ultra Low Emission Vehicle (ULEV) Review have been engaged to undertake a review of the Trust's Fleet with the objective of the entire fleet including the vehicles with a greater than 3.5 tonne Gross Vehicle Weight being zero free by 2030.

STRATEGY, PLANNING AND PERFORMANCE DIRECTORATE

Planning and Transformation

17. The Planning Team has continued to lead on WAST's plans for pandemic recovery and co-ordinated the writing and submission of the Quarters 3 and 4 Operational Plan which was approved by the Trust Board and submitted to Welsh Government on 19th October. The delivery of the IMTP and Operational Plan continues to be monitored through the Strategic Transformation Board (STB) with good progress being made throughout Quarter 2 to bring key programmes of work back on track alongside major new initiatives commencing. The STB has now prioritised 25 key deliverables, with the team's Planning and Project resources being focussed on those key programmes within the Quarter 3 and 4 plan. A progress report is included on the main agenda.

18. Some of the key programmes and projects include high profile national and regional initiatives such as Phone First, Mobile Testing phases 1 and 2, EMS Demand and Capacity Programme and the delivery of the transfer service for the Grange University Hospital. The Head of Transformation has also commenced work to enhance the capacity and capability of project and programme management within the organisation. This will complement scoping work being led by the Assistant Director of Strategy and Planning through ADLT in determining how we can benefit from a continued "matrix working" approach within the Trust.

19. Work on the Grange University Hospital continues at pace, led and supported by both the Planning and Transformation teams. Huge strides have been made to ensure a service will be operational for the early opening of the Grange on 17th November 2020.

Commissioning and Performance

20. The Commissioning & Performance Team continues to provide decision-makers with key predictive and historic performance information to support their decision-making processes. The Team has undertaken innovative tactical forecasting and modelling for winter planning, which has been picked up by other UK ambulance services. This information has enabled up front dialogue between the Trust CEO and EASC/health boards on predicted patient safety this winter and associated decisions on resourcing.

21. The Team continues to operate its Forecasting & Modelling Group each week, which reviews historic demand data (COVID-19 and core demand) and the latest available COVID-19 forecasts. This information is supplied each week to Senior Pandemic Team. The Team will be holding a forecasting and modelling development session in December, with Operations colleagues, the private sector and university sector, to look at moving this important area to the next level. The Team has met with the three committee chairs about streamlining the monthly quality and performance report and will put forward proposals on this during Quarter 3. The Team continues to supply key meetings: Trust Board, EASC and CASC Assurance with quality and safety reports. The Team has also undertaken a significant amount of forecasting, modelling and analytical work in support of the opening of the GUH.

22. Whilst the Team has an operational and tactical focus, it is also leading on two key strategic programmes of work: the EMS Demand & Capacity Programme and the NEPTS Demand & Capacity Review. The Team has provided a high level of support to Fleet and Estate colleagues on the potential impact of the EMS Demand & Capacity Programme, support which will enable the development of Fleet and Estate SOPs in Quarter 3 and Quarter 4 and probably a specific estate programme business case. The Team is also leading on the procurement process of a third party to support the EMS Response roster reviews in 2021 (this is a substantial undertaking). Finally, the NEPTS Demand & Capacity Review will come to fruition in December with the first cut of the draft report. Again, the Team has provided strong support to NEPTS and ORH (the supplier).

MEDICAL AND CLINICAL SERVICES DIRECTORATE

Major Trauma

23. Welsh Ambulance Service NHS Trust (WAST) is a critical enabler in the success of the Network and for the vast majority of patients who suffer major trauma, their first contact with NHS Wales will be with the Trust. WAST has worked closely with many organisations including EMRTS and trauma networks to develop a major and silver trauma tool to identify the most seriously injured patients quickly. Major trauma specialists have peer reviewed the trauma tool and it has been adapted to take on board learning from other networks which have been in place for a number of years across the UK.

24. The Trust has also developed a trauma desk which will operate 24/7 365 days a year. The trauma desk staff have been recruited specifically to support clinical decision making for major/silver trauma and to co-ordinate care and disposition with colleagues from EMRTS and the major trauma centre. This involved the development of a new role within WAST, the senior trauma paramedic. Four people have been recruited into the role and they have worked across the network and our organisation to promote the service and the network. The patient facing element of the role is being developed to include additional skills and medications for the management of trauma.

25. There are circa 2,000 people a year who suffer moderate/major trauma a year in the network footprint, all of these patients will have some WAST engagement. To support staff through this change we have also issued Major trauma pocket guides, developed an online e-learning package, a podcast and face to face trauma training assisted by EMRTS to support improvements in trauma care.

Clinical Matters – Podcasts

26. Following the positive feedback received back in May 2020 when the Directorate launched their very first Podcast, there is now a series of clinical podcasts available on the dedicated WAST channel. Subjects covered include:

- Frailty
- Consultant Connect
- Clinical Frailty
- Abloy
- Just in Case Medications
- Nebulisation
- COVID 19
- Capacity
- Resuscitation

27. More episodes are in preparation and all episodes are also available via the WAST Podcast Channel or via the JRCALC+ App.

Macmillan

28. WAST has been working in partnership with Macmillan since 2017 on the development of our End of Life Care (EoLC) work stream. The successful partnership has helped to support and fund an increase in the educational delivery to our ambulance clinicians around Wales. WAST has continued to build on this partnership, and in recognition of the key work being carried out, Macmillan will now be funding a Clinical Development Lead in palliative and EoLC to work alongside a project manager with one session a week support from a consultant in palliative medicine.

29. This new project will not only build on the delivery of education and provide specialist support to ambulance clinicians when delivering care to a patient at the end of life, but it will see a pan Wales review carried out to help identify the volume of palliative and EoLC patients going through the unscheduled care system, with the aim of ascertaining reasons for the contact, call outcomes and the identification of potential alternate pathways that could be made available, therefore, working towards an improved patient experience.

Pacesetter Project

30. Following its launch in June 2019, the directorate has now concluded Phase 1 of the Pacesetter Project which is a Welsh Government funded scheme designed to support innovation with the aim of improving key areas of primary care.

31. The project addresses the viability of an extended rotational approach to the delivery of care using a WAST Advanced Paramedic Practitioner (APP) based within primary care. The project is designed to test the assumption that there is a role for the WAST Advanced Paramedic Practitioner in the delivery of Primary Care services to compliment that of the emergency response model tested

through the APP Pilot. Benefits of a primary care rotation by WAST APPs have to be realised by both parties (WAST and Primary Care).

32. During the COVID response, the rotation was maintained, with the only reduction in cover being caused by staff shielding and for the return of the Health Board Clinical Lead to COVID duties.

33. Pacesetter has supported the development of APP prescribers through their placements and clinical supervision and support by nominated DSMPs. Pacesetter has provided the APPs with a bespoke education framework. Provided by experienced GP educators, the framework supports the transition to a new clinical work environment. As a result of COVID, the framework has transitioned from face to face delivery to virtual/digital delivery, each of which are being externally evaluated.

UK and Euro Navigator Conference

34. Brendan Lloyd, Executive Medical Director, Lee Brooks Director of Operations and Andy Swinburn Associate Director of Paramedicine attended and presented at the UK & Euro Navigator Conference, hosted by IAED, to showcase our response during the COVID-19 Pandemic.

QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE

Putting Things Right

35. During October 2020 the Putting Things Right Team achieved 90% compliance for 2 day acknowledgement of concerns and 84% compliance for 30 day Tier one concerns. In addition, at end of October there were 50 open concerns (excluding Complex Case Panel cases) with 7 cases in backlog. There were 3 Serious Adverse Incidents due for closure, all of which were assured within the timescale.

Health & Safety

36. As a result of the conclusion of the Health and Safety Improvement plan (2018-2020), work has commenced on a subsequent Transformation Plan. Workshop style events are planned and will explore several areas of improvement including culture, structure, monitoring arrangements etc. It is expected that the Transformation Plan will consist of 4 workshops held over a period of 8-10 weeks.

Infection Prevention and Control: All things IPC Training

37. The Infection Prevention and Control (IPC) team have been working with the WAST Learning Zone On-Click team to produce seven 'All things IPC' Training modules, namely:

- Transmission of Infectious Diseases
- Evolution of a Pandemic
- Personal Protective Equipment
- Powered Respiratory Protective Hood
- A day in the life... on the frontline
- Vehicle Cleaning and Waste Management including Sharps Disposal
- Safe Clean Care and Moving Forward.

38. The final module will introduce the Trust's Safe Clean Care Campaign messages. As a Trust we care about the quality and delivery of our service, providing care that is timely and safe, acknowledging the limitations and boundaries we encounter in the out of hospital environment.

Patient Safety/Quality Assurance

39. Monthly Patient Safety and Experience Highlight Reports for all Health Boards have been developed to provide an 'at a glance' update on patient safety and experience within their respective localities. The Executive Director of Quality and Nursing has met with Health Board Directors of Nursing to share this information, generating an understanding of the impact on patients and families and identifying priorities for improvement.

Mental Health and Dementia

40. The Mental Health Access Review (led by Shane Mills at the NCCU) has now partially reported. Work on conveyance, service user surveys and voluntary sector data will be complete in 3-4 months.

41. The data confirmed that WAST manages more crisis care episodes than any other single organisation (WAST 23%, all EDs 45%, all Police Forces 31%). When compared with police demand, WAST handles higher acuity calls (Suicide – WAST 46%/Police 27%, Self-Harm – WAST 51%/Police 16%) but the police handle more calls from people with known mental health conditions (Police 32%/WAST 23%). In short, police are handling lower volumes, lower acuity and more 'known' patients, but have obtained investment from Welsh Government/Police Forces/LHBs/PCCs to have mental health practitioners (MHPs) in their control rooms.

42. CASC has agreed to another 'pilot' of MHPs in our CSD, and work continues on with NCCU to finalise the details.

43. The directorate has completed a detailed analysis of what has been delivered against our Mental Health and Dementia Improvement Plans (both of which end in 2020) and shared this with Welsh Government and Commissioners. New plans are being developed and it is hoped these will be finalised before the end of Quarter 4.

Quality Improvement

44. The Trust has appointed James Gough (currently Falls Improvement Lead) as the new Head of Quality Improvement. The priority for the QI function is to re-establish the WIIN Steering Group and seek to build on the progress of WIIN before the impact of the Covid-19 pandemic.

PARTNERSHIPS AND ENGAGEMENT DIRECTORATE

45. October signalled the start of the month-long Shoctober campaign designed to educate the public – especially children – about the importance of early CPR and defibrillation. Normally the Patient Experience and Community Involvement Team would visit schools to deliver training face-to-face, but the Covid-19 pandemic meant we had to think differently, so the team produced an animation to deliver the message, which is also available in British Sign Language for deaf and hard of hearing children. A story about an off-duty paramedic who gave CPR to his own wife after her sudden cardiac arrest helped to strengthen the Shoctober message and generated headlines nationally and internationally.

46. Among the other stories which made headlines in October were the two colleagues recognised in the Queen's Birthday Honours, the ultra-modern additions to our fleet and the Chief Executive's

commendations for the quick-thinking ambulance crew who apprehended a burglar, as well as for three South Wales Police officers who saved a bus driver's life. We marked Breast Cancer Awareness Month with a moving first-hand account from the Trust's Head of Operational Support and by joining forces with TV presenter Lorraine Kelly's Change + Check campaign, distributing stickers across our estate reminding colleagues to check for the signs and symptoms of breast cancer. It was also Black History Month, in which we set out our commitment to AACE's five R's for stamping out racism. International Control Room Week was an opportunity to shine a light on our 'unsung heroes,' including the brother and sister call handling trio. We also issued a stark warning to the public about staying safe on Halloween.

47. October was also the month we hosted our first virtual Annual General Meeting, which generated more than 9,000 views across Zoom and Facebook.

48. We saw the launch of the new Intranet platform, SharePoint, which attracted over 70,000 visits in the first 30 days with the most popular page being Siren News. This new site is the hub for information for all colleagues and available via desktop and apple/android devices. This enables our colleagues to access all Trust updates and documents from any device.

49. The 2020 flu campaign launched in October with a new dedicated, easily accessible, Intranet page which contains a full list of clinics and local flu vaccinators. There have been regular internal updates regarding stock levels as well as directing staff to relevant information from Public Health Wales.

OPERATIONS DIRECTORATE

Pandemic Response

50. The Trust has sustained its agility in response to the COVID-19 pandemic. The Senior Pandemic Team meets twice per week and Local Pandemic Teams have also been resurrected. This has been important and necessary to support our response to the second wave of the virus. A significant amount of work has been done for an effective response to the pandemic.

Grange University Hospital (GUH) EMS CCC Model

51. The Emergency Medical Services Clinical Contact Centre (EMS CCC) team has been working as part of the Trust's Grange University Hospital (GUH) Project to deliver the flow centre components of the new care model. Following a successful recruitment process, 12 additional staff have joined the EMS CCC team. These staff commenced provision of the EMS CCC GUH Flow Desk from 16th November 2020, alongside additional call taking capacity. The EMS CCC team has also been actively supporting testing and development of the flow centre processes to ensure the entire patient pathway works across both the Trust and Aneurin Bevan University Health Board (ABUHB) flow centre functions.

Transfer of Patients – Operation Griffin

52. The Resilience Team took the lead on planning arrangements for transfer of patients from multiple sites in Aneurin Bevan University Health Board to the new GUH as part of the initial weekend opening. This work was conducted under the project named 'Operation Griffin' and involved a cross-directorate planning group. All plans were successfully concluded ahead of the move date.

Discharge and Transfer Service

53. The Non-Emergency Patient Transport Service (NEPTS) has been working with ABUHB with regards to the operational requirements for the relocation of health board services and the commissioning of a new dedicated Discharge and Transfer Service. Additional staff are in the process of being trained and new vehicles are being commissioned to support delivery of this new dedicated Discharge and Transfer Service, to effectively manage the flow of patients between hospital sites within ABUHB. Due to the early opening of the GUH interim arrangements have been made with partners and third party providers to support the service pending our full readiness in December 2020.

COVID19 Mobile Testing Units

54. As part of phase 1 of Welsh Reserve Mobile Testing Units (MTUs), an additional COVID19 MTU was allocated to the Trust bringing the total number of MTUs from 3 to 4. This fourth MTU went live on 1st October 2020 and is based in North Wales.

55. This additional MTU brings the total number of staff employed by the Trust to provide this service to 88. During September and October 2020 the teams were deployed to 16 locations across the country and facilitated 5,181 and 2,975 tests respectively. The teams continue to receive positive feedback from Health Boards, Test Trace Protect (TTP) Wales and Welsh Government.

56. Phase 1 (four Welsh Reserve MTUs) of the Trust's MTU Programme has now been closed and handed over as a service to the MTU operational team, part of the Operations Directorate. On 28th October 2020, a revised proposal for Phase 2 was submitted to the Department of Health and Social Care (DHSC) and the Trust awaits further decision.

Operational Delivery Unit

57. Recruitment is underway for the National Delivery Manager posts with interviews held on 13th and 17th November 2020. Shortly to follow will be the recruitment of administrator and analyst posts. This temporary recruitment will enable the full pilot to run until the end of financial year during which time the business case will be tested, in preparation for further discussions early in Quarter 4.

CTL Review

58. As mentioned in my introduction, following our negotiations facilitated by ACAS, the Trust has reached and finalised an agreement regarding the future of the CTL position. It is pleasing that trade union members voted to accept the agreement which was subsequently ratified by the Trust Board. Meetings with staff in existing Clinical Team Leader roles started during the week commencing 16th November 2020 to discuss the new Duty Operational Manager (DOM) and Senior Paramedic (SP) roles and to ascertain the preferences of individuals. Meetings are also underway with Workforce colleagues regarding recruitment processes. We recognise that the process for all concerned has been extended and we all look forward to implementing our new management and clinical leadership model for the emergency medical service.

Single Allocator COVID19 PDSA

59. As part of the EMS CCC Local Pandemic Team (LPT) Readiness Plan for the first COVID19 response phase, a business continuity tactic was developed which enabled the use of a 'single allocator' within the EMS CCC operational model. In order to further develop the concept and test it within the operational environment a 'Plan-Do-See-Act' (PDSA) cycle ran for four weeks

throughout the month of October 2020 in the North EMS CCC. Early indications and feedback suggest that the model was largely successful. However, this remains subject to a thorough evaluation to include workshops with EMS CCC colleagues.

IAED: 'ACE in Good Standing'

60. The international Academies of Emergency Dispatch (IAED) is the standard-setting organisation for emergency dispatch and response services worldwide and is the leading body of emergency dispatch experts. The IAED's various board and councils work on behalf of its members and in co-ordination with other influential public safety organisations, to ensure that the comprehensive system of emergency dispatching is as safe, effective and up-to-date as possible. IAED is the only standard setting organisation to identify, research, maintain, produce and maintain standards of practice for emergency dispatch worldwide.

61. In October 2020, the Trust submitted our ACE reports. Following review of these ACE reports, the IAED determined that the Trust had met all requirements and achieved 'ACE in Good Standing' accreditation for Quarter 3 2020. The Trust was congratulated on its commitment to excellence and thanked for its dedication to maintaining the high standards of accreditation. Additionally, recognition was also awarded for maintaining best practice during this especially challenging time of the pandemic. The Trust has submitted our application for re-accreditation as a Centre of Excellence and we await the outcome from the IAED.

Radiation Protection Training

62. The Trust's National Inter-Agency Liaison Officers (NILOs) and Hazardous Area Response Team (HART) Team Leaders have undertaken training as Radiation Protection Supervisors. This means that we are have the capability provide support to operational crews and commanders on any incidents involving radiation. Under Health and Safety legislation the Trust is required to be able to provide this type of support and be able to liaise with Radiation Protection Advisors in Public Health, if necessary. Thankfully such incidents are very rare but the Trust is now able to evidence that it is prepared and compliant with this aspect of the legislation.

Seasonal Planning & REAP

63. As part of the Trust's approach to seasonal planning the Resilience Team led a cross-directorate exercise via Teams to test plans ahead of the winter period. This session included the first familiarisation with the new Resourcing Escalation Action Plan (REAP plan) and allowed staff to consider their approach to various scenarios including business continuity impacts.

BREXIT

64. Increased activity is occurring in relation to the end of the EU Transition period on 31st December 2020. The Resilience Team is working closely with Health and Welsh Government colleagues to ensure the Trust's planning process and risk assessments are up-to-date, including evaluating ourselves against the latest Reasonable Worst Case Scenario (RWCS) produced by the UK Government Cabinet Office. The updated BREXIT risk assessment is contained on today's agenda for your endorsement.

NEPTS Performance

65. During August, September and October 2020 NEPTS performance increased in relation to Discharge and Transfer requests across Wales. Over this period 86.9% journeys were conveyed

within 60 mins of being booked ready. Whilst remaining below pre-COVID19 levels, NEPTS activity has increased since the first lockdown. The service has seen not only an increase in activity for transfers and discharges but also additional activity at the hospital surge sites. The inability to convey as many patients per vehicle as was the case means we have reduced capacity. To mitigate this as winter approaches, the service is working with health boards and the Commissioner's office to agree an increase in capacity.

Renal Transport

66. Renal performance over the last three months has seen significant improvements and is a reflection of the hard work, dedication and commitment of NEPTS staff. Areas for service improvements and efficiencies were identified via review of data along with operational feedback on issues. There has also been a dramatic reduction in the number of late arrivals and long delays experienced by renal patients.

67. In October 2020 out of 6,361 inward journeys with drop off times recorded; 67 patients recorded an arrival of more than 30 minutes beyond the appointment time. This is a reduction on the 2019 figure of 156. Of the 5,982 outward journeys with times recorded, 115 patients recorded a delayed pickup of more than an hour, this has reduced from the October 2019 figure of 455.

NEPTS Transfer of Work

68. Pre-COVID19 NEPTS had completed the transfer of work for the following health boards:

- Cardiff & Vale
- Velindre
- Hywel Dda
- Swansea Bay

69. Whilst recognising the complexity of the systems and the work involved, these transfers were effected largely seamlessly and since novation, good progress has been made with several pieces of work aligned with quality and improvement having been completed. The relationships built during this process have also enabled effective conversations and actions during the pandemic.

70. Due to COVID19 and the Head of Transformation role remaining vacant for some months, the transfer was unavoidably delayed for the remaining health boards. These remaining transfers of work are progressing and are all currently on trajectory to be completed by 1 April 2021.

NEPTS Resource Management

71. To support increased demand NEPTS has planned recruitment running from November 2020 through to February 2021 and have been utilising external resources through the NEPTS Commissioning Framework in the meantime.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE

Human Resources

72. The Trust is starting to report a gradual increase in absences related to COVID19. The last 2 months has seen levels rise to just below 1%. Clear guidance has been issued to support colleagues and managers with the Track, Trace and Protect programme and ensure that

staff self-isolate when required to reduce the risk of transmission. Regional HR teams continue to monitor COVID19 absence levels with an aim to quickly identify hot-spot areas.

73. Confirmation is awaited that the Trust will be required to take on an additional 15 Mobile Testing Units across Wales. Therefore, planning is currently underway to ensure the smooth transition and recruitment, on-boarding and training of up to an additional 330 temporary staff. As part of this planning, the team is working closely with recruitment and payroll colleagues from NWSSP to ensure a robust plan is in place.

Occupational Health and Wellbeing Services

74. The Occupational Health and Wellbeing Service continues to be strengthened to deliver the full Occupational Health remit with the recruitment of a Band 7 OH Clinical Lead who will start on the 13 December 2020 and the advertisement of 2 Band 6 nurse posts which it is hoped will be able to be recruited from Mid and West Wales to further expand an all Wales provision.

75. The Occupational Health Team has increased face to face clinic availability and continues to focus attention on ensuring all staff and volunteers within WAST are offered access to appropriate role specific vaccinations, supporting the flu vaccination programme and speedy turnaround of clearances for an increased recruitment programme.

76. The Wellbeing Team continue to offer drop in sessions and support to all staff and have noted an increase in their workload from staff concerned regarding impacts of the pandemic upon themselves and their families. The Wellbeing Team is increasing its proactive support to the CCCs by providing psychoeducational groups, and the TRiM lead is continuing to work with all staff to encourage automatic referrals to TRiM practitioners following difficult events and calls so that colleagues do not have to request a referral.

77. In response to specific concerns raised recently regarding a number of challenging calls wellbeing within our 111 services, Dr Catherine Goodwin has met with the Trade Union partners and the heads of service. The TRiM Lead is carrying out a workshop to discuss the impact of chronic exposure to distressing information and moral injury as soon as possible. Further input including additional group/workshop programmes and drop in sessions is being considered and colleagues are also encouraged to access the existing virtual wellbeing drop in sessions.

Equality, Diversity and Inclusion

78. The Team is delighted to have appointed a new OD manager with the lead for Equality, Diversity and Inclusion on a 6 month secondment in the first instance, which will increase the capacity to deliver this important agenda. The reverse mentoring scheme has now launched with seven mentor mentee pairs, with the Executive Team very keen to participate in the next round following this six month pilot. Black History Month was celebrated throughout the Trust culminating in a workshop on the 30 October 2020, facilitated by the PEI team. The Diversity and Inclusion Steering Group continues to meet and has agreed to develop our internal networks in a more virtual way, ensuring a more fluid membership and to acknowledge the importance of strength as a joined up voice as well as the importance of intersectionality across groups, whilst also increasing awareness and allyship.

Leadership and Organisation Development

79. The NHS Wales Staff Survey has been launched providing colleagues with the opportunity to share their reflections and ideas and subsequently to be involved in the decisions about what happens next. There is a short 3 week window for colleagues to get involved and complete the short

survey and early indications show a good initial uptake. Results will be available to the Trust in December 2020.

80. The first workshop of the approved Board Development Programme has taken place and was well received by members of the Board. Plans are now underway to develop the next workshop event, which will focus on what it means to be a strategically ambitious Board, particularly in terms of focus, behaviours and the mind-set required for strategic success.

81. A number of Senior Leaders from across the Trust joined colleagues from NHS Wales at the recent #Talentbury event, a four day Leadership Learning Experience hosted by Health Education and Improvement Wales. Initial feedback received has been very positive. The workshops and material from the sessions are available on the HEIW Gwella Leadership Portal.

Education and Training

82. Training for the Grange University Hospital workforce has commenced and is progressing as planned.

83. The Trust has been approached by Bangor University regarding possible provision of Paramedic education in North Wales to complement the South Wales provision at Swansea University and some exploratory discussions have taken place.

84. The work to develop the virtual EMT training programme has been nominated for a number of external awards and the team continue to explore ways to further develop and improve the learning experience, utilising valuable feedback from learners and delivery staff alike. A number of improvement ideas are currently being developed and will be shared further at the next Trust's Strategic Education Steering Group meeting.

CORPORATE GOVERNANCE

85. Following a successful Board Development Session with Ashridge Business School, some quick win actions are being followed up immediately whilst a further development session is being planned with Ashridge Business School.

86. Committees have continued to meet in a very much 'business as usual' format, being serviced by members of the Governance Team. Quest, Audit and Remuneration Committee will all meet again during December and there is another Board Development Day. Whether this will be used for the further Ashridge development session is yet to be determined.

87. The number of Freedom of Information requests are increasing steadily. However, numbers remain considerably lower at this time when compared to the same point in 2019.

88. The Audit Tracker is regularly reviewed 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 Health Inspectorate Wales review into the Clinical Contact Centre made a number of recommendations; progress against these is monitored by the Quality, Safety and Patient Experience Committee.

89. Trust Policies continue to be reviewed and updated in line with the Trust processes.

90. The Risk Management portfolio transferred to the Board Secretary on a temporary basis for six months from the 1st November 2020.

91. The Bids Panel have recently met and agreed the progression of a commemorative coin for all staff, in order to recognise their efforts during the pandemic. Design and presentation is still being considered.

92. Work in respect of introducing the Welsh Language Standards has also been progressing, particularly around the 111/NHSDW service and finalising these details with the Welsh Language Commissioner. The first Annual Report mapping the Trust's progress in implementing the standards was published on the Trust's website in October 2020

DIGITAL DIRECTORATE

93. This Trust Board sees the publication of our first Digital Strategy, 'Disruptive Excellence,' which sets the scene for our future ambitions. The strategy details how we will react to digital change successfully; how we will drive change with digital technology and the framework for how we will deliver excellence to our patients, our people and the wider health and care system. The strategy is contained in the papers, with an accompanying video and presentation and is written to enable our wider trust ambitions, so I encourage you to read it and join in the development of the delivery plan that will follow it.

94. In addition to the Digital Strategy, September to November has seen the pace of change continue with the Digital team working in seamless collaboration with the clinical and other directorates to successfully conclude the procurement of our game-changing Electronic Patient Care Record solution. Work on the procurement has included the technical specification for how it will work on our Trust iPads, as well as detailed discussions on how data will be gathered and used for maximum effect, whilst also discussing and designing national integration with NWIS to ensure it contributes to the wider system.

95. In addition to EPCR, the directorate has also been closely involved with work to deliver the beginnings of the national '111 contact / phone first solution,' to begin to allow health boards to schedule emergency department attendance. Work to date has involved significantly increasing the capacity and resilience of the 111 telephony platform, whilst also procuring new workstations for call handlers. This is in addition to the significant amount of work ongoing to deliver the new 111 Integrated Information System (IIS), which is less than a year from live service and a step-change in what our patients can expect from the service. We are also starting to recruit additional staff to boost the support offered to the service throughout the day in line with the increased level of usage.

96. The team also continues to support the expansion of remote working through provision of new laptops and services, such as Office 365 developments to our people. In time, this stream of activity will be picked up by the 'Digital Workplace,' element of our strategy delivery. Over the next few months, in addition to the huge amount of delivery ongoing to change our services, attention will turn to how the Digital Directorate needs to grow and develop in order to continue our ambitions. As part of this work to develop a 'Target Operating Model,' or 'future state' we will also look at how the wider organisation interacts with and delivers digital change in-line with the 5 Digital Principles described in the strategy

RECOMMENDATION

97. That Trust Board note the contents of this report.



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AGENDA ITEM No	2.1
OPEN or CLOSED	
No of ANNEXES ATTACHED	1

Health and Wellbeing Strategy Development

MEETING	Trust Board
DATE	26 November 2020
EXECUTIVE	Executive Director of Workforce and OD
AUTHOR	Dr Catherine Goodwin Organisational Culture and Workplace Wellbeing Lead
CONTACT DETAILS	Catherine.goodwin@wales.nhs.uk

CORPORATE OBJECTIVE	To support people to be the best that they can be
CORPORATE RISK (Ref if appropriate)	
QUALITY THEME	
HEALTH & CARE STANDARD	Our Staff and Resources

REPORT PURPOSE	Board consideration for approval.
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
WOD	26 June 2020	Feedback
EMT	8 July 2020	Feedback
PCC	July 2020/ October 2020	Feedback
EMT	30 September 2020/	Feedback
EMT	18 November 2020	Note

SITUATION

1. The development of the WAST Health and Wellbeing Strategy 2019-2023 has been high on the Trust's agenda for some time, however it was paused until the new Organisational Culture and Workplace Wellbeing lead was in post in March 2020 and was then further delayed due to the COVID19 pandemic.
2. A first draft of the strategy was presented at the Executive Management Team and People and Culture Committee in June and July 2020 respectively.
3. This final draft was presented to EMT for approval on the 18 November 2020 and the EMT is pleased to recommend the strategy to the Board for approval. Following Board approval, an implementation plan will then be developed and delivery will be monitored through the EMT and People and Culture Committee on an ongoing basis.
4. The final draft strategy can be found at Appendix 1.

BACKGROUND

5. The Health and Wellbeing Strategy has a broad remit to promote physical health, emotional wellbeing and mental health, as well as financial and social wellbeing and consideration for our working environment.
6. The strategy considers these components across the timeline of a career within WAST, recognising different supports at different stages.
7. There should be a clear link between our behaviours and the strategy and a model adapted from the *Good Practice Framework for Mental Health and Wellbeing in First Responder Organisations* is proposed as it links these aspects together.
8. The strategy has now been discussed in multiple forums to ensure as wide a consultation as possible including, TU partners, Operational Team meetings, crews on shift, Health and Safety and Welfare Cell, shielding staff, CCC managers, wellbeing survey feedback workshop.
9. The CASC has also provided consultation on the strategy and is supportive of its content and remit.
10. At their meeting on 18 November 2020, EMT were satisfied that the strategy has been engaged and consulted upon and that it supports the Trust's overall aim as stated in the Long Term Strategy to support positive health and wellbeing for all the people who work and volunteer for us.

ASSESSMENT

11. In order to meet this remit five key objectives were identified and have been positively received and remain unchanged:
 - a. Assess and understand the health and wellbeing of our people.
 - b. Proactively promote protective health and wellbeing offers at all levels within WAST for our people and their families and ensure they are available to all.
 - c. Provide comprehensive preventative and reactive health and wellbeing services and training for everyone at each stage of their WAST career path.
 - d. Succeed in achieving high level Health and Wellbeing standards that are robust and recognised for excellence by external organisations.
 - e. Strengthen our health and wellbeing partnerships within WAST and the communities we serve.
12. The strategy outlines how these will be implemented and reviewed and feedback has been particularly supportive of the overarching reach of the strategy throughout our organisation service from recruitment to retirement and beyond.
13. Areas of the strategy that have been highlighted and welcomed have been attention to the working environment, shift structure and welfare support; increasing access to fitness solutions and maintaining links with colleagues.
14. Areas that have received increased attention is linking staff wellbeing to our ultimate aim of provided a first class service to our service users, our patients and being clear about the goals of the strategy and how we will know it has been successful in achieving its aims.
15. Once approved a costed implementation plan will be developed for consideration as part of the annual budget setting process. The scale and pace of delivery will be influenced by both the available funding and resource.
16. A communications plan will also be developed to share the new Strategy across the wider organisation.

RECOMMENDATIONS

17. Board is invited to REVIEW this final draft and APPROVE its publication.

REPORT CHECKLIST

Issues to be covered	Paragraph Number (s) or “Not Applicable”
Equality Impact Assessment	N/A
Environmental/Sustainability	N/A
Estate	N/A
Health Improvement	Whole paper
Health and Safety	Whole paper
Financial Implications	
Legal Implications	Whole paper
Patient Safety/Safeguarding	Whole paper
Risks	Whole paper
Reputational	Whole paper
Staff Side Consultation	8

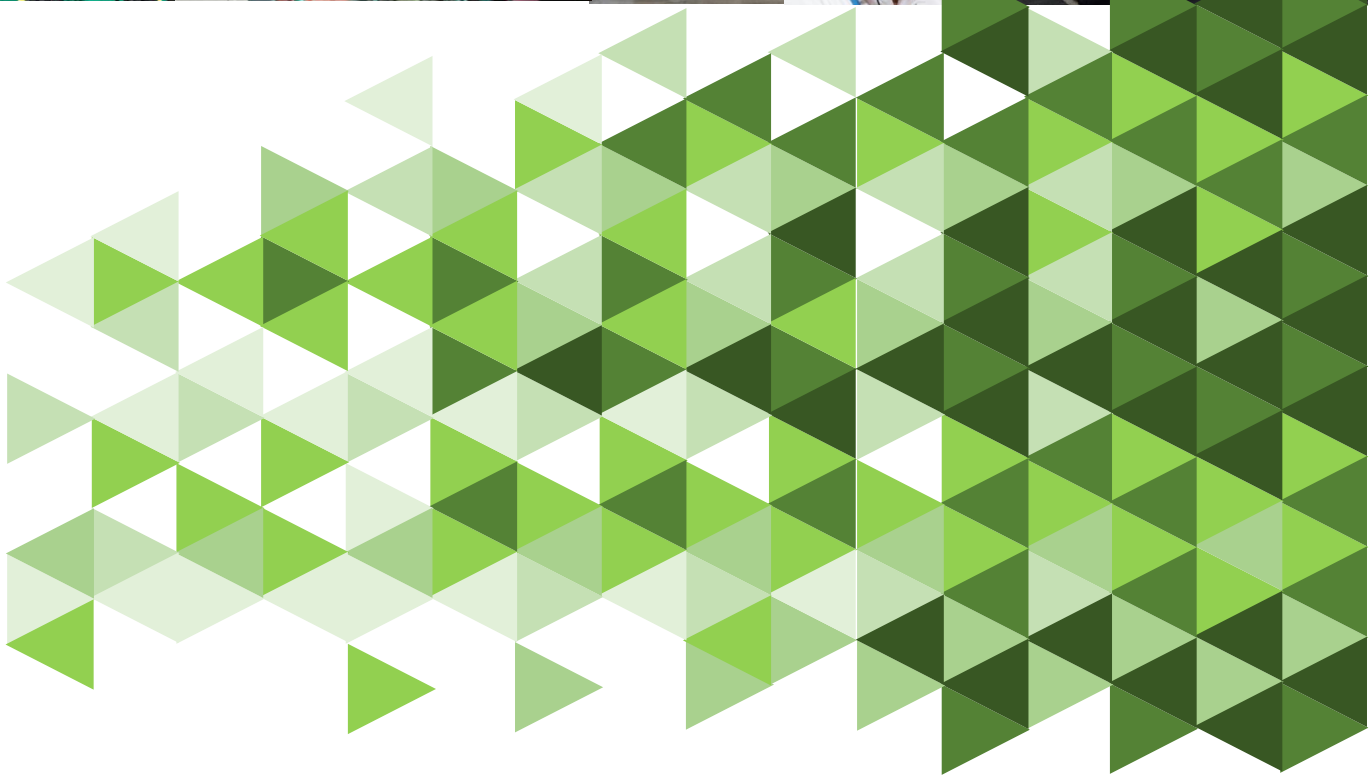


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Health and Wellbeing Strategy 2020-2024



Version Control

Version	Date	Editor	Comments
1.0	26 June 2020	CG	Draft
1.1	6 July 2020	CG	Draft following comments from WOD Business
2.0	8 July 2020	CG	Draft following comments from EMT
3.0	18 September 2020	CG	Draft following TU Cell, People and Culture Committee, West Daily Ops Meeting, Royal Gwent Crew visits, Have your say wellbeing workshop, Health and Safety and Wellbeing Cell, Shielding Group (North), CCC Managers.
3.1	24 September 2020	CG	Draft for WOD Business Meeting
3.2	29 September 2020	CG	Draft for Commissioner
3.3	13 October 2020	CG	Draft for PCC
4.0	9 November 2020	CG	Draft for Board Approval (to be formatted)
5.0	11 November 2020	CG	Draft Formatting
6.0	16 November 2020	CG	Final Word version
7.0	17 November 2020	SD	PDF



Introduction

The events of 2020 have catapulted the health and wellbeing of our people into the spotlight. Without a healthy workforce we would be unable to provide the vital services that we deliver. This strategy provides a vision that includes and goes beyond health to underpin an organisation that values all its people, their wellbeing and recognises the value of the support of the networks of friends and family that are integral to our lives.

It goes without saying that this document is the result of collaboration and consultation and it is important to thank all those who have contributed, bravely shared their experiences and those who are ready to put our strategy into practice.

*'If you want to go **fast**, go **alone**
If you want to go **far**, go **together**'*
African proverb



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1.0 Foreword

This document draws on and links with other WAST publications including Treating People Fairly, People and Culture Strategy, Leadership Management Strategy, Clinical Strategy and our Long Term Strategy, Delivering Excellence – Our Vision for 2030.

The **Health and Wellbeing Steering Group** currently provides the conduit to monitor and guide the implementation of the strategy and consists of representatives from throughout the organisation including our vital trade union partners, paramedics, managers, corporate and executive colleagues in addition to health professionals.

We know that as an organisation that we have to take action to address our current level of absence due to **mental health** and **muscular skeletal** reasons and this will be a key measure of the success of this strategy.

The **commitment** from all areas of the organisation at this time to promote health and wellbeing is impressive and we endeavour to provide a clear framework with space to review and revise in true collaboration as we move forward together with our health and wellbeing at the heart of all that we do. Ultimately health and wellbeing is **everyone's responsibility** and we hope that as you read through this strategy you reflect on what your role will be helping to deliver it.



2.0 Message from our Chief Executive

The health and wellbeing of our people is critical, and we are committed to the strategies outlined in this document. We want to ensure a healthy workplace that includes support for healthy lifestyles, physical and mental and financial wellbeing and to keep our people well and at work and providing an outstanding service for those that we serve.

Working within an ambulance service presents specific challenges and we know that mental health and wellbeing is often under recognised within our population, coupled with a higher risk of developing trauma based difficulties. This strategy seeks to understand the health of our workforce, work together to ensure a fit for purpose range of interventions and promote proactive innovations to increase resilience right from first application to retirement and beyond for our people and their families and support networks. Our vision is to work together in partnership to promote belonging and psychological safety throughout the workforce at every stage of employment.

Gratitude and kindness are simple but powerful concepts and when we adopt them intentionally into our lives it not only improves our relationships it improves our own wellbeing. At this moment in time it is perhaps easier to find gratitude, and to recognise the value of kindness, and we want to take this moment to say thank you again to every single one of our people for what they do every day.



Jason Killens

Chief Executive



3.0 Message from our Director of Workforce and Organisational Development

This is the first Health and Wellbeing Strategy for WAST and I believe it sets a clear course into an uncertain future that places the wellbeing of our people at its heart. Its aim is to ensure a strong and resilient organisation with all our people feeling connected and included so that we can work together to provide a service to our patients.

The breadth and scope of this strategy allows for all the key areas of health and wellbeing to be considered with enough flexibility to adjust as we respond as a workforce to the changing landscape of the NHS, ambulance service and the changing needs of the population of Wales. The last eight months, since COVID-19 arrived in Wales, have demonstrated the importance of balancing responsiveness with flexibility and what we can achieve when we take care of each other. It has also highlighted the diversity of roles within WAST and the importance of acknowledging that different colleagues require different types and ways of accessing support.

Listening to one another, having the courage to ask difficult questions and to reach out for help are all essential and this strategy ensures that these pathways to help and support are open to each and every colleague throughout their time as part of #TeamWAST.

Claire Vaughan

*Executive Director of
Workforce and OD*



4.0 Our vision for Health and Wellbeing

We wanted to develop a strategy that both provided WAST colleagues with support that was right for now and that had enough scope to adapt as the service develops over the coming years. Since social support and our sense of belonging are vital to resilience we wanted to ensure we adopted a model for health and wellbeing that not only covered the key areas of wellbeing – mental and emotional, physical, social, financial and environment – but also considered our colleagues and their own support networks throughout their career in WAST.

Alongside this we wanted to incorporate our behaviours, which will be refreshed in 2021 and cultivate and sustain a whole organisation approach resulting in a happy, healthy workforce and striving to ensure we are an employer of choice providing an outstanding service to those we serve.



We felt that the following model, adapted from the *Good Practice framework for mental health and wellbeing in first responder organisations* to include all aspects of health and wellbeing, illustrated our vision:



Figure 1: Our Vision for Health and Wellbeing



It reflects an integrated approach to taking action on health and wellbeing across our careers and combines the underpinning ethos of protection, promotion and intervention. The four key principles can be linked to our behaviours – shared responsibility reflects ownership and caring for each other, an integrated, holistic approach encourages asking questions and listening to each other, modifying risk and protective factors includes being open and honest, and a strengths-based culture thrives through kindness and compassion.

These principles and behaviours are at the heart of the implementation of this strategy.



Shared responsibility

A strong organisation has a shared responsibility

A shared, collaborative approach to health and wellbeing is fundamental to the health of any organisation. Promoting good wellbeing is everyone's business – from senior leaders, managers, line supervisors, unions, colleagues, and workers themselves, through to the occupational health and wellbeing team working directly with those in need of additional support and signposting.

Considering health and wellbeing should be as natural for everyone in WAST as thinking about any other aspect of the organisation. We aim to achieve and maintain a healthy, resilient environment, where each person can own their role and make a positive contribution so collectively we can be better and provide a better service.



Modifying risk and protective factors

Take action at the organisational, team and worker level, own our decisions.

This is particularly important given our knowledge about the higher risk of developing mental health difficulties related to trauma and the difficulty that shift work presents in maintaining a healthy lifestyle with a good sleep pattern. Providing support and compassionate understanding as close to our colleague's workplace as possible, ideally psychologically aware managers and colleagues, can be incredibly protective and promote resilience.

Providing opportunities in the WAST workplace to make healthy choices or find support to access health behaviour change courses can also increase wellbeing. Consideration given to the environment can also be protective and promote shared responsibility.



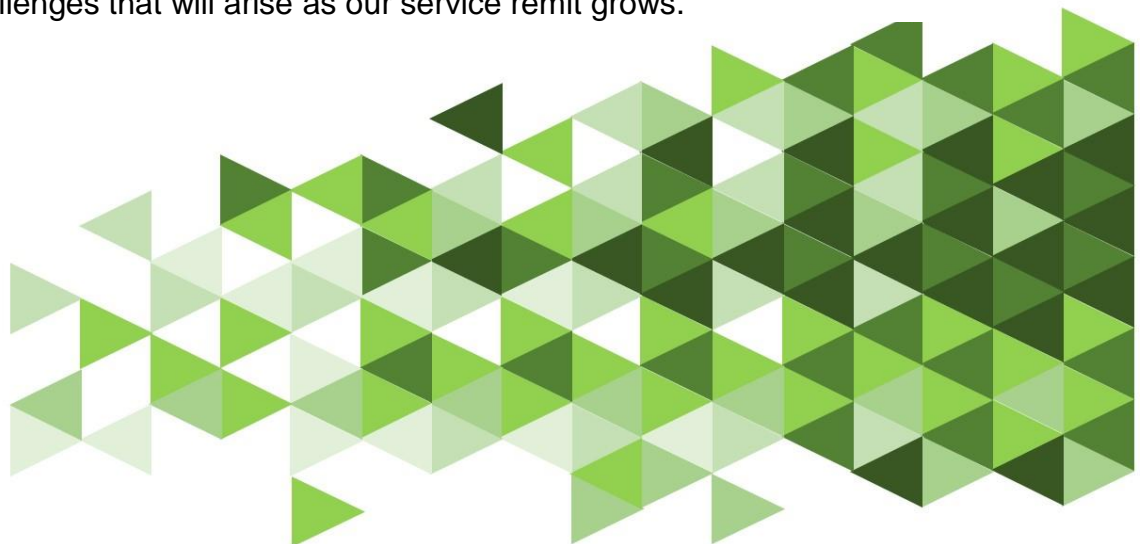
Strengths-based cultures build organisational resilience

WAST intends to create and maintain a healthy organisation, focusing on working strengths.

The WAST senior leadership team are passionate about health and wellbeing and fully support the steps outlined in this strategy to foster a culture that focusses on the strengths of our WAST people. Many of the senior leadership have been open about their own actions to maintain good physical and mental health and recognise the importance of leading by example.

It takes courage to raise our hand and say we are struggling and WAST aims to be an organisation where everyone can trust they will be listened to when they do and know that their manager and colleagues will act with compassion.

This results in strong working relationships based on trust and integrity and this focus on strengths and positive relationships helps to build organisational resilience and overcome the challenges that will arise as our service remit grows.

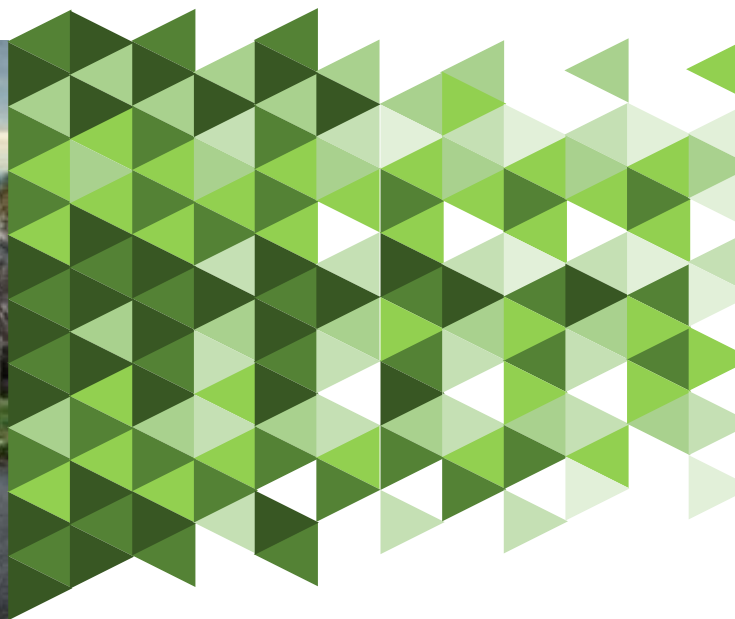


Integrated, holistic approach

A broad focus to promote health and wellbeing

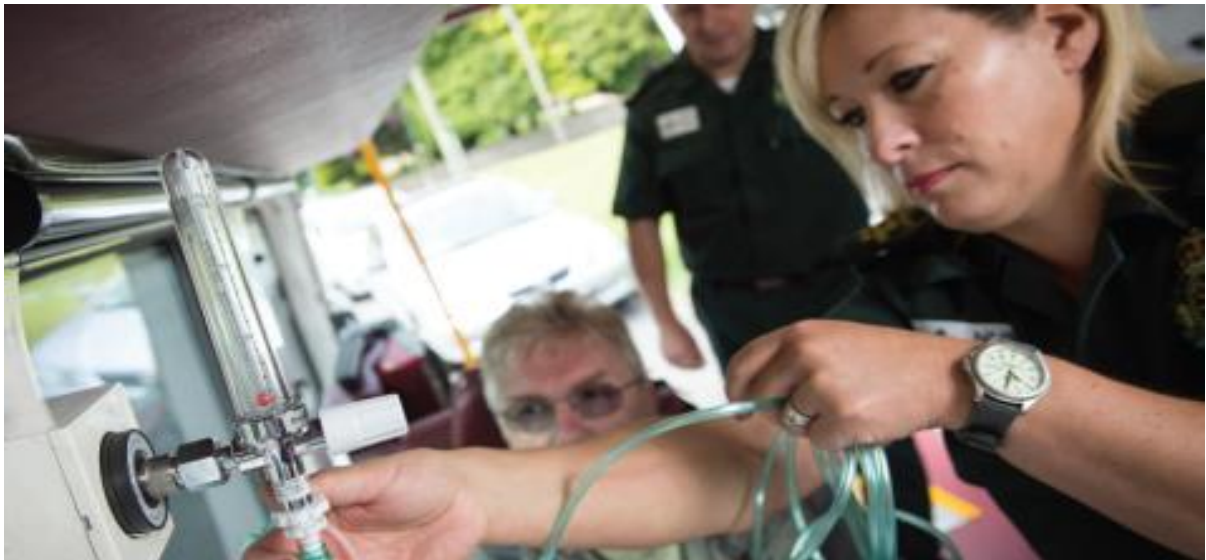
An integrated approach will ensure the health and wellbeing of WAST. We really want to be working from a proactive, preventative stance which can prevent the development of mental and physical ill health. Early intervention for mental or physical ill health includes early referral to occupational health and wellbeing for advice for the colleague and the manager. We are privileged at WAST to have access to an Occupational Health service in house.

We already know as an organisation that we can be better and by working together to improve our sickness absence by providing access to rapid support and compassionate understanding will ensure this and increase our compassion to our service users.



Support throughout the career pathway at WAST

This strategy is devised to consider health and wellbeing at each stage of a WAST colleague's career, from recruitment to retirement and beyond. At different points in our lives we require different types of support and our strategy reflects the changing phases. This means considering the financial changes that are impacted by alterations in our lifestyle or family situation, the changes in health needs at different points for example menopause, smoking cessation or weight management. We want to support staff who are experiencing emotional challenges, the loss of a loved one or becoming a parent as well as stress or trauma at work. And we want to support staff in the transition to retirement and ensure that once no longer working for WAST they are kept informed of events and opportunities to touch base or contribute to #TeamWAST in a different way.



5.0 Context for this strategy

5.1. *Boorman Recommendations*

Although published over 10 years ago, the Boorman Review (2009) describes the importance of prioritising staff health and wellbeing within the NHS and remains relevant today. A healthier workforce means fewer avoidable days off sick, reduced levels of presenteeism and a more efficient workforce. Healthier, happier staff means better patient care, which should always be the main priority of the NHS. The Boorman Review outlines how to achieve a healthier workforce by key recommendations summarised below:



We recommend that all NHS organisations provide staff health and well-being services that are centred on prevention, of both work-related and lifestyle-influenced ill-health, are fully aligned with wider public health policies and initiatives, and are seen as a real and tangible benefit of working in the NHS.

We recommend that all NHS leaders and managers are developed and equipped to recognise the link between staff health and well-being and organisational performance and that their actions are judged in terms of whether they contribute to or undermine staff health and well-being.



We recommend that all NHS Trusts develop and implement strategies for actively improving the health and well-being of their workforce, and particularly for tackling the major health and lifestyle issues that affect their staff and the wider population.

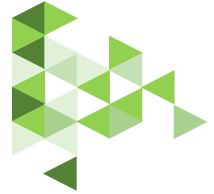
All NHS Trusts should implement the guidance both from the National Institute for Health and Clinical Excellence (NICE) on promoting mental health and well-being at work and from the National Mental Health and Employment Strategy.





It is essential that all NHS Trusts put staff health and well-being at the heart of their work, with a clearly identified board-level champion and senior managerial support.

Training in health and well-being should be an integral part of management training and leadership development at local, regional and national levels and should be built into annual performance assessment and personal development planning processes.



We believe that high priority should be given to ensuring that managers have the skills and tools to support staff with mental health problems.



5.2 A Healthier Wales and Our People and Culture Strategy 2019-2022



Our People and Culture Strategy sets the context for this vision of a healthy workforce and underpins the values outlined here; a clear aim to ensure the Trust's ambition to be the leading ambulance service with a happy, healthy workforce providing safe, effective and high quality care to the population of Wales.

The certainty that our workforce, our people, are at the heart of everything we do is emphasised and ensuring a focus on health and wellbeing, including flexibility of working conditions, considering the context of wider commitments and caring responsibilities and supporting everyone throughout their career with WAST.



One of the strategic goals of Our People and Culture Strategy is the aim for everyone to enjoy a long, healthy, happy and productive (working) life.

Both these strategies reflect the core ethos of A Healthier Wales – with the emphasis on preventing illness and supporting people to manage their own health and wellbeing. We are part of the system that will be fit for the future.



A Healthier Wales outlines core values that are echoed in this strategy including the importance of prevention, working in partnership and investing in our staff.

We want to deliver our service with pride and for all our people to feel a true sense of belonging to the leading ambulance service, to TeamWAST.



6.0 Strategic objectives

6.1. **Objective One:** *Assess and understand the health and wellbeing of our workforce.*

It is important that we assess and understand the health and wellbeing of our whole workforce. We know that people working in emergency service roles experience higher levels of emotional distress and trauma resulting in an increase in ill health often with trauma related symptoms including PTSD, depression and anxiety. And we know that throughout WAST we have a high a rate of sickness so it is important we not look at the entire workforce across all roles.

People who work in emergency service systems appear less likely to access help at an early stage, often minimising symptoms, withdrawing from support networks or not recognising early signs in themselves and each other. Historically there was a culture of not discussing emotional difficulties and there may be a legacy of this and possible stigma attached to voicing concerns about wellbeing. We are concerned that this culture may be prevalent throughout the whole workforce.

People who work in emergency service systems are often exposed to repeated distress and ill health and may make judgements about their own difficulties based on this and decide that their difficulties are not so challenging, and they should be able to resolve issues themselves, both emotional and physical.

As stated WAST has a high rate of sickness absence and a low uptake of support services including management referrals to Occupational Health and wellbeing provision. We first need to understand what the health and wellbeing needs are of our people to ensure we are providing the right type of support in the right places and ensuring it is accessible to all.

Physical health surveillance is also important and over the next four years the Occupational Health team will introduce surveillance in several key areas including skin, hearing, lung function and hand arm vibration, all of which are legal requirements for certain WAST roles.



6.2. **Objective Two: Proactively promote protective health and wellbeing offers at all levels within WAST for our people and their families and ensure they are available to all.**

WAST wellbeing services provide a range of support services for both physical wellbeing and mental health. This includes all the recommended steps of care from initial signposting to self-help materials, online support, workshops, drop in listening sessions, rapid access to CBT online and access to face to face counselling. Despite having a well-rounded offer, the take up of wellbeing services is low and disproportionate to the level of mental health and MSK sickness rates, which remain fairly steady in WAST.

We want to engender an open workplace culture where conversations about health are encouraged and as part of this we intend to include a wellness action plan in every PADR so that health and wellbeing is on everyone's agenda and facilitate open conversations that will reduce stigma and provide the health and wellbeing services to provide interventions in a timely, preventative way.

Providing a robust offer of workshops, roadshows, activities and links with partner organisations using our wellbeing champions effectively; using principles of coproduction with rapid roll out of pilot offers.

A whole organisation approach is vital and we know that engaging with families so they, too, know how and where to access support further increases the resilience of our workforce. Revisiting and refreshing our behaviours will further consolidate shared responsibilities for health and wellbeing.

Shared ownership and responsibility automatically results in more matrix, cross directorate working and working closely with both the communications teams and the quality and safety directorate will further ensure shared messages and robust delivery. The clinical team have also supported exploration of using JRCALC plus to enhance availability of health and wellbeing information on the app.

We will launch this strategy by going on the road, both virtually and actually, to promote the objectives and start the conversations that will refine and inform the continued evolution of improved health and wellbeing in WAST.



6.3. Objective Three: *Provide comprehensive preventative and reactive health and wellbeing services and training for everyone at each stage of their WAST career path.*

Consistently research studies find that where managers are trained in and confident in talking about health and wellbeing, often viewed as difficult conversations, the health and wellbeing outcomes are improved. Ensuring we train all our managers, provide support and consultation from wellbeing and Occupational Health, and keeping our wellbeing advocates and bluelight champions well informed further strengthens our preventative measures. We also want to ensure that each of our colleague's external support networks knows how to seek support for their friend or loved one and themselves.

Keeping our people fit is also important and providing information about how to keep physically fit and healthy, providing workshops on good back health, weight management, smoking cessation, stress management and alcohol awareness all contribute to a comprehensive health and wellbeing being offer.

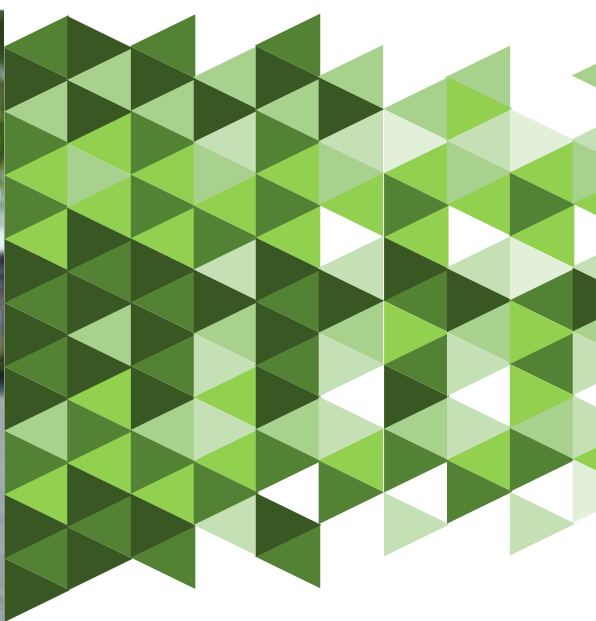
These initiatives have to reflect the stages of our WAST careers and will be implemented right from recruitment and revisited at each transition. The wellness action plan will also result in individuals taking ownership of their own wellbeing and addressing issues that they may have thought fell outside of the WAST workplace. However, we know that a healthier, happier workforce means a more cohesive and effective organisation, able to provide a first class service .



6.4. **Objective Four: Succeed in achieving high level Health and Wellbeing standards that are robust and recognised for excellence by external organisations.**

We want to ensure we can uphold and fulfil the NICE Healthy workplaces Quality Standard which includes making health and wellbeing an organisational priority, being clear about the role of line managers, identifying and managing stress and including all employees in decision making processes.

WAST already hold the Gold Corporate Health Standard and whilst maintaining that is an outstanding achievement, committing to achieving the platinum award would further emphasise the level of seriousness WAST recognises in improving the health and wellbeing of our people.



6.5. Objective Five: Strengthen our health and wellbeing partnerships within WAST and the communities we serve.

The Quality, Safety and Patient Experience directorate already have substantial links with external organisations and given the natural cross over in service provider and service user in terms of health and wellbeing it is sensible to work in partnership both within WAST and externally to foster good relationships in terms of joint hosting of events and roadshows, sharing literature about health and wellbeing and also safeguarding and links with domestic abuse support organisations.

Fostering good partnerships will also ensure we can maximise resources available to implement this strategy. We can also reach out to share learning and education with other emergency services, whom we already work closely with, which will also strengthen relationships and positively impact on patient experience.

We already work across ambulance and NHS services throughout Wales and the UK and are forging academic links across the world. We will endeavour to look further into other sectors and organisations to connect and understand how they are innovatively supporting the health and wellbeing of their staff and seek more opportunities to work collaboratively.



7.0 Framework to deliver and measure

Communication and promotion of all areas of wellbeing are essential and roadshows, campaigns in line with national initiatives will ensure a high profile for health and wellbeing throughout the organisation.

7.1. Mental health and emotional wellbeing

The Wellbeing Team have already started providing more proactive strategies to promote their services and are regularly delivering workshops on subjects such as anxiety, exercise and mental health, TRiM and drop in signposting sessions each week for all staff. In addition, peer support discussion groups have been provided during awareness weeks and developed into regular events. Inclusion and Diversity also fall within this arena and there will be overlap with the Strategic Equality Objectives published earlier in 2020.

Objectives, Implementation and Measurement

- Regular review and training for our wellbeing advocates and blue light champions.
- Increased education opportunities for all staff, both using existing online training and developing training based on assessment and understanding of need.
- Health and wellbeing, including mental health awareness and stress management, woven into the induction and training and reviewed within the first year of employment. This will facilitate a reduction in stigma and foster a positive attitude to mental health at work.
- Incorporate risk assessments into disciplinary and capability processes to ensure staff are supported appropriately.
- Promote and refine adequate systems to ensure staff are supported and protected from inappropriate behaviours.
- Health and wellbeing knowledge included as part of promotion criteria.
- Include regular discussions about what each individual's role may entail, including exposure to traumatic events and the impact that may have. Preparation and discussion facilitates healthy processing, as reflected in the TRiM model.
- Provide staff with appropriate training or forums at different stages of their career, for example promotion or retirement, and different life stages, for example the emotional impact of menopause.
- Encourage retired members of staff to volunteer as mentors or speakers to discuss how they took care of their mental health and what they wish they had known when they started.
- Provide staff retiring from the service with ongoing access to wellbeing services for signposting.



- Ensure the equality and inclusion objectives are woven throughout the mental health wellbeing provision.
- Review counselling provision and increase the use of trauma trained therapists.
- Signpost spiritual support for colleagues and grow spiritual support networks and resources within WAST.
- Profile and review the situations that are most common or relevant to the organisation that are potentially traumatic and target interventions to promote understanding and awareness in these areas.
- Promote understanding and regular review of the Major Incident Policy.
- Ensure all staff have an understanding of suicide awareness and know how to seek help for themselves and their colleagues.
- Continue to encourage staff with personal stories of recovery to share their experiences.
- Robust return to work support and understanding of the Disability Act.
- Promote a culture of recovery where improvement is considered likely in most cases.
- Evidence suggests that cumulative experiences of trauma can contribute to the development of mental health conditions, so it is important to assess how people are over time. Some people also develop problems after exposure to one single traumatic incident.
- Surveillance and screening can help to proactively detect mental health risks. By identifying risk, organisations can implement targeted intervention strategies.
- Regular listening events in areas of increased stress such Clinical Control Centres and Hospital Accident and Emergency Departments.
- Work with families and loved ones to ensure they are aware of support available for them and their loved ones and how to access that support.

How will we know these are working?

Measurement will include uptake of services, use of the portal, usage of apps that will be developed and, of course, mental health sickness absence rates and staff survey results.



7.2. Physical Health

Health surveillance and addressing the high sickness absence with MSK difficulties are both key elements for promoting good physical health and wellbeing.

Objectives, Implementation and Measurement

- Discussions about the physical impacts of the role will be included in the induction and training process.
- Explore the benefits of fitness testing.
- The importance of taking care of physical wellbeing as part of overall health and wellbeing will be promoted alongside emotional wellbeing initiatives.
- Promotion of weight management, cycle to work schemes, exercise offers.
- Exploration of gym access.
- Nutrition and health information.
- The Occupational Health Department will deliver regular information sessions about their role and how to access support and advice proactively as well as how to make a management referral.
- Health Surveillance will begin with skin surveillance and continue with hearing, lung function and hand arm vibration in addition to role specific medical.
- Promotion of Occupational Health physiotherapy partners and their education provision.
- Understand the impact of fatigue and provide support with management.
- Ensure good uptake of vaccination programmes including seasonal flu.

How will we know these are working?

Measurement will be through feedback surveys, uptake of services and sickness levels.



7.3. Financial Wellbeing

This is a hugely important area and there is a wealth of free information and workshops and links that WAST will use to facilitate workshops for all staff.

Objectives, Implementation and Measurement

- Financial workshops provided by MaPs, the Money Advice and Pensions Service will be available to all staff.
- Support from subject matter experts within HR or direct to union representatives or guidance to complete complex forms for example, in relation to pensions or change in circumstances.
- Open discussion about how to seek help regarding financial issues, recognition that everyone values support with finance.
- Acknowledgement of the impact of difficult financial situations on mental health.
- Awareness of issues that can adversely impact finance such as long term ill health, drug and alcohol issues and gambling.

How will we know these are working?

Measurement will be through numbers of those who access services and survey results.



7.4. Social Wellbeing

We know that our social connections are vitally important to our wellbeing and that conflict and difficult relationships both within and outside the workplace can increase our risk of developing both emotional and physical difficulties. Bullying, abuse, including domestic abuse, discrimination and loneliness all impact on our wellbeing. We want to foster a healthy, psychologically safe working environment for our staff to ensure people feel they can speak up in any setting, contributions to all discussions and ideas are welcomed and where we recognise the importance of considering and respecting multiple perspectives.



Objectives, Implementation and Measurement

- The Leadership and Management Development Strategy 2019-2022 is clear in its goal for a compassionate and vibrant leadership where people are valued and respected.
- We want to ensure that everyone has the freedom to speak up and know concerns will be responded to in a safe way.
- We want all our staff to be able to label and call out and harassment, racism and discrimination and to ensure open discussions about banter and comradery.
- A more inclusive and diverse workforce will ensure we can implement our equality objectives.
- There will be an Alumni newsletter and group for service leavers and Alumni will be included in events and inductions for new employees.
- Promote a work-life balance wherever possible and encourage workers to take annual leave or holidays when they are due.
- We will look within our workforce for experts in areas such as health, fitness, craft and wellbeing to celebrate our hidden strengths.

How will we know these are working?

Measurement will be through feedback, successfully achieving our equality, diversity and inclusion objectives, reduction in leave being carried over or lost and uptake of services.



7.5. Environment and Working Arrangements

Our work environment is important and we need to consider how we demonstrate care for our people by providing them with the environment to both care for themselves and fulfil their roles. The events of 2020 have changed many people's working role whether it be having to wear PPE for long periods or working in a different environment through redeployment or enforced home working and we need to consider the impact on health and wellbeing.

We need to consider our estate, our working environment whether that be at home or at a workplace or mobile. We know that being outside and green spaces are good for our wellbeing. The design of vehicles, buildings, our desk area and the use of natural light can all impact on physical and mental health. We know that having a calm, relaxing space to rest during worktime is also beneficial to our functioning.

Transitioning back into a working environment from a prolonged period of leave is also an opportunity for WAST to value and support our most important resource, our people. Working hours and patterns are shown to have significant impact on our wellbeing and we need to consider how to balance this with the needs of the service and to meet the growing evidence and guidelines that shifts should be less than 12 hours in length.

Objectives, Implementation and Measurement

- When people are returning to work following a medium to long term absence, we will continue to provide flexibility regarding working hours.
- A graduated return to work approach allows a person to transition carefully, while they prepare for the role, or move to the next phase of their working life.
- Explore how to provide all colleagues with space where they can take time out during their working hours, for example using the haven model which provides some food, a hot drink and a quiet space.
- Introduce pilot schemes to look at different ways of working and measure outcomes in terms of sickness absence, other quantitative measures alongside qualitative discussion groups.
- Ensure that all our green spaces are nurtured and used and promote the use walk and talk sessions to maximise outdoor space.
- Working with our estates team, ensure that wellbeing is considered when designing or reconfiguring new spaces.

How will we know these are working?

Measurement will include numbers of colleagues taking up flexible work options, monitoring the availability and use of green space and wellbeing space.



Strategic Objective	Outcome	How we will achieve this outcome?	Will become part of practice in Year			
			1	2	3	4
Enabling Actions for the delivery of all the Strategic Objectives	A culture of compassion, proactive care and increased resilience.	Shared responsibility throughout WAST.	*	*	*	*
		Provide support and compassionate leadership.	*	*	*	*
		Focus on strengths.	*	*	*	*
		Broad approach to health and wellbeing.	*	*	*	*
		Support throughout our organisational service.	*	*	*	*
Assess and understand the health and wellbeing of our people.	A regular picture of the current status of the health and wellbeing of our staff based on geographical and work areas.	Regular listening exercises throughout the trust.	*			
		Health Surveillance	*	*		
		Undertake stress risk assessments		*		
		Analyse the data to gain a picture of health and wellbeing across the trust.		*		
Proactively promote protective health and wellbeing offers at all levels within WAST for our people and their families and ensure they are available to all.	All colleagues and their families to be fully aware of our full range of health and wellbeing offers and how to access them for themselves and for their families.	Mobilise and skill up our peer support network.		*		
		Structured approach to marketing wellbeing offer throughout the trust and to families and friends.	*			
		Encourage colleagues with expertise to participate in health awareness days.		*		
		Health and wellbeing team to develop links across the trust.	*			



Provide comprehensive preventative and reactive health and wellbeing services and training for everyone at each stage of their WAST career path	For all colleagues in any role in WAST to be aware of, and incorporate into their wellness action plan, clear ideas of how to maintain their wellbeing across the five areas at each stage of their WAST career.	Wellness Action Plan in every PADR.	*			
		Health lifestyle courses available to all staff.		*		
		Suite of workshops to support different stages of service.		*		
		Robust therapeutic offer for psychological support.	*			
		Regular training for peer support network and managers.		*		
Succeed in achieving high level Health and Wellbeing standards that are robust and recognised for excellence by external organisations.	Achieve Platinum Corporate Health Standard and meet the NICE Healthy Workplaces Quality Standard.	Maintain Gold Corporate Health Standard	*	*	*	
		Achieve Platinum Corporate Health Standard				*
Strengthen our health and wellbeing partnerships within WAST and the communities we serve.	Strong and collaborative links with our local communities and other emergency services.	Enhance community connections throughout Wales.	*			
		Connect with other emergency services.	*			



8.0 Responsibilities

The responsibility for achieving these objectives is shared and collaborative with the organisation, the board, the wellbeing team, line managers and all colleagues taking their part and committing to a healthy and thriving workplace.

8.1. Organisation

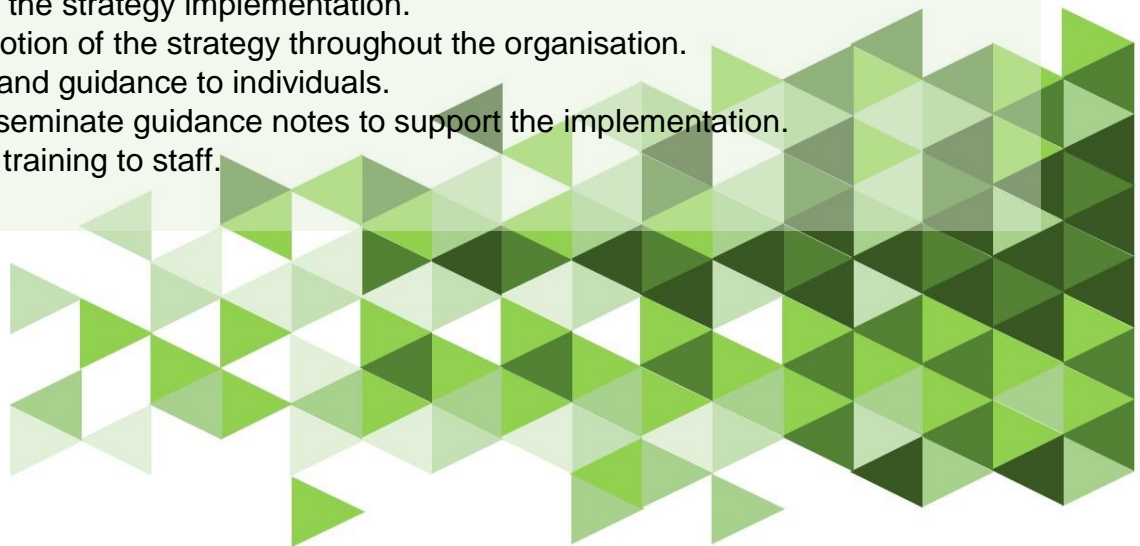
- The NHS Constitution (2013) commits all NHS organisations to 'providing support and opportunities to enable staff to maintain their health, wellbeing and safety'.
- The Health & Safety at Work Act (1974) states that, 'it shall be the general duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees.'
- Ensuring staff are fully trained to fulfil their role.
- Ensuring staff are provided with meaningful developmental opportunities.
- Monitor workloads to ensure staff are not overloaded.
- Monitoring working hours to ensure staff are not over working and monitor holidays to ensure staff are taking their full entitlement.
- Trade Union Partners will represent and act in the best interests of their members.

8.2. Board

- Consistently promote a positive culture and compassionate leadership to support a healthy and well workforce.
- To recognise the risk to staff and patient safety and outcomes from a poor culture and unhealthy workplace, and ensure appropriate action.
- Provide central support, resources and guidance.
- Monitor the effectiveness of this strategy through annual reporting.
- Allocate resources necessary to allow delivery of the agreed strategy.

8.3. Workplace Wellbeing Team

- Establish effective monitoring processes to be able to evaluate the impact of strategy implementation.
- Make recommendations following consultation with staff on developments and improvements to the strategy implementation.
- Ensure the promotion of the strategy throughout the organisation.
- Provide support and guidance to individuals.
- Produce and disseminate guidance notes to support the implementation.
- Provide relevant training to staff.

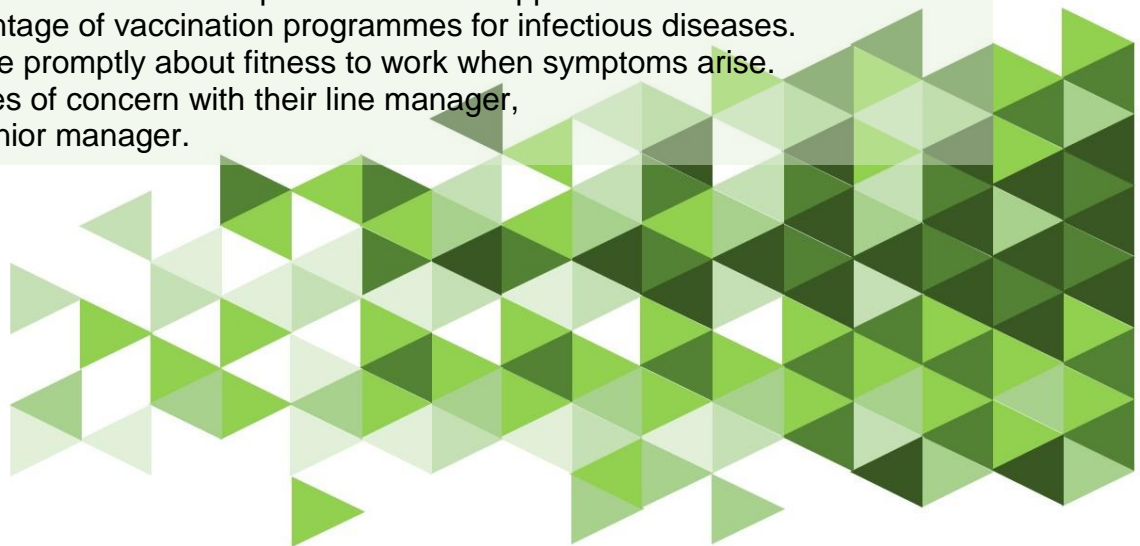


8.4. Managers

- Setting an example by being a compassionate role model by adopting and adhering to the agreed strategy principles.
- Actively promoting the principles and behaviours contributing to positive employee wellbeing.
- Attending to employees' personal circumstances and offering additional support where appropriate to members of staff experiencing risks to their wellbeing derived from outside work e.g. bereavement or separation.
- Ensuring effective communication between management and staff particularly where there are organisational and procedural changes.
- Ensuring that bullying and harassment and discrimination are not tolerated.
- Referring employees, with their consent, to Occupational Health where appropriate.
- Facilitating risk assessments relating to employee wellbeing and implement agreed findings.
- Attending relevant training as required, including management, mandatory training and health and wellbeing training.
- Seeking appropriate advice and support around the implementation of relevant policies and when dealing with complex staff health problems.
- Ensuring effective measures are in place for monitoring all sickness absences including reasons for absence.
- Taking the health and wellbeing of their team seriously, listening and responding to their needs and helping them alleviate, as far as reasonably practicable, workplace stressors.

8.5. Colleague

- Register with a GP
- Take responsibility for managing their own health, safety and wellbeing.
- Taking responsibility for the energy and attitude they bring to work.
- Recognise the limits to what they can do.
- Treat each member of staff with dignity and respect as an individual.
- Uphold confidentiality (wherever safety is not at risk).
- Share ideas for promoting wellbeing in the workplace.
- Take advantage of health promotion advice, guidance and information provided by WAST.
- Accept opportunities for Occupational Health support when recommended.
- Take advantage of vaccination programmes for infectious diseases.
- Seek advice promptly about fitness to work when symptoms arise.
- Raise issues of concern with their line manager, HR or a senior manager.

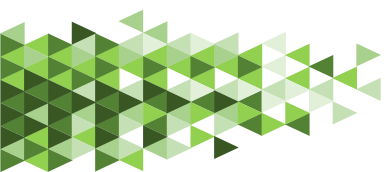


9.0 Current Provision

We motivate and develop our colleagues and enhance their careers through...	We recognise and celebrate colleagues' contributions and success through...	We offer enhanced terms and conditions that support work-life balance through...	We provide access to beneficial schemes which support health and wellbeing through...	We offer key benefits to our colleagues through...
An annual development review (performance development system)	Nominations for the Queens Ambulance Medal	Annual leave entitlement, starting at 23 days plus 8 bank holidays, increasing to 33 days after 10 years	Cycle to Work (salary sacrifice)	Occupational Health
Study Leave	Long Service and Good Conduct Medals for all colleagues who have completed 20, 30, 40 and 50 years of service and good conduct within the NHS	Family friendly policies that include maternity, adoption, shared parental leave and paternity leave	Cycle Solutions Wales (salary sacrifice)	Counselling – Care First (24/7 support)
Management and Leadership Learning			Blue Light Scheme offering hundreds of high street and online discounts	TRiM support
Annual CPD programmes			Health Shield offering Health Cash Plan	StRaW – CCC Colleagues
Bursary Scheme		Special Leave – up to 5 days paid special leave	Home Electronics (salary sacrifice)	Mental Health portal
eLearning	Staff Awards Ceremony	Flexible Working policy	Childcare vouchers (salary sacrifice)	Wellbeing Team
CPD	Being Our Best Days	Selling annual leave	Fleet Solutions (salary sacrifice)	TASC services
				Physiotherapy service
				Woody's Lodge
				Eye tests

10.0 COVID 19 Legacy

It would be difficult to publish a strategy in 2020 without mentioning the world changing events of this year and the impact that has had and will have on our ways of working. It is hoped that the scope of this strategy is sufficient to respond to needs that may arise of which we are not yet aware. However there are several key areas that have already arisen and they are briefly touched on here.



Working From Home

For many office based staff, working from home, remotely, has become the normal routine and with that comes a variety of challenges. For some, it has been a boost to their wellbeing, more time with family, less time on the commute, more flexibility, being more productive and saving money on travel costs and lunchtime treats. For others it has been a challenge, the reality of trying to work, parent, teach all at a kitchen table or the opposite – trying to tolerate intense isolation where the only contact you have is with people via a screen. And everything in between. The screening and surveillance initiatives will help us identify areas with higher levels of distress and discussions have already started about having a lead for remote working so that there is a single point of contact for staff to address remote working issues, both so we start to understand the main issues and can address these across the organisation, reducing repetition within directorates. This is likely to include signposting to health and wellbeing, physiotherapy and equipment and IT issues.



Personal Protective Equipment

Prolonged PPE use is now common practice throughout WAST and can be extremely uncomfortable and makes it harder to communicate with each other and with patients. Both these impact on our wellbeing and we have to continue working together to find the most effective solutions whilst keeping our people and those that we serve safe.

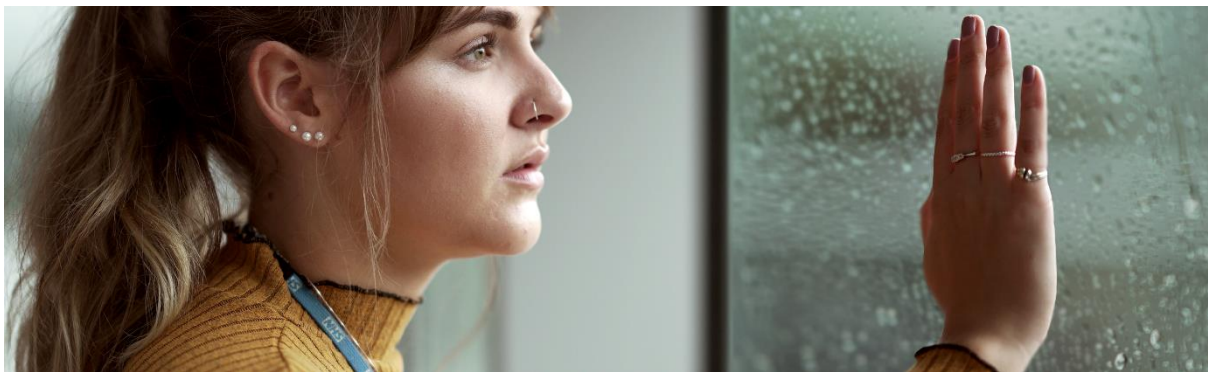


Loss and Moral Injury

The extent of the pandemic has made loss and grief a reality for the service and we must be mindful of the reality of working within this context. Moral injury, the psychological impact of having to make choices that do not fit with your moral outlook, for example not being able to take a relative to the hospital with their loved one, is something that our people may experience and we have ensured that our TRiM practitioners are trained and ready to address this.

Long Covid

There is growing evidence that some people recovering from Covid are experiencing long term effects including fatigue which could seriously impact our colleagues and we must ensure we have support in place.



11.0 Constant change and Monitoring and review

Although this strategy sets out the vision for the next four years, the recent pandemic has shown how important it is to be able to, and how well we can make changes when we work together. The following routes enable everyone within TeamWast to contribute to the continuous improvement of our colleague health and wellbeing.

- Health and Safety and Wellbeing Forum
- Equality and Inclusion Steering Group
- Consultation
- Regularly listening events
- Staff survey and Staff Wellbeing survey
- New developments are discussed in consultation with key stake holders.
- Links with Swansea University and Australia Universities and Services
- Open and accessible feedback loops
- Wellbeing team available for consultation as well as signposting
- Trial of new ideas supported in small areas – co production

This strategy will be reviewed and benchmarked in May 2021.



*‘It is **health** that is real wealth
and not pieces of **gold and
silver.**’*

Mahatma Gandhi





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

Disruptive Excellence - WAST Digital Strategy

MEETING	Trust Board
DATE	26 November 2020
EXECUTIVE	Andy Haywood (Director of Digital Services)
AUTHOR	Director of Digital Services
CONTACT DETAILS	andy.haywood@wales.nhs.uk

CORPORATE OBJECTIVE	2020/21 IMTP – Develop a Digital Strategy
CORPORATE RISK (Ref if appropriate)	N/A
QUALITY THEME	Enables all 7 Quality Themes
HEALTH & CARE STANDARD	Enabler to all Health and Care Standards

REPORT PURPOSE	For Approval
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Trust Board	26 November 2020	Corporate Digital Strategy
Finance and Performance Committee	19 November 2020	Corporate Digital Strategy

SITUATION

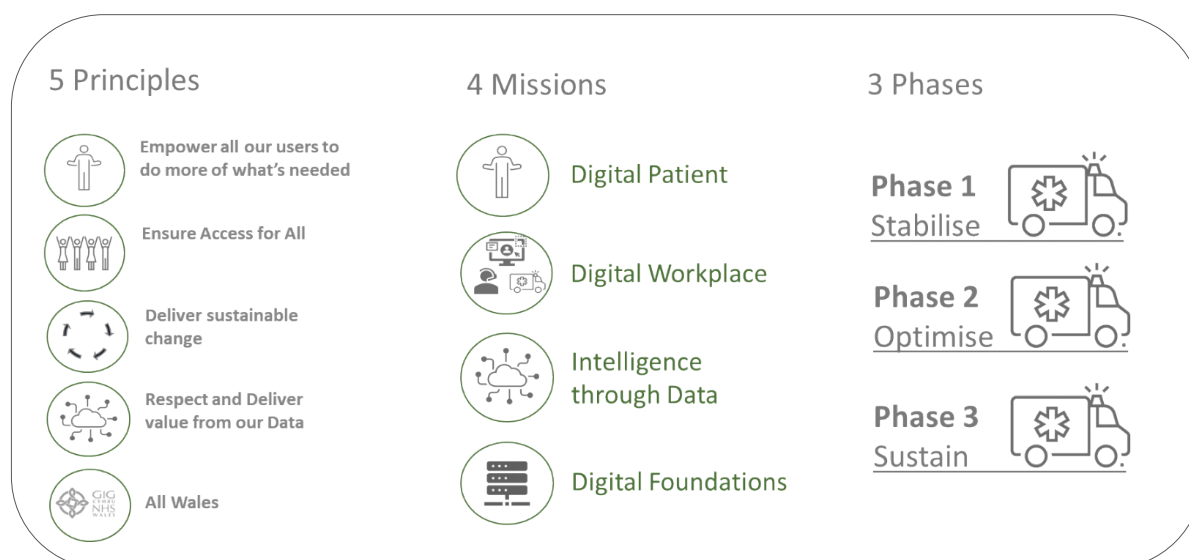
1. The Welsh Ambulance Services Trust (WAST) has an ambitious programme of Digital change set out as part of its Integrated Medium Term Plan. The WAST Digital Strategy has been developed with input from across the Trust and the wider system in order to guide that change, both reactively and proactively in line with national policy and established best practice.

BACKGROUND

2. With 3.1 million Patients, 3500 dedicated staff, spread out over 8,000 square miles, WAST has always relied on technology and data to provide first class patient care, but as stated in our long-term strategy Delivering Excellence - Our Vision for 2030, we want to do much more.
3. We interact with every other health and care provider in Wales and we will interact with every Welsh citizen at some point in their lifetime. We also partner beyond health with other emergency services, such as the Police and Fire Service, through the All-Wales Joint Emergency Services Group (JESG). That puts WAST in a unique position as a national provider of Unscheduled Care and we want to use that position in partnership with the wider health and care system to transform the way that care is delivered to:
 - Provide the right care in the right place, wherever & whenever it is needed;
 - Help patients more easily access our services at the right time, and;
 - Help patients & staff to stay healthy.
4. Digital Technology and Data already runs through much of our operations, but we want to harness it to disrupt the status quo and truly transform care delivery in Wales. Disruption has been traditionally seen as a negative term, but more recently it has been adopted by successful technology providers to describe the act of disrupting the established 'norm' to do something better in a different way

ASSESSMENT

5. This strategy sets out 5 principles to guide how to deal with digital changes that happen to us; 4 missions to shape how we drive the digital change we want; and 3 phases of development to ensure we deliver sustainable change. These are shown in the diagram below;



6. Together, these Principles, Missions and Phases give us the framework to deliver digital service transformation with the patient, our people and the Welsh health and care system at its heart.

RECOMMENDATION

7. The Board is requested to approve this strategy, with a commitment to review and refresh annually from this date forward.



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Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust



November 2020



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Foreword by the Chief Executive

Three million patients, 3,500 dedicated staff, plus hundreds of volunteers, all spread out over 8,000 square miles of varied terrain from busy cities to some of the most mountainous, remote locations in the UK. It's fair to say that the Welsh Ambulance Services NHS Trust (WAST) has always relied on technology and data to provide first class patient care, but as stated in our long-term strategy [Delivering Excellence - Our Vision for 2030](#), we want to do much more.

We interact with every other health and care provider in Wales and we will interact with every Welsh citizen at some point in their lifetime. We also partner beyond health with other emergency services, such as the police and fire service, through the All-Wales Joint Emergency Services Group (JESG). That puts WAST in a unique position as a national provider of unscheduled care and we want to use that position in partnership with the wider health and care system to transform the way that care is delivered to:

- Provide the right care in the right place, wherever and whenever it is needed; Help patients more easily access our services at the right time, and; Help patients and staff to stay healthy.

Technology and data are a game-changer with a huge amount of untapped potential which we are eager to exploit. I am delighted to introduce this, our first Digital Strategy, which outlines how we will take our digital services and data usage to the next level for our patients, people and the wider health and care system.



Jason Killens
Chief Executive
Welsh Ambulance Services NHS Trust




Foreword by the Director of Digital Services





Digital Technology and data already runs through much of our operations, but we want to harness it to disrupt the status quo and truly transform care delivery in Wales. Disruption has been traditionally seen as a negative term, but more recently it has been adopted by successful technology providers to describe the act of disrupting the established 'norm' to do something better in a different way. This willingness to focus on the outcome and do things differently is nothing new and it has been taken by key individuals throughout history from Aneurin Bevan to Florence Nightingale.

This strategy sets out five principles to guide how to deal with digital changes that happen to us; four missions to shape how we drive the digital change we want; and three phases of development to ensure we deliver sustainable change.




5 Principles

-  Empower all our users to do more of what's needed
-  Ensure Access for All
-  Deliver sustainable change
-  Respect and Deliver value from our Data
-  All Wales

4 Missions

-  Digital Patient
-  Digital Workplace
-  Intelligence through Data
-  Digital Foundations

3 Phases

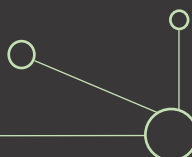
- Phase 1**
Stabilise 
- Phase 2**
Optimise 
- Phase 3**
Sustain 

Together, they will give us the framework to deliver digital service transformation with the patient, our staff and the Welsh health and care system at its heart.



Andy Haywood
Director of Digital Services
Welsh Ambulance Services NHS Trust





If digital is the answer, what is the question?

Why does the Welsh Ambulance Service need a Digital Strategy? Technology is changing the world around us whether we agree to it or not. This strategy has been developed to ensure that WAST can deliver on its existing digital ambitions, whilst also creating the environment to embrace digital change and transform our services to deliver excellent patient care.

Successful digital transformation is about much more than just technology. It is about delivery of positive change to people's lives using digital tools, but it also recognises where those tools can't help. Seven out of 10 of the world's most valuable companies in 2020 are digital service providers, with the oldest of them being founded in 1975. Their success has come from understanding that digital transformation doesn't start with tech, it starts with people.

“There is no test for progress other than its impact on the individual.”

Aneurin Bevan

Positive transformation is rooted in solving a need for **people**, even if it's one they don't yet know they have. Change has to deliver value for people or 'users' and so does the technology that enables it. That is why 'user need' and 'user experience' is at the heart of the world's most successful digital providers.

The next element of answering the need of the person is identifying the **process** to deliver it by. Process is key because it describes the journey a person goes on to get what they need and what they want. By understanding this journey, it is possible to understand what is valuable to the person or group and what is a waste of either their time or effort.

Finally, once the person's need and the process to answer it is understood, we can begin to look at where **technology** can be brought in to reduce the waste of answering that need and delivering any additional value. **Data** is critical along every part of that journey to understand the scale of the need at the outset, then to measure progress and continuously identify new areas for improvement. The relationship between **people**, **process**, **technology** and **data** is critical to successful digital change.

So why is a strategy required? The strategy looks at all the aspects of the journey, telling us where to go and keeping us on track while we get there. Next we need to understand who is embarking on the journey and why.

Who is the Digital Strategy for? – Our service users

WAST is a team of 3,500 people that deliver services to a nation of 3.1 million. That's nearly a 1,000 people each. We deliver those services on behalf of NHS Wales, and technology and data have been enabling this since we were established. Users of WAST's digital services can be broadly broken into three main groups, all of whom have different needs.

Our People – WAST has thousands of dedicated staff that work hard to ensure we deliver the best service. In turn, these staff both clinical and non-clinical need the best tools and the best data in order to do their job now and in the future.



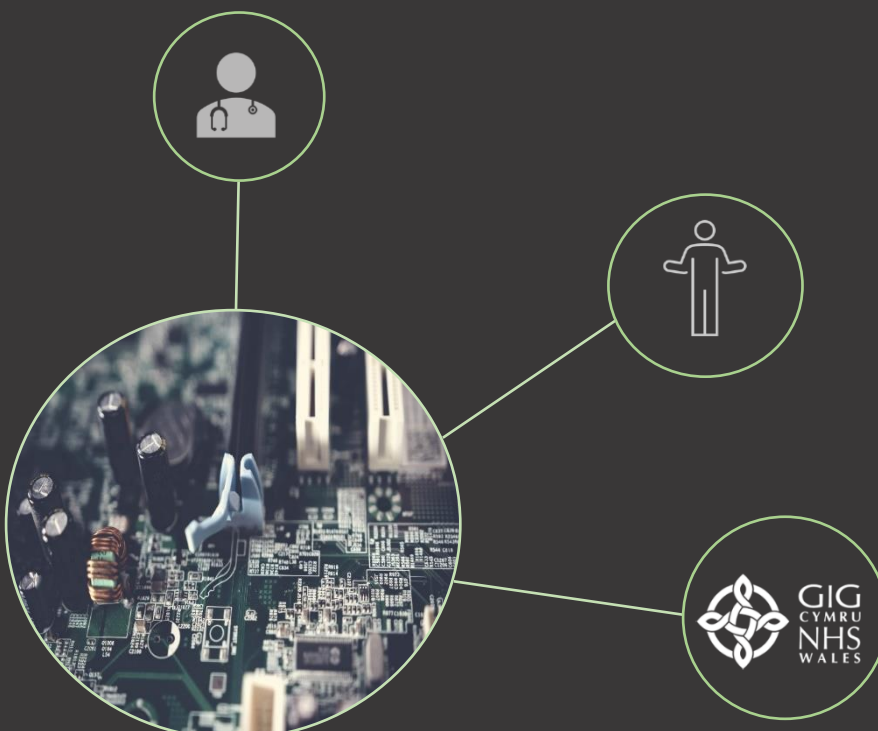
The Patient

Over 3.1 million people, over 400,000 treatment episodes, all with different and complex needs.

Welsh Health and Care – WAST is uniquely placed as a national service provider to deliver tools and services to the wider Welsh Health and Care system. We also partner with other Emergency Services through the Joint Emergency Services Group (JESG).

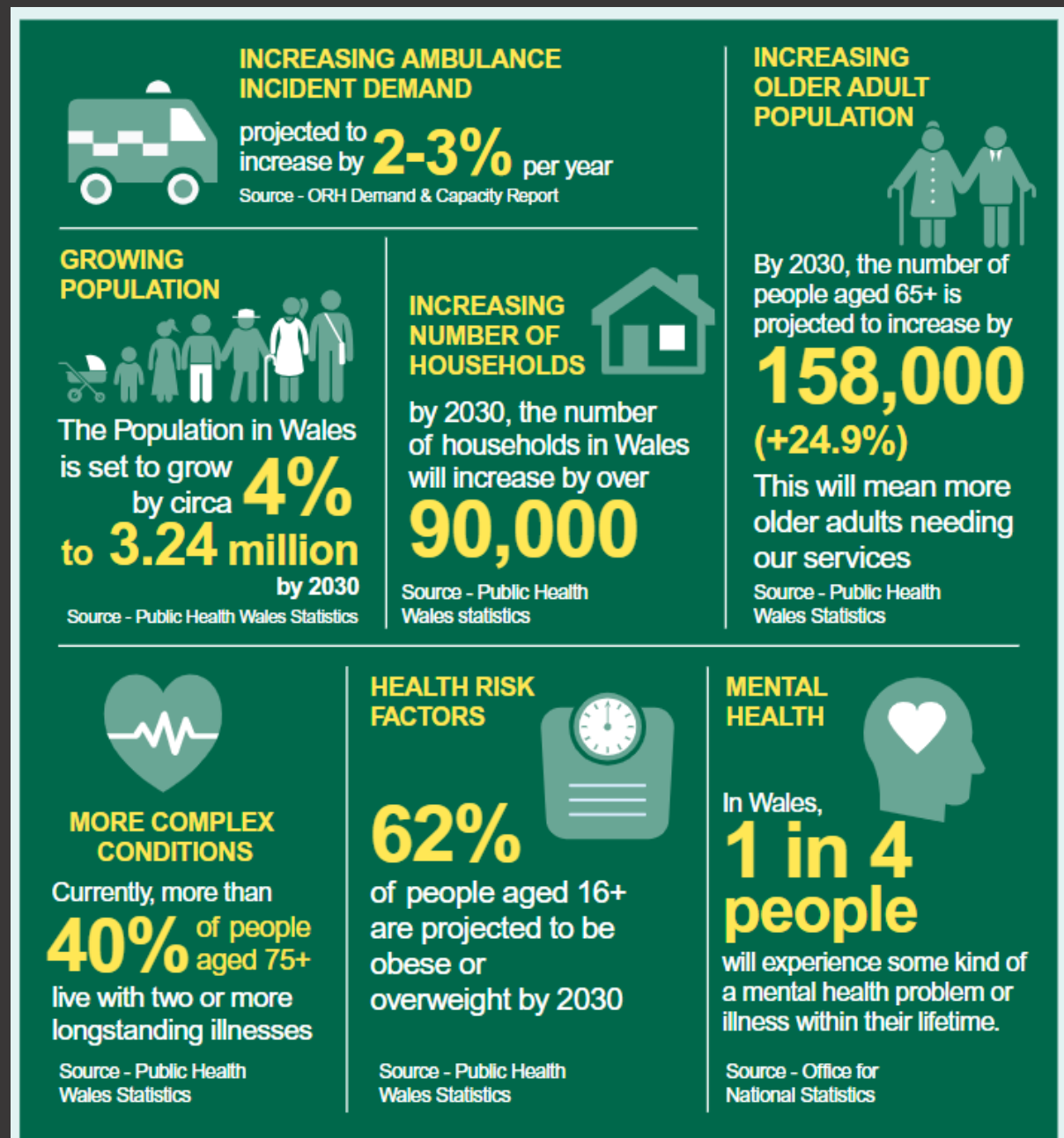
As we mature as a digital service provider, we will need to work hard to understand and service the needs of each of these groups and the individuals within them. We will also need to understand that this understanding is not a one-off process, but a continual cycle of engagement and improvement.

We also need to be clear that delivery of 'digital' change is not purely the remit of an Information and Communications Technology (ICT) or Informatics department; it is a fundamental part of WAST's journey as an organisation and the whole team is involved. As a result, our Digital Strategy should enable and empower all of our existing visions, strategies and plans, ensuring that they are successful and that where possible, we exceed them on behalf of our patients above all others.



The shifting landscape – Welsh health and care

The landscape of health and care across Wales and the wider UK is becoming increasingly complex, creating an increased demand on our existing services and a requirement for new services. In a post-COVID landscape, the long-term system impacts will only increase the challenges we face and we will need to be flexible and agile in our ability to respond. We also need to ensure that demand is directed to the most appropriate place, so that we can make best use of our resources.

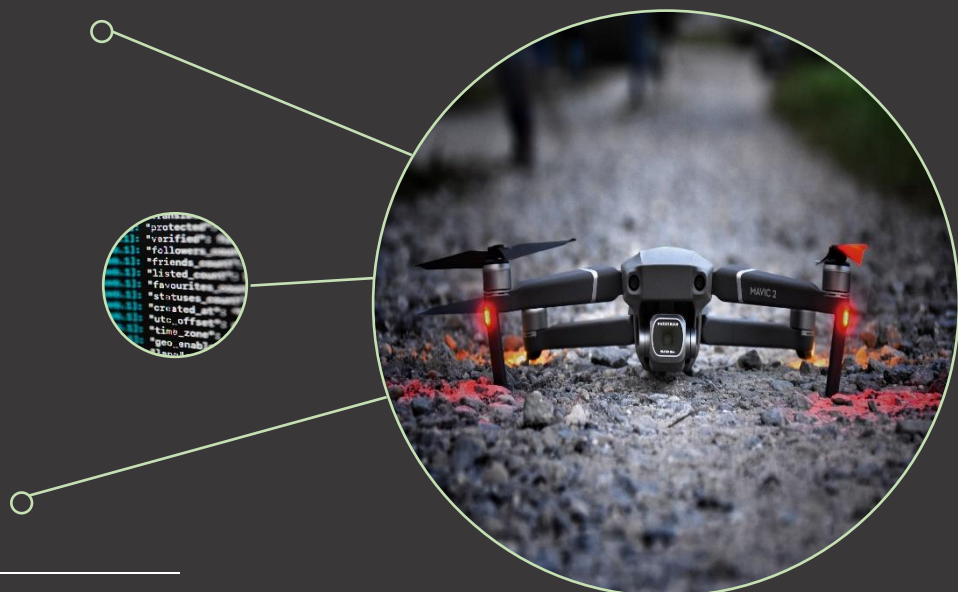
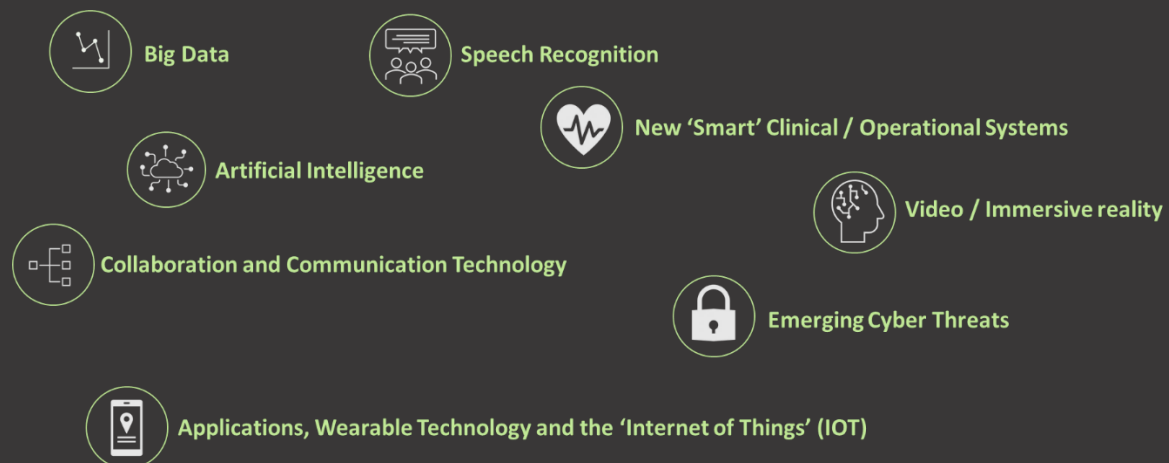


The shifting landscape – New technology

Moore's Law¹ predicted that processing power in computers would double every two years and whilst debated, it has largely rung true since first being stated in the 1970s. This means that a modern smart watch has more computing power than a CRAY-2 supercomputer from 1985, and millions of times more computing power than the guidance computer that took Apollo 11 to the Moon.

However, it is the development of software, notably applications, to support this improved hardware that has changed the way we live our lives. As with the advent of the internet, developments like Artificial Intelligence and 'smart' devices will change our lives whether we embrace them or not.

The graphic below illustrates some of the technologies that are already changing the way we live whether we know it or not. Technologies that have the potential to allow us to transform our clinical model and the way in which we deliver care. Ctrl + click the graphic for more detail at Appendix B.



¹ <http://www.moorelaw.org/>

What is the existing vision this strategy must enable?

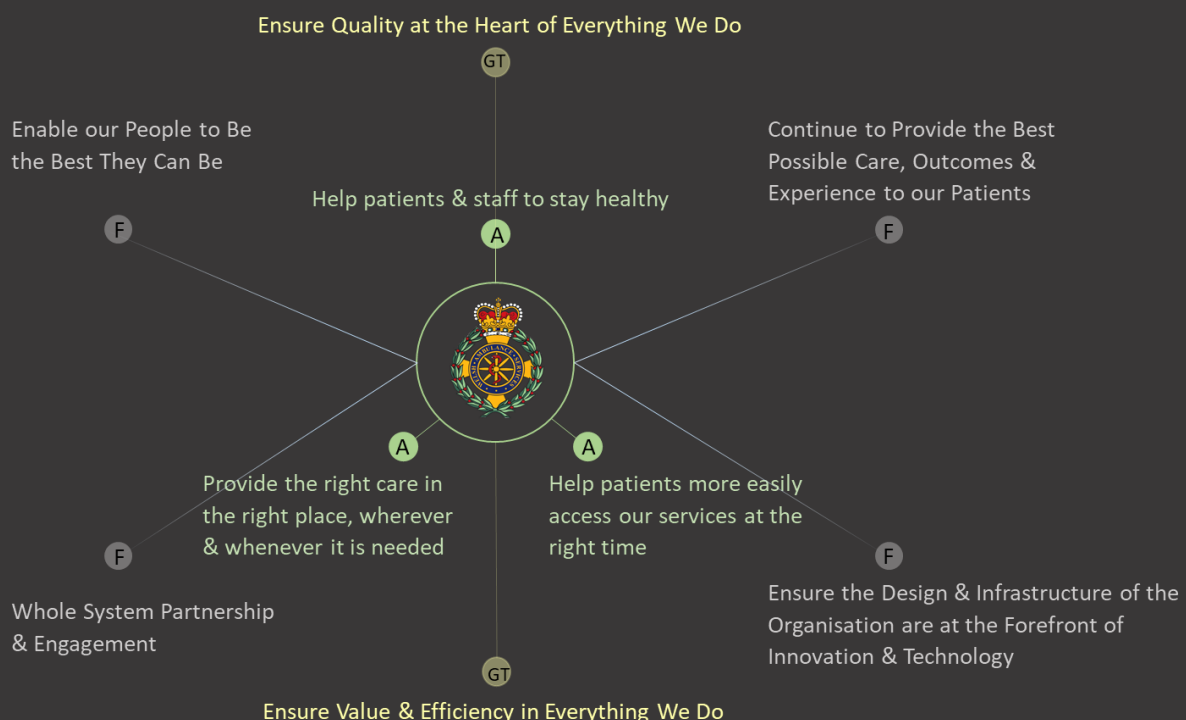
Delivering Excellence - Our Vision for 2030 sets out a bold plan for how we want to transform over the next decade. This in turn supports the wider strategy of NHS Wales 'A Healthier Wales' with a 'Quadruple Aim' to deliver

- Improved population health and wellbeing;
- Better quality and more accessible health and social care services;
- Higher value health and social care; and
- A motivated and sustainable health and social care workforce.

In turn, as part of the commitment to digital advances in healthcare, Welsh Government also committed to five strategic digital change programmes;

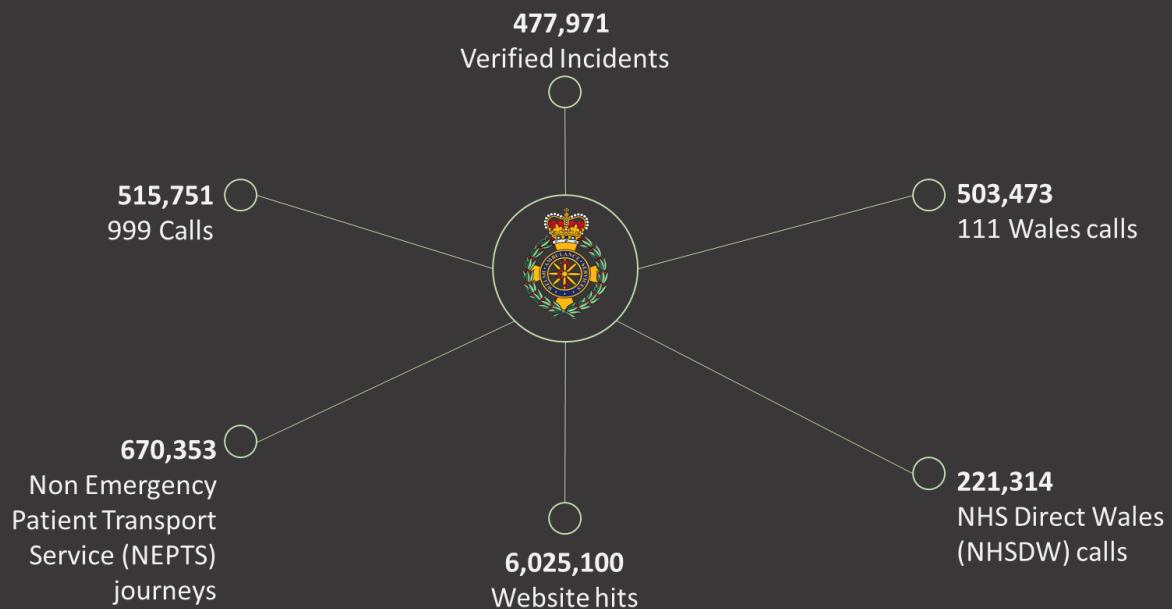
- Transforming digital services for patients and public
- Transforming digital services for professionals
- Investing in data and intelligent information
- Modernising devices and moving to cloud services
- Cyber-security and resilience

Delivering Excellence builds on this and the intentions of those who commission our services through the Emergency Ambulance Services Committee (EASC) to detail three clear aims, that are underpinned by four strong foundations, with two golden threads running through everything we do. These are shown in the graphic below:

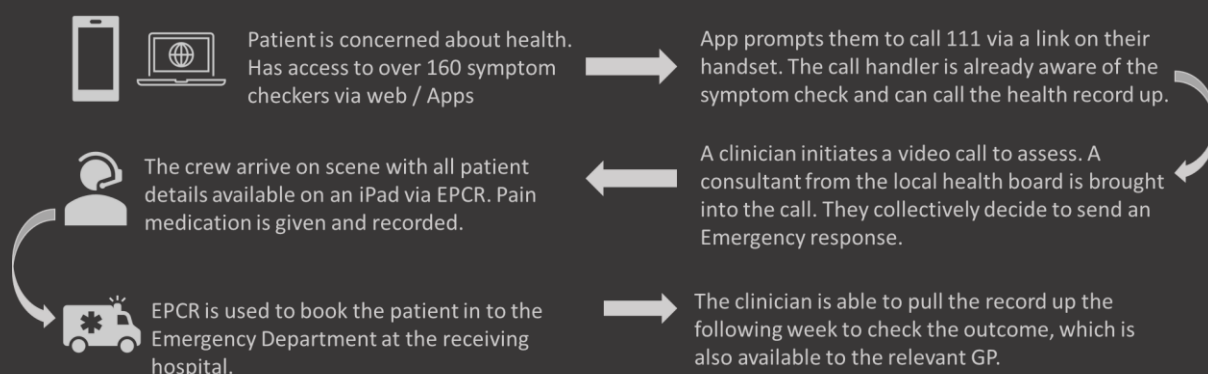


Further detail on the strategic drivers used to develop this document is included at [Appendix A](#).

WAST has already set in motion an ambitious programme of digital change, which has been further accelerated by the COVID-19 pandemic, with new and innovative initiatives like **'Contact First'** where our 111 service will begin to assist health boards in scheduling unscheduled care, and provision of **mobile COVID-19 testing units**. Our core services are all supported by data and technology and an example of the activity we see across these services in a year is highlighted below²;



A significant part of our early digital journey will be to ensure that existing digital programmes are delivered successfully, as they will dramatically change the experience for our patients within the next three years. The journey below illustrates how the delivery of our **Electronic Patient Care Record (EPCR)**, the new **111 Integrated Information Solution (IIS)** and the **Emergency Services Mobile Communications Programme (ESMCP)** will change the way in which patients and staff interact with technology and each other.



² Figures from 2019/20 Trust Annual Report



It is also important to acknowledge that any digital change will have to operate within the five-step models of both our emergency and non-emergency services, which are shown below:

Emergency / Unscheduled Care

Where is the value? What is the waste that digital can reduce?

Help me choose



Come and see me



Take me to Hospital



Answer my call

Give me treatment

Non-Emergency Patient Transport Service

Where is the value? What is the waste that digital can reduce?

Help me choose



Coordinate my journey



Take me to my Destination



Answer my request

Pick me up

Key programmes like EPCR, 111 Wales and the ESMCP are already set to transform the lives of all our service users, so how do we ensure that they and the rest of our current digital activity is delivered successfully?



Reacting to change effectively – Our digital principles

Everything we do is defined by decisions. How we make those decisions is defined by the principles we've learned and adopted throughout our lives, from 'Stop, Look and Listen' before we cross the road, to complex clinical care algorithms. Digital activity is no different and to deliver successfully, we have defined five clear principles that can be applied to any new or existing activity to ensure it aligns with our wider strategy and is capable of delivering sustainable change.

These digital principles allow us to quickly assess anything new to keep us on the road to success.



Empower people to do more of what's needed

Whilst it may sound obvious, technological change can quickly become complicated and we need to ensure it remains rooted in the reason it was required in the first place. Everything we do digitally should be to fulfil a need that our service users have, whether it be reducing waiting times, enabling the capability to book patient transport journeys more easily, or for our staff to have faster Wi-Fi. When we make a change or do something new with technology or data, we should be asking ourselves;

- Who is this for?
- What is the need that it addresses?
- How will it address that need and have I checked with the user?
- Can I empower the user to service this need themselves?



Ensure access for all

Not everyone knows how to work a smartphone. Not everyone owns one in the first place. If WAST is going to deliver successful digital change, we can't assume the same level of digital literacy amongst everyone. A critical user need is the ability to be able to understand and use the service provided. This also needs to take accessibility needs from the whole spectrum of ability into account across our patients, staff and wider Wales. When we consider access, we should ask;

- Do the people who are meant to use this know it exists?
- Have I given them the training and information required to use it properly?
- Have I considered the accessibility requirements of everyone?
- Does this work on the devices and services that my users understand?



Respect and deliver value from our data

Data is one of our most valuable assets, whether as an individual or as a group. It is critical to understanding and transforming our services. We need to ensure we respect and safeguard it as such whilst also recognising that it is worthless if it can't be used.

We should also be aware that others may want to use our data either legitimately or illegitimately, so we need to ensure we aren't unknowingly giving data away through new applications, systems or processes. The process for assessing this is already well defined ³ but we need to ensure we continually apply it properly and use it. When considering our data, we should ask ourselves;

- What is the question or need I am trying to answer and who for?
- Is the quality of the data good enough to use?
- Is the data presented in a manner that is easy to understand?
- Who owns the data and do I have consent to share it?

It is worth noting that just as we have a finance directorate for control of our fiscal assets, we have a Data Protection and Information Governance team for protection of our information assets. They are our specialists and should be the first point of contact when considering any change or new implementation involving WAST or patient data.



All Wales

As a national provider of patient care, WAST interacts with every health provider in Wales. We also work in partnership with multiple care organisations, from local government, other emergency services to charities and third-sector organisations. Collaboration is key to the transformation of our services and we need to ensure any technological change makes this easier rather than limiting or preventing it now, or in the future. In addition, we shouldn't duplicate effort and deliver systems locally that already exist elsewhere nationally. Therefore, we need to consider:

- Can any new development be shared with others?
- Will it operate with other systems we have now or may have in the future?
- Could it be more capable if it was linked to other systems?
- Does similar capability exist elsewhere in Wales or wider?



Deliver sustainable change

There are multiple reasons why technology programmes fail. Aside from not properly considering user need, the main reason tends to be a lack of planning for how things will work or be supported after the new product or service is delivered. This needs to be considered from the outset by asking the following questions:

- Who will be responsible for the product or service once it is delivered?
- Does WAST have enough people and capability to support the service once it's live?
- How will the product or service affect other technology that we have?
- Have I considered the risks of failure and planned how to mitigate them?
- Have I considered the Cyber-Security and Data Protection implications?

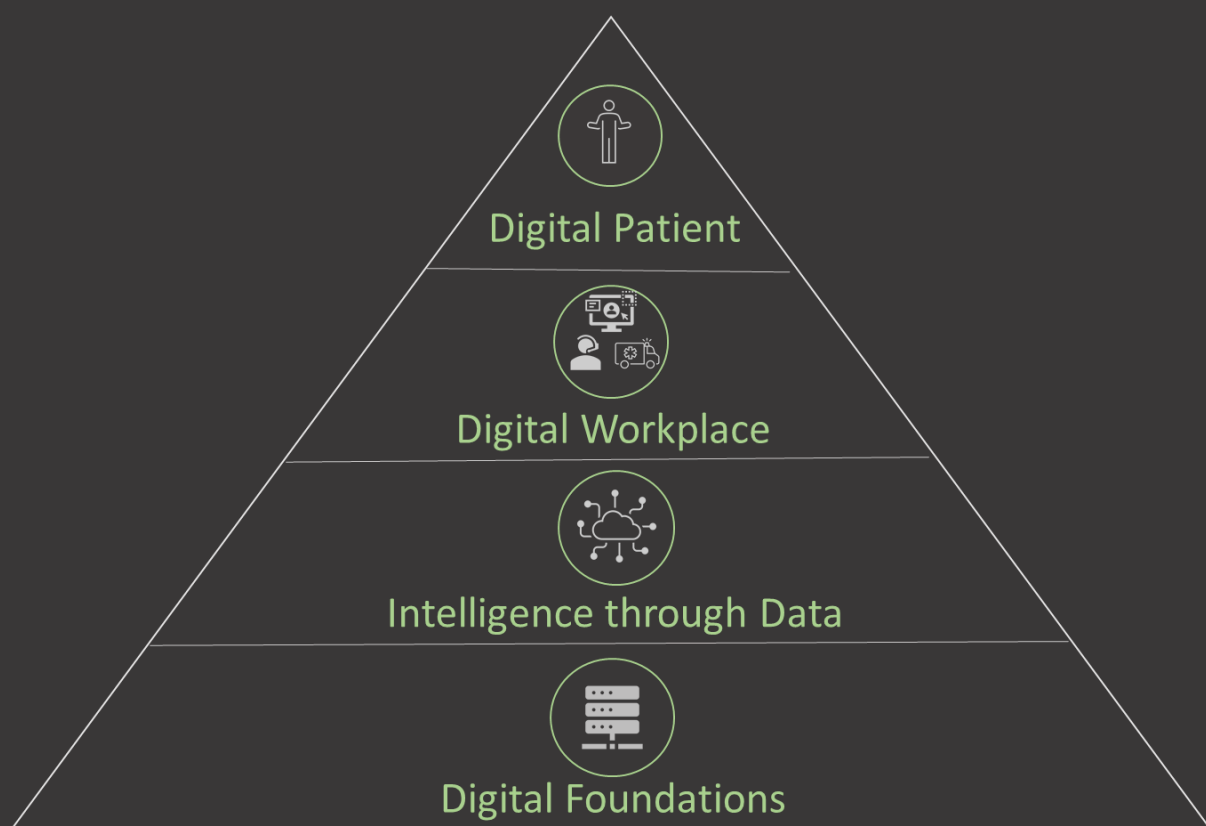
By following these five principles as an organisation, we can react effectively to existing or short-notice digital change to deliver value to our users, primarily our patients.

³ General Data Protection Regulations (GDPR), The Data Protection Act 2018 and the Caldicott Principles

Driving Change – Our digital missions

WAST has millions of patients, thousands of staff and significant number of 'digital' systems. The potential for complexity or confusion when it comes to our data and technology is huge and whilst the five principles above give us a framework to judge change at an individual level, we need to simplify the journey ahead. That starts by identifying our patients as the focal point for everything we do. Next come our people who answer that need, followed by the data and technology they require. This forms a supporting structure (below) where we understand that we can't deliver anything effectively to our patients without considering and investing in all the increased layers of support beneath them.

In order to ensure we do this, we have defined four 'digital missions,' each with a vision for what they will provide to support our wider organisational goals. These are:



The pyramid structure above highlights the reality that to make a difference at the patient or staff level requires significant investment in the supporting levels below. Where this isn't the case, the load at the top becomes imbalanced and unsustainable.





Mission 1 – Empower the digital patient

"It is more important to know the person who has the condition, than it is to know the condition the person has."

Hippocrates (460-370 BC)

Vision

Patients will have all the skills, information and tools required to manage their own care, but know exactly where to go for help and what to expect when that's no longer possible.

The digital patient mission will look at where value exists for the patient across all of WAST's services, utilizing the patient voice and the knowledge and experience of our clinical and operational colleagues. The intent will be to identify challenges across our emergency, urgent and non-emergency pathways and reduce unnecessary waste through innovative uses of data and technology and support to our people providing the services in order to give our patients the best possible standard of care.

We will also work with other healthcare providers across Wales to look at the whole patient pathway to reduce unnecessary conveyance to hospital and empower more of our patients and their carers independently manage their own care.

Key objectives:

- Deliver new pathways and care frameworks that are digital by design, making the most of advances in data and technology, including EPCR and the 111 IIS.
- Build a single point of access for our services. Development of the 111.wales.nhs website and applications to improve patient choice, including signposting to the most appropriate care setting.
- Collaborate with the national 'Digital Services for the Patients and Public (DSPP)' Programme.
- Improve data and tools available to our clinicians and operational staff (see Digital Workplace mission below).
- Collaborate with other care providers such as local government, third-sector and charities to explore digital solutions for care closer to home⁴.

How we will measure success

- Track patient feedback from engagement surveys, using present day as a baseline.
- Evidence that website and application usage by our patients is reducing unnecessary conveyance to hospital.
- Evidence delivery and utilisation of pathway wide reporting on patient outcomes through successful integration of EPCR and 111 IIS with other national systems.

⁴ <https://heiw.nhs.wales/files/delegation-guidelines/>

- Explore implementation of a Digital Patient and Clinical Forum to hold digital service provision to account and prioritise new developments.
- Agree metrics and a transparent reporting route to our Trust Board on progress.



Mission 2 – Build the digital workplace

“The best work arrangements come out of seeking a match between technical and social elements of the modern day workplace.”

Bamforth and Trist

WAST’s people are its most valuable asset. Technology is changing rapidly, but the fundamentals of successful team delivery are constant. The Bamforth and Trist quote sounds current but was as a result of a study of rapid improvement through successful implementation of new coal mining technology in Yorkshire in 1951. It recognised that there was a clear vision and mandate understood by all and that people were trained and empowered to use new equipment, with a clear understanding of what they were meant to achieve. As a result the study is still quoted today, by the National Cyber Security Centre (NCSC)⁵ and others.

Vision

Our people have all the training, tools, support and information required to perform their role to the highest level, anywhere, anytime, from any device.

The digital workplace will look at the digital tools and data required by all our different teams to allow them to be the best they can be. This will align with key studies such as the Topol Review which examine training the healthcare workforce of the future to use new digital tools.

Key objectives:

- Review any wellbeing, cultural or organisational development considerations that arise through uses of new technology, such as prolonged moves to remote working in line with our wellbeing strategy.
- Consider and deliver training and skills development to adopt new technology.
- Expand the role of ‘Digital Champions’ within our workforce.
- Improve remote working experience through systems such as Remote Virtual Desktop (VDI) and Single Sign On (SSO).
- Contribute to wider organisational change requirements brought about by new models of working (i.e. reconfiguration of core office space)
- Reduce the number of visible workforce systems and the number of different steps required to access them.
- Make WAST the employer of choice for digital healthcare professionals, graduates and apprentices, supporting the vision for Wales 4.0.

⁵ <https://www.ncsc.gov.uk/blog-post/a-sociotechnical-approach-to-cyber-security>

How we will measure success:

- Track and measure workforce feedback on our digital services using the present as a baseline.
- Develop metrics to be reported to our People and Culture Committee on progress.
- Demonstrate increased digital innovation from the frontline that is supported and taken forward in a sustainable manner by WAST as a whole.
- Monitor retention and recruitment rates for digital staff. Demonstrate significantly increased numbers of apprentice, undergraduate and graduate opportunities.





Mission 3 – Intelligence through data

“You can only analyse the data you have. Be strategic about what to gather and how to store it”

Marie Curie

Data has been described as ‘the new gold’ based on how companies such as Google, have amassed a \$1 trillion valuation without charging users for their services, provided they can use their data. Without quality data, technologies such as Artificial Intelligence and Predictive Analytics cannot be deployed. However, the use of data in a care delivery setting is nothing new, as it is the foundation of clinical research. WAST interacts with every person in Wales as a national service provider. We have millions of touch points, therefore millions of potential data points.

“To understand God's thoughts we must study statistics, for these are the measure of his purpose.”

Florence Nightingale

Vision

To provide the best data, at the best time, presented in the best manner to drive the best decision.

It is critical that we use our data for maximum value to deliver intelligence and insights, whilst ensuring it is of the best possible quality. We are already working proactively with the National Data Resource (NDR) programme to pilot new ways of handling, storing and securely sharing data across NHS Wales in close to real time. In parallel, we will look at the architecture of our data, together with international standards, such as [SNOMED-CT](#) to make it more accessible and understandable, to drive meaningful decisions as soon as it is available.

Key objectives:

- Gain maximum insight and value from all our data, across all sources whether clinical, non-clinical, structured or unstructured.
- Scale and skill our data teams and supporting technology appropriately to provide first class, near to real time delivery of insights and intelligence. Explore the model for how each directorate and the patient can interact with data and request further analysis.
- Transform our data architecture in partnership with, and as a pilot for the NDR programme, building the foundations to access and share data in close to real time.

- Reduce the number of different systems and terminology required to access and analyse our data.
- Where funding is available, work with 'best of breed' data and analytics providers to rapidly refine and develop our service offer.

How we will measure success:

- Track and measure user feedback on our data services using the present day as a baseline.
- Implement a 'user forum,' to hold data services to account for performance and prioritise new works requests.
- Report progress on modernising our services through Strategic Transformation Board as part of the IMTP. Data Protection and Information Governance performance will continue to be reported through our QUEST committee.
- Demonstrate and use a common architecture for all our data services.
- Demonstrate the improved availability and quality of data across all existing services.
- Demonstrate a greater number of services that allow users to 'own' their own data and interrogate it independently.



Mission 4 - Digital foundations

“Quality means doing it right when no one is looking.”

Henry Ford

Our digital ambitions will fail, if we in turn fail to invest in the foundations and the people that enable them. Much of our digital success will hang on activity ‘below the waterline.’ This doesn’t just mean investing in servers, networks and firewalls.

To coordinate digital activity on the scale we have already set in motion, we must ensure we have a digital team scaled and trained to deliver our ambitions; we also need to procure services in the best way, considering managed services where appropriate; have appropriate technological and information governance rooted in our structures up to an including our Trust Board; and ensure that every single one of our people understands their role in key areas such as cyber security.

Vision

Flexible, resilient, secure digital infrastructure fit to carry our ambition

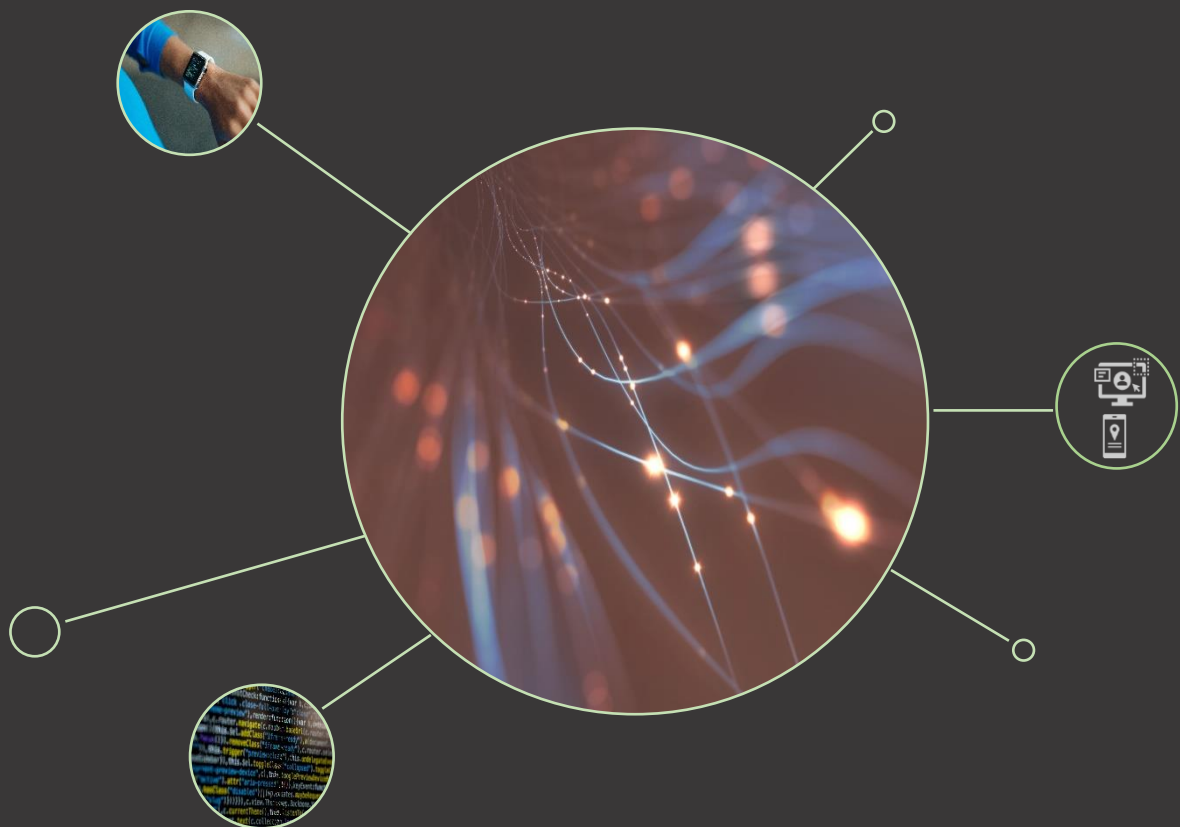
We will align the future of our infrastructure with the principles outlined in the All Wales Infrastructure Review, moving away from overly complex, bespoke systems to more standardised architecture that can be easily understood, adapted and scaled out when our needs, or the needs of our users change.

Key objectives:

- Review whether our service support is fit for increased reliance on Digital Services 24/7/365 through the design of a Target Operating Model (TOM – See ‘Successful Delivery’ for detail).
- Review the digital risks to service provision inclusive of technology, systems, processes, support and workforce requirement, then deliver an Infrastructure Improvement Plan as part of the IMTP to modernise any legacy areas of our digital foundations.
- Consider the support, skills, training and qualification (with associated funding) required by our digital teams as the organisation rapidly transforms.
- Develop and deliver a Service Improvement Plan, to understand what is required to provide the best possible user experience, together with robust and well understood service continuity and recover plans.
- Develop the investment proposal to support the Infrastructure and Service Improvement Plans.

How we will measure success:

- Through our Audit Committee, assess the availability of clearly defined and understood risk, support and recovery profiles for all our critical systems that are shared by both the user and supporting services.
- Reduced number of service calls, turnaround times and incidents, using the present as a baseline.
- Track the implementation and delivery of improvement plans through our IMTP and Strategic Transformation Board.
- Develop a 'user forum' to properly assess the impact of infrastructure changes or developments, whilst also helping prioritise new work.

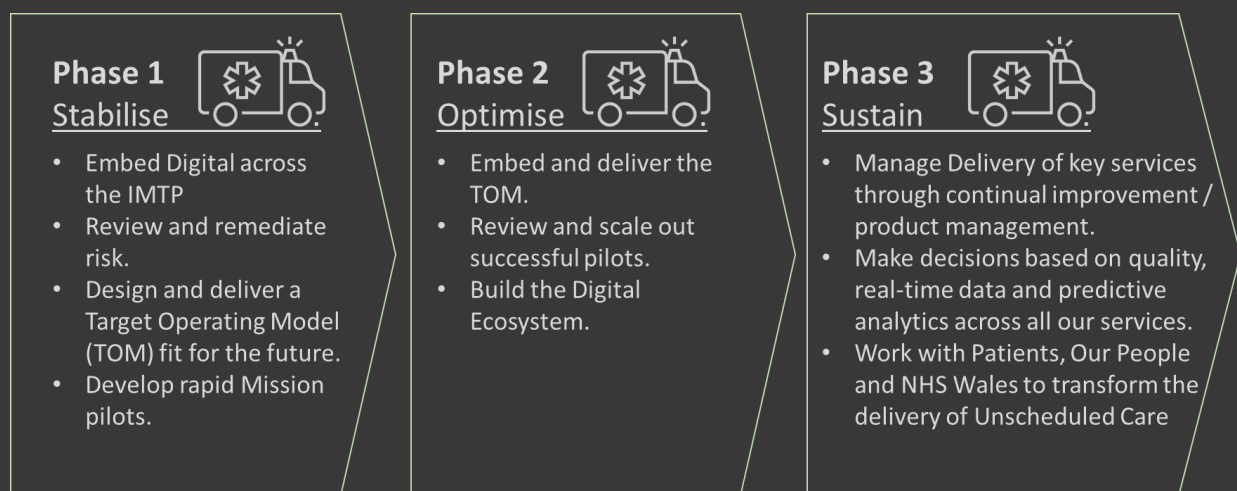




Successful delivery

To achieve the missions we have set ourselves, we need to acknowledge that success won't be delivered overnight. However, we also need to ensure that we continually deliver value and improvement through continual, iterative development, rather than waiting for perfection.

The final stage of the three phase model below describes a point where our digital maturity is such, that any new developments are identified and delivered through a continual cycle of service improvement with the patient at its heart. Phases one and two iteratively create the conditions where this can be achieved and are outlined below;



Phase 1 Stabilise

This initial phase concentrates on two key activities, remediating any residual risks, whilst also defining how WAST needs to operate to deliver its digital ambitions successfully now, and in the future. This includes looking at governance, contracts and crucially the shape, size, skillset and tools provided to teams involved in our digital transformation. Key activities include:

Risk Review – We will look at the digital risks across all our key service areas (EMS, 111, NEPTS, etc.) together with service providers and where appropriate, and users of the service to prioritise areas for remediation, investment and development. The review will also consider these against existing digital commitments in the IMTP. This is essential to ensure we have a stable platform to build on, now and in the future.

Target Operating Model (TOM) – A Target Operating Model, or TOM describes how we want the future to look. It looks at what is needed by the organisation and its users and then describes how that need is best fulfilled through processes, governance and the future Digital Directorate. We will design the model for how WAST needs to operate and be structured to deliver ambitious digital change. The TOM will give us a blueprint for what WAST and the Digital Directorate need to look like to deliver excellence on a sustainable footing.

Develop and embed the strategy in the IMTP – Whilst this strategy identifies where we want to go, phase one will incorporate further work to define the organisation-wide detail and develop any new investment requests that arise as a result. These will all be defined and tracked as part of our IMTP, through our Strategic Transformation Board.

Define Mission Pilots – We will identify a series of rapid pilots aligned to each of the Digital Missions to trial the potential benefits of new technology in each area. The intent for each will be to meet a specific need, delivering early value with an assessment after a short period to assess whether the activity can be scaled out. Examples could include; the use of wearable technology to detect falls as part of our falls framework; and, live data streaming using new techniques as part of the National Data Resource (NDR) programme.

Phase 2 - Optimise

With residual risks remediated and the future more clearly defined, phase 2 will commence the organisational change to get there. This will involve making the TOM a reality, whilst designing and embedding the processes to deliver a continuous cycle of service improvement at phase 3. Key activities include;

Embed and deliver the TOM – In phase 2, we will make the changes necessary to deliver the operating model defined in phase 1. This may involve changes in governance and potentially organisational structures, therefore it will be done in partnership with all involved from the outset. Once delivered, it will take time to establish any new processes through a cycle of continuous improvement.

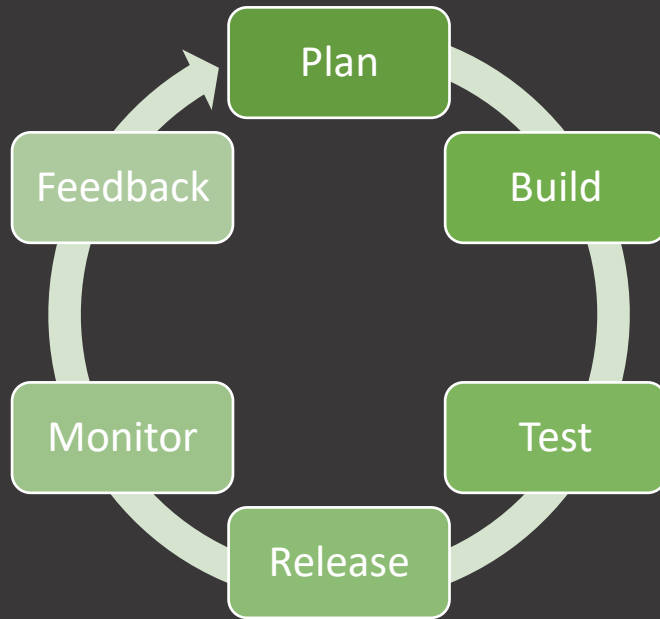
Review and scale out pilots – Any pilots aligned to the 4 missions that were deemed successful will be identified for development into wider schemes with an associated investment proposal. Where possible, we will look to partner with other organisations, academia and potentially key suppliers under an 'accelerator' model for any pilots of potential national significance.

Build the Digital Ecosystem – Successful digital change comes about through culture shift. Efforts in phase 1 should start to build a cultural change in this phase, where innovation is increasingly driven by the front-line or through data-driven challenges. Through further developing our Digital Champions, we will start to see independent digital innovation that can be supported and scaled out to the wider organisation where successful.

Phase 3 – Sustain

In phase 3, we will have a clearly defined set of Digital products and services that are commonly understood by the providers and service users, whether they be our patients, staff or wider Wales. These services will be supported by multi-disciplinary teams that include user representatives, including patients working within a constant cycle of service improvement under the most suitable model for that particular service ([ITIL](#), [Agile](#), [Scrum](#), [Kanban](#) etc.)

Change will be delivered in a constant, well defined cycle with continual review of our 4 missions aligned to our overall corporate strategy. This aligns to the continual service improvement cycles, based upon products and services that are employed by all successful technology companies.



Example service delivery lifecycle

How we will take this Strategy forward





Our Digital Principles can be used to help guide our decisions immediately. Our missions and phases of delivery will be developed and included as part of our IMTP and tracked at the WAST Strategic Transformation Board. We will also review and update this overall Strategy on an annual basis to ensure it remains relevant and fit for purpose.

In addition, through our Patient Experience and Community Involvement team, Workforce and Organisational Development teams and Digital Champions, we will significantly expand our communications and engagement activity to ensure the voice of the service user remains firmly at the heart of everything we do.




5 Principles

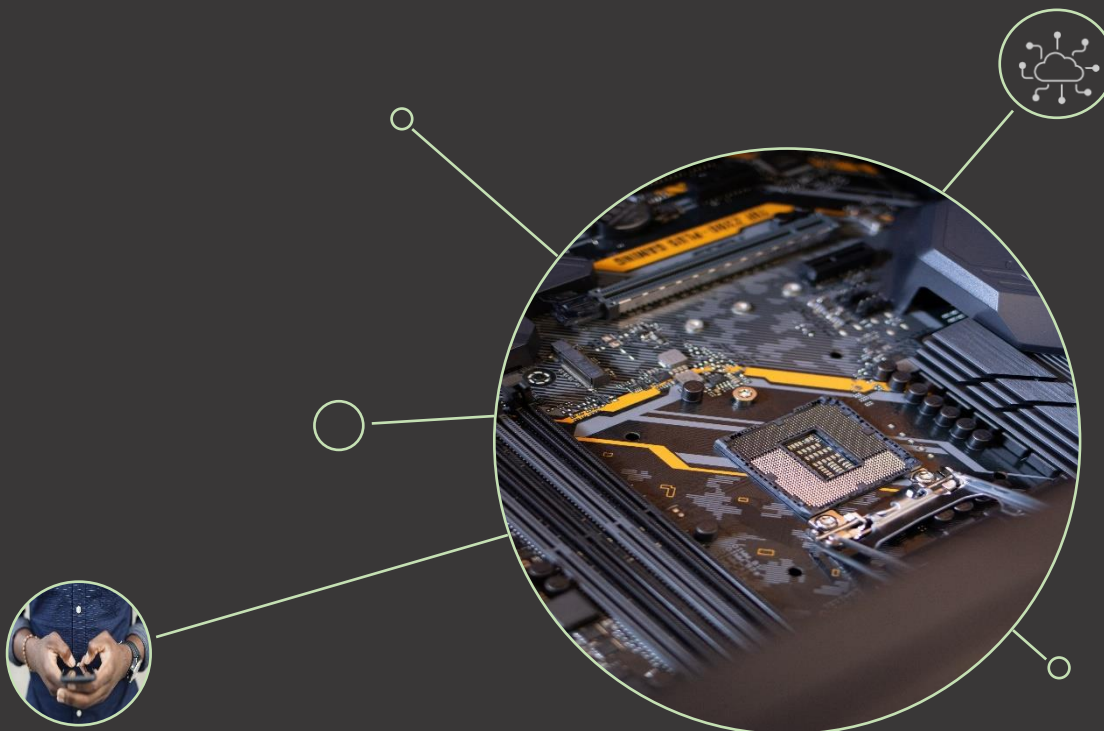
-  Empower all our users to do more of what's needed
-  Ensure Access for All
-  Deliver sustainable change
-  Respect and Deliver value from our Data
-  All Wales

4 Missions

-  Digital Patient
-  Digital Workplace
-  Intelligence through Data
-  Digital Foundations

3 Phases

- Phase 1**
Stabilise 
- Phase 2**
Optimise 
- Phase 3**
Sustain 



Appendix A – Strategic alignment and references



Digital Patient

- **Welsh Government** - A Healthier Wales – Strategic Digital Aim *'Transform Digital Services for the Patient and Public'*
- **Welsh Government** - Informed Health and Care – *Information for you.*
- **Welsh Government / NWIS** - *All Wales Digital Services for the Patient and Public Programme (DSPP)*
- **WAST** – Delivering Excellence: Our Vision for 2030
 - Help patients & staff to stay healthy
 - Provide the right care in the right place, wherever & whenever it is needed
 - Help patients more easily access our services at the right time
 - Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients
- **WAST** – Clinical Strategy – *Delivering Clinical Excellence*
 - To respond to our population's changing care needs using evidence-based findings
 - To make the best use of our resources by embedding Value Based Healthcare



Digital Workplace

- **Welsh Government** - A Healthier Wales – Strategic Digital Aim *'Transform digital services for professionals'*
- **Welsh Government** - Informed Health and Care – *Supporting Professionals.*
- **Welsh Government** – Wales 4.0 – *Workstream 4 – Delivering Education and Skills for the future of work.*
- **UK Government** – The Topol Review; Principles 2 & 3 –
 - 2. *The healthcare workforce needs expertise and guidance to evaluate new technologies, using processes grounded in real-world evidence.*
 - 3. *The gift of time: wherever possible the adoption of new technologies should enable staff to gain more time to care, promoting deeper interaction with patients.*
- **WAST** – Delivering Excellence: Our Vision for 2030
 - Help patients & staff to stay healthy
 - Enable our People to Be the Best They Can Be
- **WAST** – Clinical Strategy – *Delivering Clinical Excellence*
 - to use excellent clinical leadership to deliver high quality, safe care closer to home.
- **WAST** – Wellbeing Strategy



Intelligence through Data

- **Welsh Government** - A Healthier Wales – Strategic Digital Aim *'Invest in data and intelligent information.'*
- **Welsh Government** - Informed Health and Care – *'Improvement and Innovation : Better use of Data.'*
- **Welsh Government / NWIS** – *National Data Resource Programme.*
- **UK Government** – National Data Strategy.
- **WAST** – Delivering Excellence: Our Vision for 2030
 - Whole System Partnership & Engagement.
 - Ensure Quality at the Heart of Everything We Do .
 - Ensure Value & Efficiency in Everything We Do.
- **WAST** – Clinical Strategy – *Delivering Clinical Excellence*
 - Use clinical data effectively to provide more informed care.



- **Welsh Government** - A Healthier Wales – Strategic Themes;
 - *Modernising devices and moving to cloud services*
 - *Cyber-security and resilience*
- **Welsh Government** - Informed Health and Care – ‘*Once for Wales, create solid platforms between systems.*’
- **Welsh Government / NWIS** - *All Wales Infrastructure Review*
- **The Wachter Review : *Making IT Work***
- **WAST** – Delivering Excellence: Our Vision for 2030
 - Ensure the Design & Infrastructure of the Organisation are at the Forefront of Innovation & Technology

References

[A Healthier Wales: long term plan for health and social care](#)

[Ministerial statement on digital health and care - strategic themes](#)

[Informed Health and Care: A Digital Health and Social Care Strategy for Wales](#)

[UK Government Technology Innovation Strategy](#)

[UK Government National Data Strategy](#)

[Making IT Work: Harnessing the Power of Health Information Technology to Improve Care in England](#) *The Wachter Review*

[The Topol Review - Preparing the healthcare workforce to deliver the digital future](#)

[Wales 4.0 Delivering Economic Transformation for a Better Future of Work](#)

[Operational productivity and performance in English NHS ambulance trusts: unwarranted variations](#) *The Lord Carter Ambulance Review*

[The lives we want to lead - The Local Government Association green paper for adult social care and wellbeing](#)

[Integrated Urgent and Emergency Care: The ambulance service response to Covid-19 - Association of Ambulance Chief Executives \(AACE\)](#)

National Programmes

[The National Data Resource \(NDR\) Programme](#)

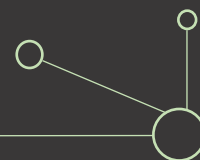
[The Digital Services for the Patient and Public \(DSPP\) Programme](#)

[Digital Health Ecosystem Wales](#)

WAST Strategies

Delivering Excellence – Our Vision for 2030
Clinical Strategy
Health and Wellbeing Strategy
Environmental Strategy

Appendix B – New and emerging technologies



Artificial Intelligence

Artificial Intelligence (AI) is a term that can be used to refer to a broad spectrum of technology from simple automation of basic processes, referred to as Robotic Process Automation (RPA) through to Deep Learning Algorithms that are able to absorb huge amounts of data across millions of potential outcomes to deliver entirely new solutions to problems, not possible with a human mind.

AI is already in use in people's homes and across multiple industries. It blurs your background on Teams or Zoom calls and decides what content to provide you with on social media. It is also live in healthcare, particularly in fields like Pathology where large amounts of data already exist to train the technology. Moorfields Eye Hospital, in collaboration with University College London and DeepMind Health proved this by training AI to detect serious eye conditions and recommend referral pathways at a 94% level of accuracy that matched leading eye experts across the globe.

AI presents an opportunity to completely transform care delivery across all sectors including unscheduled care; however, it also presents fundamental challenges in terms of ethics and accountability.

Potential use cases – Decision support; Predictive alerting and analytics

<https://www.moorfields.nhs.uk/landing-page/deepmind-health-research-partnership>

Emerging Cyber Threats

The landscape of potential threats from cyber criminals is constantly shifting. The 'Wannacry' attack of May 2017 highlighted the devastating impact cyber-crime can have on the health service and its patients. What was particularly devastating about Wannacry was that it wasn't a targeted attack. The nature of cyber-crime is such that whatever we do will be shaped by remaining alert to new and existing threat vectors. Just as we have learned to live with locking our car and wearing a seatbelt, there will be digital practices that will need to be continually introduced to keep us safe.

Speech Recognition

Whilst driven by AI, speech recognition presents a particularly unique opportunity for transformation. For the patient, it can break down language barriers through translation and transcription for the deaf and hard of hearing. For the clinician, it presents an opportunity to move to 'hands free' operation where notes can be transcribed automatically. Beyond just recognition of speech, it can also analyse speech to potentially detect underlying stress or health conditions which could be of particular use to support our call handlers.

Potential use cases – Patient access to web services, clinical dictation, assistance in the clinical contact centre (CCC) environment.

<https://www.bbc.co.uk/news/health-48925345>

Big Data

Data collation and analysis predates the computer, but modern technology allows it to be handled and stored in a manner that does not conform to traditional information management principles. This allows 'structured data' such as tables and spreadsheets to be combined with 'unstructured data' such as information flowing from machines and applications to deliver new insights. The more data we have, the more we can learn and the more we can begin to predict challenges or opportunities.

Applications, Wearable Technology and the 'Internet of Things' (IOT)

With the advent of the smartphone, large numbers of people now carry a computer with sensors capable of monitoring multiple events as part of their daily routine. All major technology suppliers now embed a variety of health applications within their software, with some being developed to allow direct connection to an electronic health record (EHR). Beyond the smartphone, smart watches and other wearable technology allow further monitoring of heartrate, movement (including gait) and other factors that offer the ability to improve care at home and provide more instant alerting of episodes such as falls and heart attacks.

<https://www.himss.org/resources/wearable-technology-applications-healthcare-literature-review>

<https://support.apple.com/en-us/HT208944>

Video / Immersive reality

Video conferencing is a mature technology that is already in use across NHS Wales on platforms such as Microsoft Teams and Attend Anywhere. However, advances in virtual and augmented reality literally provide a new dimension to the technology where it is possible to virtually place someone in another setting, such as a hospital stroke specialist in the back of an ambulance prior to handover. Additionally, a number of systems now allow live information to be streamed into a headset or glasses without removing the ability to view your own surroundings, 'augmenting' the reality to provide guidance or instructions. This technology is routinely available in smartphone and tablet technology via the built in camera where additional objects such as direction arrows can be placed within a live image.

<https://news.microsoft.com/en-gb/2018/02/08/surgeons-use-microsoft-hololens-to-see-inside-patients-before-they-operate-on-them/>

<https://newsroom.bt.com/uhb-and-bt-demonstrate-uks-first-remote-diagnostic-procedure-using-a-5g-connected-ambulance/>

New 'Smart' Clinical / Operational Systems

As technology progresses, more and more systems and products are joining the internet of things. More and more of our clinical and operational technology is becoming 'smart' with the ability to be connected to other systems, providing new options to be controlled remotely; operate autonomously, and flow new data to help us drive decisions. We need to ensure that wherever these developments arrive, we are operating to the common standards and communicating internally to ensure we can use them to deliver maximum benefit, avoiding 'black box' standalone technology.



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AGENDA ITEM No	2.3
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

DRAFT COMMISSIONING INTENTIONS 2021/22

MEETING	Trust Board
DATE	26 th November 2020
EXECUTIVE	Rachel Marsh – Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett, Assistant Director, Commissioning and Performance
CONTACT DETAILS	hugh.bennett2@wales.nhs.uk

CORPORATE OBJECTIVE	IMTP priority objective (ALL)
CORPORATE RISK (Ref if appropriate)	ALL Risks
QUALITY THEME	ALL
HEALTH & CARE STANDARD	ALL

REPORT PURPOSE	To consider the EASC draft EMS commissioning intentions
CLOSED MATTER REASON	Not applicable.

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	05 th Nov 2020	
Trust Board	26 th Nov 2020	

SITUATION

1. The purpose of this report is to provide Trust Board with an analysis of the draft emergency medical service (EMS) Emergency Ambulance Services Committee (EASC) 2021/22 commissioning intentions.

BACKGROUND

2. EASC has provided the Trust with commissioning intentions for EMS and NEPTS for a number of years now. They are currently very detailed in their nature, with 93 commissioning intentions across EMS and NEPTS in this financial year.
3. Commissioners have been reviewing these arrangements for a range of reasons:
 - The COVID-19 pandemic has required substantial changes to organizations plans this financial year and delivery of planned requirements have been impacted.
 - A number of commissioning intentions have been in place for a number of years and whilst some progress has been made a number remain undelivered.
 - Commissioning Intentions to date have often been operational rather than strategically focused.
 - In previous years undelivered commissioning intentions would be rolled over to the following year; this process needs to be revisited.

ASSESSMENT

4. The Commissioners have proposed a new approach, which is set out in draft in a slide deck prepared for EASC, attached as Appendix 1. The proposed approach is designed to be less detailed and more strategic, focusing on key “products”.
5. The proposed approach is divided into:-
 - i. A set of guiding principles;
 - ii. A set of 6 strategic intentions; and
 - iii. More specific aims, products and indicators for each of the strategic intentions.
6. Executives have reviewed this proposal and broadly welcome the revised approach. Feedback will be provided to commissioners and further discussions will be sought in shaping the final commissioning intentions. Key messages will include:
 - The principles, commissioning intentions, annual deliverables and indicators should be strengthened through a more explicit focus throughout on quality, safety and the patient experience in line with current Trust plans and strategies.
 - The Trust welcomes the commitment to a number of shared priorities, including for example the implementation of the EMS Demand and Capacity review, development of plans around remote clinical support, the ODU, workforce strategies, shift left activities and development of a national transfer and discharge service.

- However, there are a number of other Trust priorities which are not explicitly included and further discussion will be required on how these are handled, including for example the continued roll-out of Advanced Practice, implementation of the Digital Strategy, supporting wider service change and the development of a Volunteering Strategy.
 - The commissioning intentions as they currently stand do not set out the role of health boards and other stakeholders in their successful delivery, and this will need to be explored further. In previous years, there were a number of joint commissioning intentions which were helpful in setting out the collaboration required.
7. In terms of next steps, further discussions are proposed with the NCCU to better define some of the products, outputs and outcomes expected against these draft commissioning intentions over the next three years in line with the paragraphs above. It is expected that final commissioning intentions will be presented to EASC at its next meeting in January 2021, to be incorporated into the 2021/22 plans at the end of March 2021. In developing the Trust's plans, discussions will also be required with commissioners around the resources (revenue and capital) that will be required to support delivery.

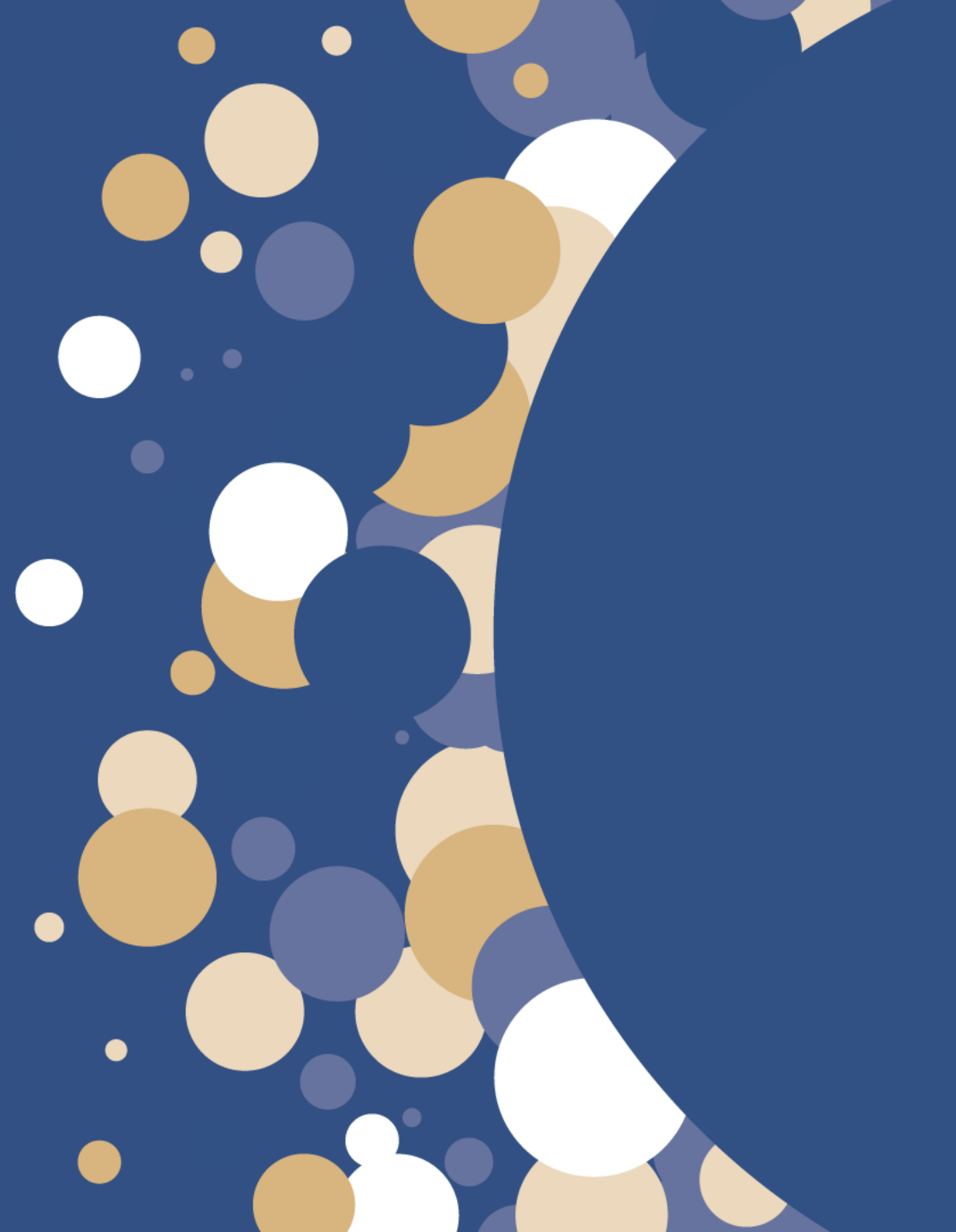
RECOMMENDATION

Trust Board is asked to:

- **Note** the revised approach to commissioning intentions and provide additional comment as appropriate to frame ongoing discussions with Commissioners.

Emergency Ambulance Services Committee Management Group

**Commissioning Intentions
2021/22**



Background

- Issued each autumn in line with the NHS Planning Framework for EMS, NEPTS and EMRTS
- The COVID-19 pandemic has requires substantial changes to organizations plans this year and delivery of planned requirements has been impacted.
- A number of commissioning intentions have been in place for a number of years and whilst some progress has been made a number remain undelivered.
- Commissioning Intentions to date have often been operational rather than strategically focused
- In previous years undelivered commissioning intentions would be rolled over to the following year; this process needs to be revisited

Proposed Timeline To EASC

Initial Proposed Timeline to EASC

- 22 October 2020 – report to be presented to the EASC management group:
 - Analysis of commissioning intentions for the previous 2 years
 - Options appraisals for each intention – close/amend/reissue
 - Discussion on additional intentions for 2021/22
- 28 October 2020 – Issue draft commissioning intentions to the commissioned organizations
- 10 November 2020 – Report on the draft Commissioning Intentions to be presented for discussion and approval at the EAS joint committee meeting
- 16 November 2020 – Final Commissioning Intentions will be issued

Opportunity to revise now in line with IMTP Plans for 2021/22

Previous Commissioning Intentions

- Often replicated requirements of the collaborative commissioning frameworks or statutory targets
- Split into 3 sections which can be consolidated and simplified:
 - Table 1a - Update to the Commissioning Framework
 - 12 intentions
 - Table 1b – WAST Performance Improvement
 - 19 intentions
 - Table 2 – Joint WAST & HB Improvement
 - 5 intentions

Proposed Approach

- Agree a set of Guiding Principles for 2021/22 for EMS
- Consolidate and simplify the commissioning intentions for EMS
- Replicate the process for NEPTS and EMRTS in subsequent years

Proposed Principles

- Guiding Principles for 2021/22
 - Intentions will be at the strategic level and will be extant for a minimum of 3 years
 - Collaborative priorities ie WAST, HB's and CASC Team will be agreed annually for each intention
 - They will focus on delivery and outcomes
 - They will require the delivery of an aim, product or indicator or a combination of these.
 - They will recognise the challenges of resetting in post-covid environment and the opportunities to fast track service transformation
 - They will not replace or override extant requirements within the commissioning framework or statutory targets

Proposed 2021/22 Commissioning Intentions

1. The Emergency Ambulance Service and its Commissioners will seize the opportunities afforded by the Welsh Clinical Response Model and the 5 step EMS Ambulance pathway.
2. The Emergency Ambulance Service and its Commissioners will optimise the availability and flexibility of front line resources to meet demand.
3. The Emergency Ambulance Service will deliver maximum productivity from its resources and demonstrate continuous improvement
4. The Emergency Ambulance Service and its Commissioners will develop a value-based approach to service delivery which enables an equitable, sustainable and transparent use of resources to achieve better outcomes for patients.
5. The Emergency Ambulance Service will reduce and prevent harm, and improve outcomes.
6. The Emergency Ambulance Service and its Commissioners will collaboratively develop and deliver services that contribute to the wider health system



CI1 – Clinical Response Model

The Emergency Ambulance Service and it's Commissioners will seize the opportunities afforded by the Welsh Clinical Response Model and the 5 step EMS Ambulance pathway.

Annual Delivery Requirements	Aim	Product	Indicator
Year 1	<ul style="list-style-type: none">Increased shift left of activity – Step 3 to 2Optimising response	<ul style="list-style-type: none">“Remote” clinical support strategy	<ul style="list-style-type: none">Clinical Support Desk Outcomes (System Impact)Outcomes by response type for Amber
Years 2 & 3	<ul style="list-style-type: none">Increased shift left of activity – Step 3 to 4Increased shift left of activity – Step 5 to 4	<ul style="list-style-type: none">Education and Training StrategyWorkforce Strategy	

CI2 – Availability

The Emergency Ambulance Service and its Commissioners will optimise the availability and flexibility of front line resources to meet demand

Annual Delivery Requirements	Aim	Product	Indicator
Year 1	<ul style="list-style-type: none">• Year 2 D&C Recruitment• Notification to Handover Reduction	<ul style="list-style-type: none">• Ongoing Demand and Capacity Strategy	<ul style="list-style-type: none">• “Additionality” metric
Years 2 & 3	<ul style="list-style-type: none">• Notification to Handover in 15 minutes		

CI3 – Productivity

The Emergency Ambulance Service will deliver maximum productivity from its resources and demonstrate continuous improvement

Annual Delivery Requirements	Aim	Product	Indicator
Year 1	<ul style="list-style-type: none">Reducing post production lost hoursImproved Capacity and demand alignment	<ul style="list-style-type: none">Completed roster review and implementation planEstates StrategyHealth and Wellbeing Strategy	<ul style="list-style-type: none">Unit Hour Utilisation Metric
Years 2 & 3	<ul style="list-style-type: none">Optimised Capacity and demand alignment	<ul style="list-style-type: none">Evaluated Demand and Capacity model and plan	<ul style="list-style-type: none">Standby point % cover

CI4 – Value

The Emergence Ambulance Service and its Commissioners will develop a value-based approach to service delivery which enables an equitable, sustainable and transparent use of resources to achieve better outcomes for patients.

Annual Delivery Requirements	Aim	Product	Indicator
Year 1	<ul style="list-style-type: none">Develop WAST's approach to Value-Based healthcare which links outcomes, patient experience and use of resources	<ul style="list-style-type: none">WAST Value-Based Strategy	<ul style="list-style-type: none">Core Requirements indicators developed and agreed
Years 2 & 3	<ul style="list-style-type: none">Implement costing model for "5 step" pathwayImprove ability to identify areas of unwarranted variation in service delivery across Wales	<ul style="list-style-type: none">Patient Level Costing ModelBenchmarking Dashboard(s)	<ul style="list-style-type: none">Value based performance measures (TBC e.g. Costing links to AQIs)

CI5 – Harm & Outcomes

The Emergency Ambulance Service will reduce and prevent harm, and improve outcomes

Annual Delivery Requirements	Aim	Product	Indicator
Year 1	<ul style="list-style-type: none">Understanding ambulance response contribution to patient outcomes	<ul style="list-style-type: none">Clinical Indicator Plan	<ul style="list-style-type: none">Call to door times for STEMI and Stroke
Years 2 & 3	<ul style="list-style-type: none">Putting understanding of ambulance contribution to patient outcomes into practice via and agreed plan	<ul style="list-style-type: none">Clinical Improvement Plan	<ul style="list-style-type: none">Linked patient journey outcomes for STEMI, Stroke and Cardiac Arrest

CI6 – Wider Health System

The Emergency Ambulance Service and its Commissioners will collaboratively develop and deliver services that contribute to the wider health system

Annual Delivery Requirements	Aim	Product	Indicator
Year 1	<ul style="list-style-type: none">Functional system wide operational delivery unitDevelop a National Transfer and Discharge Service	<ul style="list-style-type: none">System wide escalation and demand management planNational Transfer and Discharge Business Case	<ul style="list-style-type: none">Live system pressures dashboard
Years 2 & 3	<ul style="list-style-type: none">Implement a National Transfer and Discharge Service		

Recommendations

1. The EASC Management Group support the revision to the commissioning intention process
2. The EASC Management Group agree the commissioning intention principles
3. The EASC Management Group commit to small number of workshops to refine and agree the 2021/22 commissioning intentions



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AGENDA ITEM No	3.1
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	0

2020/21 IMTP PROGRESS

MEETING	Trust Board
DATE	26 th November 2020
EXECUTIVE	Rachel Marsh, Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford, Assistant Director of Strategy and Planning
CONTACT DETAILS	Alexander.crawford2@wales.nhs.uk

CORPORATE OBJECTIVE	Trust Long Term Strategy, IMTP delivery
CORPORATE RISK (Ref if appropriate)	Various re IMTP funding and delivery
QUALITY THEME	All
HEALTH & CARE STANDARD	As this has been a comprehensive review of all IMTP deliverables and Quarter 3 and 4 plan this would encompass all Health Care Standards.

REPORT PURPOSE	To update on the progress against IMTP delivery in 2020/21, noting any key risks to delivery.
CLOSED MATTER REASON	n/a

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

SITUATION

1. The purpose of this paper is to update the Board on:
 - The progress of deliverables within the IMTP that are currently prioritised by Strategic Transformation Board and included within Trust's Quarter 3 and 4 Operational Plan;

BACKGROUND

2. WAST submitted its Board approved IMTP to WG on 31st January 2020, following Emergency Ambulance Services Committee (EASC) approval on 28th January and a letter of support from the Chief Ambulance Services Commissioner.
3. The IMTP set out a refreshed set of deliverables for 2020/23, aligned to the Trust's Long Term Strategy, with clear delivery mechanisms and timescales. The IMTP builds upon the progress of the 2019-22 IMTP and responds to what patients and colleagues said was important to them, as well as setting out the Trust's commitment to A Healthier Wales and the EASC commissioning intentions.
4. Despite positive informal feedback, the IMTP was not approved by the Minister for Health and Social Services prior to the implementation of the national pandemic response. Instead, during the pandemic response, Welsh Government has required all NHS bodies in Wales to submit Board approved quarterly Operational Plans, setting out the key programmes of work and operational service requirements during the ongoing response to and recovery from the COVID-19 pandemic.
5. The Trust Board, however, remains interested in progress against the IMTP and how this supports delivery of the Trust's longer term strategic ambitions.
6. As reported to previously to the Board, the delivery of the IMTP was scaled back during the first wave of COVID-19 to focus resources on the pandemic response. Coming out of the response position, and in planning for recovery, Strategic Transformation Board (STB) was stood back up in July to focus on two key areas:
 - To determine on an ongoing basis the Trust's delivery priorities, against a set of agreed principles and continued response to the pandemic;
 - Monitoring delivery of the quarterly operational plans and IMTP priorities.
7. STB has continued to meet monthly and in October finalised a list of agreed IMTP deliverables that are priority for the remainder of 2020/21 and which informed the Quarter 3 and 4 Operational Plan, submitted to Welsh Government on 19th October 2020 (full priorities can be seen in appendix 1 and the quarter 3/4 plan in appendix 2).
8. In addition to priorities that were already deliverables in the IMTP are further programmes of work which the Trust has agreed to deliver nationally, which include:

- Mobile Testing for COVID-19;
- Leading the development of a front end for “Phone First”;
- Development of consistent national respiratory pathways;
- Continuation of the Operational Delivery Unit;
- Clinical Team Leader (CTL) Review;
- Development of a Tactical Seasonal Plan;
- Recovery Planning and submission an operational plan for quarters 3 and 4.

ASSESSMENT

9. The list of STB agreed priorities is contained in the full review of progress in Appendix 1. There are 26 priorities. This was the position as reported to November 2020 STB which was held on 18th November. Due to the timing Finance and Performance Committee received an IMTP update on 19th November 2020 based on the October delivery position.
10. Despite the pandemic response, there has been some good progress against original and new year 1 milestones:
 - Three (3) deliverables are marked as **complete (blue)**. These included the development of both the tactical seasonal and quarterly operational plans and Mobile Testing Unit phase 1;
 - Eleven (11) deliverables are marked as **in progress, on track (green)**;
 - Eleven (11) deliverables are marked as **in progress, off track (amber)** as some elements of the deliverable have not proceeded according to planned milestones to date. This includes Operational Delivery Unit (ODU) which has re-opened but without confirmation of a recurrent funding position and Phone First which could become green as project resources are put and full milestones established to March 2021;
 - One (1) deliverable, CAD Phase 3, requires **urgent attention (red)**;
11. Key points to note:
 - **CAD phase 3** – STB agreed to move this to red rated as the programme has not commenced. Following scrutiny and discussion at STB in November, there will be some work led by the Director of Workforce and OD to seek progress in the elements required to move this deliverable towards completion.
 - **Major Trauma Network** has gone live, but the deliverable is not yet complete as there are some outstanding actions within the project to complete and the project will be closed down with a final lessons learnt log compiled in quarter 4.
 - **Grange University Hospital** remains on track. The interim transfer service has commenced with external support from 16th November 2020. The Project Team aims to deliver the remainder of the project (i.e. recruitment and training of WAST staff, fleet and short term estates solution) by the end of the year.
 - **EMS D&C Programme** remains in progress with funding now agreed for remaining posts in year 1. However this remains at Amber as some key workstreams connected to the programme are off track such as estates, fleet and roster review workstreams;

- **Estates SOP** milestones have been updated – remains at Amber as in progress but some elements still off track. A detailed update on the Capital programme was discussed at Finance and Performance Committee on 19th November and an update provided to Board on the agenda;
 - **Fleet SOP** delivery has been updated – remains at Amber. A detailed update on the Capital programme was discussed at Finance and Performance Committee on 19th November and an update provided to Board on the agenda.
 - **ePCR delivery** has been updated - has moved to Green as funding in principle agreed.
12. The progress against deliverables has previously been based on original milestones and timescales. In some cases the timescales have legitimately slipped and been adjusted and therefore ADLT will continue to refresh the milestones and timescales for the remainder of the year where this appropriate and agreed within their governance arrangements.
13. The assessment focusses on progress against delivery. The IMTP however set out a number of benefits and outcomes measures that each deliverable should contribute towards. The Strategy Planning and Performance Directorate is reviewing the way in which this is reported to the Board. The aim will be to bring a comprehensive view of delivery and impact of transformative programmes of work through Strategic Transformation Board and then, within established reporting mechanisms, a more strategic view to the Board alongside the IPR report.
14. A number of programmes not included in the assessment of progress were those that STB agreed could defer with refreshed timescales to be agreed or alternative milestones to be established, which include:
- **NEPTS CAD System** – this can either be deferred to 2021/22 or an alternative is to develop an upgrade solution as part of the digital strategy
 - **Volunteering strategy** – whilst normal business for volunteering resumes, work on the strategy can be deferred to 2021/22
 - **Utilise technology to improve communication with staff** – this is considered normal business and a number of enhancements (e.g. IPADs, O365) have been delivered in year. Further enhancement would be picked up in the Digital Strategy.
 - **Develop & implement a range of technologies to enhance the way our services can be accessed** – likewise, this has become normal business to some extent during COVID-19 response, however further enhancement would feature in the Digital Strategy as required.
 - **Implementing the Public Health Plan** – not considered a specific organisational wide priority at this stage but plans would be taken forward at directorate level.
 - **Continue to work with the Bevan Commission, NHS Wales Finance Academy & ICHOM** – being taken forward at directorate level.
 - **Environmental strategy** – whilst work has been continuing at a directorate level, the key element within the IMTP is the role of the fleet replacement programme, and so the Fleet SOP was decoupled as its own priority.
 - **Developing an All Wales Transfer and Discharge service** – the NCCU are taking a lead on this work. For WAST a key test is the delivery of the Grange University

Hospital transfer service and the learning from that could potentially inform an all Wales model.

Key Risks to delivery

15. There are a number of key risks to the delivery of the IMTP for the remainder of the year and these were set out in the quarterly operational plan, summarised as follows:

- A second wave (and future waves) of the virus/pandemic adversely impacting on organisational sustainability and resilience in the medium to long term;
- Health Board elective activity, surge capacity changes and unplanned or accelerated service changes – WAST continues to monitor Health Board tactical and operational plans at regional and local levels, but as has been seen within projects such as the Grange University Hospital, changes to plans or accelerated timescales can impact on the resources available to deliver the change, alongside competing priorities;
- Resources available to support delivery – the quarterly operational plan focusses resources on four main areas of its framework. The Trust is limited in its scope to extend planning/projects support, Workforce and OD support, finance, ICT, clinical leadership and other resources required to drive forward the IMTP without additional funding attached to those projects. STB will maintain a line of sight to the resources deployed to manage its agreed priorities and update its view as priorities change;
- Any additional revenue costs that have been incurred and that are forecast to be spent are not fully funded, impacting on the organisation's ability to deliver full in-year savings and/or year-end financial balance. Discussions will continue with both the commissioner and Welsh Government on these issues. This risk is included in narrative included in its financial reporting both internally to committee and externally to WG. This may be limited by the emergence of some non-recurrent revenue funding opportunities for the remainder of this year.
- The impact of the reduced expected capital funding in 2020/21, the immediate impact this has on previously committed schemes, the ability of the Trust to continue with its fleet modernisation programme, and the wider impact on business cases in development, for both this financial year and beyond. As reported above there is some improvement on this position and a full update on capital related matters is included on the agenda.
- Prolonged pandemic increasing levels of anxiety or stress, impacting on staff well-being and potentially absence.

There are specific actions outlined in the quarterly operational plan (appendix 2) that aim to minimise and mitigate such risks.

Summary

16. Despite the challenges of the last 8 months and the stop/start nature of delivery brought about by the need for a flexible response and recovery approach to the pandemic, WAST staff have remained undeterred in their commitment to transformation of key services. The IMTP remains relevant and fit for purpose, as is the Long Term Strategy to which the deliverables in the IMTP align. Tangible progress has been made in key areas of the IMTP and through the prioritisation led by STB and the focus of WAST's quarterly operational plans there will be continued efforts to maintain a trajectory towards delivering WAST's strategic ambitions.

17. Along the way, guided by necessity and/or external mandate, milestones may have changed, some delivery timescales deferred and new programmes of work added to the portfolio of deliverables prioritised at STB. However, despite ongoing risks, STB will continue to oversee delivery of these important programmes of work.

RECOMMENDATION

18. The Board is asked to:

- **NOTE** the update provided on progress of the IMTP in 2020/21 to date;
- **NOTE** the risks to delivery for the remainder of 2020/21 for which there are mitigations in the quarterly operational plan set out in appendix 2.



Strategic Transformation Board

November 2020

Update against priority IMTP Deliverables

Strategic Theme	Work stream, project or Programme	Year 1 Milestones in IMTP	RAG- November 2020	Progress Update -November 2020	Anticipated Benefits
Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients	Fully embed the 111 service across Wales	<ul style="list-style-type: none"> ▪ Roll Out of 111 into Cwm Taf Morgannwg University Health Board (UHB) ▪ Review of estates capacity & secure to support full roll out including a permanent Ty Elwy solution ▪ Complete procurement of 111 National System ▪ Explore options to undertake an externally validated Demand and Capacity Review across the whole 111 service ▪ Implement the action plan associated with the 111 Peer review 		<ul style="list-style-type: none"> ▪ The 111 number remains available across Wales for CoVID-19 related calls. A revised date for roll out into CTM Health Board has been agreed as 24 November 2020 subject to the final SRO readiness assessment scheduled for 18 November. A recruitment and training programme is currently in place to increase both call handler and clinician numbers. ▪ BCU and Cardiff & Vale were scheduled for rollout after the procurement of the new 111 system. ▪ The IMTP stated that the original implementation of the 111 system was due to commence from March 2021, following conclusion of system procurement. ▪ A contract has been signed with Capita and workshops have commenced to develop the scope of the new integrated system. There have been delays due to force majeure for COVID-19 and a new date will be agreed with the supplier as soon as initial planning is complete – this is likely to be autumn 2021 for most Health Board areas. ▪ WAST is now confirmed as contracting authority and recruitment of internal staff to support the programme will be commencing in the immediate future. ▪ An internal Demand and Capacity review was completed by Shared Services and Finance lead for 111 in collaboration with the service. This work has been concluded for demand purposes however further work is ongoing to reassess clinical workforce requirements in the light of COVID-19 and emerging models for urgent care and ensuring there is sufficient estate capacity for full rollout and future COVID-19 related (and other) surges in demand. ▪ During July 2019 a Peer Review of the 111/NHS Direct Wales service (NHSDW) was undertaken to assess the operational and clinical infrastructure for call handling, clinical triage and the clinical support hub functions within NHS Direct /111 due to its delivery of the front-end capacity for 111 OOH 	<ul style="list-style-type: none"> ▪ Increase in number of patients contacting 111 service ▪ Minimum of 90 extra WTE front line EMS Staff by end of March 2021 ▪ Improvement in 999 call answer time ▪ Red performance of 65% at Health Board to be achieved & 95th percentile to reduce ▪ Amber 95th percentile times to reduce across each Health Board area ▪ Clinical Indicator performance to improve. ▪ Percentage of incidents where the first arriving vehicle is the ideal to increase ▪ Compliance with HCP time requests to improve across each Health Board ▪ Rosters aligned to demand & compliance with planned rosters to increase ▪ Reduction in sickness levels ▪ Reduction in number of on the day bookings, aborts & cancellations ▪ Deliver national call taking for NEPTS ▪ Improve performance for Enhanced Provision

Strategic Theme	Work stream, project or Programme	Year 1 Milestones in IMTP	RAG- November 2020	Progress Update -November 2020	Anticipated Benefits
				services. The Plan contains 20 recommendations for many areas of the Trust which reflect the nature of the delivery of the 111 service within WAST. The action plan developed by members from across a number of directorates originally contained 30 actions, 18 of which have now been completed. The next progress update is to be provided to Finance and Performance Committee on 19 November 2020.	
	Transform the EMS service in line with the Demand and Capacity Review outcomes, increasing numbers of front line staff, & working to achieve internal & system-wide efficiency improvements.	<ul style="list-style-type: none"> Establish a comprehensive implementation programme, including agreement of an Implementation Plan (March 2020) Make a substantial contribution to closing the relief gap with a minimum of additional 136 WTEs in post by 31 Mar-2021 Deliver year 1 efficiencies as agreed as part of the implementation plan Understand resource availability impact on Fleet and Estate 		<ul style="list-style-type: none"> There are 7 projects in the programme. The key project is the Recruitment & Training Project which is on track to deliver the 136 FTE additionality in 2020/21. The other projects were stopped in first wave CoVID-19 so have had to be re-programmed. The estate's high utilisation and quality of has been identified as a potential strategic barrier/risk to the programme. Detailed work has been undertaken on this and is currently with estate. The ITT for the roster reviews has gone live. Further consideration of the modelled reduction in RRVs and impact on Red performance is being considered. 	
	NEPTS Transformation - D&C Review	Complete the NEPTS Demand and Capacity Review and develop an Implementation Plan		<ul style="list-style-type: none"> The NEPTS Demand and Capacity Review has continued to progress on track. The final report was due to be presented to the Steering Group early November but is now scheduled to be presented on 27th November 2020, remaining within the November target. The target to report recommendations for agreement to EMT, Trust Board and EASC by end of January 2021 remains as planned. Since the last update, the review has now moved to the Operational and Control Scenario Modelling phase, incorporating the performance parameters that were agreed on 7th September with the Chief Ambulance Services Commissioner (CASC), Director of Ops, NEPTS Senior Management and NEPTS Project Group. The next Steering Group is scheduled for 6th November 2020. 	
	NEPTS Transformation - HB Transfer of Work Programme	Reviewed Refreshed Plan – see update		<ul style="list-style-type: none"> NEPTS Head of Transformation in Post end of September 2020; Finance & Performance Committee are due to receive a paper on 19th November on the transfer of work for Powys. Conversations are ongoing in relation to AB and BCU 	
	Collaborate with partners to support wider unscheduled care system Operational Delivery Unit	Re-opened as a result of short term funding agreed		<ul style="list-style-type: none"> Short term funding agreed and in place National Delivery Manager posts and Head of Service post currently under recruitment Admin and analyst posts to follow imminently Review/analysis of ODU impact to follow around February 2021 	
	Tactical Seasonal Plan	Q3/Q4 Plan -October 2020		<ul style="list-style-type: none"> A detailed tactical seasonal plan has been completed by colleagues across the Trust and included in Q3/Q4 plans. This focuses on the WG six goals for urgent and 	

Strategic Theme	Work stream, project or Programme	Year 1 Milestones in IMTP	RAG- November 2020	Progress Update -November 2020	Anticipated Benefits
				<p>emergency care and supporting enablers and includes a wide range of both strategic and operational actions. Many of the actions can be undertaken within existing resource levels, but some would require additional funding.</p> <ul style="list-style-type: none"> A festive planning group has been established and there will be a festive period plan, as well as a bespoke plan for New Year's Eve. Monitoring mechanisms for Q3/4 plan via BCRT need to be established 	
Enable our People to Be the Best They Can Be	Strategic Equality Objectives OBJECTIVE 1 By 2024, we will continue to celebrate and promote the diversity of all our people, to ensure they feel safe, valued and respected at work. OBJECTIVE 2 By 2024, we will take action to maximise health opportunities and strengthen the voice of all citizens and staff to ensure the people who use our services have equity of access and improved experience with access to services that are sensitive to the needs of all. OBJECTIVE 3 By 2024, we will take action to increase awareness and tackle key equalities issues that may arise from a person's 'protected characteristics' to ensure our services, our culture and our people understand and are responsive to the needs of all. OBJECTIVE 4 By 2024, we will take positive action to increase representation and create a positive experience of work for individuals from diverse backgrounds, cultures and identities to ensure the Trust is seen as a great place to work, volunteer, develop, and grow for all.	Milestones TBC		<p>Progress towards achieving our Strategic Equality Objectives</p> <ul style="list-style-type: none"> Stamping out Racism In line with the AACE Promises all staff have been invited to share their experiences of racist behaviour and discrimination whether it be from the public or within our services directed at them or something you have witnessed. Experiences of COVID19 For Black History Month staff have been invited to share their journeys through Covid as part of Black History Month to strengthen understanding of inequities of care in relation to race and ethnicity. The strategic equality objectives have been agreed and the reverse mentoring project has started. Diversity and Inclusion Steering Group has started again following a pause, meets every quarter and has developed a virtual EDI network to support the broad areas identified so far. The group has supported and contributed to and supported Pride earlier in the year and Black History Month currently. Networks – The Diversity and Inclusion Steering Group has currently identified six broad areas of inclusion to support within WAST and are seeking expressions of interest to develop and strengthen support networks in each of these areas. These are Race, LGBTQ+, Women, Age, Disability and Welsh Culture 	<ul style="list-style-type: none"> Overall improvements in staff engagement (survey) score & achievement of workforce KPIs. Sickness rates reduced for all direct staff across each of the steps There are staff appraisal processes in place
	Develop and Implement a Wellbeing Strategy	<ul style="list-style-type: none"> Deliver a Board approved strategy to improve the Health and Wellbeing of the Trust's workforce, which will initiate a transformation in the design of our processes, jobs and ways of working (including shift patterns) Develop and deliver on case for investment to facilitate a sustainable expansion and improved access to our Trust Occupational Health Service 		<ul style="list-style-type: none"> Following consultation the Health and Wellbeing Strategy 2020-2024 third draft was presented to People and Culture Committee on 13th October 2020 with the final strategy is due for presentation not board in November 2020. 	

Strategic Theme	Work stream, project or Programme	Year 1 Milestones in IMTP	RAG- November 2020	Progress Update -November 2020	Anticipated Benefits
		<ul style="list-style-type: none"> Renew Corporate Health Standard Gold Standard 			
	Implement our Transforming Education and Training Strategy	<ul style="list-style-type: none"> Introduce the Paramedic Science Degree programme and develop the Conversion Programme to enable sustainable supply and internal progression routes Develop proposal for expanded opportunities to undertake apprenticeships, including clinical apprenticeship pathways and consolidate support through the future creation of an Apprenticeship Academy Develop Clinical and Driving Instructor pathways to enable effective succession planning and meet requirements of Road Traffic Act 2006 Develop governance framework to support University Status application including Terms of Reference and Partnership Board / Committee Improve our training plan systems to reflect push/pull demands and incorporate system wide tools, where viable Complete the relocation of the National Ambulance Training College within the Central and West footprint Develop plans for the relocation of the South East Training facility, maximising opportunities presented by the new Cardiff MRD development 		<ul style="list-style-type: none"> Rapid acceleration of IT virtual learning key deliverable Digital Literacy improvements as you will see in slide shortly Shift left from taught to more peer/self-directed learning to support the virtual delivery The utilisation of technology and need to think differently about work has demonstrated real innovation, enabling us to continue to deliver some of our key services despite the current challenges, something that other UK Trusts ceased. Development of additional teaching staff hindered by COVID but enabled progression of 11 DI's 1 has stepped off programme, 12 CI's with significant input for new ideas from millennials and how they influence existing team Resource Coordinator post added to structure to plan more effective tutor rostering Work is now underway to develop a purpose-built space at the new Matrix House premises to expand and develop virtual delivery strategies and applications. Refreshed plans to make COVID secure as part of BAU for rest of financial year CET and CAVA recommended to other UK Trusts as exemplar DTU development during pandemic First cohort of BSC Degree commenced Sept 2020 with 75 students moving from Diploma to Degree 	
	CTL Review	Not IMTP Operations Directorate priority work stream		<ul style="list-style-type: none"> ACAS facilitated negotiations concluded and agreement reached in principal with Trade Unions Trade Union membership has accepted this agreement Trust Board approved the agreement. Operations team have commenced planning for a series of one to one discussions with CTLs 	
Whole System Partnership and Engagement	Implement & fully engage in the early evaluation of the Major Trauma Network	<ul style="list-style-type: none"> Develop the WAST Major Trauma Desk. Develop the WAST Major Trauma senior role incl. clinical competencies aligned to the JD. 		<ul style="list-style-type: none"> The network has gone live and the desk is now live. eLearning last reported as 67% in September following go live (based on 956 completed of 1432 all Wales staff, with a further 99 enrolled to complete at 28.9.20) – this will be monitored now through business as usual F2F training plan to be developed 	<ul style="list-style-type: none"> Implementation of the WAST elements of the Major Trauma Network Business Case & WAST priorities Understanding, agreeing & quantifying impacts of Health Board strategic service change

Strategic Theme	Work stream, project or Programme	Year 1 Milestones in IMTP	RAG- November 2020	Progress Update -November 2020	Anticipated Benefits
		<ul style="list-style-type: none"> Implement the actions from the programme Business Case. Develop and oversee the eLearning and face to face training. Evaluate the activity, demand and flow of patients - WAST to feed in data 		<ul style="list-style-type: none"> Evaluation plan and timeline to be developed – meeting held on 12th November to progress 	<ul style="list-style-type: none"> A range of KPIs bespoke to ABUHB for the new service
	Engage with Aneurin Bevan UHB on the implementation of the Clinical Futures Strategy & opening of The Grange University Hospital	<ul style="list-style-type: none"> Develop implementation plan for go live. Go live is 16th November 2020 supported by externally provisioned service and WAST CCC elements WAST directly employed staff service commencement is w/c 21st December 2020 		<ul style="list-style-type: none"> Operation Griffin established and plans prepared for execution for days 1 – 3 moves. Cost recovery plans agreed. Operation Griffin commenced on 15th November 2020. St John roster complete and ready for go live date. Private provider secured to add 24/7 blight capability – staff induction on 16th November (any blue light transfers to be covered by EMS fleet on GUH day 1) 1x EA 12/7 built into the model for main EMS fleet. Fleet order for 13 hybrid vehicles and equipment has been placed. Due to come into service in line with staff being operationalised – risk around vehicles available for induction but some should be available. 2x vehicles will be converted without wheelchair space to accommodate transfer practitioner equipment. UCA Staff recruited and training due to commence on 24th October with a plan for 3 week induction in December. 3x staff self-isolating due to COVID, plan in place to catch up with training on later course to join team as soon as possible. Estates (crews) - Finalising short term solution on GUH site to ensure facilities for vehicles and staff. Longer term option being worked up, in context of wider Cwmbran estate requirements. Option on table for MRD long term on Grange site. Estates (CCC) – ABUHB staff moved into VPH on 9th November. Flow centre and CCC processes finalised jointly with ABUHB. Pilot of TP transfers complete and ready for go live. Heads of Terms signed with ABUHB to allow commissioning and funding to flow as performance management framework and SLA being finalised. 	
Ensure the Design & Infrastructure of the Organisation are at the Forefront of Innovation & Technology	Develop a Digital Transformation Strategy	Develop an approved Trust Digital Transformation Strategy and Strategic Outline Programme		<ul style="list-style-type: none"> Engagement has taken place with Operations Strategy going through F&P Committee and Board in November 2020 	<ul style="list-style-type: none"> Collaborate, agree & deliver to milestones, a development plan for the transition to the NHS Number, prioritising the use of the number in the Clinical Support Desk Develop and go live on CAD/PCR data link, with in year go live milestone to be collaboratively agreed.
	Progress priorities of the Estates SOP for the next 3 years. Estates SOP Delivery	MILESTONES REFRAMED – SEPTEMBER 2020 <ul style="list-style-type: none"> Cardiff MRD progress construction phase Matrix One – development of site to relocate training and 		<ul style="list-style-type: none"> Estates SOP Refresh: The analysis of the potential impact of EMS D&C on the Estates SOP continues. An update on progress and next steps will be presented to the November F&P. The outcome of the NEPTS D&C will also inform the Refresh. Consideration is also being given to the 	

Strategic Theme	Work stream, project or Programme	Year 1 Milestones in IMTP	RAG- November 2020	Progress Update -November 2020	Anticipated Benefits
		reconfiguration to accommodate NEPTS ▪ (New action) Accommodation for staff relocated to Cefn Coed from Cwmbwrla ▪ Matrix House – phased approach to deliver by end of financial year. ▪ Full Business Case approved for South East Fleet Workshop ▪ Development of business case for relocation of Bangor Fleet Workshop ▪ Develop OBC for Swansea MRD ▪ Develop and implement plan for our CCC in North Wales including expansion and utilisation of remaining space in Ty Elwy ▪ Minaeron ▪ VPH reconfiguration		potential impact of Covid-19 guidance on the workplace (eg, physical distancing, decontamination provision). It has been agreed that the final SOP Refresh (in the form of an SBAR) will be presented to the January F&P and Trust Boards for approval, ahead of submission to WG. The implementation of the resulting programme of work is dependent on sufficient and timely capital availability and support resources. ▪ Cardiff Area Ambulance Centre: Construction continues to progress well, with the demolition phase now complete. The scheme is on schedule to complete in October 2021. ▪ Matrix One (reconfiguration of site to accommodate NEPTS Teams and the introduction of agile working): All staff have been consulted with and plans have been approved by the Project Board. The tender and quotation process for the required works will progress in early November. The Project is due to be completed by the end of the financial year. ▪ Matrix House (relocation of the Cefn Coed Training Team to Matrix House): The Training Team has been fully consulted and plans have been approved by the Project Board. A quotation has been received by the landlord's preferred contractor and this is currently being financially verified by the Trust's cost advisors. The Project is due to be completed by the end of the financial year. ▪ Cwmbwrla: A task and finish group has been established to cover the immediate Health & Safety issues, which have been addressed. A medium term plan to improve welfare facilities has progressed with a view to presenting a business case to ICMG. A longer term plan to develop a Swansea MRD is proposed to commence in due course. ▪ SE Fleet Workshop: The OBC has been submitted to WG and feedback in the form of a scrutiny grid has been received. The comments are being reviewed and responded to, including the progression of an Estates Annexe to support the OBC submission. Costs are currently being reviewed and discussions continue with the landowner relating to site location and possible developer options. Initial engagement with local planning have been positive. WG are being updated accordingly. ▪ Aberaeron / Minaeron Reporting Station: Identified as a priority but currently on hold due to restricted capital availability. Design works undertaken and ready to progress to tender stage. ▪ Pembroke Dock Phase II: Identified as a priority but currently on hold due to restricted capital availability. ▪ Bangor Fleet Workshop: Identified as a priority but currently on hold due to restricted capital	▪ Implications of the Demand and Capacity Review implementation programme are reflected into the estate SOP & BJC.

Strategic Theme	Work stream, project or Programme	Year 1 Milestones in IMTP	RAG- November 2020	Progress Update -November 2020	Anticipated Benefits
				<p>availability. At feasibility / business case stage, will be reviewed further as part of the Estates SOP Refresh.</p> <ul style="list-style-type: none"> VPH CCC: Initial reconfiguration works at VPH have progressed. Reconfiguration of the first floor progressed to provide a dedicated training area and initial accommodation for the Phone First service. Reconfiguration of the South Annexe has progressed to provide an initial, dedicated area to accommodate the GUH Flow Centre. GUH Operations: A preferred option has been identified to accommodate WAST's staff and fleet who are required to support the GUH development. A business case has been submitted to the GUH Project Team for consideration. Accommodation for NEPTS staff relocated from Cwmbwrla to Cefn Coed: A potential solution had been identified, with budget costs being presented accordingly. Unfortunately this option is no longer available and so further site searches are being undertaken. CCC and Administrative Estate: Longer term requirements for WAST's CCC (considering 111 and Phone First provision) and administrative estate (considering the development of agile / remote working as a result of Covid-19) are to be confirmed. Clarification of requirements will inform the future configuration and usage of such estate (including VPH reconfiguration and the development of Ty Elwy). Such requirements will need to be reflected in the Estates SOP in due course. 	
	Fleet Strategic Outline Plan (SOP) Fleet SOP Delivery	<ul style="list-style-type: none"> There is not a specific deliverable on the Fleet SOP but the IMTP ambition was to replace 112 vehicles across EMS, NEPTS and HART in line with both the EMS Demand and Capacity review and Environmental Sustainability deliverables. Fleet replacements for 2020/21 have subsequently been reviewed in the context of this current financial climate following COVID-19 and the restricted availability of capital. Accordingly, the Trust has allocated capital to progress with 21 RRV's and 2 EA's during 2020/21 to support EMS operations. In addition, 13 new vehicles are being provided to support the GUH development and these will 		<ul style="list-style-type: none"> WG have advised that the Fleet Replacement BJC for 2020/21 for 112 operational vehicles could not be supported from the All Wales Capital Programme. There is risk associated with being unable to replace vehicles at the prescribed replacement time. Work is underway to ascertain the impact of the EMS D&C Review on Fleet. A similar review will be undertaken for the NEPTS D&C Review. The Fleet SOP is being reviewed to take into account of these changes including the re-profiling of the vehicle replacements. The Fleet SOP will be refreshed accordingly for consideration for funding from 2021/22 onwards. There are ongoing discussions with WG with regards to the potential availability of capital funding in the future. This now includes a request from WG to submit an initial updated interim BJC for 2021/22, to be considered for potential confirmed funding in advance of the new financial year. The 13 GUH project vehicles are now in build. 	

Strategic Theme	Work stream, project or Programme	Year 1 Milestones in IMTP	RAG- November 2020	Progress Update -November 2020	Anticipated Benefits
		be converted to an agreed specification for GUH.			
	Procure and implement a Welsh Ambulance Services NHS Trust Electronic Patient Clinical Records (ePCR)	<ul style="list-style-type: none"> ✓ Commence procurement of ePCR solution to inform Full Business Case ✓ Complete Full Business Case and seek Trust endorsement through Committee & Board ✓ Submit FBC to Welsh Government and complete scrutiny process to gain funding support. <p>On formal approval of funding.</p> <ul style="list-style-type: none"> Recruit ePCR programme team. Develop and award commercial contract with supplier. Programme Commencement. 		<p>05.11.2020 – GREEN due to funding in principal offer</p> <ul style="list-style-type: none"> Trust endorsed FBC was submitted to the WG Digital Scrutiny Panel with a Digital Investment Proposal. Presentation from WAST given on 28 October 2020. Approval in principle for the capital costs in 2021/22 and 2022/23 was granted subject to Ministerial approval. Trust to review programme finances for 2020/21 to identify what is affordable. Job descriptions are being collated for the programme team. The Trust, NWSSP & preferred supplier are preparing commercial schedules and await a decision on approval of funding to proceed from Government. 	
Help patients more easily access our services at the right time	Mobile Testing Unit – Phase 1 Welsh Reserve MTU's (Surge Capacity)	<p>Not IMTP</p> <ul style="list-style-type: none"> Operationalising delivery of 4 x Welsh reserve MTU's Go-Live 3 x Welsh Reserve MTU's- 1st September 2020 Go –Live 4th Welsh Reserve MTU- 1st October 2020 Phase 1 complete and closed 		<ul style="list-style-type: none"> Phase 1 = 4 x Welsh Reserve MTU's are operational now WAST MTU Programme is working closely with TTP Wales and Welsh Government to finalise the Welsh MTU framework which will assist in all stakeholders having uniformity in understanding processes and accountability Adequate provision of kit and arrangements for winter is a key risk to maintain service delivery. Matters have been escalated to DHSC who are leading a national winterisation project for MTU's across UK. Programme team is in process of handing over Phase 1 completely to operational team Pre-emptive planning for possible phase 2(Additional MTU's) is in progress anticipating final decision from Welsh Government and DHSC 	<ul style="list-style-type: none"> Patients will access our services through a wider range of technology
	Mobile Testing Unit – Phase 2 Welsh Reserve MTU's (Surge Capacity)	<ul style="list-style-type: none"> Transition of 15 further MTU sites to WAST currently underway (from private provision). 		<ul style="list-style-type: none"> Transition of 15 further MTU sites to WAST currently underway (from private provision). Expected decision to be received week commencing 9th November from DHSC Head of MTU appointed and commenced in post 9th November 2020 Existing TUPE position remains outstanding Existing risks to implementation include availability of staff (Christmas job market) and additional pressures on payroll services 	
Provide the right care in the right place, wherever & whenever it is needed	NPUC Respiratory Pathways Phases 1 and 2	Phase One and Two: March 2021 (subject to HB capacity and readiness which will inform the roll out of the next stages)		<ul style="list-style-type: none"> This work stream is being overseen by the recently established Care Closer to Home The immediate focus of the group is to develop, implement & fully embed phases 1 & 2 of the respiratory work stream described below. 	<ul style="list-style-type: none"> Utilisation of additional pathways made available by Health Boards Proportion of patients referred to alternative pathways to increase hear & treat & see & treat

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		Phase 3: 1-2 years Phase 4: 2-3 years		<p>Acknowledging that the group also holds a broader & expanded role to oversee key developments aligned to managing more patients in the community & avoiding ED where clinically appropriate. This will also include in the future the oversight of the expansion of our APP workforce & Non-Medical Prescribing development.</p> <ul style="list-style-type: none"> At the initial meeting the Group reviewed the work streams approach, project plan, resource requirements & reporting arrangements. The additional resource requirements are being progressed in discussion with the Chief Ambulance Commissioner / National Unscheduled Care lead. Phase 1 – Implementation a National Respiratory (COPD) Community Pathway across Wales: Progress has been made to identify key learning & lessons learnt from the ABUHB pilot. This has helped inform the initial draft of a Readiness Assessment Tool for Health Boards to complete as part of identifying Health Board readiness to implement the pathway. The findings of the readiness assessment will inform and shape the phased roll out and implementation of the respiratory (COPD) pathway across Wales. Phase 2 – Deploy additional APPs (subject to funding & recruitment) to support and work with community based respiratory teams across all Health Boards to manage more respiratory patients in the community: <p><u>Further discussions & developments required on this phase following the outcome of Health Board completion of the Readiness Assessment tool.</u></p>	<ul style="list-style-type: none"> Reduce variation in conveyance rates across Wales. Reporting of agreed clinical indicators which complement the benefit realisation assumptions for Band 6 Paramedic investment.
	Develop & implement the Older People's Framework including falls	<p>Review Refreshed Plan – TBC</p> <ul style="list-style-type: none"> Embed Level 1 Falls Response across Wales Develop, and deliver pilot schemes for L2 Falls Response across multiple sites Business option appraisal/business case to support Falls Response Model (L1&2) across Wales Develop the Trust Older People framework Build a stakeholder map, and develop relationships with social care organisations and, voluntary sector Establish a user-involvement infrastructure to ensure co-production in service development 		<ul style="list-style-type: none"> Framework presented and approved by the Older People Steering Group. A final SBAR will be presented to EMT in early November seeking endorsement of the framework, with a view Board approval. Two action-orientated sub-groups were approved by the Steering Group; the 'Falls Implementation & Improvement Group' and 'Older People Action Group' – the purpose of these groups is to coordinate delivery of actions, liaising with other established Trust forums such as Closer to Home group. 	<ul style="list-style-type: none"> More level two falls response services across multiple sites Scale up and spread the use of fragility scoring and delivery of training.

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		<ul style="list-style-type: none"> Scale-up, and spread the use of frailty scoring across service areas; including development of education/training for internal and external audiences Deliver small scale (pilot/test of change) collaborative improvement projects with stakeholder partners Deliver an evaluation/visionary documents of the all-Wales opportunities to improve the health and care system for older people, from a WAST & system-partner perspective 			
	Implement an integrated clinical hub - CCC Clinical Review	Revised Plan TBC <ul style="list-style-type: none"> Development of project plan and delivery infrastructure. Development of business cases for service change in response to the 25 recommendations within the CCC Clinical Review. Implementation of key recommendations for year 1 		<ul style="list-style-type: none"> COVID-19 CoVID has driven work to temporarily scale up the capacity and remote working capability within the Clinical Service Desk. The work to implement the findings of the CCC Clinical Review had not fully commenced prior to the Trust invoking its Pandemic plan and therefore limited progress had been made on achieving the recommendations to date. The learning from the COVID19 response has been considered and factored into the implementation of the review's recommendations. STB approved the commencement of this programme and establishment of a programme board on 28th August. The Programme Board met in October for the 1st time and have agreed 16 objectives for Q3 and Q4 of 2020/21 Project management resource has been assigned from TSU to support this work, but additional resource required around Hear and Treat elements of the CCC Clinical Review. Work to run alongside Phone First development, with work around the Phone First taking account of clinical review recommendations. 	<ul style="list-style-type: none"> More calls to '111' and NHSDW / more hits to website- Commissioning Intention (CI) Proportion of clinical desk calls assessed and closed (Hear and Treat) to reach and be sustained at 12%- CI Proportion of verified incidents conveyed to a major ED to decrease
	CAD Phase 3	Reviewed Refreshed Plan - TBC <ul style="list-style-type: none"> Prior to it being paused CAD Phase Three was due to complete by the end of the 2019/20 financial year. Phase three commenced in August 2019 but was paused in March 2020 		<ul style="list-style-type: none"> Work still on Hold awaiting the outcome of the job evaluation process The CAD project was designed around three principal phases, namely:- <ul style="list-style-type: none"> Phase One – Like for like implementation Phase Two – Development, testing, and functionality expansion. Phase Three – Review of the response operating model and staffing roles. <ul style="list-style-type: none"> ✓ Revisions to dispatch areas to ensure even distribution of workload and vehicles. ✓ Flexing numbers of desks by day/night to reflect the activity. ✓ Move to a single role per dispatch area. 	<ul style="list-style-type: none"> Supports benefits around improved EMS performance Realise benefits of single dispatch roles

Strategic Theme	Work stream, project or Programme	Year 1 Milestones in IMTP	RAG- November 2020	Progress Update -November 2020	Anticipated Benefits
				<ul style="list-style-type: none"> Before the suspension of the project there were two principle areas of ongoing work; <ul style="list-style-type: none"> ✓ Designing the dispatch boundaries ✓ Evaluation of job descriptions through the Job Assessment Questionnaire (JAQ) process. As a consequence of absence of trained individuals within WAST, the JAQs cannot be fully assessed. 	
	Collaborate with partners to support wider unscheduled care system NPUC Phone First	Full milestones TBC Soft launch planned prior to end December 2020 – no. of HBs TBC Full launch Q4 2020/21 – recruitment required		<ul style="list-style-type: none"> The Phone First clinical model continues to be developed following the latest clinical workshop at the beginning of November. Urgent work is underway with clinical leads across NHS Wales to agree the Inclusion & Exclusion criteria for the patient groups to be safely signposted to the Health Board Flow Hub. Joint workshop held with key stakeholders to review the technical system requirements and flows to support the model Confirmation received for the circa. £2million Capital requirement (including Estates development, system resilience, hardware requirements and software licensing). Positive discussion with Stephen Harrhy to confirm the agreement to recruit clinical advisors on a permanent basis and also to proceed with recruitment for the clinical leadership model. Agreement with National Phone First Group to proceed with an initial ‘Soft launch’ approach prior to Christmas. Health Board phasing and prioritisation is yet to be finalised. As part of the National Programme of Unscheduled Care plans to provide resilience ahead of winter, WAST & the 111 Programme Team have been asked to work closely with Health Boards across Wales to lead the development of the front end service model to support the national “phone first” service. To date WAST has established an internal programme structure to develop the front end model. This includes a Phone First Steering Group (providing leadership & oversight), Clinical Model Group (to develop to the front end clinical model) & an Operational Delivery Group (to lead the enabling functions including the workforce solution, estates requirements, ICT & technical developments & financial arrangements). WAST are also represented & engaging directly with AB, CT, HDda & SB Health Boards to support the development of the Health Board led co-ordination hubs. There is ongoing dialogue with the National Phone First Group chaired by National Director for Unscheduled Care to agree a set of core guiding principles to underpin development of the national model & to nationally agree a clinically safe & deliverable implementation approach. The scale & 	<ul style="list-style-type: none"> Benefits to be articulated through programme

Strategic Theme	Work stream, project or Programme	Year 1 Milestones in IMTP	RAG- November 2020	Progress Update -November 2020	Anticipated Benefits
				feasibility of Pan-Wales roll out will be subject to the application of a detailed Phone First Maturity Matrix & Readiness Assessment which covers WAST/111 & Health Board readiness to safely & successfully implement the service.	
	Continue to implement our Mental Health & Dementia Improvement Plans	<ul style="list-style-type: none"> Receive Mental Health Crisis Care Access Review recommendations and work with partners to consider implications for the system Deliver new Dementia Plan stating how we will improve WAST services Set outcome metrics for mental health and dementia improvement Work in collaboration with academic partners to co-design the advance practice programme in mental health & dementia 		<ul style="list-style-type: none"> Discussions with CASC on a winter CSD approach agreed and finer detail now being worked through Mental Health Crisis Care Access Review received- WAST Head of MH on a working group has been set up to coordinate implementation of the recommendations and work with partners to consider implications for the system. Work is underway to pilot having mental health practitioners in LHB 111 clinical hubs (AB, SB, HD). There are regular meetings with the CASC team to progress this work and there is potential to pilot an shared clinical hub across 111/999 in Q4. A longer term solution is being explored through the Clinical Review work programme Deliver new Dementia Plan stating how we will improve WAST services -Analysis of delivery against 2017-2020 dementia plan completed, workshop with key stakeholders to develop next plan completed. Next steps include discussions with QUEST, NCCU and others to incorporate their thoughts. New dementia plan will be in place by end Q4 Set outcome metrics for mental health and dementia improvement- Analysis of delivery against 2017-2020 mental health improvement plan completed. Next steps to meet with NCCU to incorporate their views into next plan (due end Q4) Work in collaboration with academic partners to co-design the advance practice programme in mental health & dementia-Initial discussions have taken place and Swansea University agree in principle. Exploring precise mechanism for delivery – bespoke modules/work based learning 	<ul style="list-style-type: none"> Ensuring the best & most appropriate response to our users with mental health needs and people who have dementia Our staff feel skilled, able & confident to respond to our patients, particularly those with complex needs and people who are in crisis
Quality at the Heart of Everything We Do	Compliance with the Health & Social Care (Quality & Engagement) (Wales) Act	<p>Review refreshed plan – TBC</p> <ul style="list-style-type: none"> Preparing the organisation for the Bill becoming an Act <ul style="list-style-type: none"> - Revise the Trust Quality Strategy to align with the Bill - Quality Strategy Implementation Plan to support us to self-assess our progress with Quality Governance - Develop the Trust Quality Management System (Quality Planning, Quality Improvement, Quality Control and Quality Assurance). 		<ul style="list-style-type: none"> The development of the Trust Quality Strategy has been stalled, due to pandemic activity and staff sickness. The work has recommenced will be progressed for QUEST approval. 'Readiness' for the bill is in progress, through the development of Citizen Voice engagement networks – led by the PECI Team – and Quality Management System – is part assisted by the pandemic structure and Quality & Safety Wellbeing Cell. A key leadership role (Quality Improvement) is currently out to advert. 	<ul style="list-style-type: none"> Demonstrate compliance with the NHS Wales Health & Care Standards & Commissioning Core Requirements. Review options & agree approach for the routine collection & analysis of patient experience data.

Strategic Theme	Work stream, project or Programme	Year 1 Milestones in IMTP	RAG- November 2020	Progress Update -November 2020	Anticipated Benefits
		<ul style="list-style-type: none"> - Develop and implement a Quality Governance sub structure to our Quality, Experience and Safety Committee (QuEST) ▪ Implementation of the Once for Wales Service User Experience System 			
Pandemic Strategy	Pandemic Recovery Plan	Q3/Q4 Plan -October 2020		<ul style="list-style-type: none"> ▪ Q3/Q4 Plan established ▪ Monitoring mechanisms via BCRT needs established 	<ul style="list-style-type: none"> ▪ Clear direction for a flexible response and recovery – detailed indicators to be developed

Appendix 2 – Quarter 3 and 4 Operational Plan

Respond Flexibly



- Continue to **respond** to the pandemic, protecting core and other essential HR, quality and patient safety services
- Plan tactically for **seasonal pressures** with expected increases in demand
- Respond to expected increases in demand by **increasing number of hours** produced, including **further support** from the FRS and St John Cymru
- Reduce patient safety risks within the community by working with health boards to **reduce delays** at hospital
- Plan for additional capacity in **NEPTS** to support field hospitals or surge sites
- Increase capacity / resilience of core **111** service to meet increasing demand
- Maintain system wide oversight through **ODU**
- Use data to monitor and **forecast** demand and impact



Lead Important Programmes

- Re-establish the full **EMS Demand and Capacity Review** implementation programme and complete recruitment of 136 WTE by March 2021
- Deliver major **new transfer service** in response to the opening of the **Grange Hospital** and work with health boards on other service changes
- Progress the **electronic Patient Care Record** system and **111 IT system**
- Continue work on **major capital schemes** and **fleet resource plans**
- Implement **CCC Clinical review** and complete **NEPTS D&C review**
- Support the wider Unscheduled Care system through leadership of **111 Phone First, Respiratory Pathways** and ongoing utilisation of the **ODU**
 - Provide **mobile testing capacity** across Wales
 - Deliver range of **IMTP priority deliverables**

Support Our Staff

- Maintain and enhancing our focus on **staff health and wellbeing**
 - **Physical Health** including **flu** and **COVID vaccinations**
 - **Mental Health**
 - **Infection control and PPE**
- Increase our commitment to equality, diversity and inclusion
- Provide support for recruitment / selection within key programmes of work
- Investment in education learning and development
- Enhance the leadership and development of the organisation
- Ensure **safe and supportive environments** for staff to continue to work from home and return to the workplace when the time is right
- Treat people as individuals, embed principles of **compassionate leadership**
- Consider need for **redeployed roles**, prepare staff for second wave



Learn From and Keep What's Worked

- Developing a **quality and safety culture** across the organisation
- Keep working together **across teams** to problem solve and innovate and retain elements of **flexibility** across teams (**matrix working**)
- Keep **communication** channels clear and regular, and contribute to national communication campaign around winter
- Continue working in **partnership** with our key stakeholders
- Learn from **Datix** and **RIDDOR** investigations
- Continue to embrace **remote and agile** working, making best use of our estate when we can return to the workplace and developing an improved '**digital workplace**' for staff
- Learning from **audits and debriefs** during the pandemic response
- Healthy working relationships
- Maintain **agile governance** arrangements



THE QUALITY OF OUR SERVICE AND OUR PATIENTS' EXPERIENCE WILL REMAIN AT THE HEART OF EVERYTHING WE DO

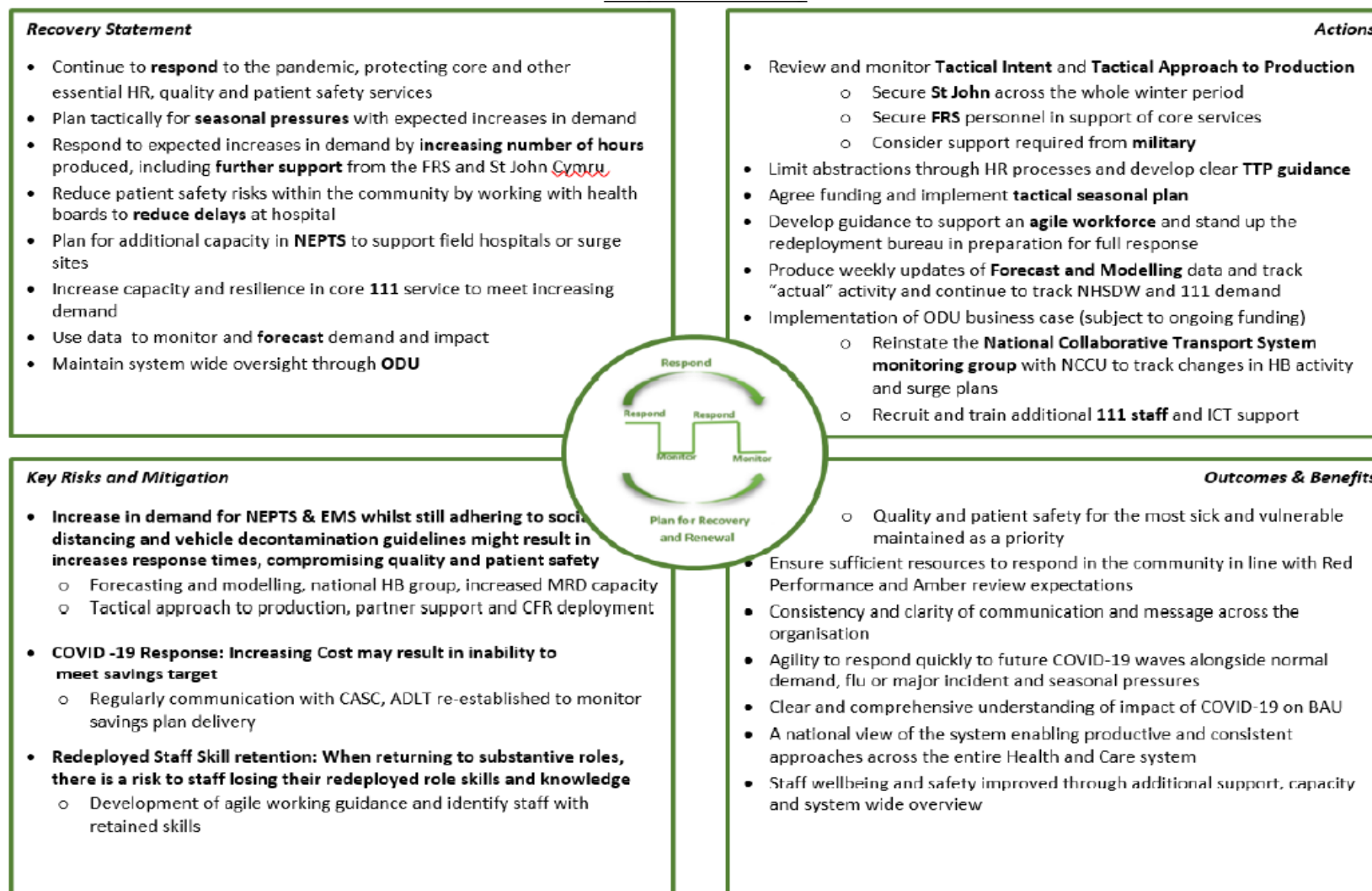
**Show Kindness and Compassion
through these Difficult Times**

**Keep Listening: Reflect
and Learn Together**

**Be Open, Honest and Timely in
our Feedback and Communication**

**Be Connected
and Together**

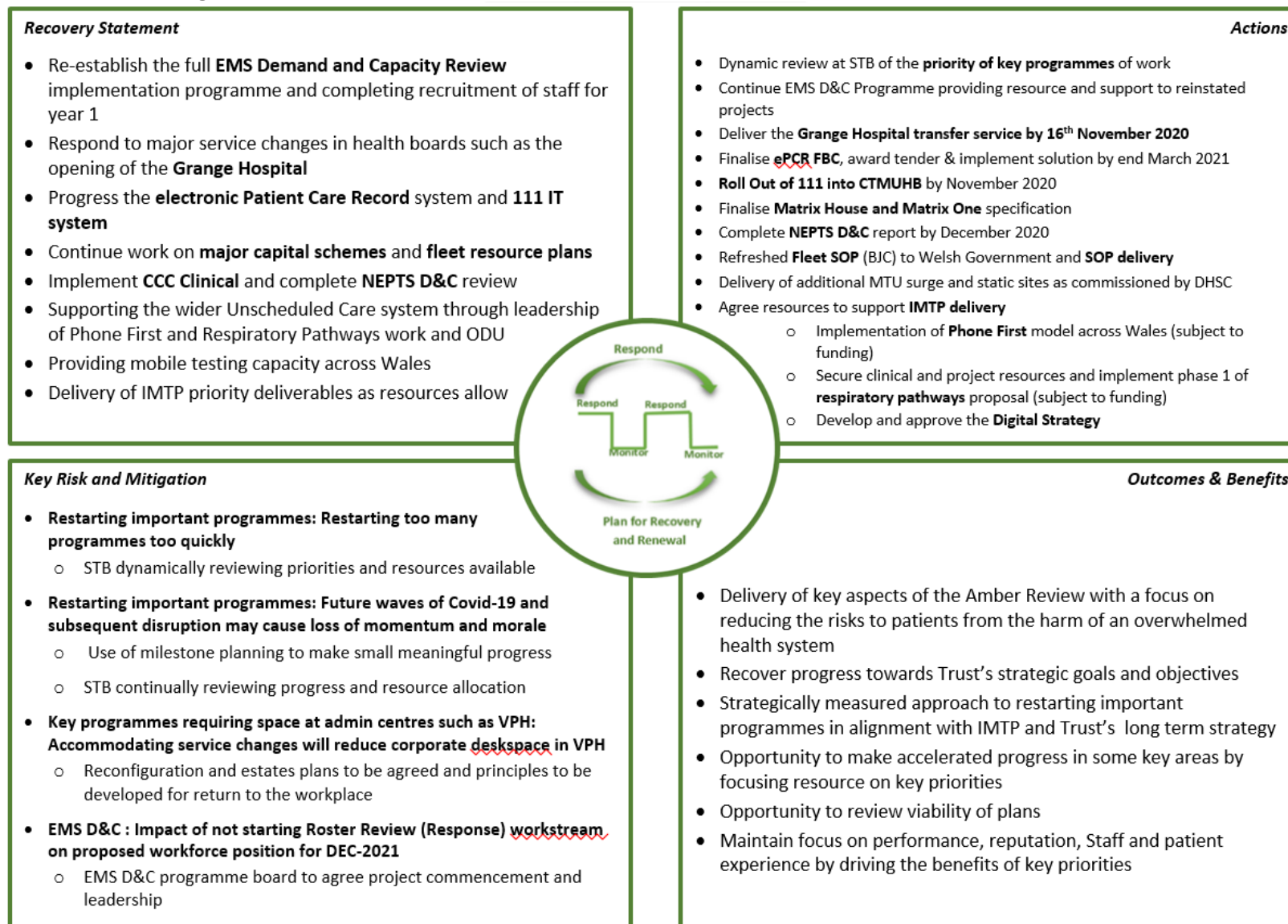
Respond Flexibly



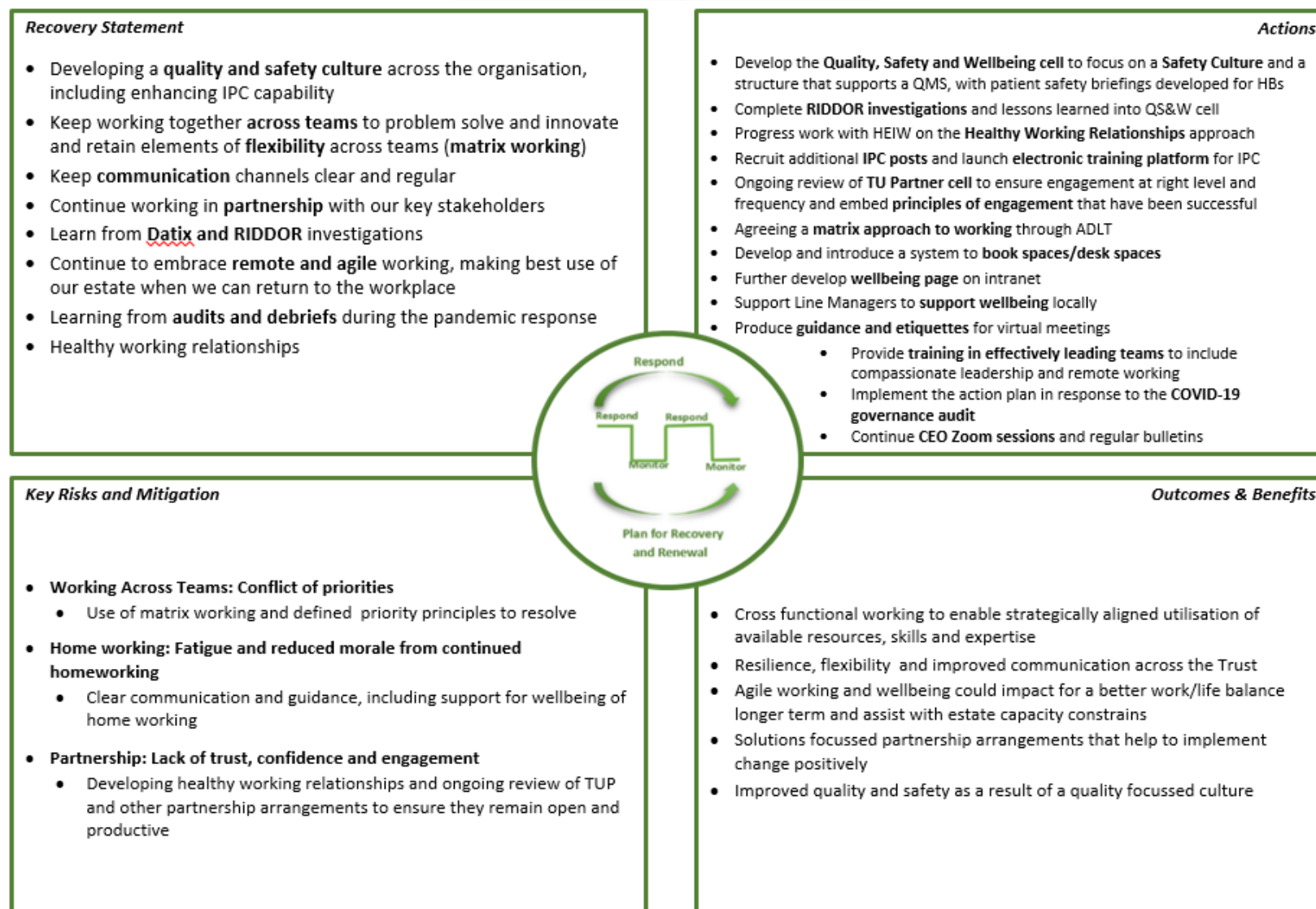
Support our staff



Lead important programmes



Learn from and keep what has worked





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	0

EXECUTIVE DIRECTOR OF QUALITY AND NURSING PATIENT SAFETY HIGHLIGHT REPORT

MEETING	Trust Board
DATE	26 November 2020
EXECUTIVE	Executive Director of Quality & Nursing
AUTHOR	Head of Patient Safety, Concerns and Learning
CONTACT DETAILS	Darryl Collins 07825541506 Darryl.collins@wales.nhs.uk

CORPORATE OBJECTIVE	Delivery excellent patient care
CORPORATE RISK (Ref if appropriate)	CRR 31
QUALITY THEME	Individual Care, Effective Care; Dignified Care
HEALTH & CARE STANDARD	3.1, 3.2, 3.3, 4.1, 4.2, 6.2, 6.3

REPORT PURPOSE	To provide assurance to the Board on patient safety related topics, focussing on monitoring and learning
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REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Executive Management Team	18.11.2020	For information, discussion and noting
Trust Board	26.11.2020	For information, discussion and noting

PUTTING THINGS RIGHT		
	Sep 2020	Oct 2020
Patient Safety Incidents		
Catastrophic	1	2
Major	1	2
Moderate	2	5
Minor	28	25
No Harm / Hazard	169	168
Unconfirmed	5	23
Total	205	225
Formal concerns		
Total Received	74	64
Total Closed	67	71
2 Day Acknowledgment %	84%	90%
30 Day Response due %	75%	84%
Ombudsman		
Cases Received	1	1
Cases Closed	2	5
Reports Received	0	0
Coroners		
Information request	41	81
Identified as Interested Party	0	0
Staff attended	0	0
Regulation 28 issued	2	0
Response to Regulation 28 in 56 working days	2	0
Response to Regulation 28 outside 56 working days	0	0
Serious Adverse Incidents (SAIs) to Welsh Government (reporting date)		
Serious Case Incident Forums held	4	5
Serious Case Incident Forums Cases	23	17
WAST SAIs reportable to Welsh Government	1	5
SAIs reported on the Joint Investigation Framework	5	6
SAI Closures Submitted - Total	8	4
SAIs Closed (by WG) - Total	3	7
Claims		
Personal Injury - Received	1	3
Personal Injury - Closed	5	1
Clinical Negligence - Received	3	1
Clinical Negligence - Closed	0	1
Road Traffic Collision & Damage to Property - Received	2	6
Road Traffic Collision & Damage to Property - Closed	12	3

SETTING THE CONTEXT FOR THIS PERIOD

1. During September and October 2020, the Trust's verified incidents were 77,559, compared to 81,636 for the same period last year. For the same periods, 111 call volumes were 91,149 and 72,528 respectively.
2. From the total of verified incidents above, the following can be extrapolated:
 - Red – 4,885 compared to 4,879;
 - Amber – 54,018 compared to 55,203; and,
 - Green – 16,867 compared to 19,480.
3. Overall total verified incident demand saw a 4.9% reduction in September and October 2020 compared to the same period the previous year.
4. The Trust lost a total of 15,711 hours to notify to handover delays across September and October. It should be noted that this is a significant increase on Q2 2020/21, with 2,942 hours lost in November to date.
5. Red performance in September was at 61.4% and October at 60.8%. This performance percentage was lower than the same periods in 2019, 66.3% and 61.4% respectively. However, during September and October 2020, the number of patients attended in the Red category was 4,852 compared with 4,838 in 2019. September saw the largest variation with 2,424 Red responses in 2020 compared to 2,306 in 2019, which is an increase of 5.12%.
6. Amber median performance in this quarter was 43 minutes (30 minutes) and 40 minutes (33 minutes) respectively. The 95th percentile was 4 hours 15 minutes (3 hours 28 minutes) and 4 hours and 7 minutes (4 hours 3 minutes) respectively. The figures in brackets are for the same period in 2019.
7. Demand Management Plan (DMP) Level 6 was implemented for the first time during the early hours 22 October and again during the evening of 26 October. A paper has been produced to review the evidence surrounding the decision to implement DMP 6, which includes the situation and actions taken within the Clinical Contact Centre (CCC) prior to this.
8. To date, no Serious Adverse Incidents (SAIs) or concerns have been identified in association with the above decisions, however one (1) case has been taken to the Serious Case Incident Forum (SCIF) where DMP 5 was implemented. The immediate action from SCIF was to undertake a full Root Cause Analysis (RCA) in relation to this incident and on completion to re-discuss at the Forum.

SITUATION

9. This Patient Safety Highlight Report covers the period of 1 September – 31 October and also provides a retrospective analysis of data for the same period last year in key areas.

10. This Report will specifically focus on key issues surrounding patient safety and concerns, providing assurance to the Board on monitoring arrangements and learning.
11. 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

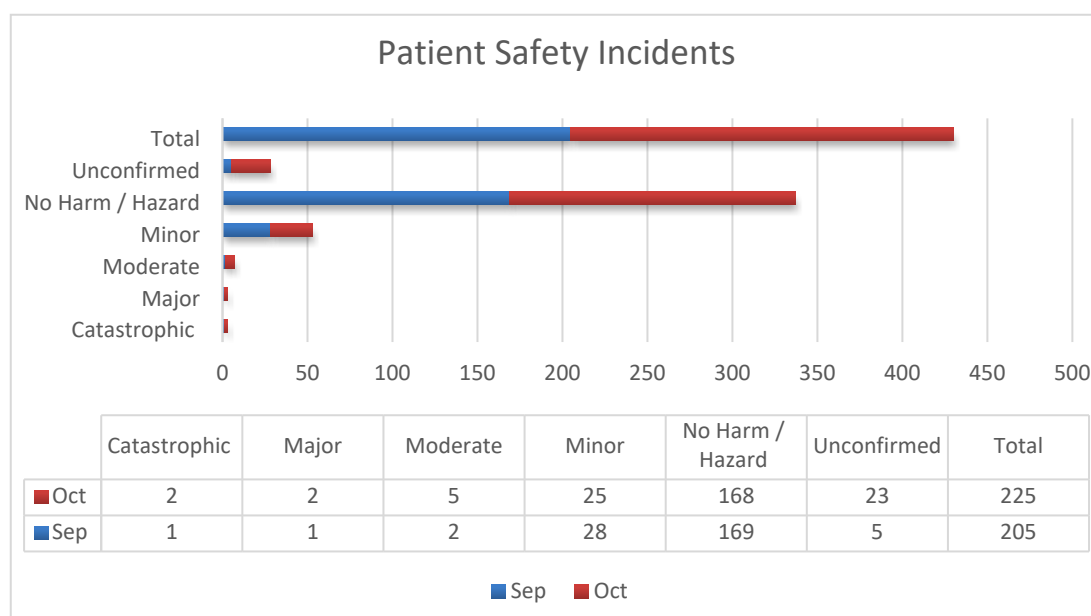
12. The purpose of this Patient Safety Highlight Report is to provide an update to the Executive Management Team (EMT) on the key information in relation to Putting Things Right (PTR) and Patient Safety. This report provides key information to the EMT on:
 - Patient Safety Incidents;
 - Concerns (including political);
 - Ombudsman;
 - Coroners;
 - Serious Adverse Incidents (SAIs); and,
 - Claims.
13. It also identifies themes and trends emerging from our concerns portfolio, providing assurance to the EMT on the progress and implementation of corrective action plans against these.
14. The Trust's quarterly Quality Assurance Report is presented to the Quality, Patient Experience and Safety Committee (QuESc) to monitor and measure the emergent trends from quality data and information in relation to the Health & Care Standards and Commissioning Core Requirements.

ASSESSMENT

Patient Safety Incidents

15. During this period a total of 431 patient safety incidents were reported, 206 in September and 225 in October, with the chart below illustrating the grading following an initial review by the patient safety team. All incidents with harm grading of moderate, severe or catastrophic are reviewed weekly by the patient safety team prior to the 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.
16. The 431 incidents reported show an increase when compared to the same period in 2019/20 where 327 incidents were reported. The increase in trend may be due to the deployment of I Pads and the ability to submit incidents in a more timely way. The Systems Information Team (DATIX) will be undertaking an analysis of this to identify if this is an increase in reporting or an increase in incidents.

17. During this period 543 incidents were closed, of which 253 in September and 290 in October.
18. Of those reported in September, 95 have been closed within this period (54 September, 41 October). Of those reported in October, 65 have been closed within this month.



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

24. 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.

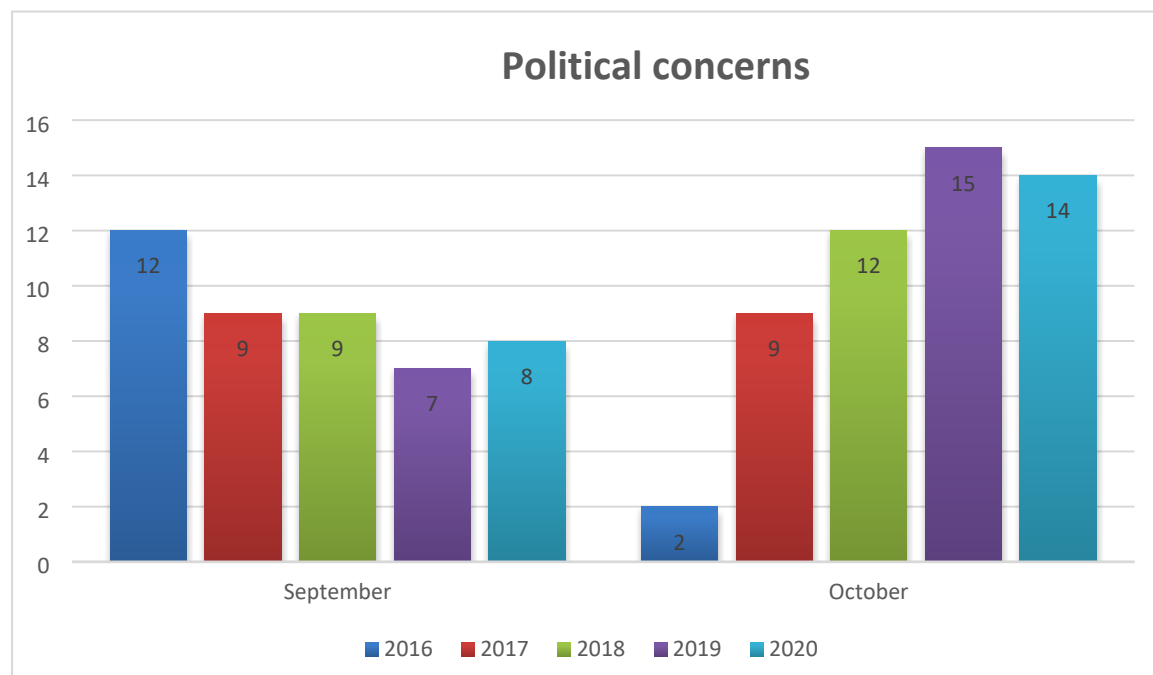
25. Throughout this period the Putting Things Right Department has witnessed an increase in the volume of formal concerns received compared through Quarter 1. In real terms this equates to a 48% increase (n=45) when compared to July and August.

26. Despite this, the volume of formal concerns which remained open at the end of October was 50, 7 in the backlog, in comparison to 16 in the backlog for July and August.

27. Please note that the above excludes concerns being considered under the Trust's Complex Case Panel.
28. During this period the 2 day acknowledgement performance was 84% and 90% respectively.
29. The 30 day response performance has improved from 76% (July) and 69% (August) to 75% (September) and 84% (October). Whilst we have witnessed an increase in our formal concerns during this period, it has not been to the same levels as the same period in previous years. If the volume of concerns continues to increase, it may be difficult to sustain the percentage gains which we have achieved over the past number of months. Despite this, we recognise that the volume of concerns is relatively low, and the backlog is currently under control.

Political and Ombudsman Investigations

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



31. During this reporting period the Trust received 22 political concerns, of which 18 related to the timeliness of the Trust's emergency response. In addition to this the Trust received a concern in relation to the timeliness of NEPTS risk assessment at a property, which resulted in missed hospital appointments.
32. At the end of October there were 12 political concerns still under investigation (excluding Complex Case Panel cases).
33. The increase in the number of political concerns being received during the reporting period is reflective of the historic increase at this time of year.

34. There are 5 cases being considered by the Complex Case Panel, which are being progressed via 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.

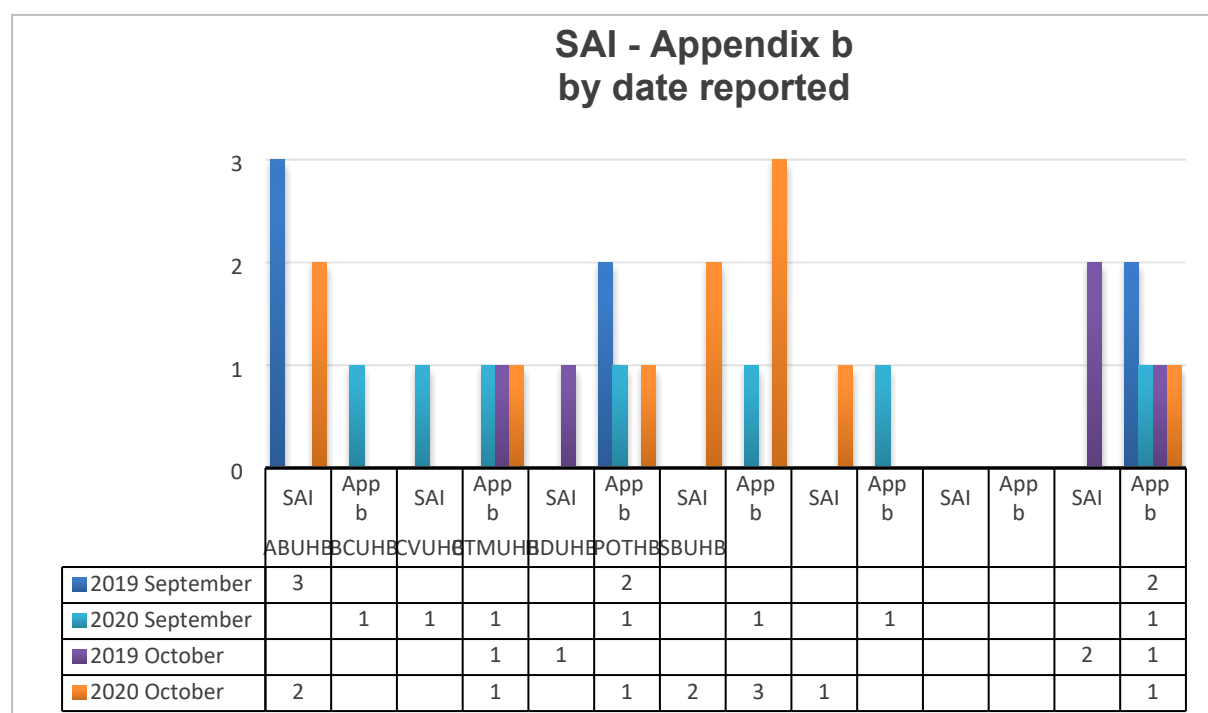
Coroner's activity

36. The number of requests received from Her Majesty's Coroner has significantly increased during this reporting period. The Trust received 122 Coroners requests in comparison to 97 during Quarter 2 and 54 during Quarter 1. In all probability, this is due to the Coroners Courts continuing to reduce the backlog of requests for disclosure due to Covid-19.
37. The numbers of Inquest Hearings and Pre Inquest Review Hearings are recovering and are approaching the same regularity prior to Covid-19, although it is currently unknown how new lockdown restrictions will affect the situation.
38. During the Pandemic and further local lockdown procedures, some Coroners Courts have been utilising technology to allow remote hearings. The Legal Services Department has been working alongside Estates and I.T. Department colleagues to provide suitable venues for witnesses to remotely provide evidence. Also, any escalation on the demands of operational staff due to the second wave of Covid-19 could impact upon availability of attendance. Some Coroners Courts do not have facilities to offer remote hearings and in these situations, the Chief Coroner's Guidelines on Social Distancing in Court rooms will continue to apply.
39. 2 Regulation 28 (Prevention of Future Death) Reports were received in September, which are due for reply to the Coroner by 5 November and 18 November respectively.

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

40. During August, the Welsh Government (WG) wrote to all NHS organisations in relation to the work being undertaken in the development of a quality assurance framework, which included incident reporting.
41. Following this, a notification was received in October informing The Trust that The Minister had agreed this will form part of the NHS Executive function, and in anticipation of this being formed, the SAI reporting process will be managed by the NHS Wales Delivery Unit (DU). The DU will be responsible for the processing of serious incidents, never events and the assurance process to close incidents, in close liaison with WG policy leads where required.
42. One of the key benefits to this change process will be to improve shared learning across Wales. The DU will be responsible for analysing incidents and highlighting any trends and themes to help improve patient outcomes and inform service planning and provision.

43. It is important to note that from 1 October 2020, all new SAIs and never events, and those due for closure, will be submitted to the DU.
44. WG will continue to consider and assure closure of SAIs submitted prior to 1 April 2020, as well as those closures which have already been submitted for incidents reported between 1 April and 30 September 2020.
45. Following a meeting with WAST and the DU, it was also agreed that any incidents where the Framework for the investigation of Patient Safety Serious Incidents (SIs), was engaged and an Appendix b was submitted to the relevant Health Board, a copy of the Sensitive Issue submitted to WG would also be sent to the DU for completeness. This will ensure that the DU are sighted on any patient safety related incidents, where the primary causal factor relates to hospital handover delays.
46. During this reporting period 9 SCIFs were convened with 40 new cases being discussed, of which, 6 were reported to the WG and the DU as SAIs. 1 of which was initially reported as a sensitive issue and escalated to SAI status by the DU following review. In addition, 11 cases were shared with the respective Health Boards as part of the Framework for the investigation of Patient Safety Serious Incidents (SIs) (Appendix b).
47. In comparison to the previous reporting period, 4 less SAIs were reported by the Trust however, 7 more Appendix b referrals made, which highlights the escalating position in relation to hospital handover delays.
48. The graph below provides a comparison between the number of SAI and Appendix b reported by the Trust within the same reporting period of the previous year (2020/21 Vs 2019/20).



49. Each of the 6 cases reported by the Trust as SAIs to the DU within this period were reviewed to identify the overarching high-level themes, which were:

- Call prioritisation (2);
- Clinical assessment and/or treatment (2); and,
- Inappropriate non-conveyance (2)*.

* This includes the previously reported sensitive issue that was escalated to SAI status by the DU.

50. During this period 5 SAI closures were due for assurance, all of which were submitted within the target timeframe.

Legal Claims

51. Personal Injury (PI) claims were slightly higher 3 in total, including 1 involving Covid-19 issue in October than in September.

52. 1 claim was received in September.

53. These figures reflect historic trends from the same months in 2019, being broadly similar.

54. There were 3 Clinical Negligence Claims received September and 1 in October, with these figures being broadly comparable to the same period in 2019.

Key achievements and learning

55. The Trust has been active in a significant number of workstreams in the implementation of the Once for Wales Concerns Management System (scheduled to come on line in April 2021).

56. The Head of Quality Assurance, alongside key stakeholders within the organisation have developed the 1st iteration of the monthly Patient Safety and Experience slide deck. This slide deck has been developed for all Health Boards and will be delivered and discussed with each Director of Nursing, with the specific focus on Patient Safety and quality improvement.

57. The Head of Patient Safety, Concerns and Learning continues to develop and enhance the weekly Patient Safety 'at a glance' report which is discussed at EMT each week. The brief provides an update on the previous week's patient safety activity and highlights the significant pressures across the wider NHS system, which may have resulted in either a catastrophic outcome for patients, or significant harm. This report is now also being shared for discussion at the following Trust forums:

- Senior Pandemic Team;
- Assistant Director Leadership Team; and,
- Quality, Safety & Wellbeing Advisory Cell.

58. The Clinical Contact Centre (CCC) utilises Microsoft Sway as a means of communicating important learning across the three centres. The following URL will provide a link to the learning package for this reporting period. Once opened click sign in to open: <https://sway.office.com/2il2ubP9TlpDO7ac?ref=email>.
59. On completion of key investigations, the CCC have introduced 14 areas of learning which have been disseminated across the 3 CCCs. Below is an extract of some of the key learning:
- Asking Key Questions;
 - Always ensure Key Questions are asked as scripted. Be particularly careful not to add '**Do you know?**' or '**can you**' before any question. This is likely to prompt the caller to just say 'No' and often they will know more information than may be initially apparent. Likewise, a caller **should not be prompted to answer 'unknown'** to any question.
 - Urgent disconnect;
 - 'Urgent Disconnect' can be used whenever no call takers are available or when REAP Level 3 has been implemented. It is important to provide the instructions in full before disconnecting the call. The panel can either be accessed by clicking X-Card > Stay on the Line > Urgent Disconnect or by selecting it from the target tool.
 - Passing calls to NHSD
 - Before passing a call to NHS Direct, remember to **provide all Protocol specific post-dispatch instructions** (Don't splint any injuries etc) before disconnecting the call. Cardiac arrest fast track;
 - DMP scripts;
 - With call volume increasing, it is important that **correct DMP scripts are read on all calls**. This ensures that the caller is fully aware of the dealy they may experience and also explores the possiblilty of the patient making their own way to hospital. Sips of water;
 - Sips of water
 - Whenever a DMP script is in place, remember that due to delays, we can advise alert patients to have small sips of water whenever this is requested by a caller, as per the change in version 13.2 of MPDS. Please note that this is **not applicable** on Protocols 23 (*Overdose/Ingestion*) or 28 (*Stroke/TIA*) Case exit X-4: Urgent disconnect;

RECOMMENDED that,

- (1) That Trust Board receives this report for information, discussion and noting.**

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



AGENDA ITEM No	3.3
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

MONTHLY INTEGRATED QUALITY and PERFORMANCE REPORT– October 2020

MEETING	Trust Board
DATE	26 th November 2020
EXECUTIVE	Rachel Marsh – Director of Strategy, Planning and Performance
AUTHOR	Kerri Hitchings – Commissioning and Performance Manager / Nicola Quiller – Commissioning & Performance Officer
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CORPORATE OBJECTIVE	IMTP priority objective (ALL)
CORPORATE RISK (Ref if appropriate)	ALL Risks
QUALITY THEME	ALL
HEALTH & CARE STANDARD	ALL

REPORT PURPOSE	To note and discuss the Trust's performance and improvement actions
CLOSED MATTER REASON	Not applicable.

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Director of SP&P and AD C&P	24 th Nov 2020	Sign Off
Trust Board	26 th Nov 2020	Consideration

SITUATION

1. The purpose of this report is to provide a single integrated report which details the Trust's quality and performance against key indicators. This report is for **Oct-20**.
2. Please note, this version of the report includes an update for the Clinical Indicator measures to September 2020 (Next reporting due January 2020). It does not contain NEPTS data/updates due to the non-requirement for a formal publication of these indicators during the current COVID-19 pandemic period.

BACKGROUND

3. The Emergency Ambulance Services Committee (EASC) commissioning intentions (based on the Ambulance Quality Indicators (AQIs)) and the Welsh Government Delivery and Outcomes Framework (which in turn informs the Welsh Government Balanced scorecard) form the basis of the Trust's performance indicators. The Framework and the commissioning intentions represent what the Trust is held publicly to account on in terms of our quality and performance metrics and form the basis of the metrics used in this report. EASC is supported the Chief Ambulance Services Commissioner (CASC) and the National Collaborative Commissioning Unit (NCCU).
4. The Emergency Medical Services (EMS) AQIs are published quarterly by the Emergency Ambulance Services Committee (EASC) on their website; <http://www.wales.nhs.uk/easc/ambulance-quality-indicators>. Monthly information is published by Welsh Government on Red and Amber performance. <http://gov.wales/statistics-and-research/ambulance-services/?lang=en>. The publication of the AQIs (and WG release) was suspended through CoVID-19 pandemic to date; however, reporting has just resumed with retrospective publication in Nov-20.
5. The report is split into the following parts:-
 - A **narrative Assessment** of Oct-20's quality & performance, starting from paragraph 6 below;
 - **Forecasting & Modelling** (paragraph 52 onwards);
 - **Feedback from committees** (paragraph 56 onwards);
 - **Conclusions and recommendations (*paragraph 59 onwards*)**;
 - **Annex 1 – Headline Performance Report**;
 - **Annex 2 – Dashboard**;
 - **Annex 3 – Graph Pack**

ASSESSMENT

6. This section contains a highlight of the main areas of interest and concern.

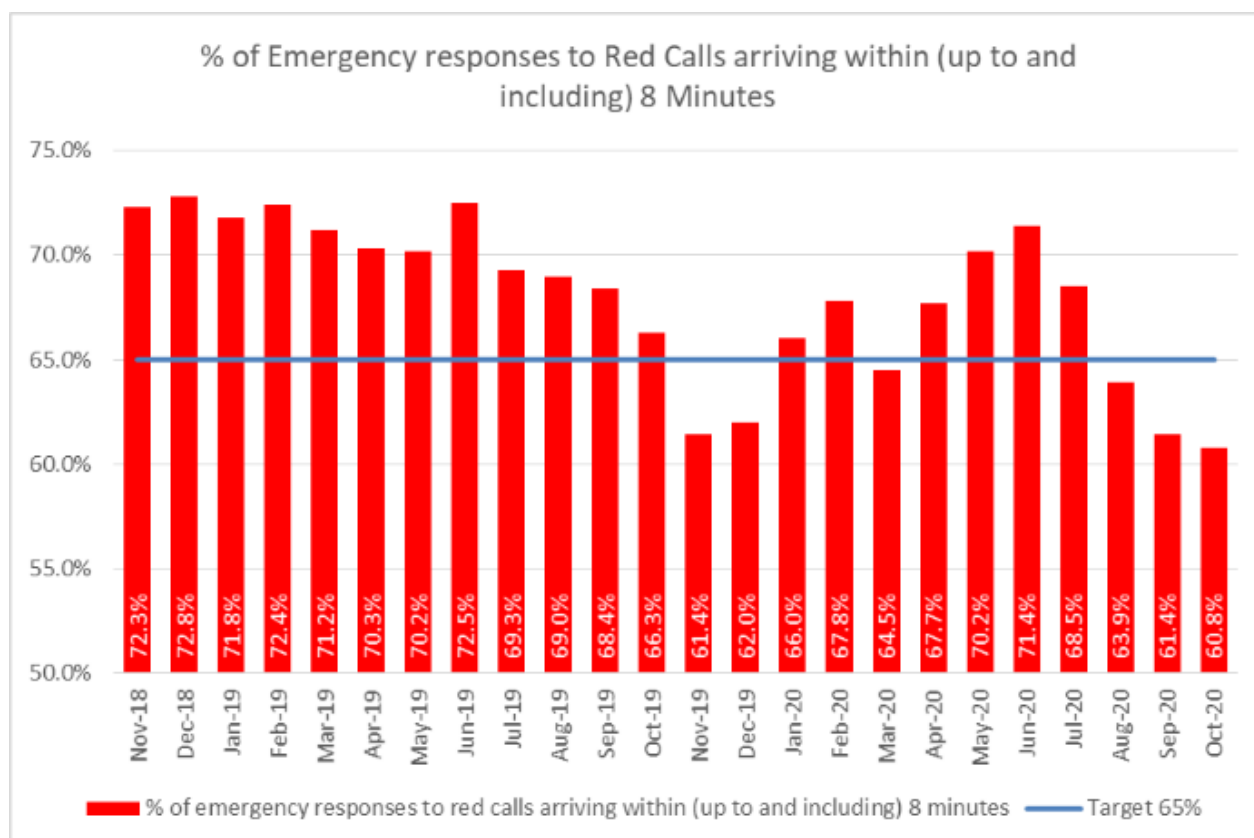
CoVID-19

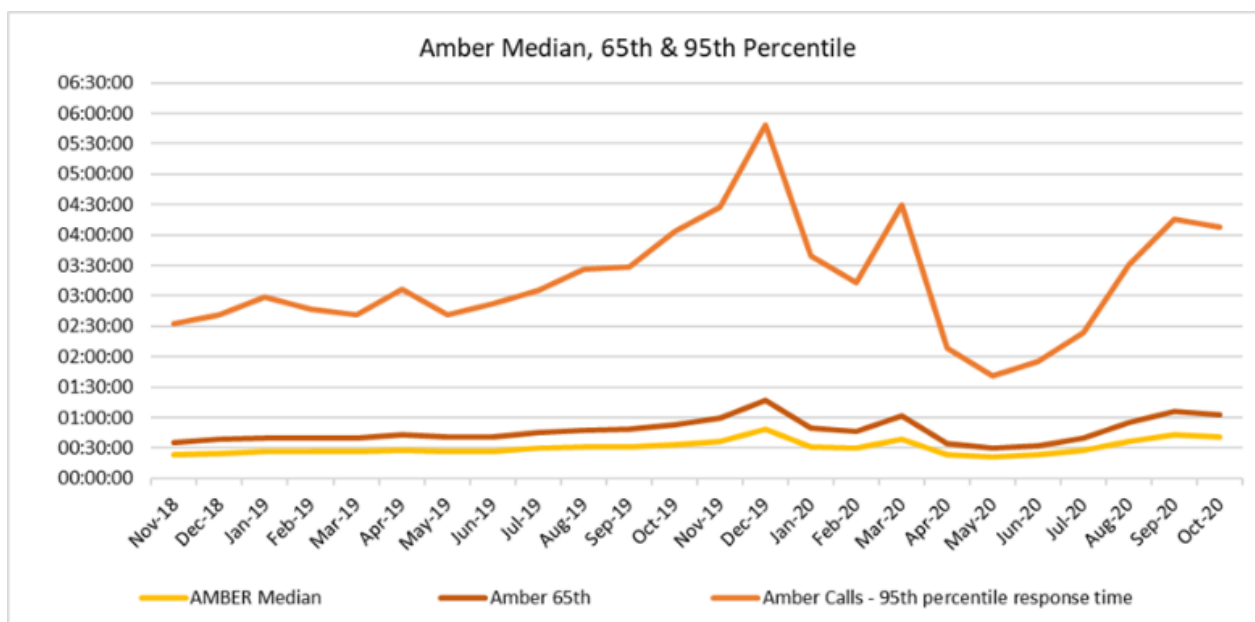
7. The Trust is tracking CoVID-19 and related metrics through its CoVID-19 Intelligence Pack. In early Sep-20 a significant spike in the number of confirmed CoVID-19 infected cases across Wales started to be seen (actual positive tests). There was a spike in 111 call demand; however, there was no material change in 999 call volumes, EMS response or conveyance, which is potentially a reflection of the positive test results being amongst the younger population, rather than the older population, albeit recent data indicates a transmission into the older population. There may be a time lag and an eventual feeding through of this increase into EMS activity and the older population. The two week pan-Wales lockdown was designed to act as a “**circuit breaker**” and break this potential transmission and protect the unscheduled (and scheduled care) system. **In Oct-20 3,945 incidents (or 127 incidents per day) related to CoVID-19 (Card-36) demand**, compared to 3,916 in Sep-20.

Quality, Safety & Patient Experience

Patient Response Times in the Community

8. The Red 8 minute target was not achieved in Oct-20. The percentage of emergency responses to red incidents within 8 minutes was 60.8%, 95% of calls received a response within 17 minutes. The Amber median percentile in Oct-20 was 40 minutes compared to 33 minutes in Oct-19. The Amber 95th percentile was just over four hours in Oct-20.

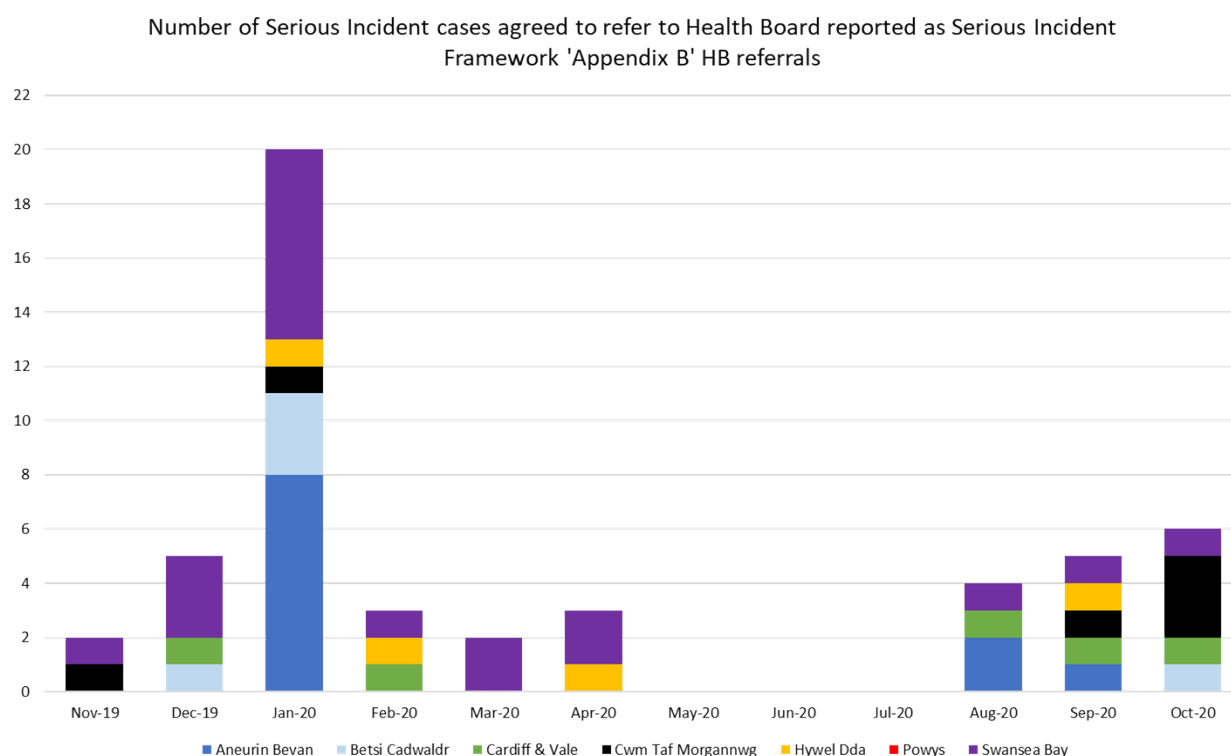
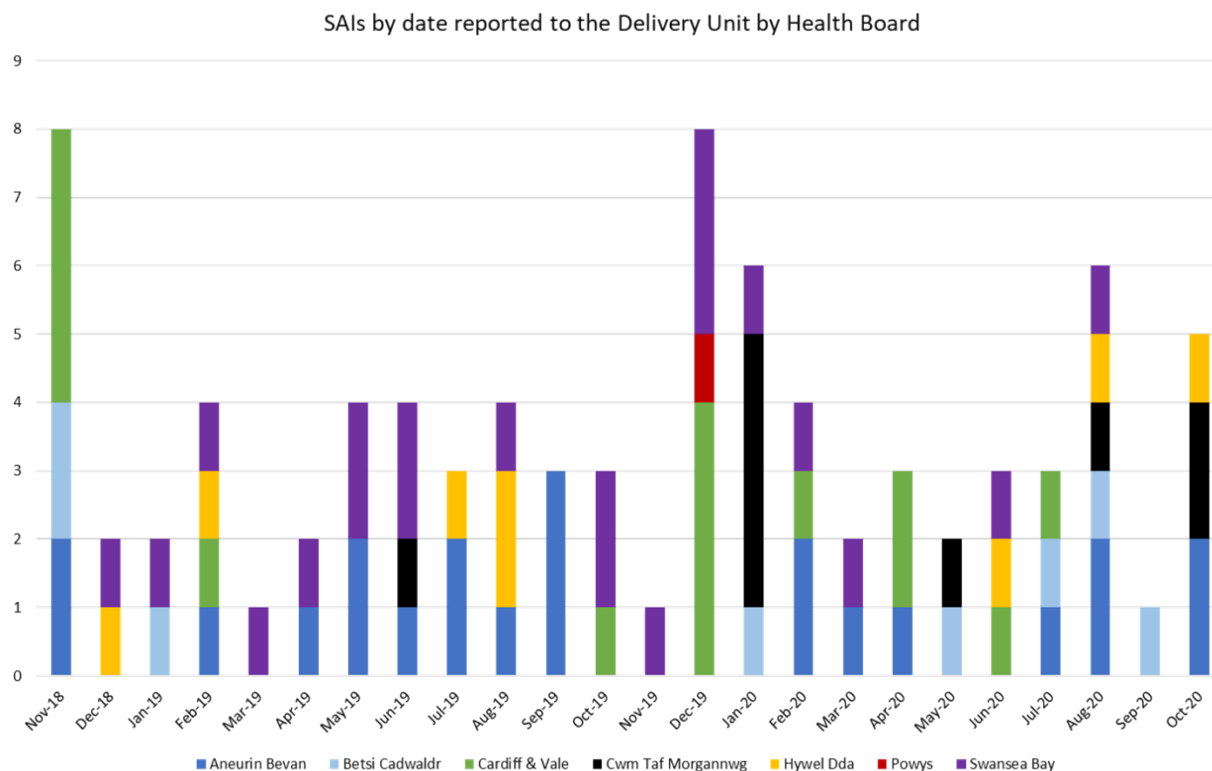




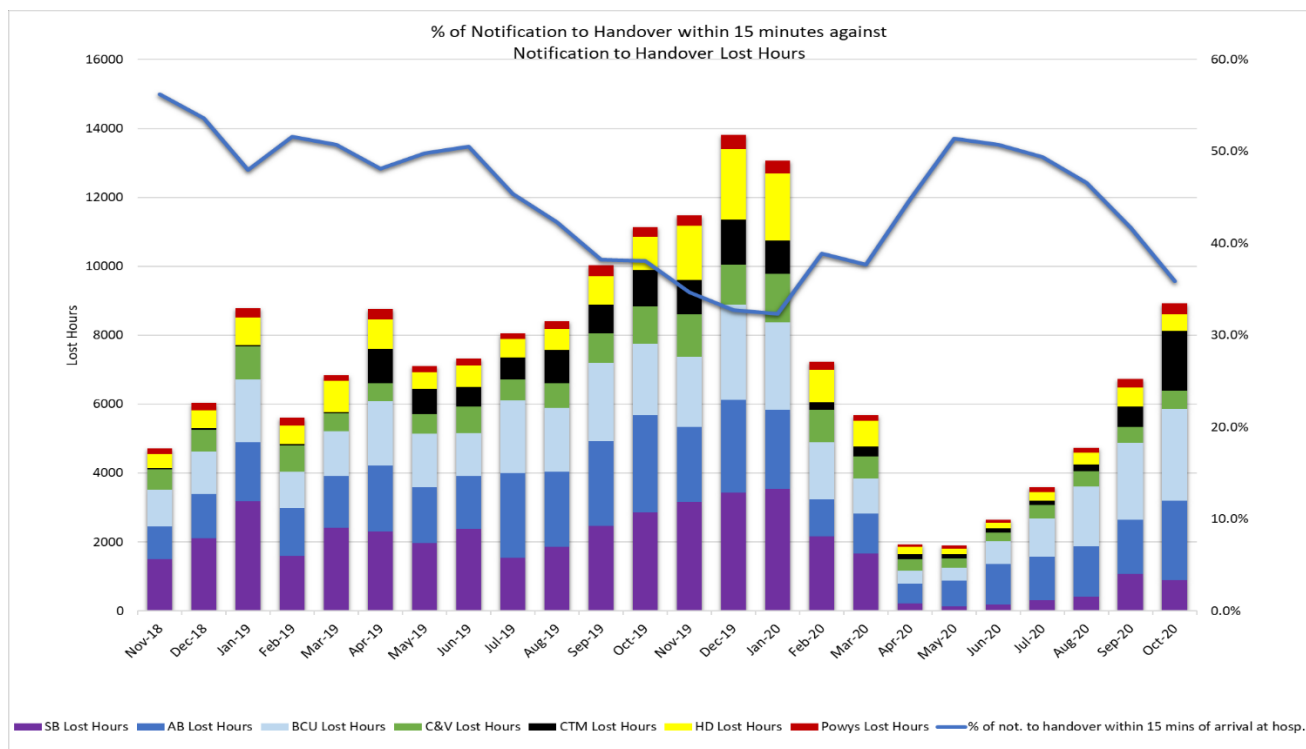
9. The Trust also continues to monitor the longest patient responses. The table below shows the number of patients who have had to wait for over 12 hours. In Oct-20 there were 226 patient waits for an ambulance of 12 hours or over. There is a clear correlation between handover lost hours increasing and longest waits increasing.

Patient Waits in Hours over 12 Hours																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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10. These long response times impact on patient safety and outcomes. The Trust supplies regular information to the CASC and EASC; and from Nov-20 the Trust will start producing monthly quality, safety & patient experience (QSPE) reports for each health board.
11. There were five Serious Case Incident Forums (SCIF) held in Oct-20, during which 17 cases were discussed, **these cases was reported to the Delivery Unit as Serious Adverse Incidents (SAIs)** and six were passed to Health Boards as Serious Incident Framework 'Appendix B' incident referrals as part of the joint investigation framework.



12. Whilst there are many factors affecting response times, which are described later in this report, one of the factors outside WAST's control is the number of ambulances that have to wait longer than 15 minutes to transfer patients into secondary care at Emergency Departments (EDs). The graph below shows the number of ambulance hours that are lost outside EDs which, if released earlier would have reduced patient waits in the community. The number of handover lost hours is now building up again to pre-CoVID-19 levels. The CEO has written to Health Boards on this matter asking for urgent action to be taken, and this was also discussed as part of the EASC Committee in November.



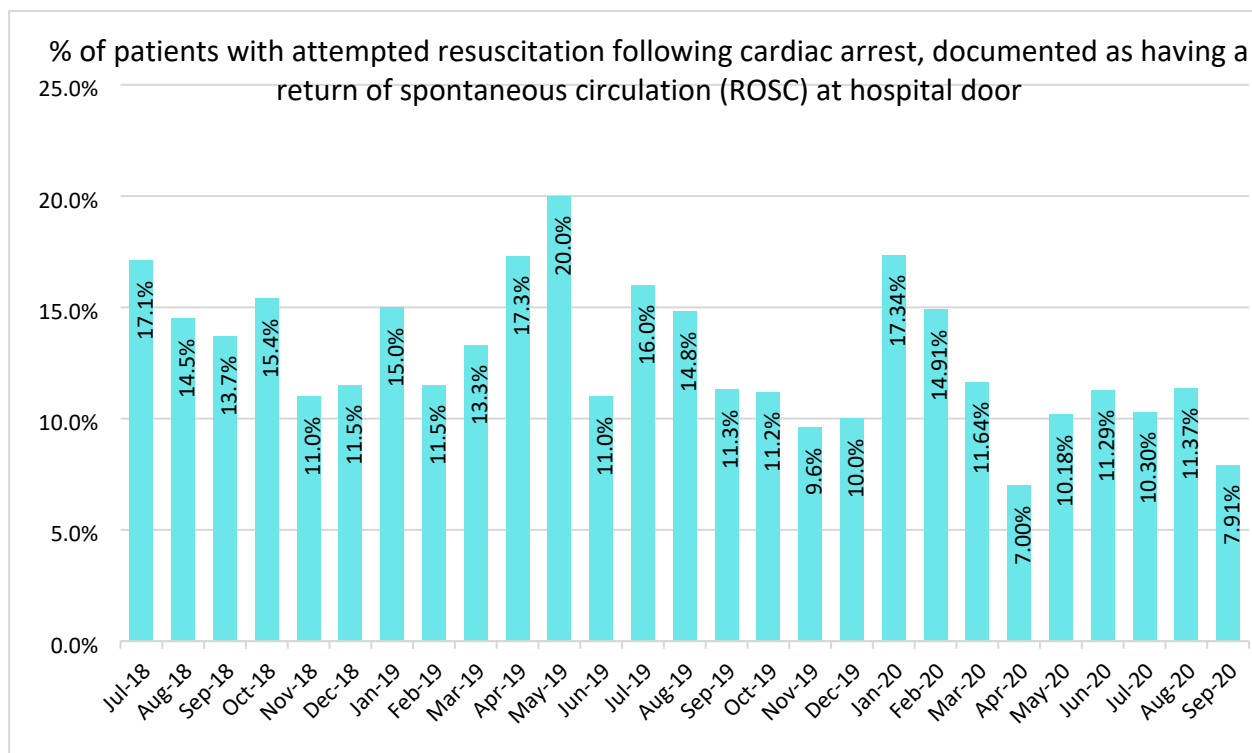
13. The response to concerns within 30 days increased to 84%, above the 75% target compared to 75% in Sep-20 and 69% in Aug-20.

Clinical Outcomes

14. Currently, the Trust reports on eight clinical indicators, seven of which have a commissioning intention of 95%, the exception being the return of spontaneous circulation (ROSC) indicator.

15. Of the seven, three achieved the 95% in the period Jul-20 to Sep-20 (Quarter 2), three others were above 80%. The ST segment elevation myocardial infarction (STEMI) indicator is an area of concern achieving less than 80% through quarter 2. 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%. Targeted improvement work is required to improve consistency, which will improve care bundle reporting.

16. The percentage of patients with attempted resuscitation following cardiac arrest, documented as having a return of spontaneous circulation (ROSC) at hospital door was 7.91% in Sep-20 (11.37% Aug-20 and 10.30% Jul-20). Rates of ROSC are complex and determined by a number of factors which contribute to the speed of response and the application of early defibrillation and chest compressions. These factors can include location of the incident, resource availability, public access defibrillation, willingness of bystanders to engage in resuscitation.

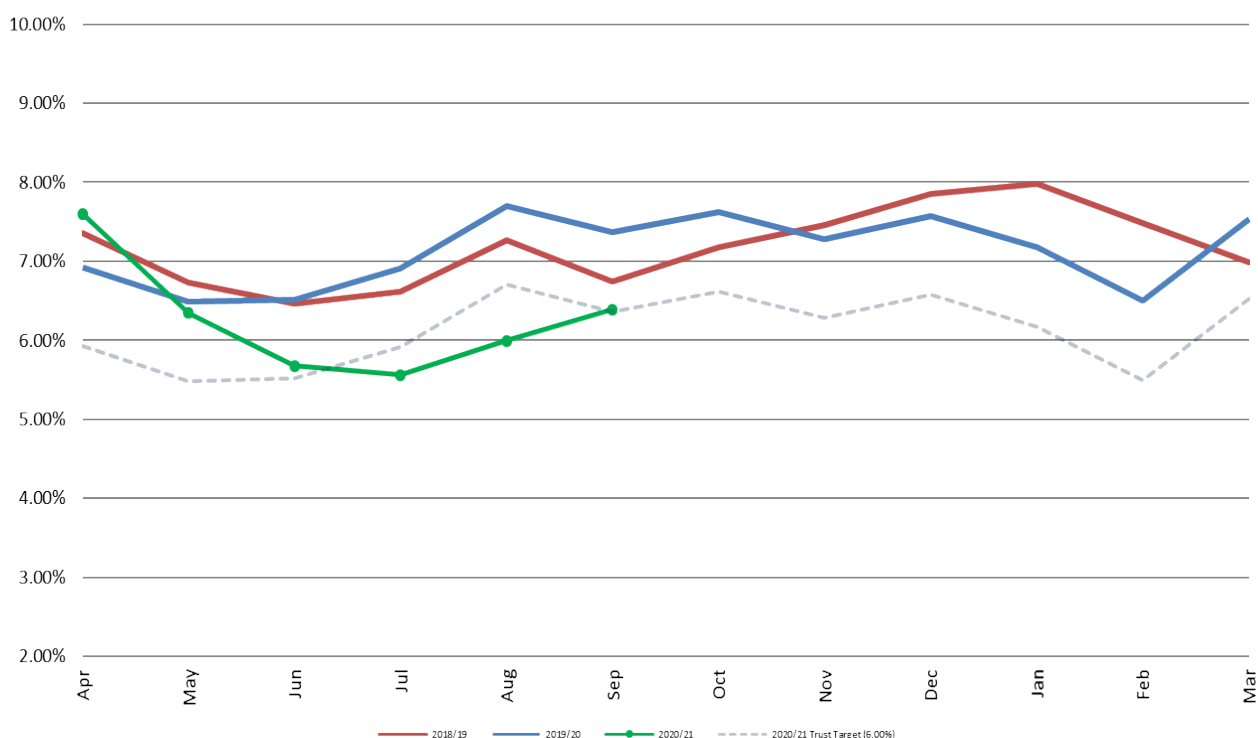


17.A new chronic obstructive pulmonary disease (COPD) clinical indicator has been developed, to support the Band 6 Paramedic project. The specification for this indicator has been sent to Health Informatics to build the report. The longer term ambition for the Trust is to link the Trust's patient data with health board patient data so that we can track the eventual patient outcome once conveyed into a hospital. The ePCR is an important project for this ambition.

Staff Well-Being

19.The in-month sickness absence figure for September 2020 was **6.39%**, an increase of 0.52% from last month but lower by nearly 1% than the same period last year. A key area of focus is the sickness abstraction from the Response rosters and an important benchmark in the EMS Demand & Capacity Programme.

WAST Sickness Absence October 2018 - September 2020



20. The Trust has appointed a Consultant Clinical Psychologist as Organisational Culture and Workplace Wellbeing Lead, which is enabling an increased focus on staff well-being. A **Health & Well-being Strategy** will be presented to Board in Q3/Q4 and the Lead is working with the Operations Directorate on well-being actions to support the Trust's tactical seasonal (winter) plan.

21. The Trust is responsible for **three patient flows (journeys)** within the unscheduled and scheduled care systems: the 999 Emergency Medical Services, the 111 Service (with the NHSD service transitioning to 111) and the Non-Emergency Patient Transport Service (NEPTS). **These patient flows are now looked at in turn.**

EMS Performance

22. EMS is the main 999 service provided by the Trust.

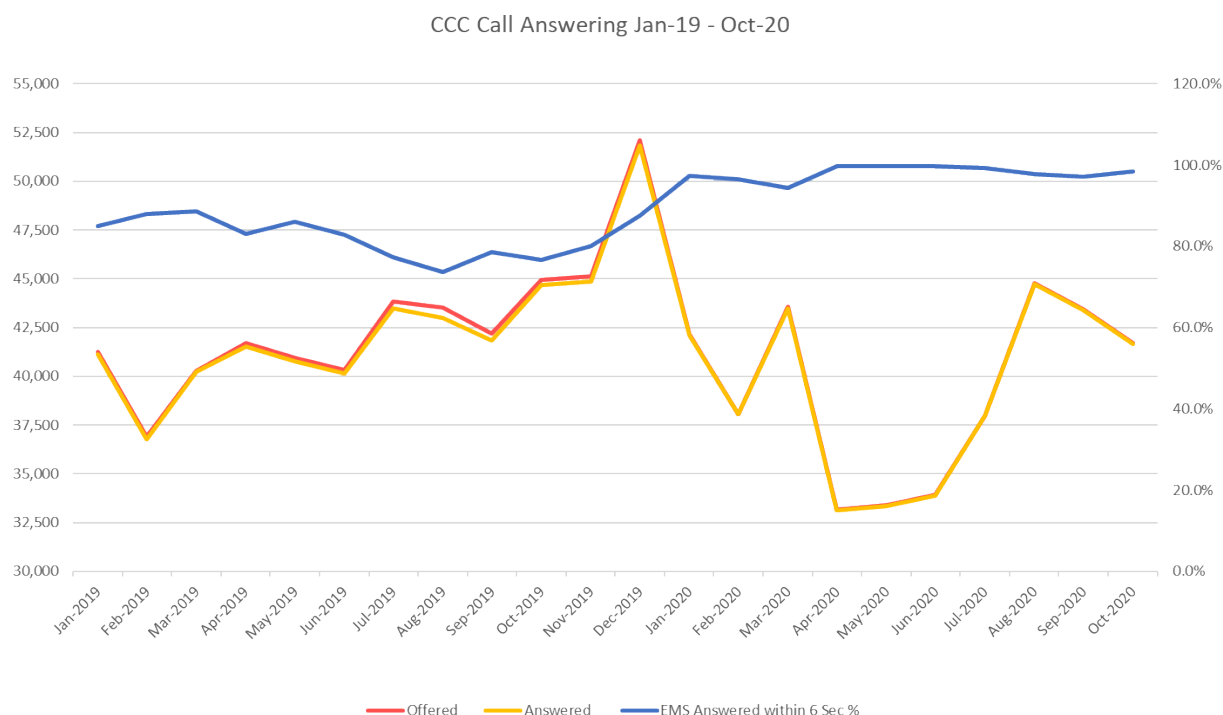
23. The main measure of performance is the Red (immediately life threatening) incident response time of 8 minutes. The Welsh Government target is to respond to 65% of Red incidents in 8 minutes.

24. Another important measure is Amber (serious, but not immediately life threatening) response time. There is no target for this measure, but an ambition to improve Amber performance, in particular, the Amber 1 median to 18 minutes (EMS Demand & Capacity Programmed benchmark).

25. The speed of answering the initial 999 call is also a key metric that patients and stakeholders are interested in.

999 Call Answering Performance

26. 98.5% of 999 calls were answered within 6 seconds in Oct-20. There is a clear upward trend in 999 call answering performance from Q3 2019/20. The information below is based on the old hit/miss 6 second measure, which has actually been replaced by measures of median, 65th and 95th percentiles. Because of the timings of this report, that information was not available for Oct-20; however, the 95th percentile was 3 seconds in Sep-20, compared to plus one minute in Sep-19. This improvement is due to a combination of; forecasting of call demand, rostering to demand and increased capacity.



Red Performance

27. As outlined above, Red performance did not achieve the 65% target in Oct-20. There was also significant health board level variation with only two (Cardiff & Vale and Swansea Bay) of the seven health board areas achieving the 65% target.

28. There are a **range of factors which affect performance:-**

- **Demand:** Red demand has increased significantly over the last 2 years. This is a major contributing factor in relation to performance. Comparison of demand in 2020 compared to 2018 shows demand is up by c500 calls per month, which is around a 25% increase. For other categories of calls, demand is now returning to pre-COVID levels. Demand graphs are shown below.
- **The number of response hours produced:** whilst varying month on month, the number of hours that WAST has produced has stayed broadly static over the last 2 years. Over the last year, on average, 112,000 hours have been produced each month. Over the same period, a further 7,400 hours would have needed to be produced to reach 100% UHP (i.e. to staff 100% of rosters); however, there was a big increase in Oct-20, which is largely a result of the additional investment following the

EMS Demand & Capacity Review. The number of hours we produce is dependent on a number of factors including:

- Funded establishment: this has now started to increase following additional funding this year via EASC and the EMS Demand & Capacity Programme;
 - Overtime take-up: this has varied and has tended to be higher when incentives or higher payments are made;
 - Sickness levels: these have been high for a number of years but have reduced significantly over the pandemic period, although it is not clear whether this will be maintained; and
 - Other abstractions (alternative duties, training, annual leave etc.), with CoVID-19 abstractions other than sickness likely to remain for some time.
- **The number of hours lost each month due to hospital handover delays.** In the last year, on average, 6,800 hours have been lost each month.
 - Specific factors affecting Red performance:
 - As a result of the pandemic staff are required to don **level 3 PPE** for all Red calls which is taking between 3-6 minutes based on a number of timed audits. This is a significant factor when trying to achieve an 8 minute target.
 - During the pandemic, Emergency Ambulance (EA) production has been prioritised over Rapid Response Vehicle (RRV) production, in order to protect conveying resource; and
 - Community First Responders (CFRs) were not deployed at the start of the pandemic due to a need for Level 3 (L3) PPE training, for example, in Sep-20 Community First Responders (CFRs) only contributed 0.8% to the overall Red performance, compared to 2% in Sep-19. This is now being addressed through roll out of training and PPE kit which is 95% complete.

29. The analysis, which is consistent with the outcomes of the EM Demand & Capacity Review, is that, fundamentally, capacity needs to increase in order to improve Red and Amber response times. The Trust's Q3/4 plan, as approved by the Board, therefore focuses predominantly on:

- Maximising/ increasing hours produced up to and beyond 100% UHP (circa additional 7000 hours a month);
- Working with partners to reduce hours lost at hospital; and
- Reducing or defraying activity through increasing hear and treat and see and treat rates.

30. Some of the actions are underway and are revenue neutral or already funded, but some proposed actions will require additional funding, again which has been detailed in the Q3/4 plan.

31. In relation to maximising the number of hours produced, actions will include:-

- **EMS Demand and Capacity Review programme** – this programme is on track, is fully funded via EASC, and is designed to deliver an additional 136 WTE by the end of Mar-21. Each month over the winter will see an increase to the bottom line number of staff available to fill rosters;
- Additional UCS resource has been commissioned from **St. John Cymru**;
- Additional support will be sought from ambulance trained **Fire and Rescue Services** personnel;

- The use of **overtime incentives** could be explored as utilised in the first wave of the pandemic, although there are risks associated with the sustainability of this type of approach;
- Consideration could be given to the use of other private ambulance resources – this is unlikely to be palatable and would require additional funding; and
- Military support could be explored, but would likely only be available if all other options have been excluded or exhausted and again would require additional funding.

32. On 15 Sep-20 the Trust received a **letter from Welsh Government** which has triggered the requirement for another specific Red Improvement Plan. This plan has recently been submitted to the CASC and elaborates on the points above including supporting forecasting and modelling (see Forecasting & Modelling section below).

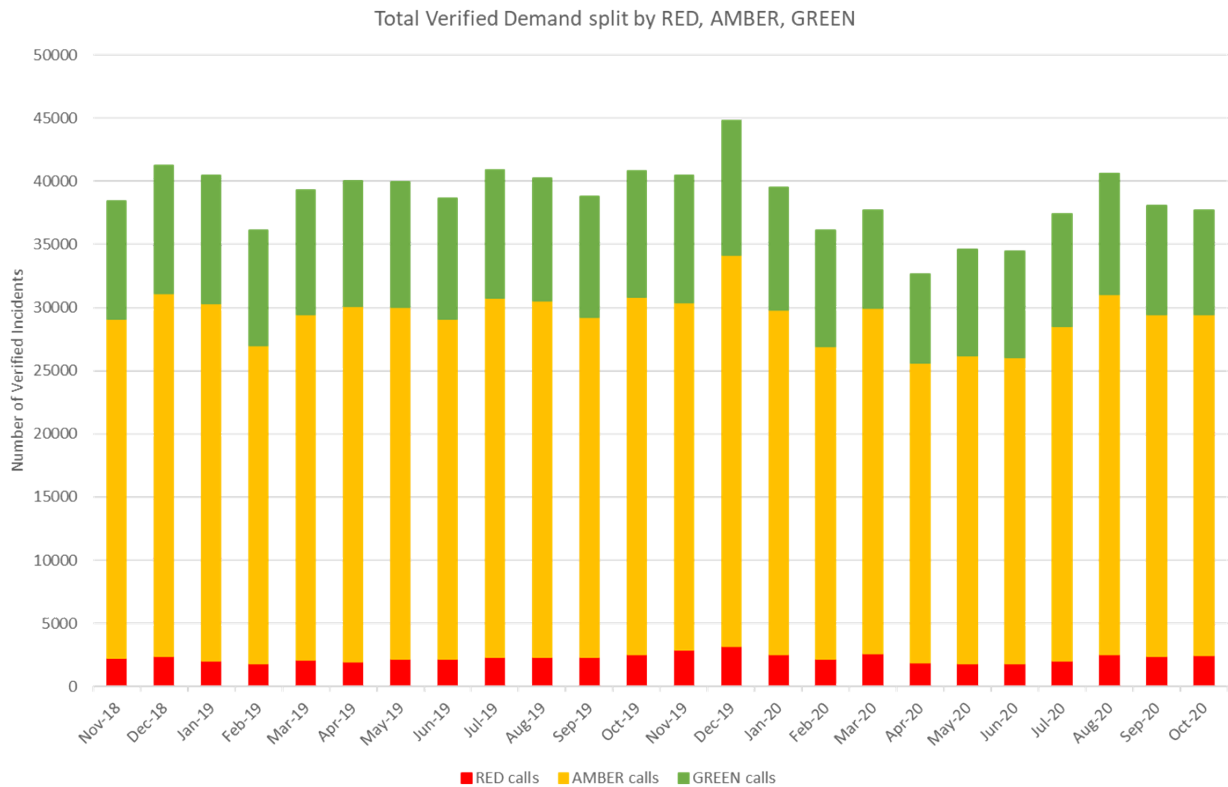
Amber Performance

33. The EMS Demand & Capacity Programme has a **performance benchmark for Amber 1 median of 18 minutes** (this is predicated on delivery of the programme by Mar-25 with an interim benchmark of 35 minutes in Mar-22). In Oct-20 the Amber 1 median was 35 minutes, compared to 37 minutes in Sep-20.

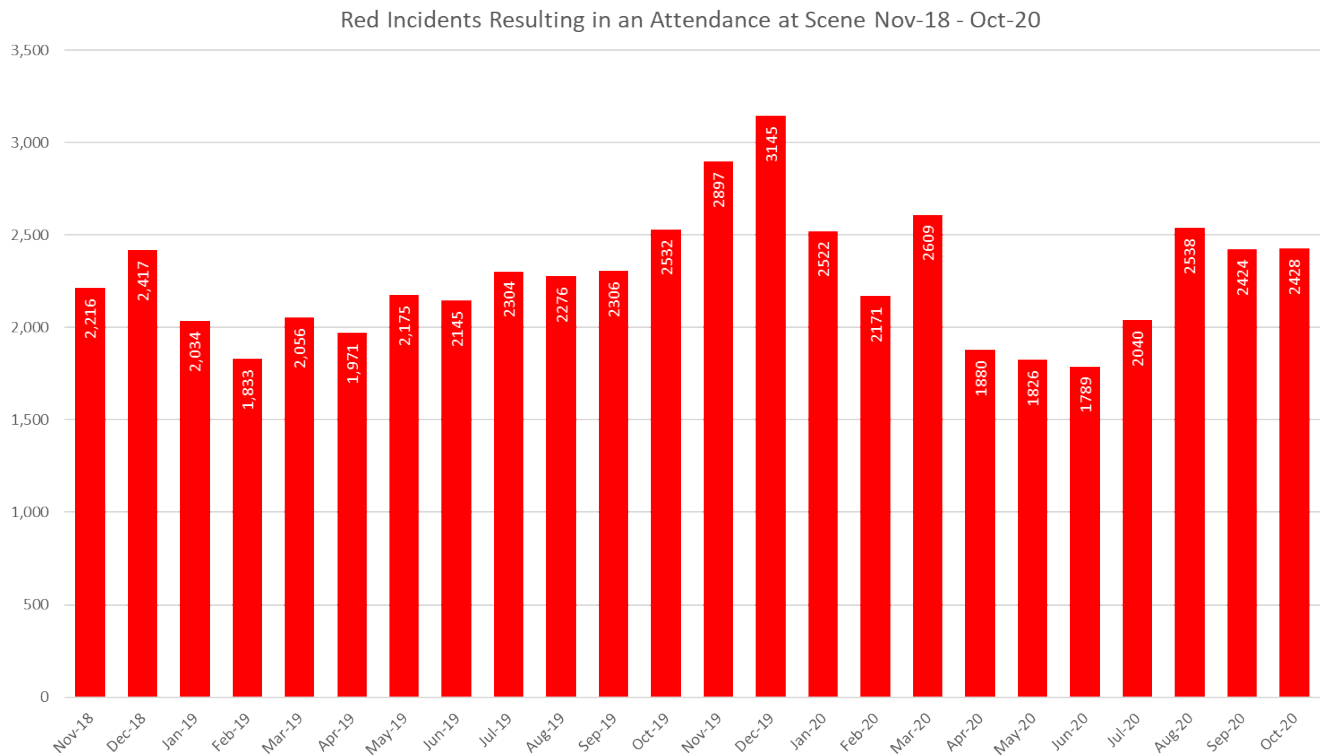
34. The improvement actions for Amber are consistent with those detailed for Red in **paragraph 31 above** along with the criticality of reducing handover lost hours and releasing ambulance resource to respond to patients in the community.

Demand

35. In Oct-20 total verified incident demand decreased to 37,701 compared to 38,069 in Sep-20 and 40,624 in Aug-20. In Oct-20 3,945 incidents (or 127 incidents per day) related to CoVID-19 (Card-36) demand, compared to 3,916 in Sep-20.



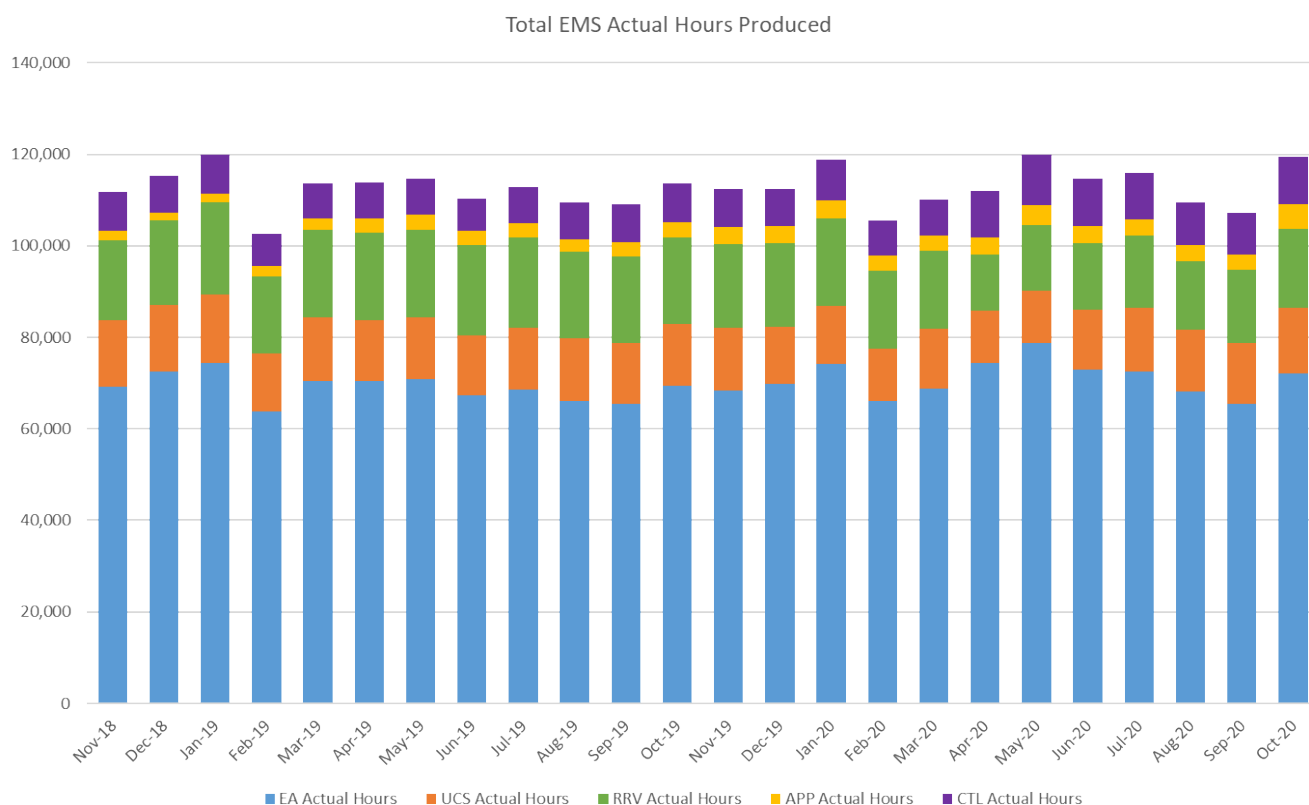
36. As outlined above, Red demand has seen a particular increase (c.25% compared to 2018 levels), linked to a change in application of MPDS relating to breathing difficulties calls.



- 37.** 2020 demand is difficult to interpret due to CoVID-19. The EMS Demand & Capacity Programme is based on a forecast year on year increase of 2.3% (2018/19 baseline). 2019/20 demand was 2.67% higher than 2018/19 i.e. above forecast.

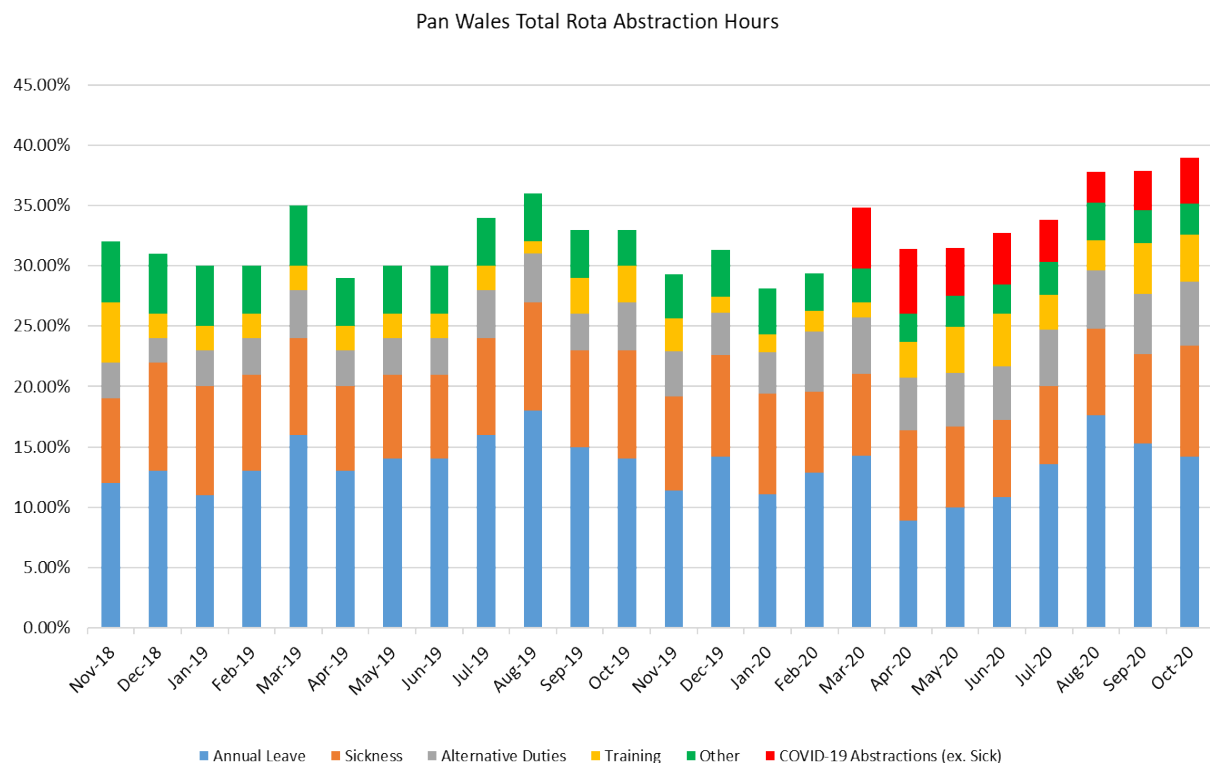
Ambulance Hours Produced (and lost)

- 38. Emergency Ambulance Unit Hours Production (UHP) recorded 94% in Oct-20** compared to 89% in Sep-20. EA UHP is an important measure, often a focus for Welsh Government and an important metric during our pandemic response, when we aim to protect our conveying capacity. The EMS Demand & Capacity Review has an EA UHP 95% benchmark, once the relief gap is closed in Mar-22. As a result Oct-20 saw the overall hours produced (all resource types) achieve a significant uplift in Oct-20. The total hours produced is a key metric for patient safety.



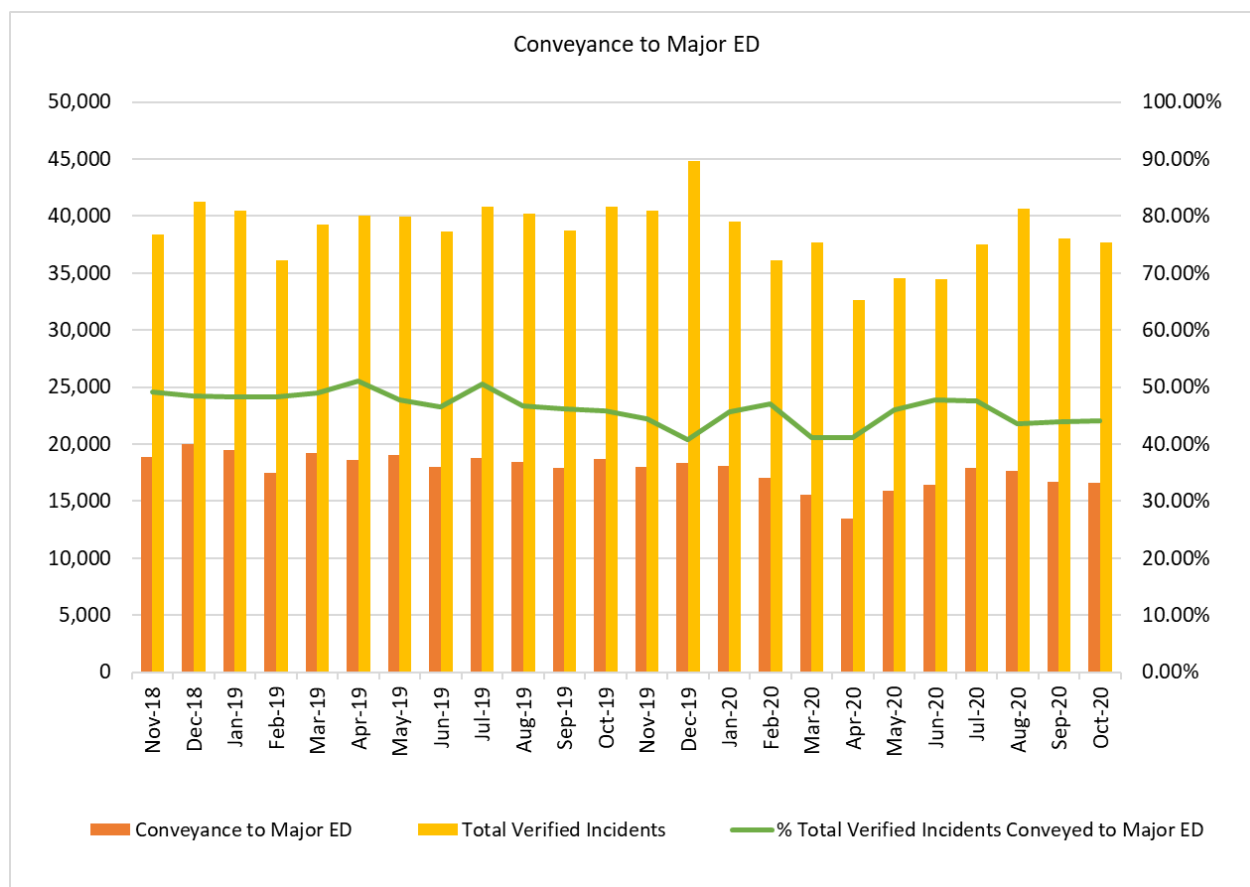
- 39.** Monthly abstractions from the rosters are key to managing the number of hours we produce. In Oct-20, total abstractions stood at nearly 39%. This compares to a benchmark set in the Demand & Capacity Review of 30%. The highest proportion was annual leave at 14%, which is consistent with seasonal trends; however, sickness abstractions in Oct-20 were just over 9% (note: GRS and ESR report different figures, the former rostered and the latter contractual). The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. In addition, it can be seen that the number of hours abstracted with staff on alternative duties has risen and this appears to be due to COVID 19 whereby a number of staff are not able to undertake their normal duties. The resumption of the

Resource Availability Project (within the EMS Demand & Capacity Programme) is key to improving this overall metric.



Shift Left

- 40.** EMS shift left activities include: use of 111/NHSD rather than calling 999, hear & treat, see & treat, the use of pathways and conveyance to hospital destinations other than major EDs (in call cases, where it is clinically safe and appropriate to do so).
- 41. Hear & Treat performance improved in Oct-20**, compared with performance in recent months, and the total volume of calls taken through this pathway has increased significantly. The Clinical Service Desk (CSD) and NHSDW (Hear & Treat) achieved a combined rate of 10.6% in Oct-20 and 10.3% performance in Sep-20. The EMS Demand & Capacity Review identified a benchmark of 10.2%, so achieving 10.6% means the Trust **exceeded the benchmark**. The CSD is currently developing an action plan to consistently deliver 10.2% combined Hear & Treat.
- 42. The percentage of patients conveyed to EDs decreased i.e. improved, in Oct-20 compared to the same period last year.** In Oct-20 conveyance to EDs as a proportion of total verified incidents was 44.16% (compared to 45.76% in Oct-19). Over the last 12 months, the average rate was 44.39%, compared to 47.31% the 12 months prior, which is good news. 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.



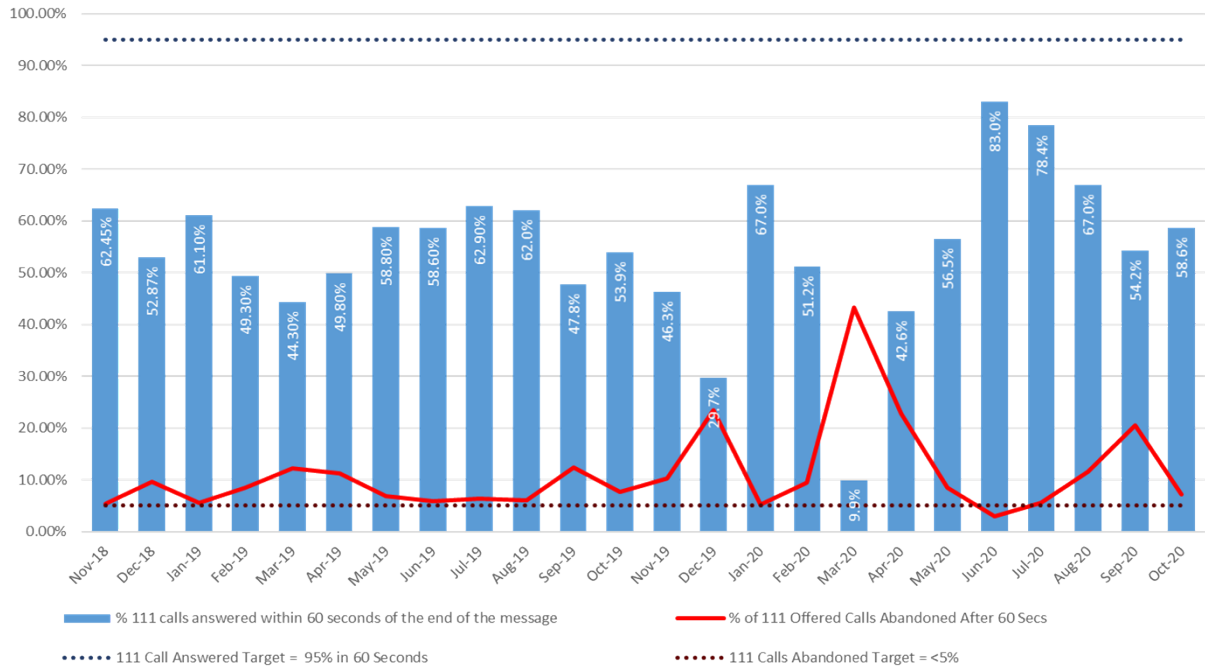
43. WAST is also engaged in a number of programmes across the unscheduled care system which are designed to shift left including: the National Respiratory Work Programme, Phone First, Consultant Connect and the Trust has provided EASC a proposal to expand the CSD through the winter period to support a potential uplift in psychiatric calls this winter, which has now been supported.

111 and NHSDW Performance

44. The 111 Service is intended for **'urgent but not life-threatening'** health issues and complements the 999 EMS service (both 111 and 999 services can move calls between them depending on their urgency). The 111 number is now operational across all of Wales, but the full 111 Service is not live in every part of Wales yet, with some health board areas still operating the NHSD service.

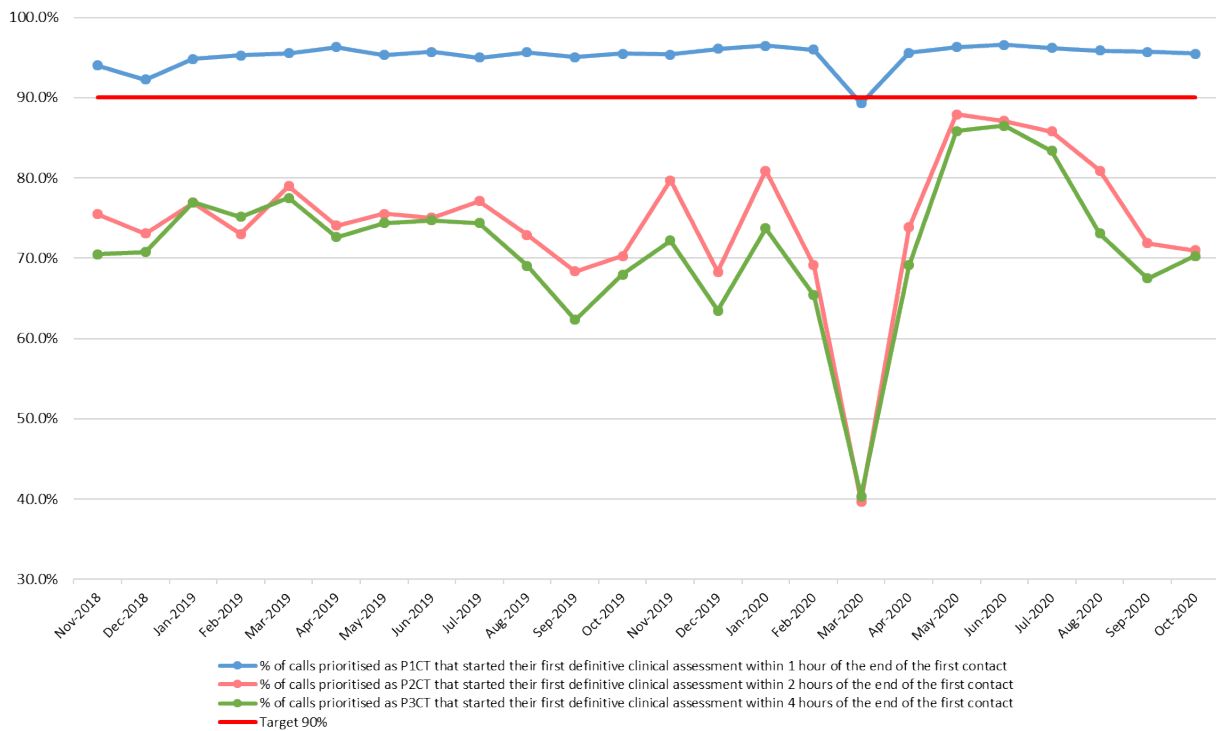
45. Oct-20 saw a **decrease (improvement) in 111 call abandonment rates (7.1%)**. The target for 111 call abandonment is 5%. The number of 111 Receptionist staff in post have been doubled since mid-Sep-20, from 8 per weekday to 16. In addition, following conclusion of an internal 111/NHDS demand and capacity review, the increase in call taker posts have now been recruited into, with several agency and redeployed staff accepting permanent posts.

111 Calls Answered vs Calls Abandoned within 60 Seconds



46. 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. For lower category calls, we are not meeting the 90% target.

111 Timely Clinical Triage of Patients



NEPTS Performance

47. The NEPTS ambulance quality indicators are suspended at this point in time due to CoVID-19; however, there is some internal reporting. Key points about NEPTS are as follows:-

- CoVID-19 saw a significant drop in patient transport activity. Levels have begun to increase, but they have not recovered to pre-CoVID-19 levels;
- CoVID19 abstractions and social distancing has been challenging, but NEPTS has seen a continued improvement in key areas of service delivery particularly discharge and transfer. Enhanced services have improved with some tailing off in recent months;
- **Social distancing means that the number of patients than can be transported per journey has reduced, which has a significant impact on NEPTS capacity;**
- In the first wave there was a significant reduction in outpatient transport activity, which meant that the impact of CoVID-19 on NEPTS capacity could be offset by the reduced demand;
- NEPTS capacity is also 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;
- **We do not expect to see a reduction in core activity (outpatients) in the second CoVID-19 wave in the same way that we did in the first CoVID-19 wave;** and
- NEPTS continues to liaise closely with the commissioning process through NEPTS Delivery & Assurance Group and recent presentations to the EASC Management Group and EASC (Sep-20).

48. As we start to move into a second wave another key consideration for NEPTS (and EMS) is the **transport requirements for the field hospital sites** (currently estimated at nine across Wales). None of these were open during Sep-20; however, if all nine were to open the transport requirements would be significant and NEPTS would not be able to service the transport needs due to the reduction in their capacity as above. The following actions have been agreed:-

- Move the Collaborative Health Care System Transport meeting to weekly;
- Review and update the WAST standard operating procedures (SOPs) for each site;
- Review the health board Q3/Q4 Operational Frameworks for information estimated patient journeys per site (and other sources); and
- **Seek to buy up external transport provider capacity in Wales** (on a regional basis) to support the potential opening of the field hospitals

49. For the last bullet, monies would need to be forthcoming from health boards in order for this to be actioned. The National Collaborative Commissioning Unit are support WAST on this.

Forecasting & Modelling

50. The Trust has undertaken innovative forecasting and modelling on a variety of scenarios over the winter period, and in all scenarios, even with action being taken to reduce demand or increase hours produced, performance levels will be challenged for both red and amber patients:-

Scenarios		EA Utilisation	Red 8 %	Amber 1 median	Amber 2 median
1. High COVID, normal non-COVID demand	No mitigating actions	Simulation crashed – infinite queuing			
	Increase to 113% of rostered hours	72%	61%	37 minutes	168 minutes
	Move to Demand Management Plan Level 5 – do not send to HCP or Green calls	78%	50%	85 minutes	597 minutes
2. High COVID, suppressed non-COVID demand	No mitigating actions	71%	56%	45 minutes	241 minutes
	Move to Demand Management Plan Level 4 – do not send to HCP calls	70%	58%	42 minutes	214 minutes
3. Low COVID, normal non-COVID demand	No mitigating actions	72%	58%	41 minutes	190 minutes
December 2019 (for reference)			60%	43 minutes	195 minutes

In scenarios 1 and 2 it is assumed that WAST will fill 84% of its rosters, based on the fact that high COVID will lead to higher levels of COVID sickness and absence. In scenario 3, it is assumed that WAST will fill 90% of its rosters.

In all scenario, it is assumed that hospital handover lost hours will be at 90% of last December's levels.

51. The EMS Demand & Capacity Review is being used to drive the associated programme. This is the Trust's main strategic response to patient safety and experience concerns. Further modelling around Red performance is expected in Dec-20.
52. The NEPTS Demand & Capacity Review has recommenced with the draft report expected Dec-20.
53. An internal 111 Demand & Capacity Review has also been completed.

Nov-20 Finance & Performance Committee (Oct-20 data)

54. The Finance and Performance Committee considered this report in detail at their meeting on the 19th November 2020. There was a lengthy discussion on the impact of the ambulance capacity that is being lost outside Emergency Departments which is one of the major factors affecting our ability to respond to patients in the community. Non-Executive members were satisfied that Executives and others were highlighting this issue appropriately at the highest levels across Wales, and in particular supported the approach of outlining and emphasising the impact on individual patients. The Committee supported the approach of considering this from a patient safety and quality perspective. The Committee also commented on and noted that the number of EMS hours produced had increased, but that there remained high levels of abstraction. Committee members were assured that actions were being taken to keep this under review and to ensure that staff who were unable to undertake their normal roles could be utilised as effectively as possible. The Committee noted the good work

undertaken to increase and sustain the call handling answer times and also on responding in a timely way to complaints

Sep20 Quest (Jul-20 data)

55. Quest identified the following issues (based on the Jul-20 report): what was the probable cause of the spikes in conveying patients to hospital? In terms of the downward trend in the completion of PADRs, was this likely to continue through the winter period? The People and Culture Committee would review this issue going forward. It was recognised that PADR completion will be a challenge during the CoVID-19 response period. Was there any indication as to the impact of the imminent opening of the major trauma network in South Wales on the Trust's resources and ability to respond in a timely manner? Resolved and now live.

People Culture Committee (Oct-20)

56. The Monthly Quality & Performance Report does not currently go to this committee. This will be picked up and the report submitted to future committees.

Conclusion and Forward Look

57. Oct-20 quality and performance metrics plus the tactical forecasting and modelling undertaken for the tactical seasonal (winter) plan both indicate that **patient safety could be compromised this winter**.
58. The Trust has acted on this data and is seeking to maximise EA production through a variety of actions identified in the report. Handover lost hours are a significant drain on ambulance hours produced and prevent ambulances responded to incidents in our community in a timely manner. The Trust has written to health boards with the results of its forecasting and modelling and will also start health board level monthly QSPE reports from Nov-20. It also continues to prioritise work to reduce demand and 'shift left'.
59. Overall, it is clear that the next few months are going to require a particularly strong managerial focus within the Trust in order to protect our services and mitigate the impact on patient safety.

RECOMMENDATION

The Board is asked to: -

- **Consider** the Trust's Oct-20 integrated quality and performance report and actions being taken.



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Welsh Ambulance Services
NHS Trust

Monthly Integrated Quality and Performance Report

October 2020
Annex 1

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SECTION 1 - MONTHLY INDICATORS

TOP INDICATORS DASHBOARD

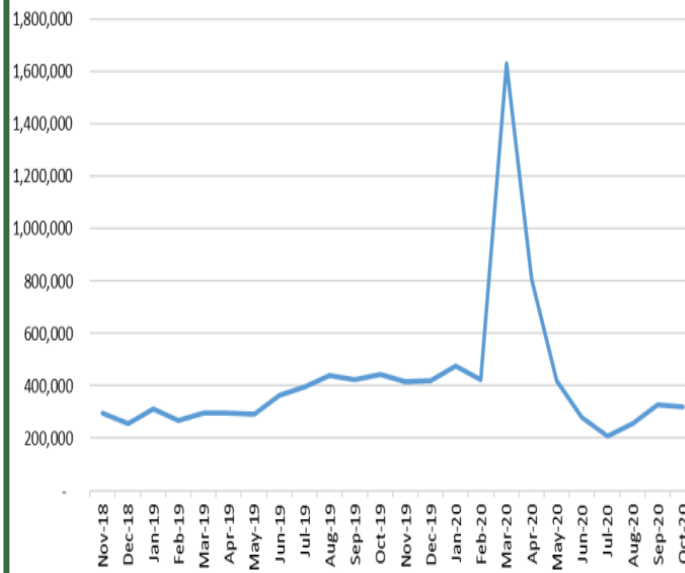
Top Monthly Indicators				Lead Director	Reporting Frequency	Target 2020/21	Baseline Position (2019/20)	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2 Year Trend	RAG	IMTP Theme 2020/21
EMS Step 1 - Help me to Choose																						
1	Number of hits to the NHS2W website	DQSPE	Monthly	Improvement trend	502,092	417,566	420,251	476,887	422,566	1,630,239	805,402	419,866	279,347	207,597	255,646	328,042	321,738		R	Our Goals: Provide the right care in the right place, wherever & whenever it is needed		
EMS Step 2 - Answer My Call																						
2	% of NHS2W calls answered within 90 seconds of the welcome message	DoO	Monthly	Improvement Trend	60.3%	61.4%	46.6%	75.6%	58.2%	13.5%	35.4%	71.6%	92.1%	92.4%	84.4%	50.4%	67.9%		A	Our Goals: Provide the right care in the right place, wherever & whenever it is needed		
	% 111 calls answered within 60 seconds of the end of the message	DoO	Monthly	95%	49.8%	46.3%	29.7%	67.0%	51.2%	9.9%	42.6%	56.5%	83.0%	78.4%	67.0%	54.2%	58.6%		A	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients		
3	Median 999 Call answer times	DoO	Monthly	Improvement Trend	00:02	00:02	00:02	00:02	00:02	00:02	00:02	00:02	00:02	00:02	00:02	00:02	00:02		G	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients		
	65th Percentile 999 Call answer times	DoO	Monthly	Improvement Trend	00:02	00:03	00:03	00:02	00:02	00:02	00:02	00:02	00:02	00:02	00:02	00:02	00:02		G	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients		
	95th Percentile 999 Call answer times	DoO	Monthly	Improvement Trend	00:03	01:10	00:45	00:03	00:03	00:12	00:03	00:03	00:03	00:03	00:03	00:03	00:03		G	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients		
4	% of calls ended following WAST telephone assessment (hear & treat)	DoO	Monthly	10.20%	8.6%	9.0%	10.4%	9.3%	8.2%	6.5%	8.5%	8.9%	9.2%	9.3%	9.9%	10.4%	10.7%		G	Our Goals: Provide the right care in the right place, wherever & whenever it is needed		
EMS Step 3 - Come To See Me																						
5	% of emergency response to red incidents arriving within 8 minutes	DoO	Monthly	70%	67.3%	61.4%	62.0%	66.0%	67.8%	64.5%	67.7%	70.2%	71.4%	68.5%	63.9%	61.4%	60.8%		R			
	Number of LHBS not achieving the Red Incidents target	DoO	Monthly	0	6 per annum	6	6	3	1	4	2	2	2	5	5	5		R				
	Red 95th percentile	DoO	Monthly	Reduction Trend	00:17:03	00:18:06	00:19:12	00:17:39	00:15:57	00:17:14	00:16:42	00:15:51	00:16:01	00:16:25	00:19:00	00:19:02	00:17:42		R			
6	Amber 1 Median	DoO	Monthly	18 Minutes	00:27:38	00:31:03	00:41:37	00:26:40	00:25:16	00:32:45	00:21:09	00:18:21	00:20:03	00:23:28	00:32:03	00:37:32	00:35:50		A	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients		
	Amber 1 65th percentile	DoO	Monthly	Reduction Trend	00:41:45	00:48:30	01:05:21	00:40:29	00:37:13	00:50:12	00:29:58	00:25:08	00:27:50	00:32:55	00:46:30	00:55:34	00:53:43		R	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients		
	Amber 1 95th percentile	DoO	Monthly	Reduction Trend	02:24:43	02:51:42	03:48:16	02:28:14	02:01:47	02:49:11	01:33:24	01:10:43	01:19:18	01:35:34	02:22:43	02:38:24	02:39:32		A	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients		
	Amber 2 Median	DoO	Monthly	Reduction Trend	00:53:06	01:02:03	01:25:41	00:49:50	00:47:24	01:03:07	00:30:51	00:28:45	00:31:42	00:39:55	00:56:27	01:07:02	01:00:01		G			
	Amber 2 65th percentile	DoO	Monthly	Reduction Trend	01:29:54	01:47:27	02:35:43	01:22:53	01:17:47	01:52:22	00:45:56	00:42:06	00:47:46	01:02:48	01:30:58	01:54:14	01:42:13		A			
	Amber 2 95th percentile	DoO	Monthly	Reduction Trend	06:22:46	08:06:47	10:24:56	06:41:54	05:29:10	08:03:32	03:24:08	02:35:13	03:04:02	04:02:05	06:07:50	07:43:02	07:23:45		R			
EMS Step 4 - Give me Treatment																						
7	Number of incidents which received a response on scene and were referred to alternative provider	MD	Monthly	Improvement Trend	2071.0%	2317	2431	2372	2128	3007	3100	2753	2391	2342	2340	2316	2396		A	Our Goals: Provide the right care in the right place, wherever & whenever it is needed		
EMS Step 5 - Take Me To Hospital																						
8	% of verified incidents that were conveyed to major EDs	MD	Monthly	Reduction Trend	46.18%	44.50%	40.87%	45.65%	47.14%	41.15%	41.17%	46.01%	47.82%	47.67%	43.54%	42.84%	43.15%		A	Our Goals: Provide the right care in the right place, wherever & whenever it is needed		
9	Number of lost hours following notification to handover over 15 minutes	DoO	Monthly	Reduction Trend	9,339	11,474	13,821	13,057	7,233	5,673	1,929	1,900	2,649	3,596	4,742	6,728	8,983		A			
Core Requirements (1.Governance, 2.Patient Experience & Satisfaction, 3.Equity, 4.Clinical Care, 5.Staffing, 6.Safety)																						
10	Concerns Response (% of concerns that received a response (Reg 24, or Interim Reg 26) within the 30 working day timeframe, from the date concern was first received, by "due date")	DQSPE	Monthly	75%	58%	71%	61%	61%	62%	54%	68%	74%	62%	76%	69%	75%	84%		A	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients		
11	Number of SCIF cases reported as Serious Adverse Incident (SAI). By date reported to Delivery Unit by WAST (THIS IS SAI'S REPORTED TO DELIVERY UNIT)	MD	Monthly	0	2	1	8	6	4	2	3	2	3	3	6	1	4		R			
12	% sickness absence for staff (all staff)	DWOD	Monthly	6.00%	6.94%	7.25%	7.57%	7.18%	6.50%	7.48%	7.58%	6.29%	5.66%	5.56%	5.87%	6.39%	-		G	Foundations of our Services: Enable Our People to be the Best They Can Be		
13	Emergency Ambulance unit hours production - Compliance with planned rosters	DoO	Monthly	95%	91.0%	92%	91%	98%	92%	90%	100%	103%	99%	95%	89%	89%	94%		A	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients		
	Total EMS Actual Hours Produced	DoO	Monthly	Improvement Trend	111023	112,454	112,394	118,806	105,493	110,131	112,066	119,942	114,633	115,883	109,466	107,227	119,444		A	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients		



INDICATOR 1 - Number of Hits to NHS 111 Wales Website 2020/21 Target – Improvement Trend

R

Number of NHS Direct Wales unique website visits



Improvement Actions

Key Improvement Actions	Completion Date	Performance Update	RAG
Strengthen the resilience of the website and focus work on 111 website enhancing patient enabling features	2020/21	Work is continuing, led by the Director of Digital, Executive Director of Quality & Nursing and Director of Partnerships & Engagement to develop the NHS 111 Wales website and strengthen the clinical input of symptom checkers and discussion is ongoing to achieve further resilience where it has been identified. The launch of the new Digital Strategy is scheduled for November. A 111 website meeting has been proposed for 17 th November 2020 to agree the way ahead, a framework for the progressive development of the website and to ensure the right people are involved across the directorates to take the work forward. A new mental health self-assessment tool is in development with a predictive launch date of December 2020 – January 2021.	AMBER
Communication to the public – signposting to relevant services e.g. hear & treat	Continuous	Work continues with elements linked closely to the new Quality Strategy which is being developed by Claire Roche and in line with the Quality (Engagement) Act, particular attention is being paid to the 'Citizens Voice' Aspect. working closely with regional operational teams to drive local communication with the public. A paper on the In-Network has been presented to EMT. The network though managed and co-ordinated by the PECCI team, will be a network for the whole of WAST and all colleagues are encouraged to promote it as a vehicle for citizen engagement. A new 'information' video has been launched to educate the public on 'what happens when you call 999'.	GREEN
Utilise intelligence/data to monitor patient behaviour and use of the website	Continuous	The team have launched and made available, through the NHS 111 Wales website, a service user website experience online survey for the public to feedback on their experiences/expectations of using the website. A service user telephony experience survey has also been launched during November complement the web survey. The results will be reviewed on a monthly basis.	GREEN
Undertake engagement exercise with stakeholders to develop and approve the Digital Strategy	Ongoing	This is an ongoing priority which has been rescored. It has been identified that there is a large engagement piece to do around the emerging digital strategy and the resources to support this will be identified through the prioritisation exercise with support of the Planning Team. Resources to manage engagement need to be identified in order to move forward. This is linked with the wider work around website under the three Directors and their respective departments.	AMBER

Analysis

There were 321,738 NHSDW unique website visits in October 2020 compared to 328,042 in September and 255,646 in August 2020. This is a slight decrease in the number of visits during October, perhaps due to local lockdowns of the ongoing CoVID-19 pandemic and the continued rise in CoVID-19 numbers; however the number of visits remain significantly lower than the same period last year when there were 442,937 visits; it is likely this is attributed to a number of factors, including the change to the website name following a re-brand to NHS 111 Wales; changes in the way website statistics are reported Google ranking factors. The web team continue to work on ensuring the NHS 111 Wales website is ranked higher when Google searches are conducted. A Coronavirus Symptom Checker was launched promptly in March in reaction to the current pandemic and the initial Government advice for anyone with COVID-19 symptoms to access the symptom checker via the NHS 111 Wales website for further advice continues to be the website page viewed most often. In September 2020, the most viewed pages were: Coronavirus Symptom Checker (182,639); Homepage (33,502); Generally Unwell Symptom Checker (28,165); Stomach Pain Symptom Checker (22,282); Back Pain Symptom Checker (22,134); Rash Symptom Checker (14,887); Chest and Upper Back Pain (13,670); Cough Symptom Checker (11,231); Dentist Local Services (11,121) and Coronavirus Encyclopaedia Page (9,971).

Visits to the website for the last quarter, (Aug-20 to Oct-20) recorded were 905,426 compared to 1,306,123 visits in the same period last year, a decrease of 400,697 which equates to 30.67%. The target is an improvement trend.

It is recognised that development is required to improve ways of measuring the impact of this service. This was reviewed in 2019/20 and the outcome was an action to explore the establishment of a new indicator to report monthly on the top symptom checks used, how many visits to the page, the number of completed assessments and of those not completed, the % of the symptom checker that was completed to enable trends to be built. Due to high demand on the website work to implement this has been undertaken for CoVID-19 symptom checkers, this enables the web team to collate and review data to establish how many times the CoVID-19 symptom checkers were used; how many visits were to the CoVID-19 page and the number of completed and un-completed assessments. This will be reviewed in 2020/21 when services return to normal in order to review all the symptom checkers.

****NB:** Changes to website visit measures implemented in March 2020 has resulted in a change to data collation. 'Unique page views' is now the reporting parameter rather than 'pages viewed'. This method will continue to be used to measure monthly statistics.

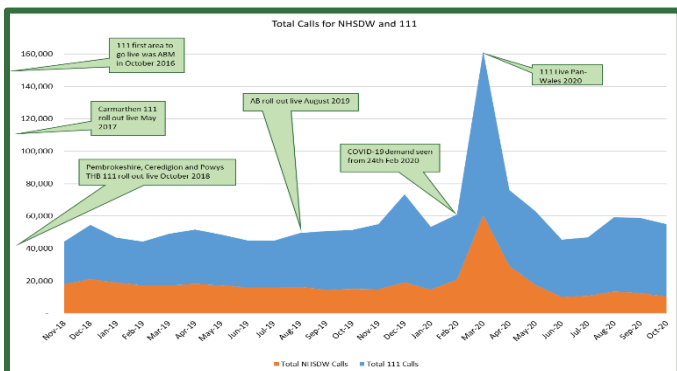


Emergency Medical Services – Step 2: Answer My Call

Our Goals: Provide the Right Care, In the Right Place, Wherever and Whenever it is Needed

INDICATOR 2 - Call Volumes to NHS Direct Wales (NHSDW) and 111 as a combined total to increase 2020/21 Target – Combined Improvement Trend

G



Analysis

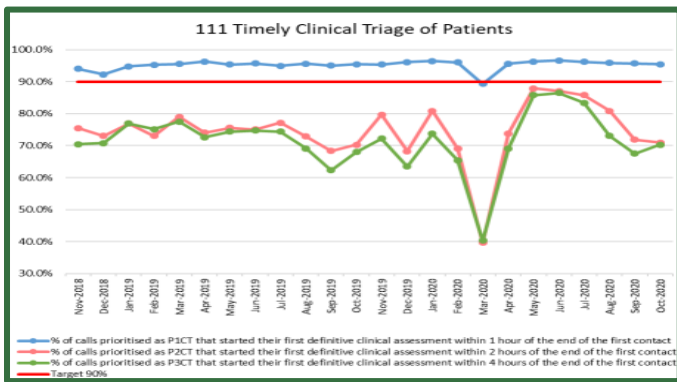
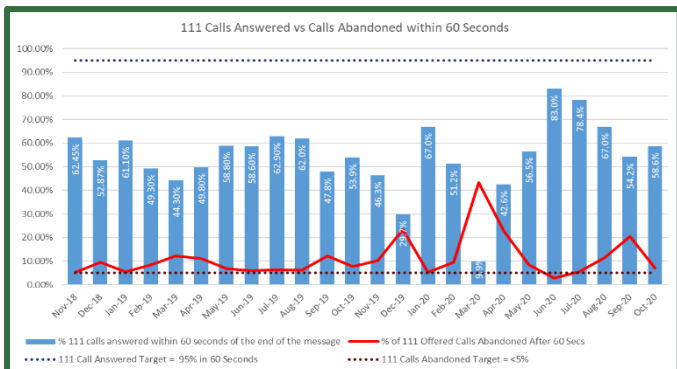
111 call demand decrease slightly in October to 44,638 compared to 46,511 in September and 45,855 in August. Current volumes are likely attributed to the ongoing COVID-19 pandemic and the Fire Break lockdown initiated throughout Wales. Despite continuing advice to use the NHSD 111 website Coronavirus Symptom Checker; demand continues to remain high for the time of year, in October 2019 the 111 service recorded 36,439 calls. Call volumes for NHSDW also decreased into October 2020 to 10,343 from 12,398 in September 2020. NHSDW call volumes in September 2019 recorded 14,586.

111 was rolled out Pan-Wales as the main contact number for CoVID-19 callers only. Plans to complete the full roll-out across Wales have been re-assessed through the Quarter 2 CoVID-19 Operational Plan in light of the current pandemic to roll out services to CTMHB at the end of November 2020.

The most significant final outcome for 111 calls is consistently **Referral to a General Practitioner (GP) (handover of care) at 41.1%**. The next three top outcomes in October 2020 were Administration, which are calls ended non-clinically, such as caller not wishing to proceed, call aborted, call duplicated, etc. accounting for 13.4% of calls and dental, accounting for 10.9%.

The percentage of 111 calls answered within 60 seconds of the end of the message declined to 58.6% in October 2020 compared to 54.2% in September and 67.0% in August 2020. 111 call abandonment saw a year on year increase of 6.1% for the period November 2018 to October 2020. The increases in the last 12 months are driven by very poor performance in Dec-19 (winter pressures) and Mar-20 (pandemic). October 2020 saw a decrease in abandonment rates to 7.1% compared to 20.5% in September 2020. October 2020 sees the service again fall outside the normal expected rate for 111 services of c.2% following an achievement of 2.9% in June 2020 for the first time since October 2018. The high abandonment rate is caused by lack of capacity to meet increasing demand due to the ongoing CoVID-19 pandemic.

The **highest priority calls, P1CT, continue to provide a timely response**, starting their definitive clinical assessment within 1 hour of the end of first contact, which with the exception of March 2020 continuously achieves the 90% target, in October 2020 it achieved 95.5%. The lower priority calls, P2CT and P3CT, whilst continuing to be below the 90% target for providing a response within 2 hours and 4 hours respectively, saw their best performance in May 20, which represents a much improved service to patients, and relates to the fact that additional clinicians have been utilised as part of pandemic actions, however performance declined further in October 2020 to 71.0% for P2CT but improved slightly to 70.3% for P3CT calls.



Improvement Actions

Key Improvement Actions	Completion Date	Progress Update	RAG
Complete rollout of 111 service across Wales	2020/21	The 111 number remains available across Wales for CoVID-19 related calls. A revised date for roll out into CTM Health Board has been agreed as 24 November 2020 subject to the final SRO readiness assessment scheduled for 18 November. A recruitment and training programme is currently in place to increase both call handler and clinician numbers. (NO OCTOBER UPDATE)	AMBER
Recruitment of additional staff	2020/21	Funding has been agreed for an additional 41 wte call handlers to meet increasing demand / CTM roll-out, and this is going well. This is a new action.	GREEN
Recruitment Plans for Paramedics and Band 5 nurses to NHSDW	Ongoing	Paramedic recruitment into 111 is routinely undertaken. Further work in collaboration with the Quality, Patient Safety & Experience (QPSE) team continues to be required to enable the recruitment of Band 5 clinicians. (NO OCTOBER UPDATE)	GREEN
Focus work on NHSD 111 website enhancing patient enabling features	2020/21	A paper has been drafted and presented to EMT in order to support the process of appealing against Standard 39 of the Welsh Language Statutory Compliance Notice. Standard 39, with an imposition day of 30 th November 2020 has been identified for appeal against compliance in relation to the NHS 111 Wales website (formerly NHS Direct Wales) to be fully bilingual by 30/11/20. A challenge has been drafted and will be submitted to the Welsh Language Commissioner by 29 th November 2020.	GREEN





Emergency Medical Services – Step 2: Answer My Call

Our Goals: Provide the Right Care, In the Right Place, Wherever and Whenever it is Needed

CI

FPC

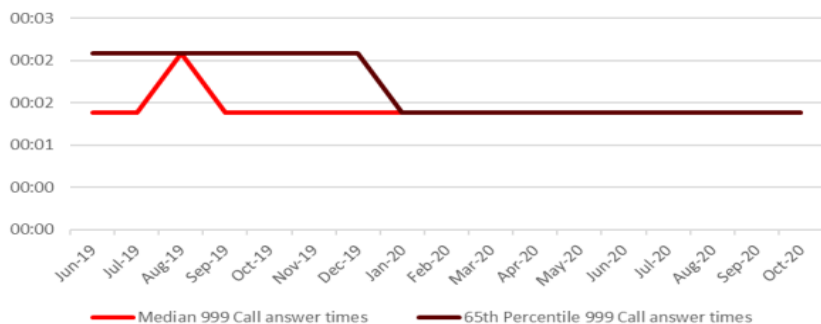
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INDICATOR 3 – Median, 65th and 95th Percentile 999 Call Answer Times 2020/21 Target – Combined Improvement Trend

95th Percentile 999 Call answer times



Median & 65th Percentile 999 Call Answer Times

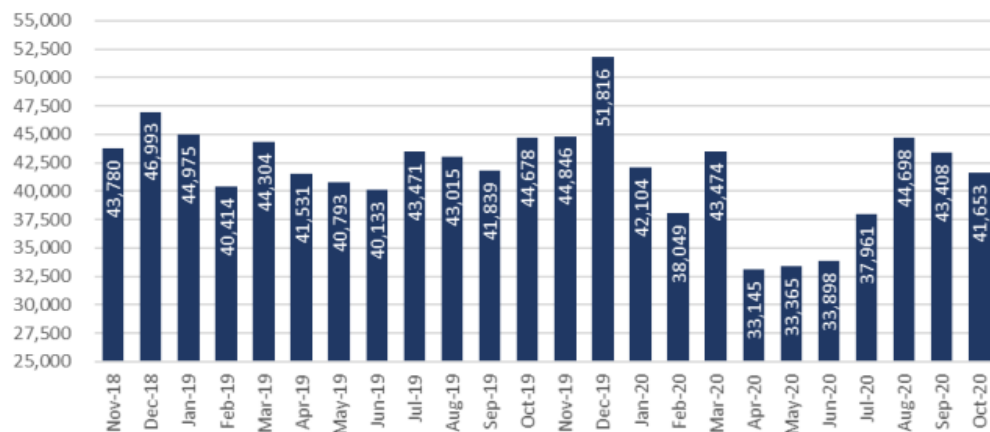


Analysis

The Trust received 41,653 emergency 999 calls during October 2020, a slight decrease when compared to September 2020 when 43,408 calls were received; this is also a decrease when compared to October 2019 when 44,678 calls were recorded and lower than October 2018 at 44,170. The ongoing CoVID-19 pandemic is likely affecting fluctuations in call numbers as infection numbers rise and fall throughout the country.

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. 95th percentile call answer times have seen more variation, but with the exception of March 2020 (00:00:12) the average has now settled at 3 seconds.

999 Call Volumes



Improvement Actions

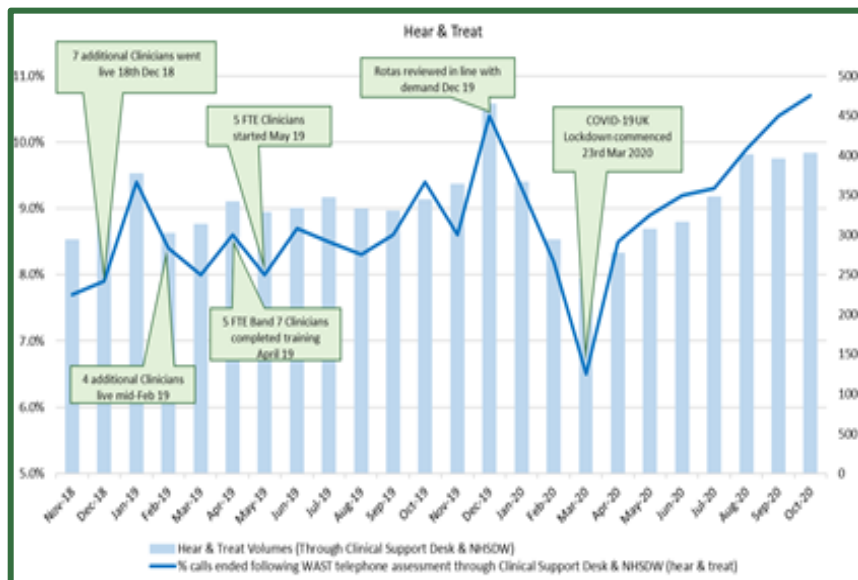
Key Imp. Actions	Completion Date	Progress Update	RAG
Ensuring availability of flexible Call Taker Capacity	Continuous	<p>999 Call demand is reviewed on a weekly basis by the Forecasting & Modelling Group, including reviewing the level of COVID-19 calls. The group is currently forecasting potential levels of a second peak of COVID-19. 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 second peak 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.</p> <p>In response to the CoVID-19 pandemic a cadre of Bank call taking staff were recruited through the 'Calls to Arms' process. A number of these have since returned to their substantive employment and others have been recruited into substantive positions as part of the workforce plan. A second recruitment exercise for Bank and substantive staff is complete which will ensure the Trust retains a flexible call taking capability.</p>	GREEN





INDICATOR 4 – % of calls ended following WAST telephone assessment (HEAR & TREAT) EMS Demand & Capacity Programme Benchmark 10.2%

G



Analysis

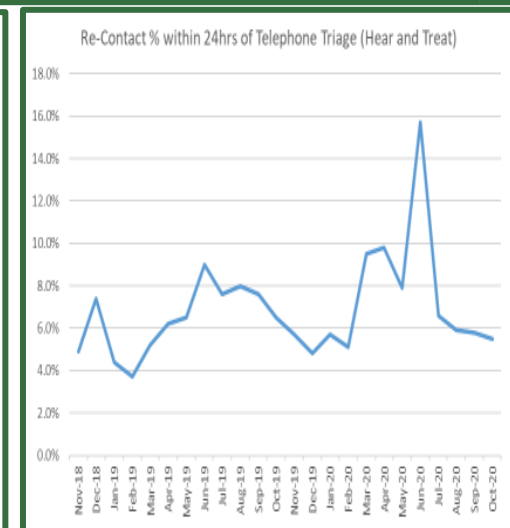
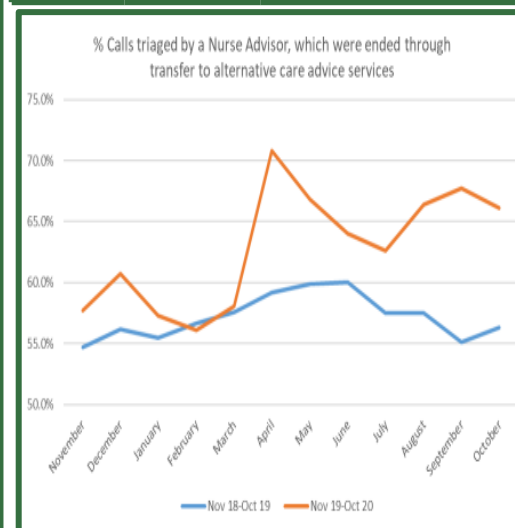
The **Clinical Service Desk (CSD)** and **NHSOW (Hear & Treat)** achieved 10.6% performance in October, compared to 9.4% in October 2019 and 7.5% October 2018. 4,023 ambulances were stopped in October 2020, an increase when compared to 3,438 in October 2019.

The improved performance to 10.6% in October is a significant achievement as call volumes begin to increase due to the continuing Covid-19 pandemic and increasing pressure on the Trust. 7.2% of hear & treat volumes were achieved by the CSD in October 2020. In comparison, 3.4% of hear & treat was by NHSOW/111, this falls just outside the historic rate of c. 3.5% - 4.0 for the first time since July 2020.

The percentage of re-contacts within 24 hours of telephone hear and treat has fluctuated considerably over the last two years, the peak in September 2018 at 50.4% was a result of one frequent caller who was taken through our frequent caller process, resulting in the re-contact rates to return to normal levels. Levels have declined further in October to 5.5% compared to re-contact rates of 5.8% in September and 5.9% in August 2020.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services has been on an increasing trend, however October saw a decline 66.1% compared to 67.7% in September 2020.

Improvement Actions			
Key Imp. Actions	Completion Date	Progress Update	RAG
Delivery of combined 10% Hear & Treat	2020/2021	A review is being undertaken of how hear & treat figures are generated in relation to denominator figures associated with HCP planned admission requested. The Clinical Contact Centre Clinical Review programme commenced October 2020 and whilst to explicitly identified to deliver improvements in H&T it represents the single improvement programme for EMSCCC clinical functions.	GREEN
Implementation of an Integrated Clinical Hub	2020/2021	Work on the CCC Clinical Review was paused in March 2020 following the invocation of the Trust's Pandemic arrangements in response to the spread of CoVID-19. As the Trust entered a period of monitoring and subsequently recovery the Strategic Transformation Board received a paper in September 2020. In its first meeting the Board agreed 16 objectives for the remainder of the financial year (20/21). These objectives build on the key themes discussed and agreed at the Strategic Transformation Board and Trust Board. Since agreeing these objectives, the project team have commenced the development of supporting project plans, identification of work stream leads and contributors and commenced work in many areas. It is expected that the next Programme Board will receive change cases, business cases and progress updates against a number of these objectives. In addition to the agreed objectives other work aligned to Clinical Review recommendations has been progressed in support of either COVID-19 or normal service development. This includes, but is not limited to, SOP updates, development of educational programmes in conjunction with Health Education & Improvement Wales (HEIW) and the imminent launch of the patient experience survey.	AMBER





GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambwlwans Cymru
Welsh Ambulance Services
NHS Trust

Emergency Medical Services – Step 3: Come To See Me

Foundations of our Services: Continue to Provide the Best Possible Care, Outcome & Experiences to our Patients

FPC

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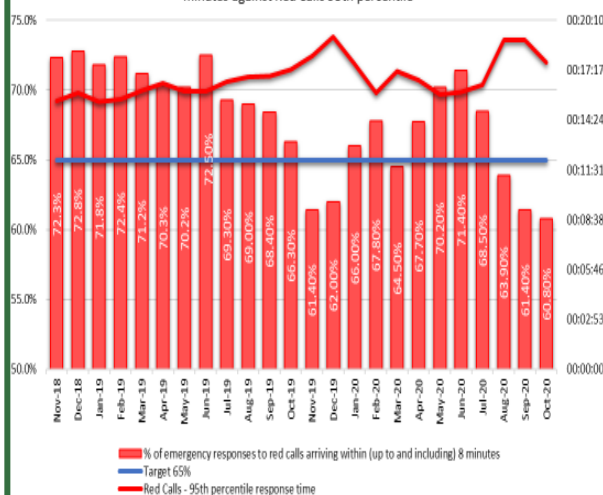
INDICATOR 5 – RED % of Emergency Responses to Red Calls Arriving within 8 minutes to Improve and Red 95th Percentile 2020/21 Target – 65% and Red 95th Percentile reduction trend

65%

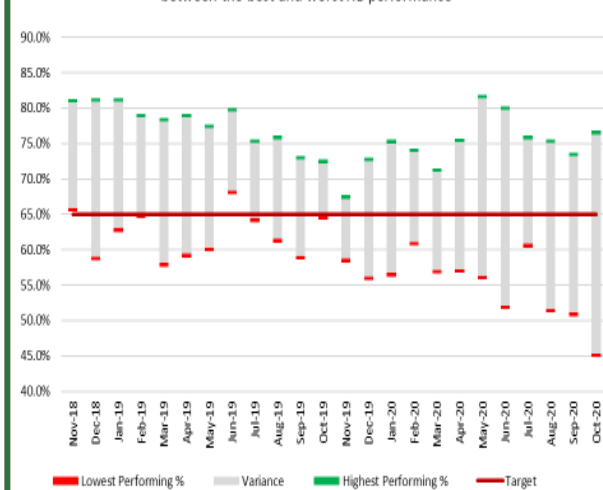
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95th

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



Reduction in the variation in RED call response time performance between the best and worst HB performance



Improvement Actions

Key Improvement Actions	Completion Date	Progress Update	RAG
Red performance action plans	Weekly ongoing	The weekly meeting of the Senior Operations Team is used to review performance and demand forecasts to inform decision making around resources. Subsequently, Cwm Taf Morgannwg, Powys and Hywel Dda performance improvement plans are in place and are reviewed and monitored by the ADO Ambulance Response. A Wales wide action plan is also now in place and is being monitored.	GREEN
CFR Reactivation	Ongoing	The approach to Pan-Wales reactivation has now been completed with all of our returning volunteers having been contacted personally by telephone by local CFR managers. All returning volunteers have now been trained and issued with Leve I3 PPE and have been re-activated back on the systems in CCC to enable them to be deployed. Further work is underway to evaluate then re-activate the re-commencement of Good Sam.	GREEN

Analysis

Red performance declined in October 2020 and did not achieve the 65% target at an all Wales level. In October 2020 60.8% of Red calls arrived within 8 minutes. However, 68.1% arrived within 9 minutes and 73.6% within 10 minutes.

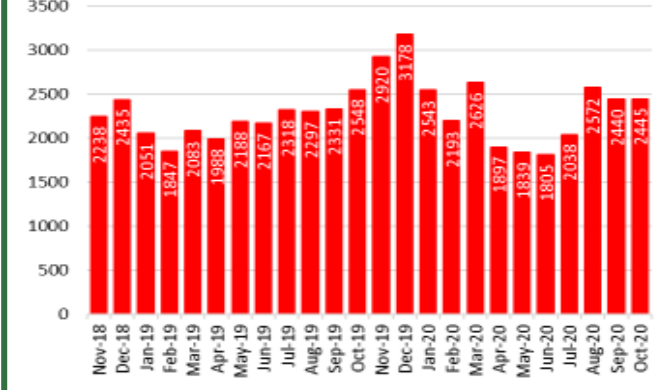
The three main determinants of Red performance are Red demand, unit hours produced and handover lost hours; however, during the COVID-19 pandemic there have been other factors that have also affected Red performance. The focus on resourcing has been on EA production over RRV production, resulting in lower levels of RRV resources that would normally be the resource available to quickly respond to Red calls. The requirement for staff to don level 3 PPE has added time to the response which has had an effect. The standing down for CFRs during the first wave due lack of PPE and training also had an effect.

Red demand has increased by 7.04% overall year on year, over the 12 month period (18-19 and 19-20). Demand decreased at the start of the pandemic period in March 2020, but demand levels are returning to pre-COVID levels now.

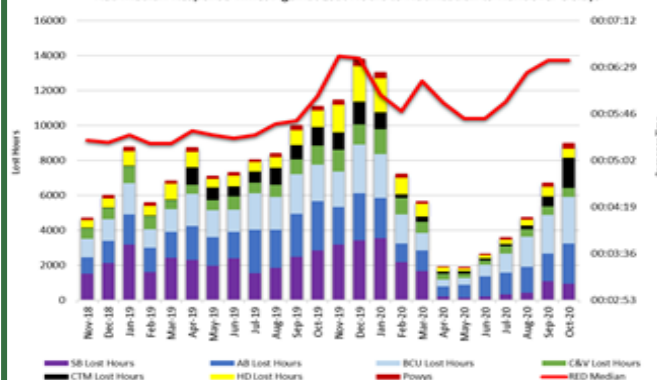
The 65% target was not achieved by 5 Health Boards in October 2020, Aneurin Bevan Achieved 59.6%, Betsi Cadwaladr achieved 61.9%, Cwm Taf Morgannwg achieved 44.8%, Hywel Dda achieved 58.9% and Powys achieved 50.6%. The variation between best and worst performing health boards increased in October 2020 and performance Pan-Wales continues to deteriorate. Red 95th percentile has been on a gradual worsening trend over the two years displayed, however there have been improvements in recent months in line with the 65% 8 minute performance.

As a result of the lower levels of performance, WG and the CASC requested that a red improvement plan be developed. This has been submitted, with actions focusing on increasing capacity, reduction hospital handover and continuing to develop plans to reduce demand.

Total Verified RED Demand Calls



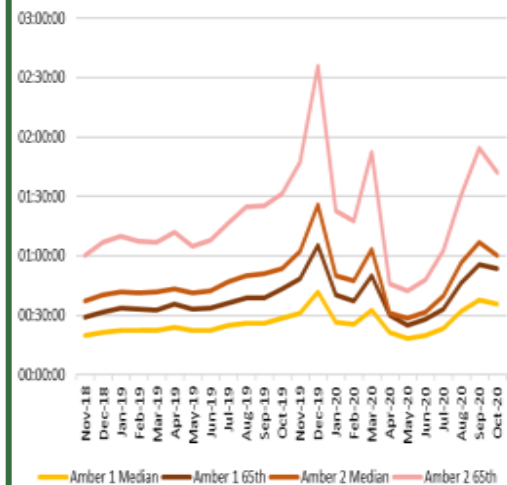
Red Median Response Times Against Lost Hours to Notification to Handover Delays



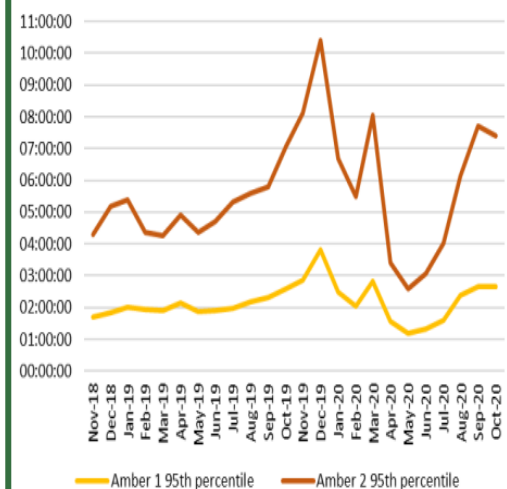


INDICATOR 6 – Amber MEDIAN, 65th Percentile and 95th Percentile to Reduce across all Health Board Areas 2020/21 Target – Reduction Trend

Amber 1 & 2 - Median and 65th Percentile



Amber 1 & 2 - 95th Percentile



Analysis

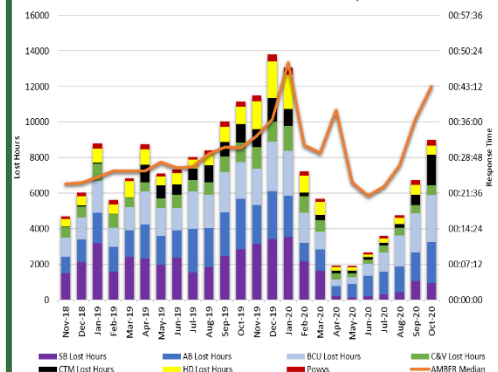
Amber performance improved in October 2020 perhaps influenced by the slight decrease in demand. Throughout April and May significant improvements were seen and Amber 65th and 95th percentile response times saw the best performance in May 2020 we have seen for over two years, with Amber Median also at similar levels. The target is a reduction trend. Verified Amber demand decreased to 26,990 in October compared to 27,028 in September following a significant decrease during the unprecedented pandemic period. 85% of COVID-19 incidents being categorised as Amber.

In October, Amber median saw performance times of 40 minutes 34 seconds; Amber 65th performance recorded response times of 1 hour 2 minutes and 40 seconds and Amber 95th performance declined to 4 hours, 7 minutes and 24 seconds.

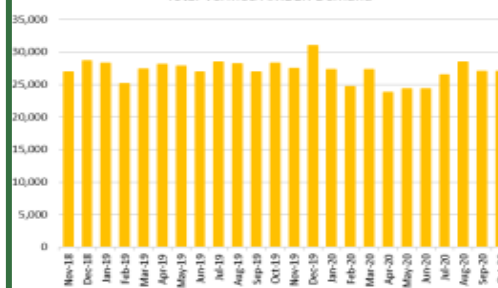
In October 2020, there were 226 patients waiting over 12 hours, a decrease when compared to 275 in September and 148 in August, increased numbers are a key indicator that capacity is insufficient to meet demand.

There is significant correlation between Amber performance and lost hours due to notification to handover delays, as demonstrated in the middle graph on this page. The number of hours lost to notification to handover delays in October 2020 increased to 8,984 as demand for A&E during the pandemic has also significantly decreased. This compares to 11,132 hours in the same period last year. Further information on handover delays can be found on slide 10.

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



Total Verified AMBER Demand



Improvement Actions

Other Key Improvement Actions	Completion Date	Progress Update	RAG
Demand and Capacity Review	Nov-19	An internal programme board has been established, which meets every three weeks and delivery is tracked externally by the Emergency Ambulance Services Committee (EASC). The programme is currently on target. The programme is on-target to recruit the 136 FTEs this year, with a further wave of recruitment expected next year. The programme is reaching a critical juncture now, which is not without risk, as we start to plan for year 2 of the programme, in particular, closing the relief gap, findings solutions to the high estate utilisation which is a barrier to recruitment and training and re-rostering across Wales in 2022, which is a serious undertaking.	GREEN
Tactical Seasonal Planning	Ongoing	Whilst there is no formal WG requirement to produce a winter plan for 2020/21, WAST has undertaken innovative forecasting and modelling in support of this year's plan and the plan has been completed and submitted to WG as part of the Q3/Q4 operational framework. Key actions focus on <ul style="list-style-type: none">Increasing capacity (through D&C review, additional St John UCS crews, use of TAP)Continuing to work with health boards to reduce the number of ambulances waiting outside EdsFocus on a number of schemes to reduce or defray demand including Contact First, new respiratory pathways, consultant connect, mental health practitioners in CSD	GREEN

INDICATOR 7 – Number of Incidents Referred to Alternative Providers 2020/21 Target – Improvement Trend

A

Incidents Treated at Scene VS Incidents Referred to Alternative Providers



Recontact % within 24 hours of See & Treat



Analysis

The combined number of incidents treated at scene and referred to alternate providers declined again in October 2020 when compared to the period March-May 2020. The number of patients that were not conveyed to ED's and were referred to alternative providers peaked during the pandemic as robust clinical arrangements were stepped up to support whilst the Incident Coordination Centre (ICC) was in operation, in addition there were a number of additional pathways put in place during the pandemic, however now that these measures have ceased we are now seeing levels return to those seen before the current CoVID-19 pandemic.

2,396 incidents were referred to alternative providers in October 2020 compared to 2,187 in October 2019 and 2,031 in October 2018.

3,465 incidents were treated at scene in October 2020 compared to 2,822 in October 2019 and 2,999 in October 2018.

The percentage of See & Treat incidents that re-contact the service within 24 hours improved slightly to 0.9% in October, compared to 0.7% in September 2020. This is also an improvement when compared to October 2019 (0.8%).

Improvement Actions

Key Imp. Actions	Completion Date	Progress Update	STATUS
Develop new pathways with Health Boards	2020/21	<p>A national workshop with Health Board stakeholders held in December, initially identified & prioritised three pathways. In addition, it was agreed that a COPD pathway would be piloted in ABUHB (Jan – Mar 2020) to test the concept & in readiness for wider roll-out across Wales. Unfortunately due to the COVID-19 Pandemic, the project was paused mid-pilot due to risk & rapid changes in service delivery. A high level evaluation from the pilot identified positive patient outcomes, feedback & opportunities to increase numbers of patients accessing the pathway for future development.</p> <p>This work stream, now led by the Care Closer to Home Group (previously Pathways Development Group), has broadened its scope to include the expansion of our APP workforce and Non-Medical Prescribing, along with development of Alternative Care Pathways. The initial priority of the Group is to lead on the National Respiratory work stream on behalf of the National Programme of Unscheduled Care. The development of a four-phased approach & a detailed proposal is being considered by CASC & in discussion with National Respiratory leads and NPUC Programme leads. Progress has been made, as part of phase 1, to identify key learning & lessons learnt from the ABUHB pilot. This information influenced the initial draft of a Readiness Assessment Tool for Health Boards to complete as part of identifying Health Board readiness to implement the pathway.</p> <p>Progress has been made to the refresh of Non-Injury Referral Pathway, a series of workshops had been arranged to engage with key stakeholders with an invested interest in the Non Injury Falls Referral Pathway and to ensure updates to improve the pathways process continue to be determined and developed via a collaborative approach. The first falls workshop was held on the 22nd September 2020 with Community Falls Leads across Wales and a second workshop was held with WAST colleagues on the 30th September 2020. A review of the current Paramedic Field Guide was undertaken and participants were invited to put forward suggestions to improve the pathway process. Next steps is to undertake a detailed assessment to determine which proposals recorded will be included as part of the refresh of the Non Injury Falls Pathway recorded. In parallel to this work, the Trust has rolled Consultant Connect application which is an enabling tool for frontline clinicians to 'access' available alternative care pathways. This is reliant on pathways being available and also a long term funding commitment.</p>	GREEN
WAST to lead national Respiratory Pathways work	Phase One and Two: March 2021 (subject to HB capacity and readiness which will inform the roll out of the next stages) Phase 3: 1-2 years Phase 4: 2-3 years	<p>Progress update to report in conjunction with the linked IPR Improvement Action 'Develop new pathways with Health Boards'</p> <p>As part of the actions led by the National Programme for Unscheduled Care (NPUC), WAST have been asked to lead on the development of a National Respiratory work stream. This work stream is being overseen by the recently established Care Closer to Home Group (as above). The immediate focus of the group is to develop, implement & fully embed phases 1 & 2 of the respiratory work stream described below. Acknowledging that the group also holds a broader & expanded role to oversee key developments aligned to managing more patients in the community & avoiding ED where clinically appropriate. This will also include in the future the oversight of the expansion of our APP workforce & Non-Medical Prescribing development.</p> <p>At the initial meeting the Group reviewed the work streams approach, project plan, resource requirements & reporting arrangements. The additional resource requirements are being progressed in discussion with the Chief Ambulance Commissioner / National Unscheduled Care lead.</p> <p>Phase 1 – Implementation a National Respiratory (COPD) Community Pathway across Wales: Progress has been made to identify key learning & lessons learnt from the ABUHB pilot. This has helped inform the initial draft of a Readiness Assessment Tool for Health Boards to complete as part of identifying Health Board readiness to implement the pathway. The findings of the readiness assessment will inform and shape the phased roll out and implementation of the respiratory (COPD) pathway across Wales.</p> <p>Phase 2 – Deploy additional APPs (subject to funding & recruitment) to support and work with community based respiratory teams across all Health Boards to manage more respiratory patients in the community: Further discussions & developments required on this phase following the outcome of Health Board completion of the Readiness Assessment tool.</p> <p>Phase 3 – Increase the number of Non-Medical prescribers (1-2 years): For further discussion following Phase 1 + 2</p> <p>Phase 4 – Explore digital innovation solution (wearable technology/remote monitoring) (2-3 years): For further discussion following Phase 1 + 2</p>	GREEN
Complete testing and national roll out of Consultant Connect (CC)	March 2021	<p>Phase 1: Complete</p> <p>Phase 2: In progress.</p> <p>Phase 3: In progress, safeguarding lines are now set up on CCA. Business case and finance options for next steps drawn up by Director of Digital and has been considered by EMT for the purchase of 450 smart phones; further revisions are in progress to the business case and will be re-presented. Four new WAST outcome measures have been loaded to replace Primary/Secondary outcomes with mailshot reminders sent to all staff app users</p> <p>The initial evaluation of the CC is complete and was presented to the Medical and Clinical Directorate Business Meeting on 30th October 2020 and accepted</p> <p>Issues have been identified as follows:</p> <p>Data reconciliation has been challenged and ongoing data cleansing is in progress</p> <p>Cloud security assessment is pending from NWSSP and meeting is being arranged with the Information Specialist at NWSSP</p> <p>Information Governance have been made aware that there is currently no option for 2 factor authentication and this is being reviewed, and is part of the Cloud assessment meeting above</p> <p>Audit logs – Further clarity is being sought regarding audit log capability and the process followed by CC: CC cannot provide log-in audits, but can provide monthly audit reports for photographs and calls</p> <p>Data flow mapping exercise is being undertaken for the call flows as part of the DPIA is ongoing and all new lines loaded will require DPIA</p> <p>Role based access procedures are currently being developed: draft version submitted to CC Project Group 25th November</p> <p>DPIA and guidance documentation in progress for photo facility, draft version in progress for Project Group on 25th November</p>	AMBER



INDICATOR 8 – % of verified incidents that were conveyed to Major ED 2020/21 Target – Reduction Trend INDICATOR 9 – Number of Lost Hours following Notification to Handover within 15 Minutes 2020/21 Target – Improvement Trend

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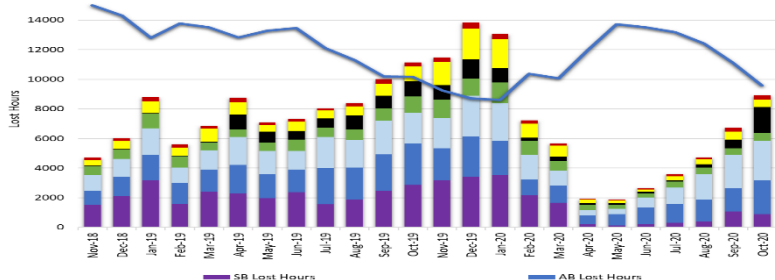
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Conveyance to Major ED



% of Notification to Handover within 15 minutes against
Notification to Handover Lost Hours



Analysis

The Trust conveyed 18,098 patients to hospital in October 2020, of these 16,649 were to major emergency department (EDs), compared to 18,661 in the same period last year. The graph above demonstrates that numbers and proportions conveyed reduced significantly in February through to May 2020 as conveyance to hospital reduced during the current COVID-19 pandemic before beginning to increase again from June onwards, conveyance numbers in September 2020 were lower than September 2018 and 2019.

Overall the average rate year on year has improved for the last 12 months, Nov-19 to Oct-20 the average rate is 44.39%, compared to the same period the previous year which had a rate of 47.31%.

Handover to clear delays were worse in October 2020. In the last 12 months, period Nov-19 to Oct-20 **4,497 hours were lost**, compared to 8,894 hours in the same period last year. In October a total of 500 hours were lost to handover to clear delays. An increase when compared to the previous year where there were 327 lost hours in October 2019.

The **percentage of handover to clear within 15 minutes** of transfer of patients to hospital staff was 83.4% in October 2020, compared to 89.3% in October 2019. The target is a reduction trend.

81,916 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 92,774 in same period two years ago (Nov-18 to Oct-19). 8,916 hours were lost in October 2020, a 22.10% decrease compared to 11132 in October 2019. The worst hospitals during October 2020 were Glan Clwyd Hospital Bodolwyddan (BCU) at 1,757 lost hours, Prince Charles Hospital (CTM) at 1,493 lost hours and Royal Gwent Hospital Newport (AB) with 1,493 lost hours.

Improvement Actions

IMTP Deliverable	Completion Date	Performance Update	RAG
Continue expansion of APP role (If funded and agreed with Commissioner)	Dec-24	The EMS Demand & Capacity Review identified an expansion of APPs through to Dec-24. APP's commenced operational activity and are projected to be providing an additional 1800+ p/m compared to Dec-19. The intention to expand the APP workforce continues and early stages of collaborative work with the Organisational and Workforce Directorate is underway.	GREEN
Hospital Handover Delays	Ongoing	Delays have started to return to their pre-CoVID-19 levels. The lost hours are so significant that they outweigh all the efficiency gains WAST can achieve through the EMS Demand & Capacity Programme. Unless handover levels return to their 2018/19 levels (and the Trust receives investment in line with the EMS Demand & Capacity Review) we will not achieve the levels of patient safety that we aspire to (and are considered appropriate and safe). The Quality Steering Group has agreed to have a single item agenda to focus on handover lost hours and, in particular, how we engage with the system to address this key barrier. The DON, MD, COO and CEO are all proactively using peer networks to raise this issue through the patient safety lens. EASC discussed this in detail at its meeting in November, with a series of actions and expectations set out in a letter subsequently from the CASC.	AMBER
Operational Delivery Unit (ODU)	Mar-21	Funding has been secured to maintain the ODU until 31 st March 2021 and enable it to move towards 24/7 cover. A head of Service and 5 National Delivery Manager roles have been successfully filled which will provide support to on-call teams and focus on a wider range of inhibitors that impact the flow of patients across the unscheduled care system in Wales. Further recruitment is due to commence for a Senior Analyst and Business Admin Support to provide the full structure in line with the Business case.	GREEN
Develop an offer to lead the work on Phone First across Wales and develop a programme of work	End of Q2	As part of the National Programme of Unscheduled Care plans to provide resilience ahead of winter, WAST & the 111 Programme Team have been asked to work closely with Health Boards across Wales to lead the development of the front end service model to support the national "phone first" service. A high level summary of key progress against the main work streams is outlined below. Clinical Model - WAST held the 2 nd clinical workshop in early November to finalise the front end clinical model and patient flows. Clinical model nearing completion and work is continuing with Health Board clinicians to agree the inclusion / exclusion criteria of patients to flow into the Health Board Model. Technical System Development - WAST held a technical system development workshop in November to work through the technical flows to enable the front end clinical model. Work to commence with respective Health Boards to work through the operability between CAS & Adastra operating systems. Roll Out & Health Board Engagement - Key principles of the model agreed with the National Phone First Group including approval to commence a soft launch initially. Discussions continuing with HBs to agree phasing and prioritisation of roll out. Anticipated to implement a 'soft launch' within 1 to 2 Health Boards prior to Christmas depending upon system readiness. - Continue to engage with AB / CTM / HDda & SB. Discussions commencing with BCU senior leads. Estates - Phase 1 of Estates development complete in VPH to increase training capacity with the provision of an additional 18 desks. Workforce - Recruitment ongoing for 111 Call handlers and Clinical Advisors. Finance - Confirmation of circa £2million capital funding. Verbal confirmation of funding to support permanent recruitment of clinical advisors and clinical leadership structure.	GREEN

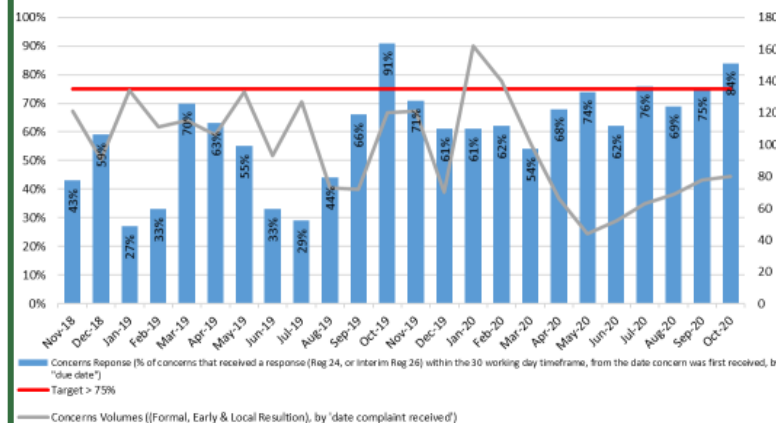




INDICATOR 10 & 11 – % of concerns that received a final response under regulation 24 within 30 days; and % of serious incidents assured within agreed timescales

R

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



Analysis

The **percentage of responses to concerns** increased in October to 84%, compared to 75% in September and 69% in August. Performance in September met the 75% target, as a consequence of improvements being put in place to increase in compliance and staff returning from redeployment. The number of total concerns has increased in October (80) when compared to September (78) and August (69).

There were 5 SCIF forums held in October 2020, during which 17 cases were discussed, 5 of these cases was reported to the DU and 6 were passed to Health Boards as Serious Incident Framework 'Appendix B' incident referrals.

In October 2020 there was 5 SAI's reported to the DU within this reporting period, this is a significant increase in the number reported in the previous month (Sep-20) and an increase when compared to the same reporting period of the previous year (Sep-19).

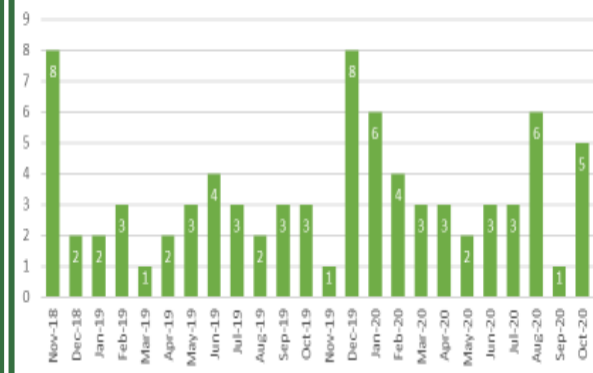
Year on year the overall volumes of SAIs are on an increasing trend. The sharp increase in December 2019/January 2020 and again in August and October is concerning and has been linked to the significant delays across the system, the decrease in February supports this as handover delays came down and response times begin to improve. However, as handover delays begin to increase again so are the number of serious incidents.

A theme and trend in relation to our concerns and SAI portfolio is the application of the ineffective breathing and apnoea breathing tool in the telephony environment. Its application is not only a WAST issue, but also stretches across the United Kingdom as a contributor to human errors in its application.

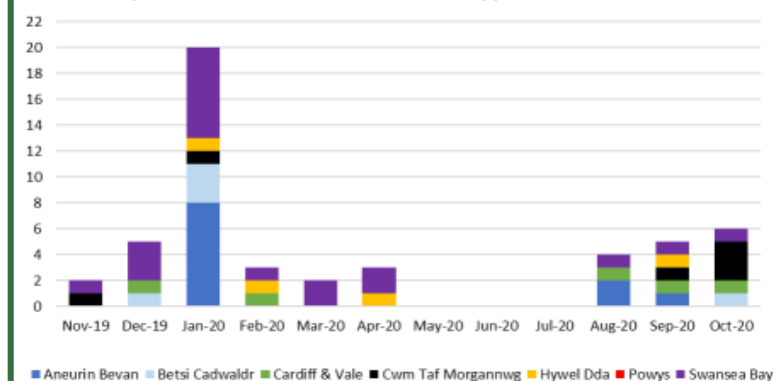
Internally, a training package has been developed for our Emergency Medical Dispatchers (EMDs), where these staff will view a presentation, which is coupled with links to videos which assists them in the recognition of ineffective and apnoea breathing.

In addition, the EMDs will undertake a test, in which the results can be viewed by the individual and the training team live. Lastly, the staff will be asked to electronically sign a competency sheet which will be entered onto ESR as a record of completion.

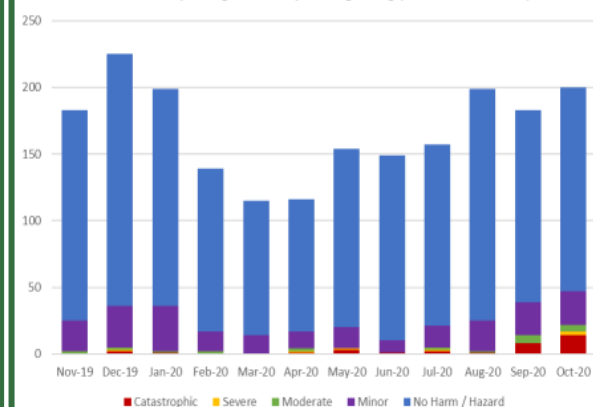
Number of SCIF cases reported as Serious Adverse Incidents (SAI) By Date Reported to the Delivery Unit by WAST



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



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



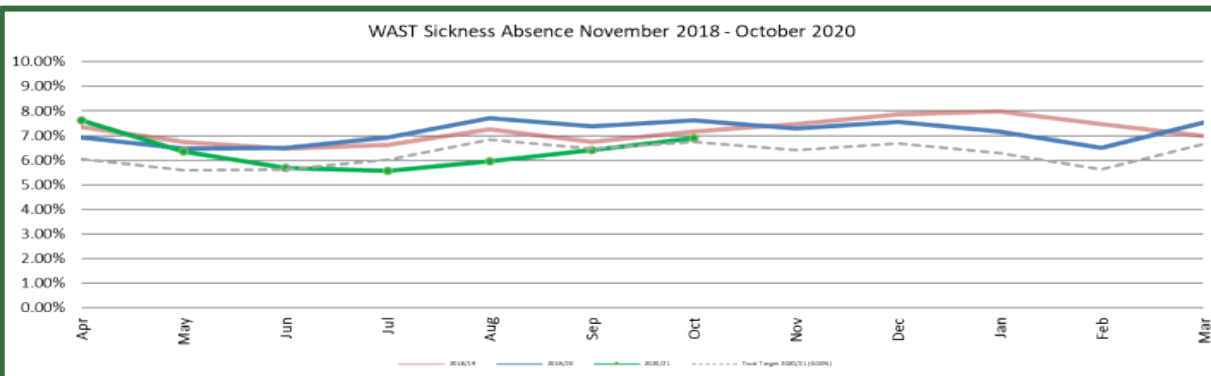
Improvement Actions

Key Improvement Actions	Completion Date	Progress Update	RAG
Enhanced Focus on Joint Investigations	Continuous	The team continue to schedule monthly meetings with Health Boards to provide enhanced focus to joint investigations	GREEN
Improvements to volumes of concerns and Serious Adverse Incidents	Continuous	The team continue to focus heavily on our twice weekly meetings (Patient Safety Team and Putting Things Right meeting) on our volume of concerns and Serious Adverse Incidents. Continued reviews take place weekly and monthly on our patient safety incidents (moderate, severe and catastrophic) harm profile.	GREEN



Some October 2020 data & Analysis unavailable

INDICATOR 12 – % Sickness Absence for All Staff 2020/21 Target – 6.3%



Analysis

The rolling 12-month sickness figure decreased by 0.07% from August and is a decrease of 0.36% compared to September 2019. The in-month figure for September 2020 was 6.39%, an increase of 0.52% from last month and a decrease of 0.98% compared to September 2019. In-month Long-term sickness decreased by 0.18% compared to August, a reduction of 1.83% compared to the same time last year. The average length of all cases closed in September was 78.66 days, a decrease of 5.68 days compared to August and 3.90 days lower than the September 2019 average.

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

Rolling 12 months Absence

Average working days lost per FTE

15.41 days

Rolling 12 month Absence %

6.76%

Long Term

4.75%

Mental Health
(510 Stress/Anxiety)

1.96%

Short Term

2.01%

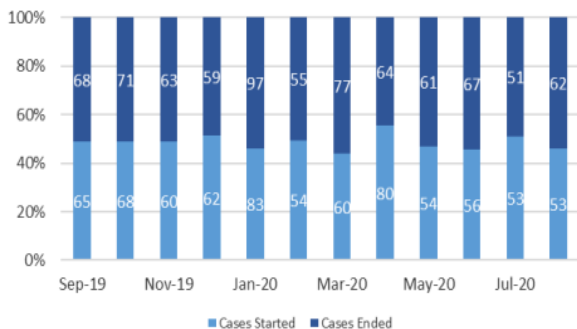
Other MSK
(excluding Back)

0.79%

Improvement Actions

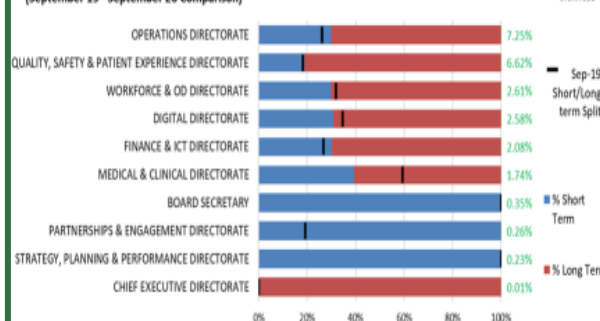
Key Improvement Actions	Completion Date	Performance Update	RAG
Development of Health and Wellbeing strategy	2020/21	Following consultation the Health and Wellbeing Strategy 2020-2024 third draft is being presented to People and Culture Committee on 13 th October 2020 with the final strategy is due for presentation not board in November 2020.	GREEN
Occupational Health and Employee Wellbeing Services	Continuous – Business as Usual	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.	GREEN
Wellbeing Workshops	Continuous – Business as Usual	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.	GREEN
Analyse staff survey to inform recovery planning, and agree plan to address areas of concern	Sept 2020	Feedback through the Staff Survey has been collated and an action plan has been completed and agreed through EMT.	GREEN
Complete risk assessments at each site and take any action necessary to ensure they are COVID secure, where possible	2020	Risk Assessments have been completed but as a dynamic process there are outstanding queries to be addressed for individual premises. Systems to allow OH&W staff to utilise a booking system to allow staff to work at office bases on an adhoc basis has now launched and is available via Teams for all staff to utilise and is therefore complete. This will be further supported by a Trust wide system available for all staff, however this is currently being refined. In addition appropriate PPE has been made available for staff to use whilst on premises.	GREEN

Monthly LTS Cases Opening/Closing



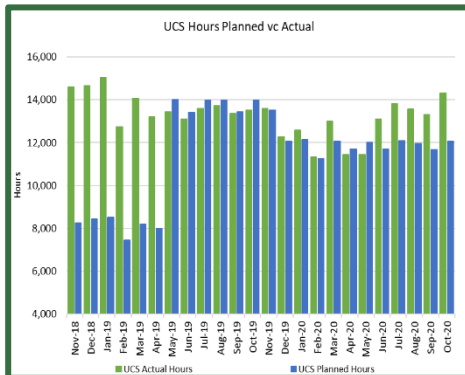
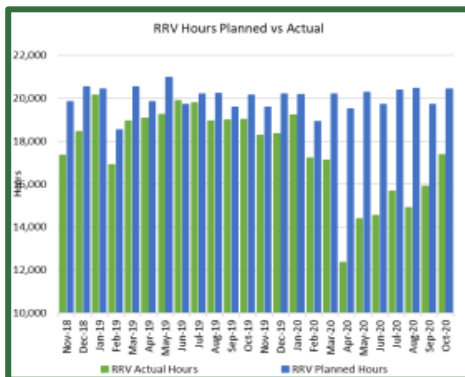
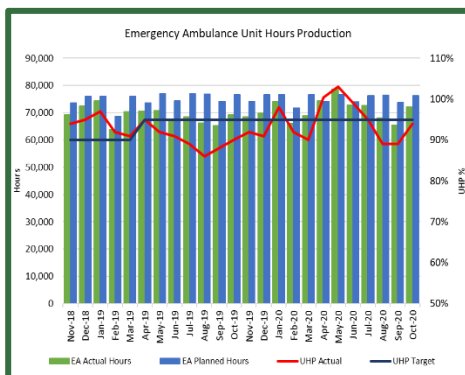
12 months Sickness Absence - Short / Long Term by Directorate

(September 19 - September 20 Comparison)





INDICATOR 13 – Emergency Ambulance Unit Hours Production 2020/21 Target – 95%



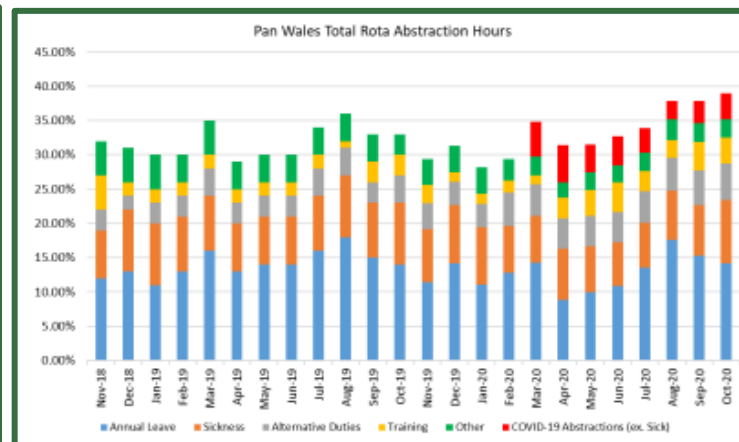
Analysis

Emergency Ambulance Unit Hours Production (UHP) increased to 94% in October, compared to 89% in September 2020, even though increases were seen in abstractions due to Annual leave and sickness. Overtime hours increased in October to 26,778 from 23,169 September 2020.

EA production continues to be a prioritised over RRV production in response to the current COVID-19 pandemic; however, October has recorded an increase in RRV production (17,362) compared to September (15,918). The actual emergency ambulance hours available over the last two years is at a stable level overall despite in month fluctuations. Linked to this are the actual hours available of UCS and RRV crews.

It has been agreed with the NCCU that a 95% target for RRV and EA UHP would be acceptable as an interim measure and this has subsequently been identified as the industry benchmark.

Monthly abstractions from the rosters have a big impact on UHP. These are included in the graph at the top right. In October, total abstractions increased to 38.96% compared to 37.86% in September and 37.81% in August 2020. The highest proportion was annual leave at 14.16%, which is comparable to the same time last year (14.00%). A decrease was seen to abstractions for training (3.83%). COVID-19 abstraction (ex. Sickness) increased to 3.82% in October, this was expected in line with the increase in the R rate which has remained above 1 throughout October. The abstractions and vacancies were covered by a mix of relief (18.18%) and overtime (12.60%). It should be noted that a reduction in overtime hours can be clearly seen as the funded establishment +136 take up duties. The remaining gap explains the shortfall in UHP across all vehicles. In addition, 1,913 hours were provided by the Fire Service and Students. As we move into November 2020 and Quarter 3 of the Trust's Pandemic Plan, into the Response – Monitor position the objective for the updated Tactical Approach to Production is: production to 100% of conveying capacity. It has been agreed by the EPT that the priority for production is EA and UCS. Support will be sought to achieve 100% EA from a non-clinical trained person; this could be provided from the Fire Service and support to achieve 100% UCS could be provided from St John Ambulance UCS. A WG traffic light system for redeployment has been drafted and a provisional approach to monitoring 'colours' has been proposed as a weekly view of the operational and national demand triggers. Further work is required to develop flexible workforce guidance in support of this system to ensure staff are fully informed and supportive of further surge requirements.



Improvement Actions

Other key Improvement Actions	Completion Date	Progress Update	RAG
Review recruitment and training approach and processes to amplify the advantages of 'big bang virtual recruitment' including online interviews and training	Annually	<p>The design of the Recruitment & Training Approach will be heavily influenced by an integrated Workforce Plan which will identify the need for any immediate vacancies, future vacancies and to analyse data to understand what skills are needed as part of the Trusts Long Term Strategies.</p> <p>Following the success of recent virtual recruitment (NQP, EMTs, UCAs), it has been agreed that online interviews would continue, with next steps introducing and further developing appropriate assessments as part of the selection process: Clinical Assessments, Fitness Testing and Driving Assessments.</p> <p>As a result of positive feedback received following the delivery of the EMT Courses online, the Education & Training Team will continue to develop the delivery of "Hybrid" training courses (theory delivered online and the practical element on WAST premises) as well as developing Subject Matter Experts for all training courses.</p> <p>In addition, we are looking to develop relationships with external partners including Military, Careers Wales, DWP to support recruitment from a wider pool.</p>	GREEN



SECTION 2 - ACTIVITY DASHBOARD

SECTION 4: WAST Activity Dashboard

Description	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2 Year Trend
NHSDW Total Call Volumes	14,908	19,067	14,500	20,883	60,444	29,229	17,447	10,062	10,740	13,410	12,398	10,343	
111 Total Call Volumes	40,009	54,245	38,903	40,079	101,252	46,770	45,450	35,282	36,196	45,855	46,511	44,638	
Frequent Caller Call Volumes	2,481	2,828	2,605	2,390	2,357	2,477	2,536	2,249	2,403	2,369	2,166	2,321	
999 Call Volumes (From 1st Apr 0845 numbers removed)	44,846	51,816	42,104	38,049	43,474	33,145	33,365	33,898	37,961	44,698	43,408	41,653	
HCP Call Volumes	6,809	7,398	6,711	6,025	5,247	4,351	5,196	5,433	5,980	6,389	6,463	6,304	
Hear & Treat Volumes (calls assessed and closed by the clinical desk)	3,630	4,645	3,656	2,936	2,447	2,766	3,068	3,154	3,478	4,004	3,956	4,023	
Total Verified Incidents	40,481	44,812	39,543	36,115	37,726	32,655	34,570	34,452	37,542	40,624	38,069	37,701	
Total Verified Incidents: RED	2,892	3,140	2,517	2,191	2,626	1,897	1,824	1,805	2,038	2,572	2,440	2,445	
Total Verified Incidents: AMBER	27,319	30,814	27,149	24,612	27,192	23,753	24,207	24,290	26,498	28,506	27,028	26,990	
Total Verified Incidents: GREEN	10,081	10,660	9,724	9,184	7,756	7,005	8,356	8,357	8,864	9,546	8,601	8,266	
Number of incidents which were treated at scene	2,871	2,907	3,072	2,729	4,500	4,867	4,188	3,715	3,456	3,516	3,254	3,465	
Conveyance Volumes	15,202	15,717	16,851	15,935	15,008	12,839	14,929	15,381	16,827	16,726	15,745	13,600	
Conveyance to Major ED	18,018	18,318	18,053	17,023	13,444	13,444	15,905	16,474	17,897	17,687	16,695	16,649	
NEPTS Patient Journeys	56,470	51,977	59,203	54,741	45,164	25,552	27,037	32,078	37,283	35,957	39,922	41,177	
Number of Core Patient Journeys - Discharge & Transfer (NEPTS)	4,609	4,707	-	-	-	-	-	-	-	-	-	-	
Number of Core Patient Journeys - Other (Outpatients, Day Case, etc.) (NEPTS)	30,781	25,406	-	-	-	-	-	-	-	-	-	-	
Number of Enhanced Patient Journeys - Enhanced Renal Journeys (NEPTS)	17,119	17,699	17,637	16,793	16,217	12,742	13,343	14,688	17,117	16,715	17,194	18,274	
Number of Enhanced Patient Journeys - Enhanced Oncology Journeys (NEPTS)	3,912	4,102	4,501	4,079	3,933	2,517	2,115	2,597	2,789	3,018	3,433	3,228	
Concerns Volumes ((Formal, Early & Local Resolution), by 'date complaint received)	121	70	162	140	101	66	44	52	63	69	78	80	
Number of Patient Safety Adverse Incidents submitted via Datix within the reporting month, by harm grading - No Harm/Hazard	158	189	163	122	101	99	134	139	136	174	144	153	



Acronyms Glossary

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

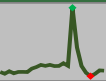
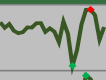
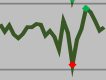




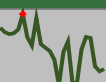




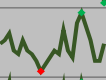
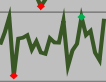






















GIG
CYMRU
NHS
WALES






















Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust


























Welsh Ambulance Services NHS Trust
Integrated Performance Report
2020/21

Top Monthly Indicators		Lead Director	Reporting Frequency	Target 2020/21	Baseline Position (2019/20)	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2 Year Trend	RAG	IMTP Theme 2020/21
EMS Step 1 - Help me to Choose																				
1	Number of hits to the NHSDW website	DQSPE	Monthly	Improvement trend	502,092	417,566	420,251	476,887	422,566	1,630,239	805,402	419,866	279,347	207,597	255,646	328,042	321,738		R	Our Goals: Provide the right care in the right place, wherever & whenever it is needed
EMS Step 2 - Answer My Call																				
2	% of NHSDW calls answered within 90 seconds of the welcome message	DoO	Monthly	Improvement Trend	60.3%	61.4%	46.6%	75.6%	58.2%	13.5%	35.4%	71.6%	92.1%	92.4%	84.4%	50.4%	67.9%		A	Our Goals: Provide the right care in the right place, wherever & whenever it is needed
	% 111 calls answered within 60 seconds of the end of the message	DoO	Monthly	95%	49.8%	46.3%	29.7%	67.0%	51.2%	9.9%	42.6%	56.5%	83.0%	78.4%	67.0%	54.2%	58.6%		A	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
3	Median 999 Call answer times	DoO	Monthly	Improvement Trend	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02		G	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
	65th Percentile 999 Call answer times	DoO	Monthly	Improvement Trend	0:02	0:03	0:03	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02	0:02		G	
	95th Percentile 999 Call answer times	DoO	Monthly	Improvement Trend	0:03	1:10	0:45	0:03	0:03	0:12	0:03	0:03	0:03	0:03	0:03	0:03	0:03		G	
4	% of calls ended following WAST telephone assessment (hear & treat)	DoO	Monthly	10.20%	8.6%	9.0%	10.4%	9.3%	8.2%	6.5%	8.5%	8.9%	9.2%	9.3%	9.9%	10.4%	10.7%		G	Our Goals: Provide the right care in the right place, wherever & whenever it is needed
EMS Step 3 - Come To See Me																				
5	% of emergency response to red incidents arriving within 8 minutes	DoO	Monthly	70%	67.3%	61.4%	62.0%	66.0%	67.8%	64.5%	67.7%	70.2%	71.4%	68.5%	63.9%	61.4%	60.8%		R	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
	Number of LHBs not achieving the Red incidents target	DoO	Monthly	0	6 per annum	6	6	3	1	4	2	2	2	2	5	5	5		R	
	Red 95th percentile	DoO	Monthly	Reduction Trend	00:17:03	00:18:06	00:19:12	00:17:39	00:15:57	00:17:14	00:16:42	00:15:51	00:16:01	00:16:25	00:19:00	00:19:02	00:17:42		R	
6	Amber 1 Median	DoO	Monthly	18 Minutes	00:27:38	00:31:03	00:41:37	00:26:40	00:25:16	00:32:45	00:21:09	00:18:21	00:20:03	00:23:28	00:32:03	00:37:32	00:35:50		A	
	Amber 1 65th percentile	DoO	Monthly	Reduction Trend	00:41:45	00:48:30	01:05:21	00:40:29	00:37:13	00:50:12	00:29:58	00:25:08	00:27:50	00:32:55	00:46:30	00:55:34	00:53:43		R	
	Amber 1 95th percentile	DoO	Monthly	Reduction Trend	02:24:43	02:51:42	03:48:16	02:28:14	02:01:47	02:49:11	01:33:24	01:10:43	01:19:18	01:35:34	02:22:43	02:38:24	02:39:32		A	
	Amber 2 Median	DoO	Monthly	Reduction Trend	00:53:06	01:02:03	01:25:41	00:49:50	00:47:24	01:03:07	00:30:51	00:28:45	00:31:42	00:39:55	00:56:27	01:07:02	01:00:01		G	
	Amber 2 65th percentile	DoO	Monthly	Reduction Trend	01:29:54	01:47:27	02:35:43	01:22:53	01:17:47	01:52:22	00:45:56	00:42:06	00:47:46	01:02:48	01:30:58	01:54:14	01:42:13		A	
	Amber 2 95th percentile	DoO	Monthly	Reduction Trend	06:22:46	08:06:47	10:24:56	06:41:54	05:29:10	08:03:32	03:24:08	02:35:13	03:04:02	04:02:05	06:07:50	07:43:02	07:23:45		R	
EMS Step 4 - Give me Treatment																				
7	Number of incidents which received a response on scene and were referred to alternative provider	MD	Monthly	Improvement Trend	2071.0%	2317	2431	2372	2128	3007	3100	2753	2391	2342	2340	2316	2396		A	Our Goals: Provide the right care in the right place, wherever & whenever it is needed
EMS Step 5 - Take Me To Hospital																				
8	% of verified incidents that were conveyed to major EDs	MD	Monthly	Reduction Trend	46.18%	44.50%	40.87%	45.65%	47.14%	41.15%	41.17%	46.01%	47.82%	47.67%	43.54%	42.84%	43.15%		A	Our Goals: Provide the right care in the right place, wherever & whenever it is needed
9	Number of lost hours following notification to handover over 15 minutes	DoO	Monthly	Reduction Trend	9,339	11,474	13,821	13,057	7,233	5,673	1,929	1,900	2,649	3,596	4,742	6,728	8,983		A	
Core Requirements (1.Governance, 2.Patient Experience & Satisfaction, 3.Equity, 4.Clinical Care, 5.Staffing, 6.Safety)																				
10	Concerns Reponse (% of concerns that received a response (Reg 24, or Interim Reg 26) within the 30 working day timeframe, from the date concern was first received, by "due date")	DQSPE	Monthly	75%	58%	71%	61%	61%	62%	54%	68%	74%	62%	76%	69%	75%	84%		A	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
11	Number of SCIF cases reported as Serious Adverse Incident (SAI). By date reported to Delivery Unit by WAST (THIS IS SAI's REPORTED TO Delivery Unit)	MD	Monthly	0	2	1	8	6	4	2	3	2	3	3	6	1	5		R	
12	% sickness absence for staff (all staff)	DWOD	Monthly	6.00%	6.94%	7.25%	7.57%	7.18%	6.50%	7.48%	7.58%	6.29%	5.66%	5.56%	5.87%	6.39%	-		G	Foundations of our Services: Enable Our People to be the Best They Can Be
13	Emergency Ambulance unit hours production - Compliance with planned rosters	DoO	Monthly	95%	91.0%	92%	91%	98%	92%	90%	100%	103%	99%	95%	89%	89%	94%		A	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
	Total EMS Actual Hours Produced	DoO	Monthly	Improvement Trend	111023	112,454	112,394	118,806	105,493	110,131	112,066	119,942	114,633	115,883	109,466	107,227	119,444		A	

Monthly Indicators	Lead Director	Reporting Frequency	Target	Baseline Position (2019/20)	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2 Year Trend	RAG	IMTP Theme 2020/21
EMS Step 1 - Help me to Choose																			
Indicators under development																		TBD	
EMS Step 2 - Answer my Call																			
% of 111 Offered Calls Abandoned after 60 Seconds	DoO	Monthly	< 5%	12.40%	10.3%	23.5%	5.2%	10.1%	43.5%	22.6%	8.5%	2.9%	5.6%	11.6%	20.5%	7.1%		A	Foundations of our Services: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients.
% of 111 Calls Prioritised as P1CT that started their first definitive clinical assessment within1 hour of the end of the first contact	DoO	Monthly	90%	95.20%	95.4%	96.1%	96.5%	96.2%	89.3%	95.6%	96.3%	96.6%	96.2%	95.9%	95.7%	95.5%		G	
% of 111 Calls prioritised as P2CT that started their first definitive clinical assessment within 2 hours of the end of the first contact	DoO	Monthly	90%	71.00%	79.7%	68.3%	80.9%	69.6%	39.7%	73.9%	87.9%	87.1%	85.8%	80.9%	71.9%	71.0%		A	
% of 111 Calls prioritised as P3CT that started their first definitive clinical assessment within 4 hours of the end of the first contact	DoO	Monthly	90%	67.60%	72.2%	63.5%	73.7%	65.9%	40.4%	69.1%	85.8%	86.5%	83.4%	73.1%	67.5%	70.3%		A	
% of NHSDW Calls prioritised as P1CT that started their first definitive clinical assessment within 1 hour of the end of first contact	DoO	Monthly	90%	97.10%	97.7%	97.2%	98.0%	97.4%	93.4%	97.3%	97.0%	96.5%	95.8%	94.7%	93.5%	93.8%		G	
% of NHSDW Calls prioritised as P2CT that started their first definitive clinical assessment within 2 hours of the end of the first contact	DoO	Monthly	90%	79.50%	82.8%	79.2%	85.9%	77.2%	45.3%	72.2%	89.1%	90.9%	92.3%	90.5%	81.1%	80.9%		G	
% of NHSDW Calls prioritised as P3CT that started their first definitive clinical assessment within 4 hours of the end of the first contact	DoO	Monthly	90%	80.20%	84.4%	79.9%	85.6%	76.1%	44.4%	71.1%	89.2%	94.2%	93.1%	89.2%	79.6%	84.6%		G	
% of Calls ended through transfer to alternative care advice services		Monthly	Improvement Trend	58.0%	57.7%	60.7%	57.3%	56.1%	58.1%	70.8%	66.8%	64.0%	62.6%	66.4%	67.7%	66.1%		G	Our Goals: Provide the right care in the right place, wherever and whenever it is needed.
Recontact % within 24 hours of telephone triage (hear & treat)	DoO	Monthly	Reduction Trend	6.90%	5.7%	4.8%	5.7%	5.1%	9.5%	9.8%	7.9%	15.7%	6.6%	5.9%	5.8%	5.5%		A	
Recontact % within 24 hours of see & treat	DoO	Monthly	Reduction Trend	0.80%	1.3%	0.7%	0.8%	0.6%	0.7%	1.5%	1.3%	1.3%	1.1%	0.7%	0.7%	0.9%		A	
EMS Step 3 - Come to See Me																			
Reduction in variation in Red response times performance between the best and worst LHB performance	DoO	Monthly	Reduction Trend	13.90%	8.5%	16.3%	18.3%	12.7%	13.9%	18.0%	25.1%	27.6%	14.8%	23.5%	22.1%	31.0%		R	Foundations of our Services: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients.
Amber Median	DoO	Monthly	Reduction Trend	00:32:31	00:36:36	00:48:03	00:31:20	00:29:47	00:38:28	00:23:50	00:21:05	00:22:56	00:27:16	00:36:37	00:43:17	00:40:34		A	
Amber 65th percentile	DoO	Monthly	Reduction Trend	00:50:57	00:59:13	01:17:17	00:49:34	00:45:51	01:01:14	00:34:30	00:29:29	00:32:28	00:39:41	00:55:02	01:06:15	01:02:40		A	
Amber 95th percentile	DoO	Monthly	Reduction Trend	03:41:54	04:27:59	05:48:22	03:39:00	03:13:35	04:29:50	02:08:01	01:40:43	01:54:57	02:23:40	03:30:44	04:15:50	04:07:24		A	
Reduction in the variation in Amber call 95th percentile response times between the longest and shortest LHB performance	DoO	Monthly	Reduction Trend	04:27:03	06:10:28	06:21:30	05:34:25	03:00:00	05:25:22	01:36:48	01:11:42	01:07:02	01:43:33	02:56:25	04:14:14	04:08:49		A	
% of incidents where 2 or more vehicles arrived on scene	DoO	Monthly	Improvement Trend	19.1%	22.1%	23.7%	18.7%	17.8%	16.3%	11.3%	12.6%	13.9%	15.2%	15.9%	17.1%	17.0%		A	Our Goals: Provide the right care in the right place, wherever & whenever it is needed.
% of CFRs where they were the first response arriving at scene	DoO	Monthly	Improvement Trend	86.00%	83.4%	87.9%	84.8%	86.7%	88.5%	78.8%	87.8%	82.9%	87.3%	91.5%	89.0%	90.5%		A	Foundations of our Services: Enable our people to be the best they can be.
Compliance with HCP time requests to improve across each LHB	DoO	Monthly	Improvement Trend	85%	90.9%	89.3%	91.2%	90.6%	92.0%	96.2%	97.0%	95.5%	94.5%	94.3%	94.4%	93.7%		G	Foundations of our Services: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients.
EMS Step 4 - Give me Treatment																			
% of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door	MD	Quarterly	Improvement Trend	15.00%	9.6%	10.0%	17.34%	14.91%	11.64%	7.00%	10.18%	11.29%	10.30%	11.37%	7.91%	-		A	Foundations of our Services: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients.
% of stroke patients documented as receiving the appropriate stroke bundle of care	MD	Quarterly	95%	97.00%	97.5%	96.2%	99.30%	96.20%	95.90%	96.30%	94.60%	97.40%	97.00%	96.00%	96.70%	-		G	
% older people with suspected hip fracture documented as receiving appropriate care bundle	MD	Quarterly	95%	78%	88.3%	83.7%	83.20%	88.50%	82.20%	80.70%	86.20%	86.30%	84.80%	88.30%	82.90%	-		R	
% of patients with a fractured hip/femur who are documented as receiving analgesia	MD	Quarterly	95%	91.00%	94.1%	95.2%	92.30%	95.10%	90.40%	93.10%	93.70%	92.60%	90.00%	95.70%	93.60%	-		A	
% of acute coronary syndrome patients who are documented as receiving appropriate STEMI care bundle	MD	Quarterly	95%	73.00%	73.1%	79.7%	85.90%	81.40%	84.90%	81.80%	65.30%	67.60%	79.30%	79.30%	78.60%	-		R	
% suspected sepsis patients who had a documented NEWS score	MD	Quarterly	95%	99.00%	100.0%	98.6%	100.00%	100.00%	97.80%	100.00%	100.00%	97.50%	100.00%	95.60%	100.00%	-		G	

% patients with suspect febrile convulsion documented as receiving appropriate care bundle	MD	Quarterly	95%	100.00%	100.0%	100.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	-		G	
% of hypoglycaemic patients documented as receiving appropriate care bundle	MD	Quarterly	95%	89.00%	89.7%	86.4%	89.60%	84.80%	84.10%	91.70%	88.60%	86.90%	90.00%	89.90%	88.10%	-		R	
% of Amber incidents where Ideal resource first on scene (note: Amber 1 used here)	DoO	Monthly	Improvement Trend	45.80%	23.3%	23.9%	27.4%	25.6%	21.0%	8.7%	9.9%	11.2%	13.7%	15.4%	18.5%	17.1%		R	
EMS Step 5 - Take me to Hospital																			
% of patients conveyed to hospital following a face to face assessment	DoO	Monthly	Improvement Trend	65.60%	66.0%	65.2%	65.2%	66.2%	57.3%	52.9%	58.6%	61.7%	63.4%	62.6%	62.8%	61.6%		A	Our Goals: Provide the right care in the right place, wherever and whenever it is needed.
Proportion of conveyance to other locations other than major ED's (Tier 2 - MIU, Tier 3 and Other e.g. Maternity or MH Units)	DoO	Monthly	Improvement Trend	8.4	7.51%	8.22%	8.14%	8.35%	8.22%	8.49%	8.30%	7.97%	8.43%	7.84%	7.39%	8.01%		A	
% of notification to handover within 15 minutes of arrival at hospital	DoO	Monthly	Improvement Trend	40.7%	34.7%	32.7%	32.3%	38.9%	37.8%	44.8%	51.4%	50.7%	49.4%	46.6%	41.7%	36.6%		A	
% of handover to clear within 15 minutes of transfer of patient care to hospital staff	DoO	Monthly	Improvement Trend	85.20%	88.2%	88.2%	87.3%	86.2%	85.0%	84.3%	84.2%	83.7%	83.1%	84.7%	84.7%	83.4%		A	
Number of lost hours following handover to clear over 15 minutes	DoO	Monthly	Reduction trend	1,062														A	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
Core Requirements - 2. Patient Experience & Satisfaction																			
Number of Health and Care research Wales clinical research portfolio studies	MD	Half yearly	10% Annual Improvement	2	3					9					-		-	A	Foundations of our Services: Ensure the Design and Infrastructure are at the Forefront of Technology and Innovation.
Number of patients recruited in Health and Care research Wales clinical research portfolio studies	MD	Half yearly	10% Annual Improvement	15	238					263					-		-	G	
Number of Health and Care research Wales commercially sponsored studies	MD	Half yearly	10% Annual Improvement	0	0					0					-		-	R	
Number of patients recruited into Health and Care research Wales commercially sponsored studies	MD	Half Yearly	10% Annual Improvement	0	0					0					-		-	R	
Core Requirements - 5.Staffing																			
% of staff that would be happy with the standards of care provided by their organisation if a friend of relative needed treatment	DWOD				-	-	-	-	-	-	-	-	-	-	-	-		TBD	Foundations of our Services: Enable our people to be the best they can be.
% of headcount who have had a PADR/medical appraisal in the previous 12 months	DWOD	Monthly	>85%	75%	76.31%	76.64%	75.10%	74.98%	68.91%	62.28%	58.03%	55.82%	53.52%	52.50%	51.47%	-		R	
% of staff who undertook a performance appraisal who agreed it helped them improve how they did their job	DWOD	Annual	Improvement Between Surveys	51%	-	-	-	-	-	-	-	-	-	-	-	-	-	G	
Reduction in % of staff that has experienced harassment, bullying or abuse at work from managers/line	DWOD	Bi-Annual	Improvement Between Surveys	26%	-												-	A	
Overall staff engagement score	DWOD	Annual	Improvement Between Surveys	3.65	-												-	G	
% of employed NHS staff completing dementia training at an informed level (Level 1)	DWOD	Half yearly	>85%	75%	78.7%	78.8%	79.5%	80.0%	80.0%	79.1%	79.8%	79.5%	81.4%	80.7%	79.9%	-		R	Our Goals: Provide the Right Care in the Right Place, Wherever and Whenever it is Needed
% compliance for each completed level 1 competency within the core skills & training framework	DWOD	Monthly	>85%	85%	90.50%	91.85%	92.72%	93.33%	93.39%	90.64%	88.52%	84.97%	85.42%	84.18%	81.51%	-		G	
% compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills & Training Framework	DWOD	Monthly	>85%	75%	89.38%	88.72%	81.47%	89.83%	89.76%	85.90%	81.20%	76.23%	74.76%	72.45%	66.61%	-		R	
Delivery of band 6 competency requirements - 11 competences for 2019/20 (Current Position minus NQP Staff, LTS & Maternity) Year 1	DWOD	Quarterly	100%	90%	93.06%	94.07%	94.16%	94.47%	94.47%	94.07%	94.15%	93.78%	93.30%	92.23%	91.77%	-		A	
Delivery of band 6 competency requirements - 11 competences for 2020/21 (Current Position minus NQP Staff, LTS & Maternity) Year 2	DWOD	Quarterly	100%	90%	20.39%	28.49%	36.92%	60.94%	76.15%	81.41%	83.48%	84.87%	86.99%	87.30%	86.20%	-		A	Foundations of our Services: Enable our people to be the best they can be.
% uptake of the influenza vaccination amongst healthcare workers who have direct patient contact	DQSPE	Annual	60%	36.40%	23.97%	38.25%	39.75%	41.30%	-	-	-	-	-	-	-	-		R	
% uptake of the influenza vaccination - Total WAST	DQSPE				-	-	-	42.20%	-	-	-	-	-	-	-	-		R	Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients
% of Total Monthly Abstraction Hours		Monthly	Targeted Rate (TBC)	31.00%	29%	31%	28%	29%	35%	31%	32%	33%	34%	38%	38%	39%		R	
Total Monthly Abstraction Hours		Monthly	Targeted Rate (TBC)	79812	76139	81372	73098	76194	90376	84407	84653	77437	90969	101649	101753	104661		R	
Concerns and Patient Safety																			
Number of patient falls reported as SAIs.	DQSPE	Monthly	Reduction Trend	12	0	0	1	1	0	0	0	0	0	0	0	0		G	Our Golden Threads: Quality at the Heart of everything we Do.
Number of never events	DQSPE	Monthly	0	0	0	0	0	0	0	0	0	0	0	0	0	0		G	
Number of Patient Safety Solutions (Wales) Alerts & Notices that were not assured within agreed timescales, by month due	DQSPE	Quarterly	0	0	1		0			0			2		-			A	

Number of administration, dispensing or prescribing medication errors reported as SAls	MD	Quarterly	Reduction Trend	0	0		0			0			0			-		G	
Number of SCIF cases reported through the Serious Incident Framework - (Appendix b). (This is Appendix B's sent to relevant HB)	MD	Monthly	0		2	5	21	3	2	3	0	0	0	4	5	6		A	
Finance																			
Overtime use to reduce.	DFICT	Quarterly	Reduction Trend	£6.5m	Increase of £24,000		Increase of £261,000			Increase of £375,000			Reduction of £69,000			-	-	A	Foundations of our Services: Enable our people to be the best they can be.
Reduction in carbon footprint	DoF	Annual	Improvement Trend	TBD	-	-	-	-	-	-	-	-	-	-	-	-	-	TBD	
Improvement in estate utilisation		Annual	Improvement Trend	TBD	95.8%					-						-	TBD		
Reduction in estate backlog maintenance		Annual	Improvement Trend	TBD	£12,200,000.00					-						-	TBD		
Financial balance - annual expenditure YTD as % of budget expenditure YTD	DoF	Monthly	100%	100%	100.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		G	Our Golden Threads: Quality at the Heart of everything we Do.
NEPTS - Step 1: Help Me Choose																			
Number of non-eligible patients signposted to alternative providers (NEPTS)	DoO	Quarterly	Improvement Trend	311.00%	5	7	-	-	-	-	-	-	-	-	-	-		R	Foundations of our Services: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients.
NEPTS - Step 2: Answer My Request																			
% of calls answered within 60 seconds (NEPTS)	DoO	Quarterly	Improvement Trend	57.90%	55.8%	82.7%	-	-	-	-	-	-	-	-	-	-		G	Foundations of our Service: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients
% of calls abandoned before being answered (NEPTS)	DoO	Quarterly	Reduction Trend	13.20%	11.4%	1.4%	-	-	-	-	-	-	-	-	-	-		G	
NEPTS - Step 3: Coordinate My Journey																			
% of Journeys booked by fax/post/hand (NEPTS)	DoO	Quarterly	Reduction Trend	25.80%	23.6%	24.7%	-	-	-	-	-	-	-	-	-	-		G	Foundations of our Service: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients
% of Journeys booked after 12 noon the day before travel (NEPTS)	DoO	Quarterly	Reduction Trend	12.00%	15.3%	18.0%	-	-	-	-	-	-	-	-	-	-		A	
Reduce the number of on the day discharge & bookings	DoO				-	-	-	-	-	-	-	-	-	-	-	-		TBD	
Proportion of journeys undertaken for eligible patients (NEPTS)	DoO	Quarterly	Improvement Trend	97.60%	97.3%	97.6%	-	-	-	-	-	-	-	-	-	-		A	
Reduction in the number of cancelled journeys (NEPTS)	DoO	Quarterly	Improvement Trend	11.40%	10.3%	17.9%	-	-	-	-	-	-	-	-	-	-		A	
NEPTS - Step 4: Pick Me Up																			
% of core journeys arriving more than 45 minutes prior to their appointment time (NEPTS)	DoO	Quarterly	Improvement Trend	26.83%	12.8%	13.5%	-	-	-	-	-	-	-	-	-	-		A	Foundations of our Service: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients
% of core journeys arriving within 30 minutes of their appointment time (+/-) (NEPTS)	DoO	Quarterly	Improvement trend	59%	58.37%	57.19%	-	-	-	-	-	-	-	-	-	-		A	
% of core journeys arriving more than 15 mins after their appointment time (NEPTS)	DoO	Quarterly	Reduction Trend	14.86%	24.5%	25.5%	-	-	-	-	-	-	-	-	-	-		A	
% of enhanced renal journeys arriving within 30 minutes prior of their appointment time (NEPTS)	DoO	Quarterly	Improvement trend	61%	58.92%	58.69%	-	-	-	-	-	-	-	-	-	-		A	
% of enhanced renal journeys arriving after their appointment time (NEPTS)	DoO	Quarterly	Reduction Trend	16.34%	17.7%	17.9%	-	-	-	-	-	-	-	-	-	-		A	
% of enhanced oncology journeys arriving within 30 minutes prior to their appointment time (NEPTS)	DoO	Quarterly	Improvement trend	37%	36.2%	33.7%	-	-	-	-	-	-	-	-	-	-		A	
% of enhanced oncology journeys arriving after their appointment time (NEPTS)	DoO	Quarterly	Reduction Trend	33.27%	40.0%	38.9%	-	-	-	-	-	-	-	-	-	-		A	
% of journeys aborted (NEPTS)	DoO	Quarterly	Reduction Trend	0	12.8%	13.5%	12.5%	12.2%	14.5%	10.7%	8.1%	8.3%	8.7%	8.6%	9.3%	9.8%		G	
NEPTS - Step 5: Take Me To My Destination																			
% of core journeys - other (Outpatients, Day Case, etc.) - collected less than 60 minutes after their booked ready time - (NEPTS)	DoO	Quarterly	Improvement Trend	79.12%	76.3%	77.4%	-	-	-	-	-	-	-	-	-	-		A	Foundations of our Service: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients
% of core journeys - other (Outpatients, Day Case, etc.) - collected more than 60 minutes after their booked ready time (NEPTS)	DoO	Quarterly	Reduction Trend	20.87%	23.7%	22.6%	-	-	-	-	-	-	-	-	-	-		A	
% of enhanced renal journeys - collected less than 30 minutes after their booked ready time (NEPTS)	DoO	Quarterly	Improvement Trend	70.26%	69.5%	70.4%	-	-	-	-	-	-	-	-	-	-		A	
% of enhanced renal journeys - collected more than 30 minutes after their booked ready time (NEPTS)	DoO	Quarterly	Reduction Trend	29.73%	30.5%	29.6%	-	-	-	-	-	-	-	-	-	-		A	
% of enhanced oncology journeys - collected less than 30 minutes after their booked ready time (NEPTS)	DoO	Quarterly	Improvement Trend	52.50%	55.8%	53.1%	-	-	-	-	-	-	-	-	-	-		A	
% of enhanced oncology journeys - collected more than 30 minutes after their booked ready time (NEPTS)	DoO	Quarterly	Reduction Trend	47.49%	46.9%	44.2%	-	-	-	-	-	-	-	-	-	-		A	
% of discharge & transfer journeys - collected less than 60 minutes after their booked ready time (NEPTS)	DoO	Quarterly	Improvement Trend	60.72%	75.3%	79.0%	-	-	-	-	-	-	-	-	-	-		A	

SECTION 4: WAST Activity Dashboard													
Description	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	2 Year Trend
NHSDW Total Call Volumes	14,908	19,067	14,500	20,883	60,444	29,229	17,447	10,062	10,740	13,410	12,398	10,343	
111 Total Call Volumes	40,009	54,245	38,903	40,079	101,252	46,770	45,450	35,282	36,196	45,855	46,511	44,638	
Frequent Caller Call Volumes	2,481	2,828	2,605	2,390	2,357	2,477	2,536	2,249	2,403	2,369	2,166	2,321	
999 Call Volumes (From 1st Apr 0845 numbers removed)	44,846	51,816	42,104	38,049	43,474	33,145	33,365	33,898	37,961	44,698	43,408	41,653	
HCP Call Volumes	6,809	7,398	6,711	6,025	5,247	4,351	5,196	5,433	5,980	6,389	6,463	6,304	
Hear & Treat Volumes (calls assessed and closed by the clinical desk)	3,630	4,645	3,656	2,936	2,447	2,766	3,068	3,154	3,478	4,004	3,956	4,023	
Total Verified Incidents	40,481	44,812	39,543	36,115	37,726	32,655	34,570	34,452	37,542	40,624	38,069	37,701	
Total Verified Incidents: RED	2,892	3,140	2,517	2,191	2,626	1,897	1,824	1,805	2,038	2,572	2,440	2,445	
Total Verified Incidents: AMBER	27,319	30,814	27,149	24,612	27,192	23,753	24,207	24,290	26,498	28,506	27,028	26,990	
Total Verified Incidents: GREEN	10,081	10,660	9,724	9,184	7,756	7,005	8,356	8,357	8,864	9,546	8,601	8,266	
Number of incidents which were treated at scene	2,871	2,907	3,072	2,729	4,500	4,867	4,188	3,715	3,456	3,516	3,254	3,465	
Conveyance Volumes	15,202	15,717	16,851	15,935	15,008	12,839	14,929	15,381	16,827	16,726	15,745	13,600	
Conveyance to Major ED	18,018	18,318	18,053	17,023	13,444	13,444	15,905	16,474	17,897	17,687	16,695	16,649	
NEPTS Patient Journeys	56,470	51,977	59,203	54,741	45,164	25,552	27,037	32,078	37,283	35,957	39,922	41,177	
Number of Core Patient Journeys - Discharge & Transfer (NEPTS)	4,609	4,707	-	-	-	-	-	-	-	-	-	-	
Number of Core Patient Journeys - Other (Outpatients, Day Case, etc.) (NEPTS)	30,781	25,406	-	-	-	-	-	-	-	-	-	-	
Number of Enhanced Patient Journeys - Enhanced Renal Journeys (NEPTS)	17,119	17,699	17,637	16,793	16,217	12,742	13,343	14,688	17,117	16,715	17,194	18,274	
Number of Enhanced Patient Journeys - Enhanced Oncology Journeys (NEPTS)	3,912	4,102	4,501	4,079	3,933	2,517	2,115	2,597	2,789	3,018	3,433	3,228	
Concerns Volumes ((Formal, Early & Local Resultion), by 'date complaint received)	121	70	162	140	101	66	44	52	63	69	78	80	
Number of Patient Safety Adverse Incidents submitted via Datix within the reporting month, by harm grading - No Harm/Hazard	158	189	163	122	101	99	134	139	136	174	144	153	



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Annex 3



Integrated Quality and Performance Report Welsh Ambulance Services NHS Trust October 2020

www.ambulance.wales.nhs.uk



welshambulanceservice

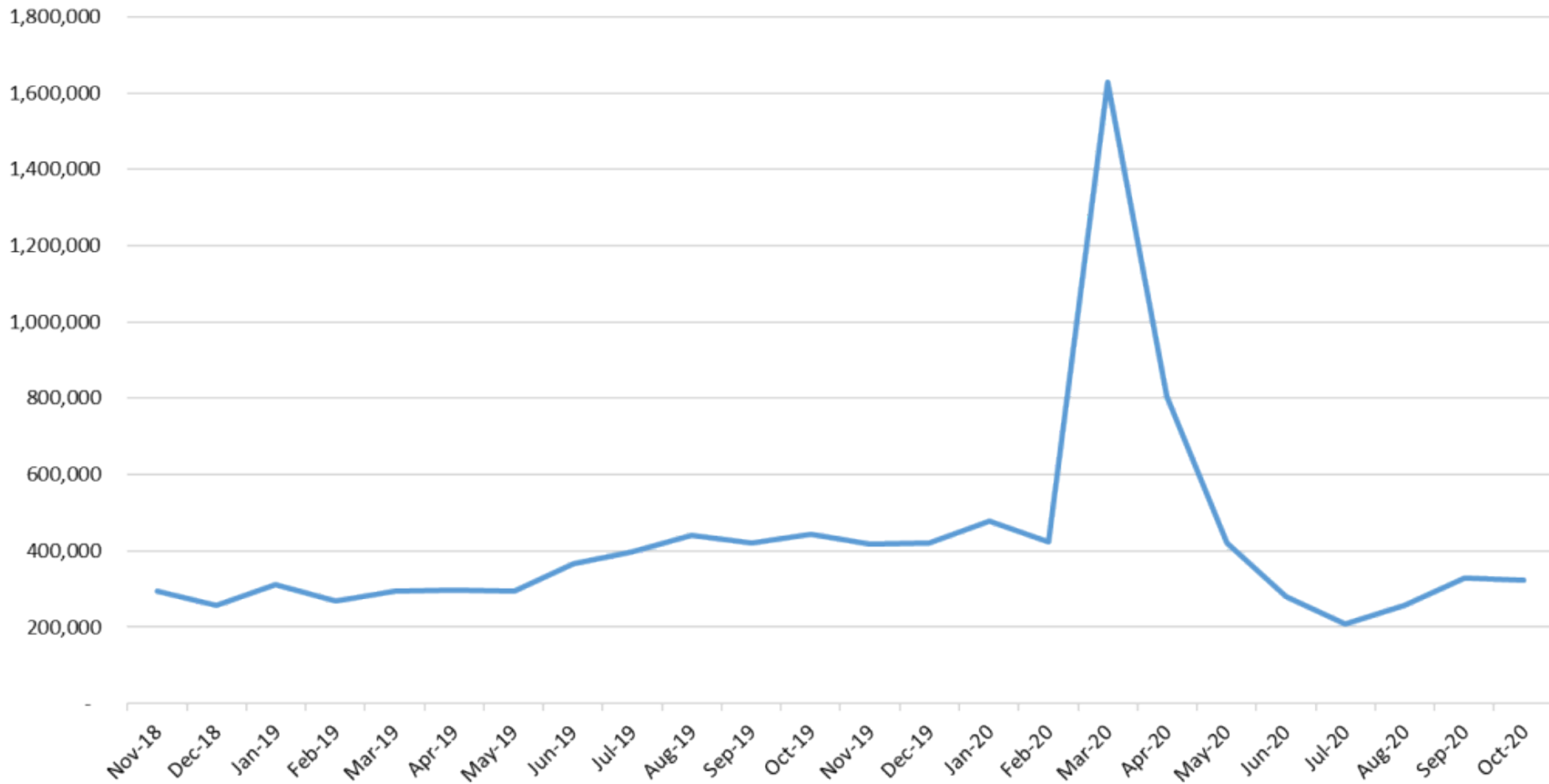


@welshambulance

Emergency Medical Services– Step 1: Help Me to Choose

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

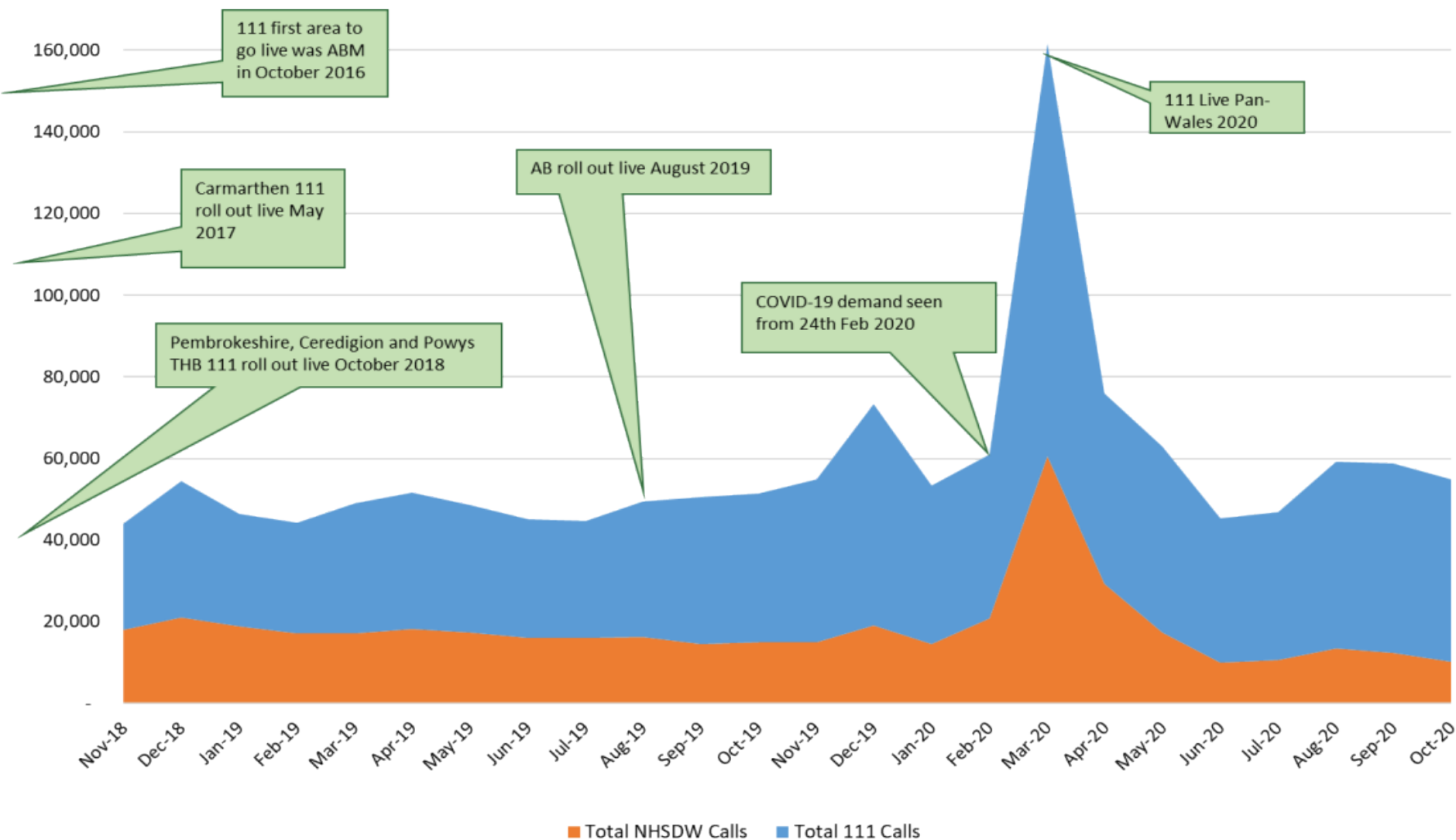
Number of NHS Direct Wales unique website visits



Emergency Medical Services – Step 2: Answer My Call

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

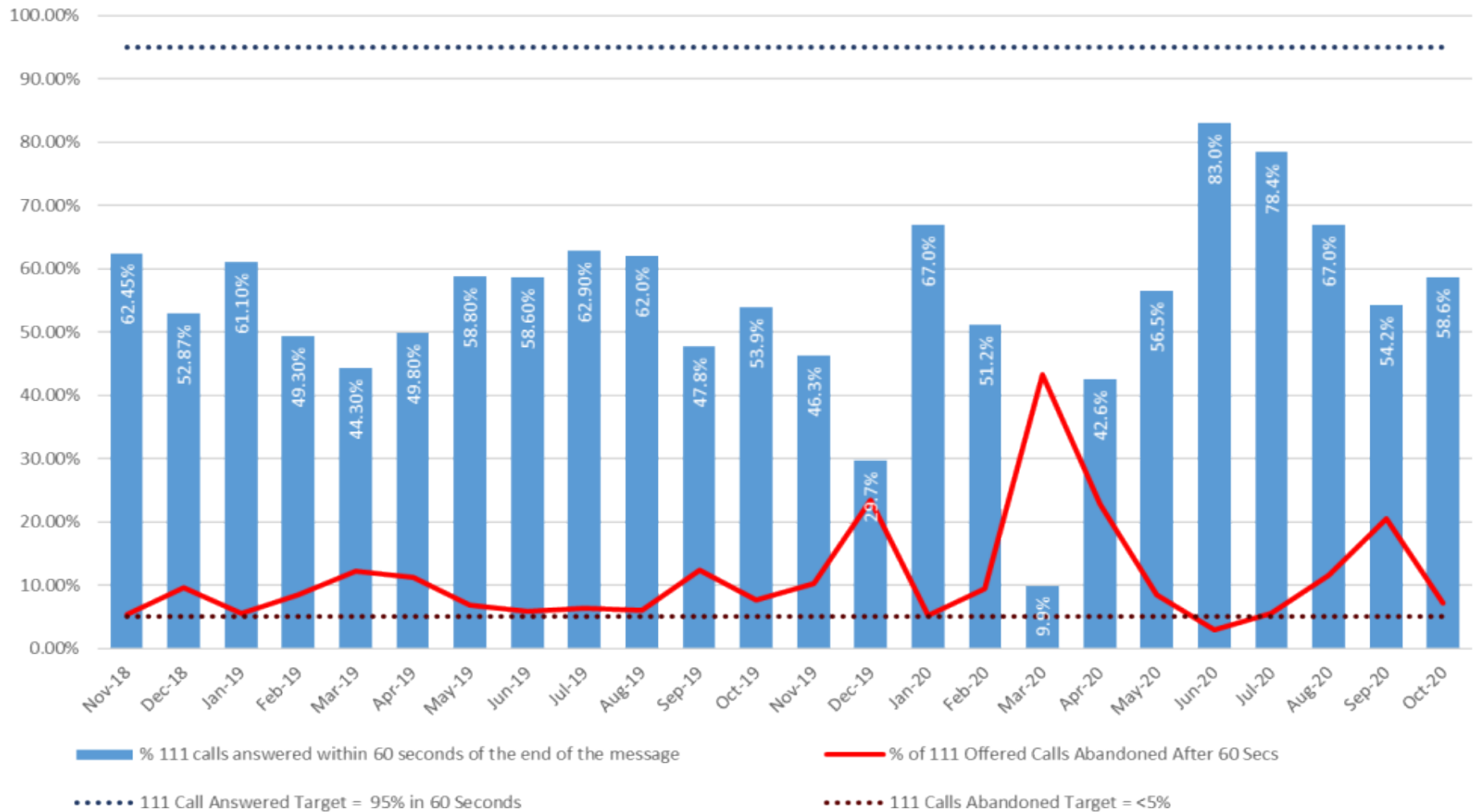
Total Calls for NHSDW and 111



Emergency Medical Services – Step 2: Answer My Call

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

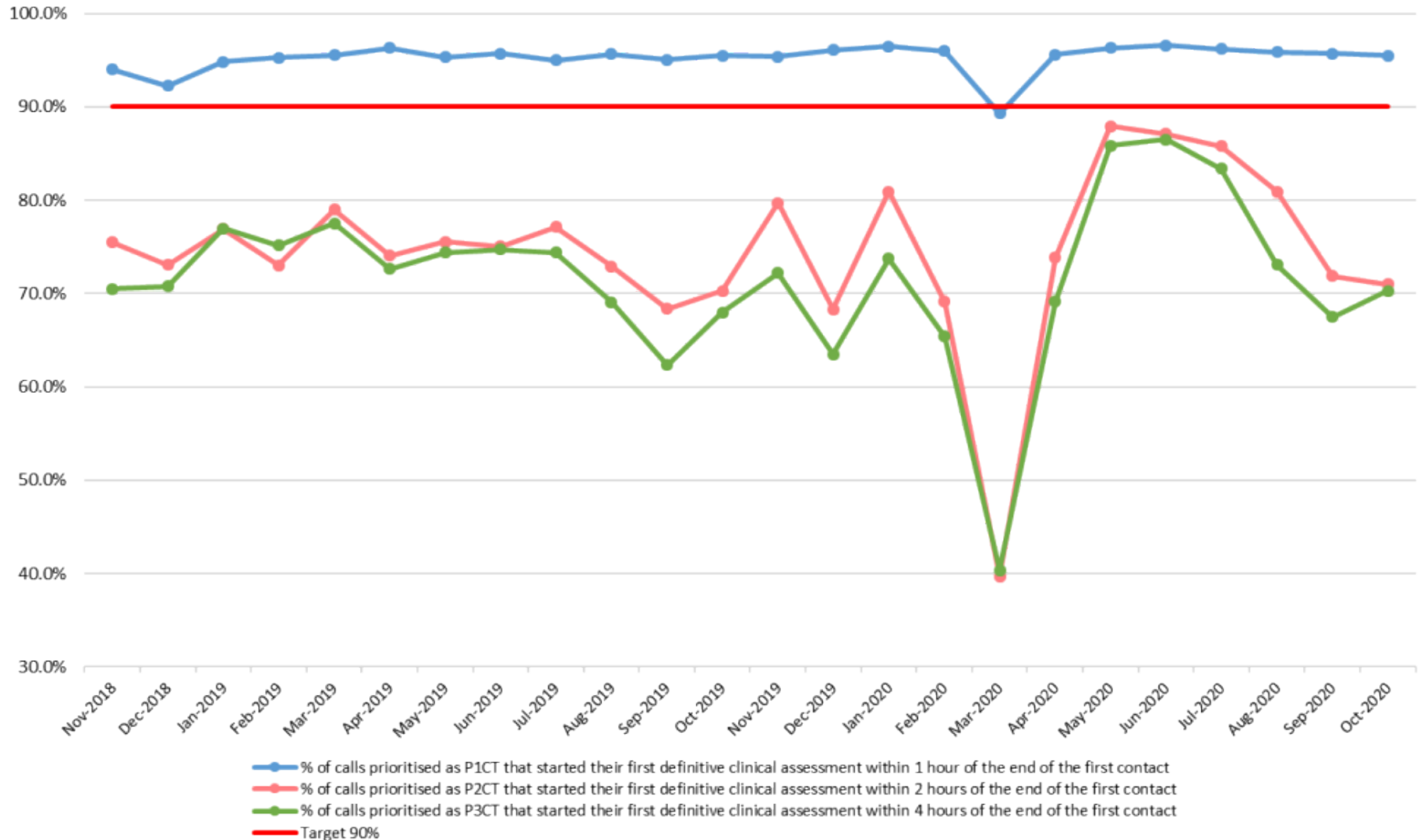
111 Calls Answered vs Calls Abandoned within 60 Seconds



Emergency Medical Services – Step 2: Answer My Call

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

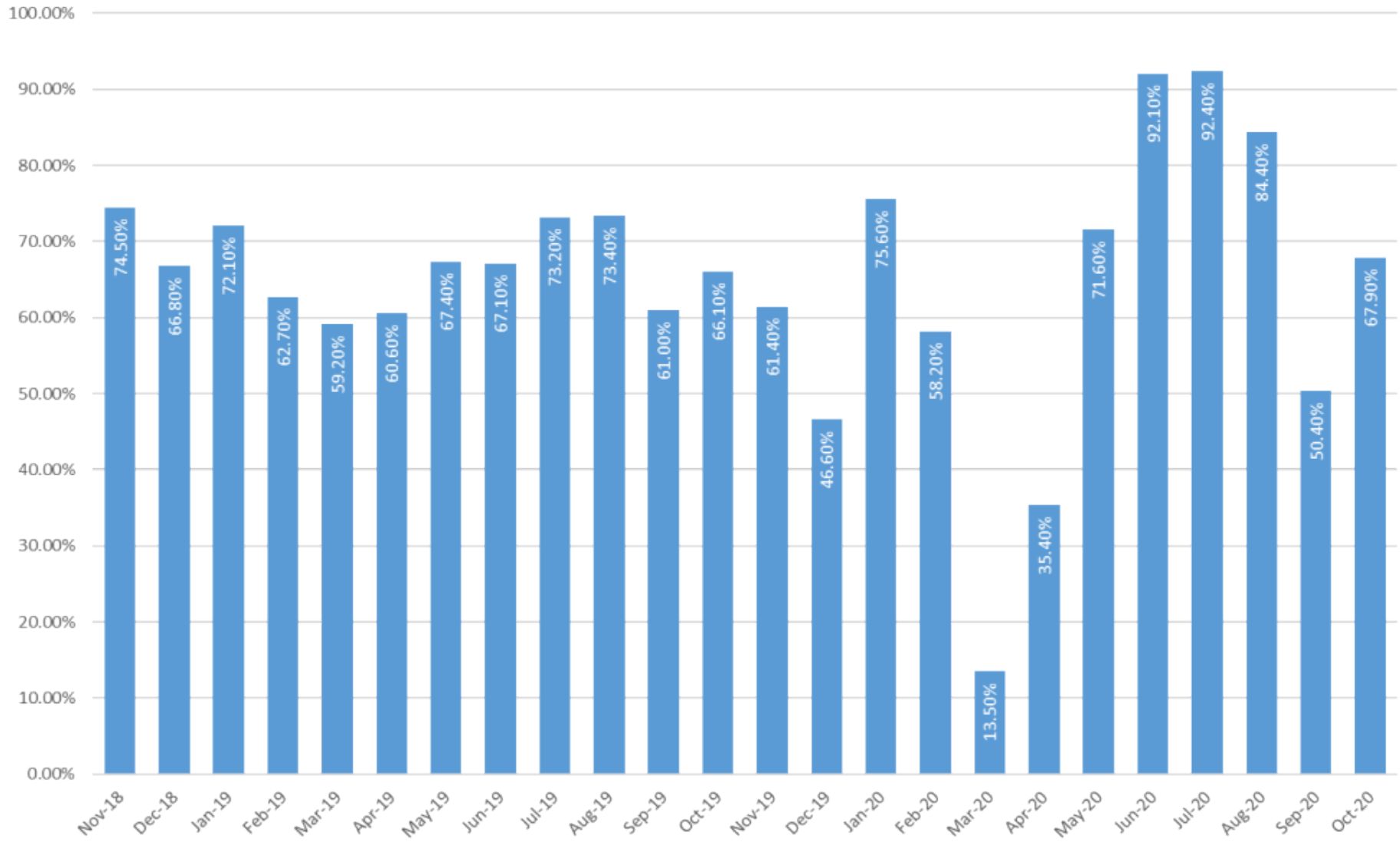
111 Timely Clinical Triage of Patients



Emergency Medical Services – Step 2: Answer My Call

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

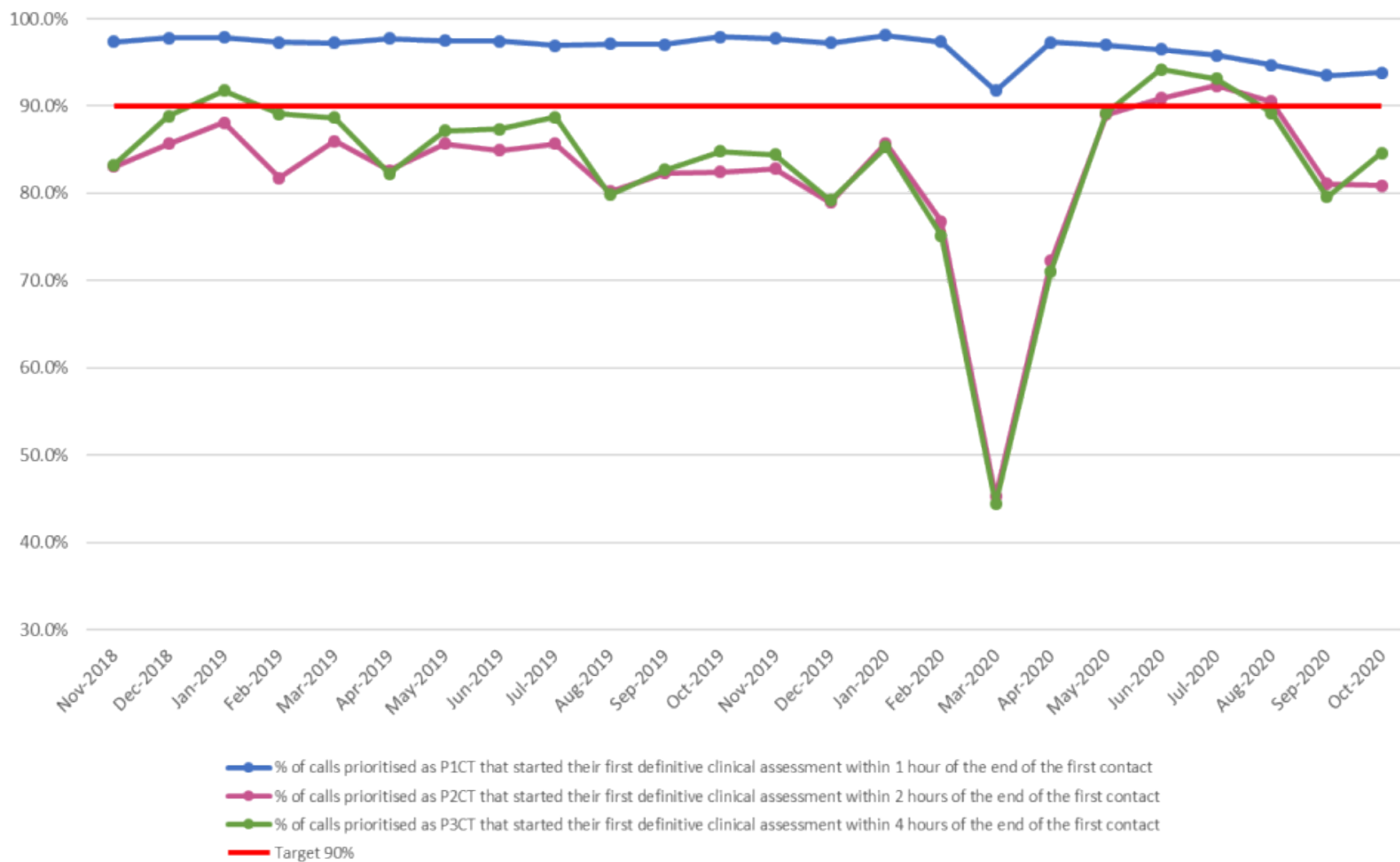
% of NHSDW calls answered within 90 seconds of the welcome message



Emergency Medical Services – Step 2: Answer My Call

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

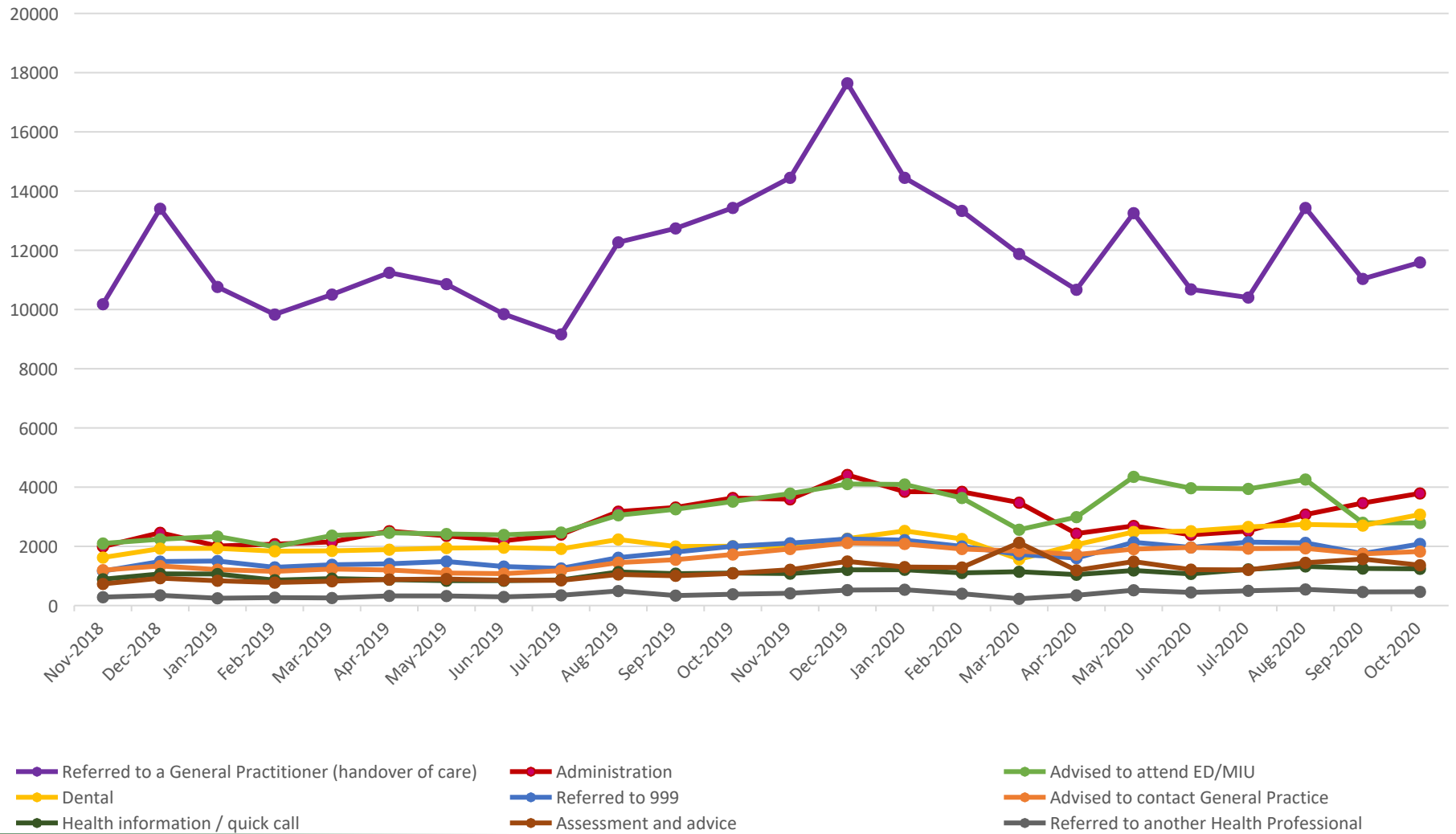
NHS Direct Wales Timely Clinical Triage of Patients



Emergency Medical Services – Step 2: Answer My Call

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

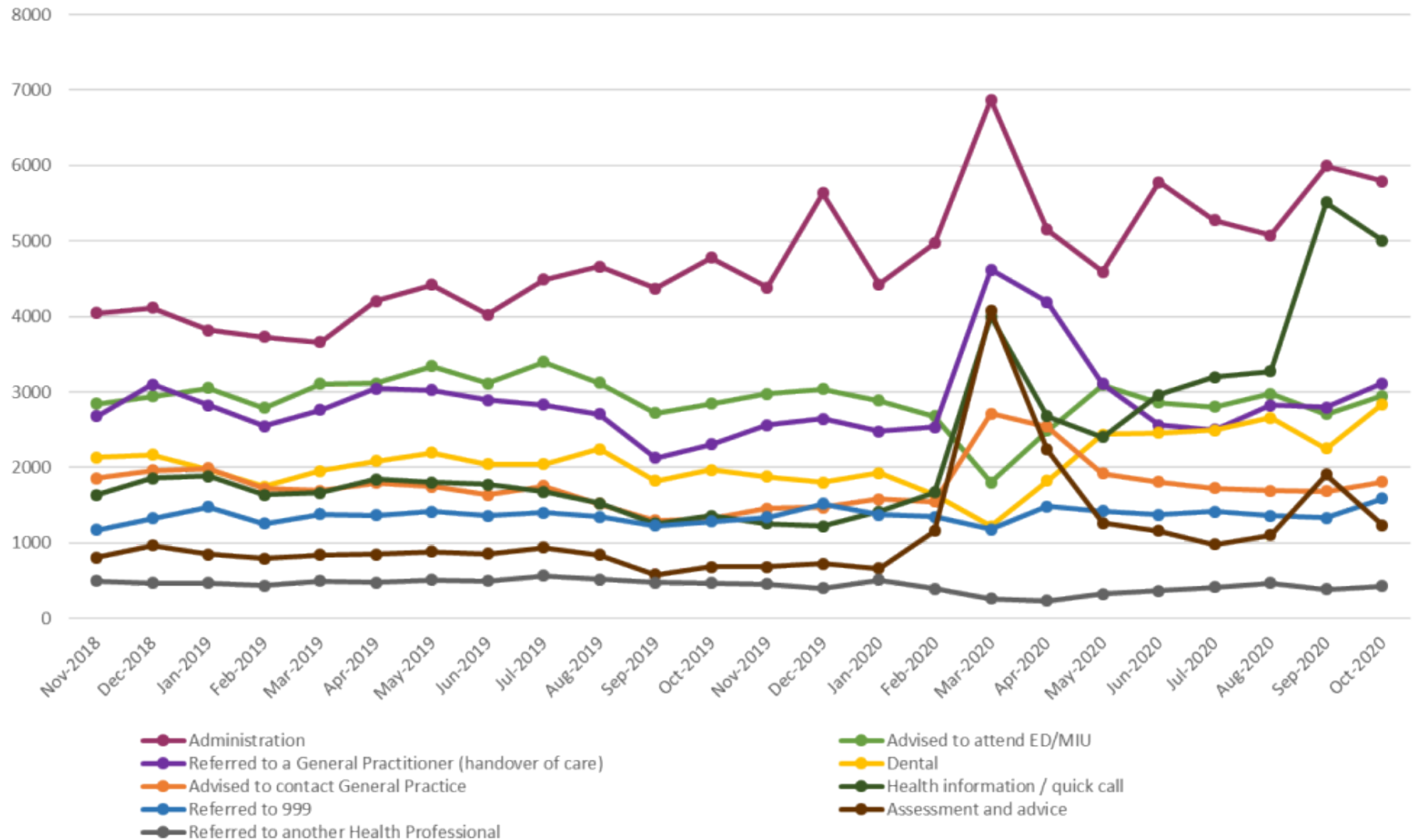
111 Calls By Final outcome



Emergency Medical Services – Step 2: Answer My Call

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

NHSD Calls by Final Outcome



Emergency Medical Services – Step 2: Answer My Call

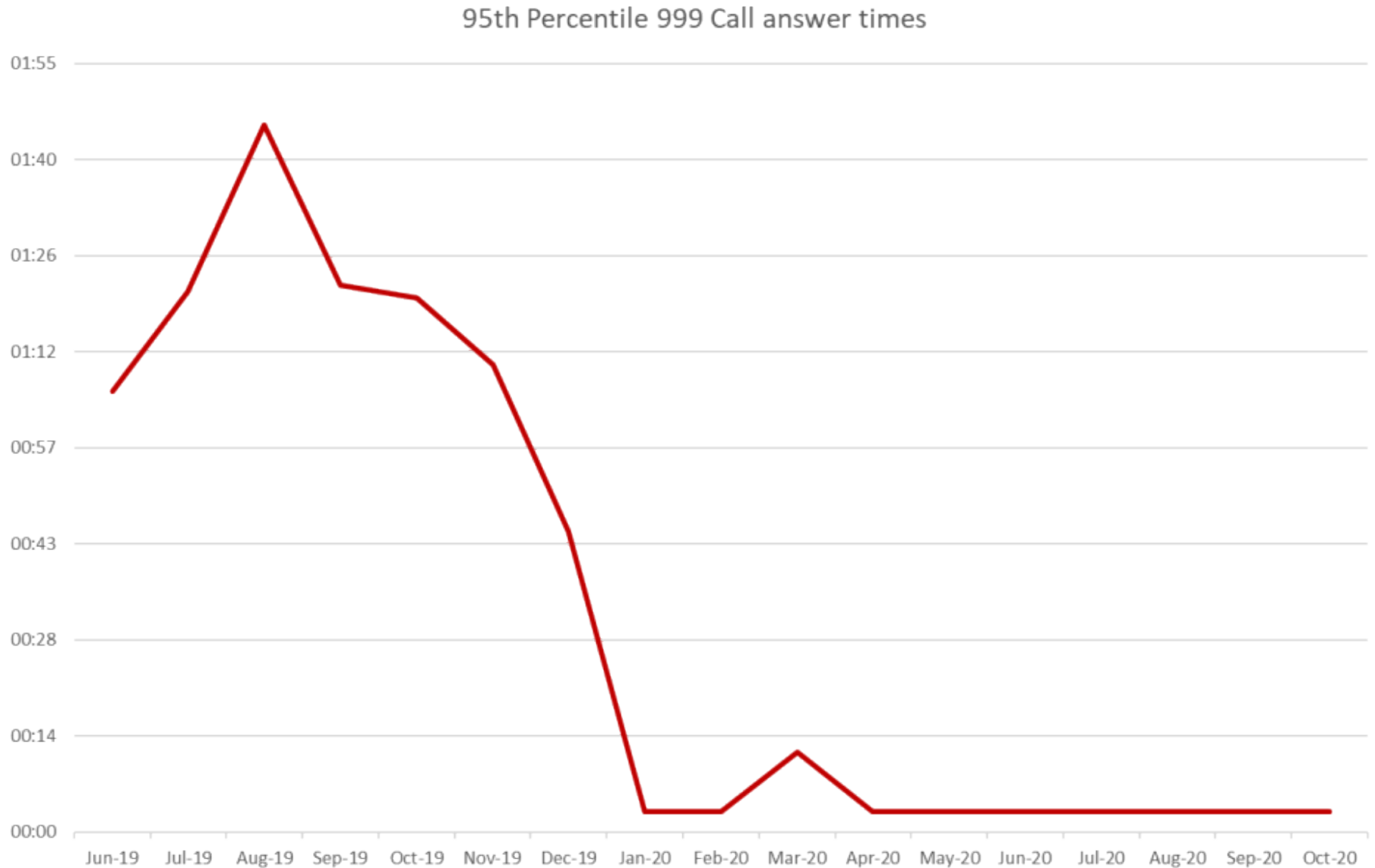
OUR GOALS: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

Median & 65th Percentile 999 Call Answer Times



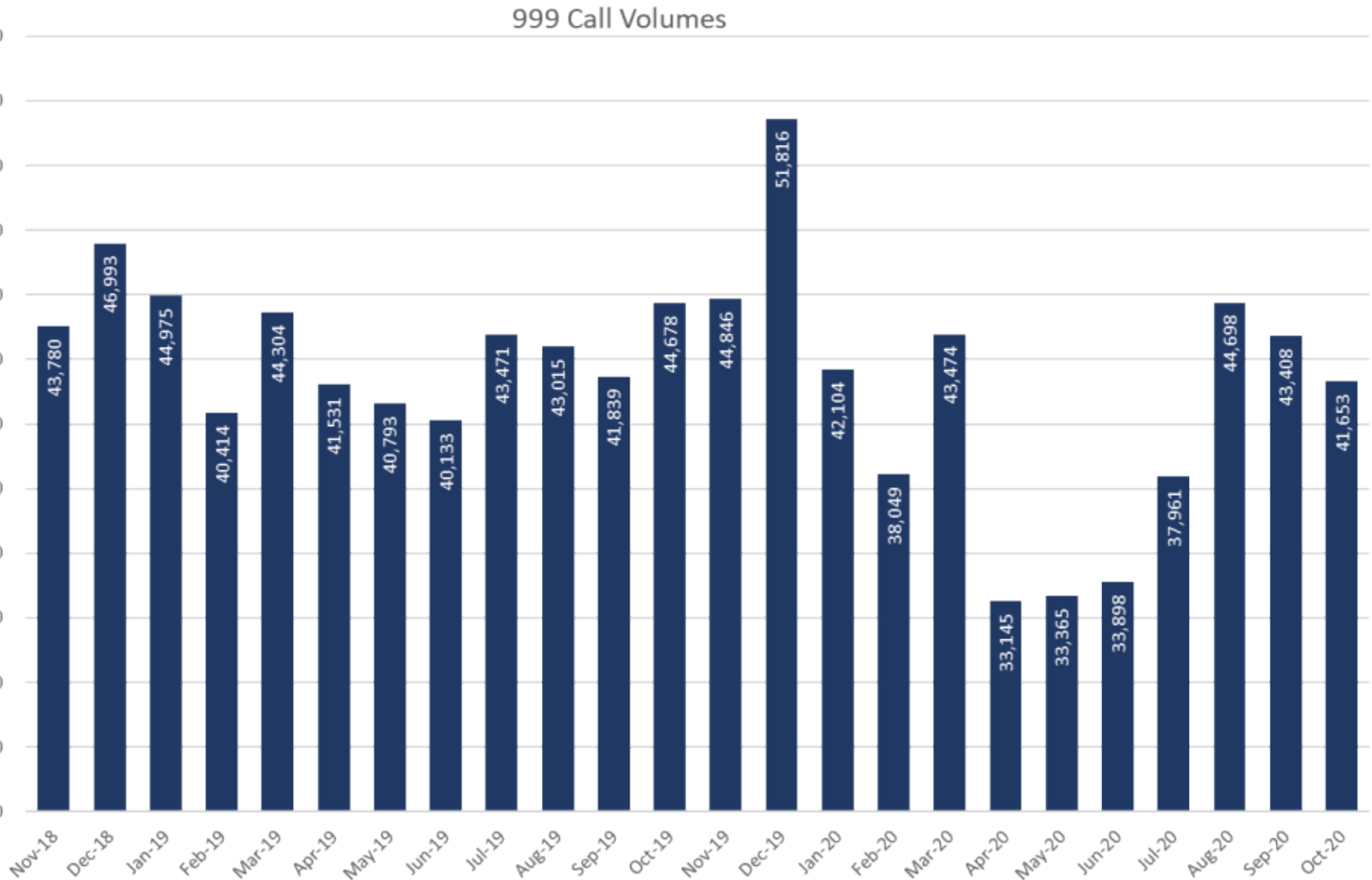
Emergency Medical Services – Step 2: Answer My Call

OUR GOALS: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS



Emergency Medical Services – Step 2: Answer My Call

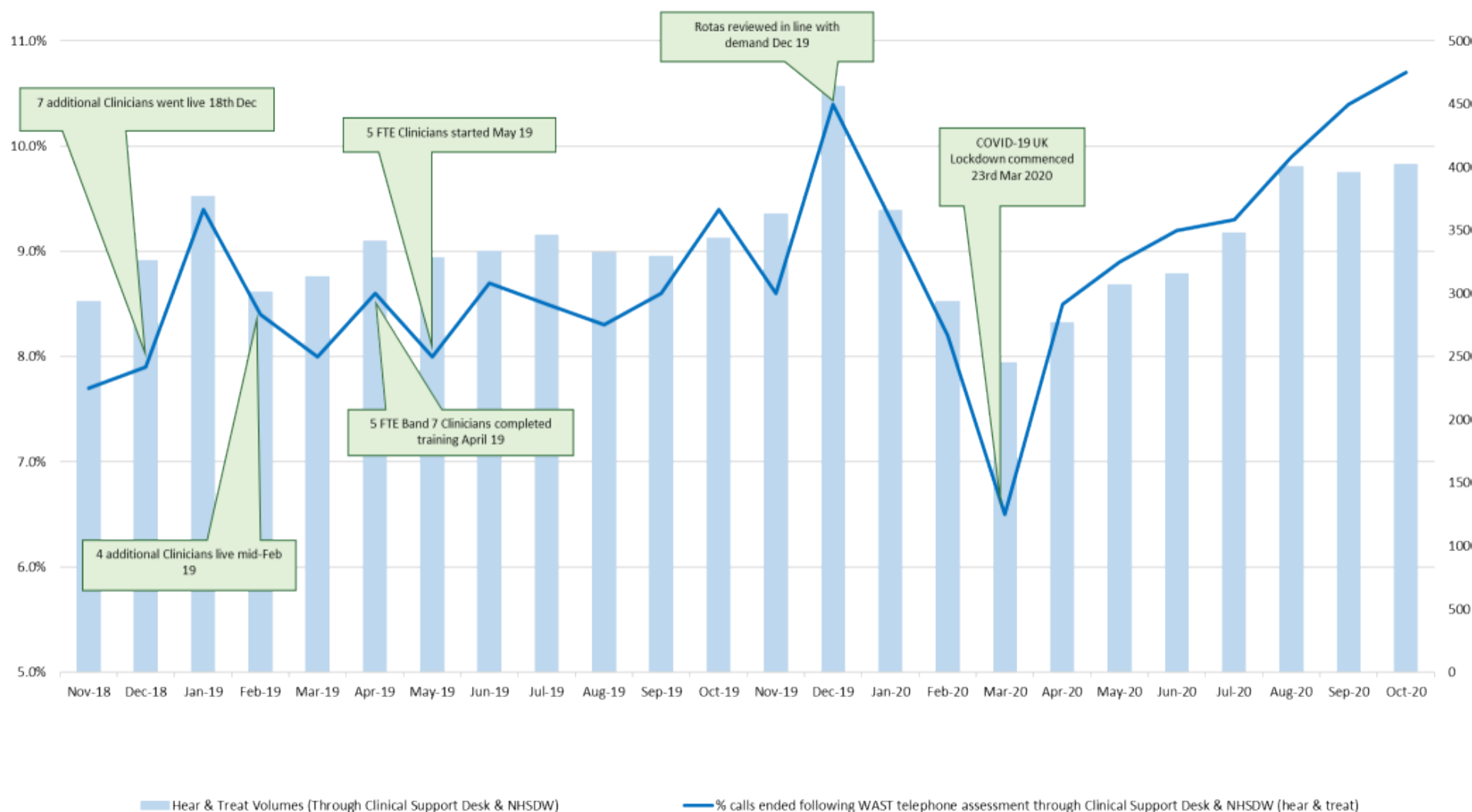
OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED



Emergency Medical Services – Step 2: Answer My Call

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

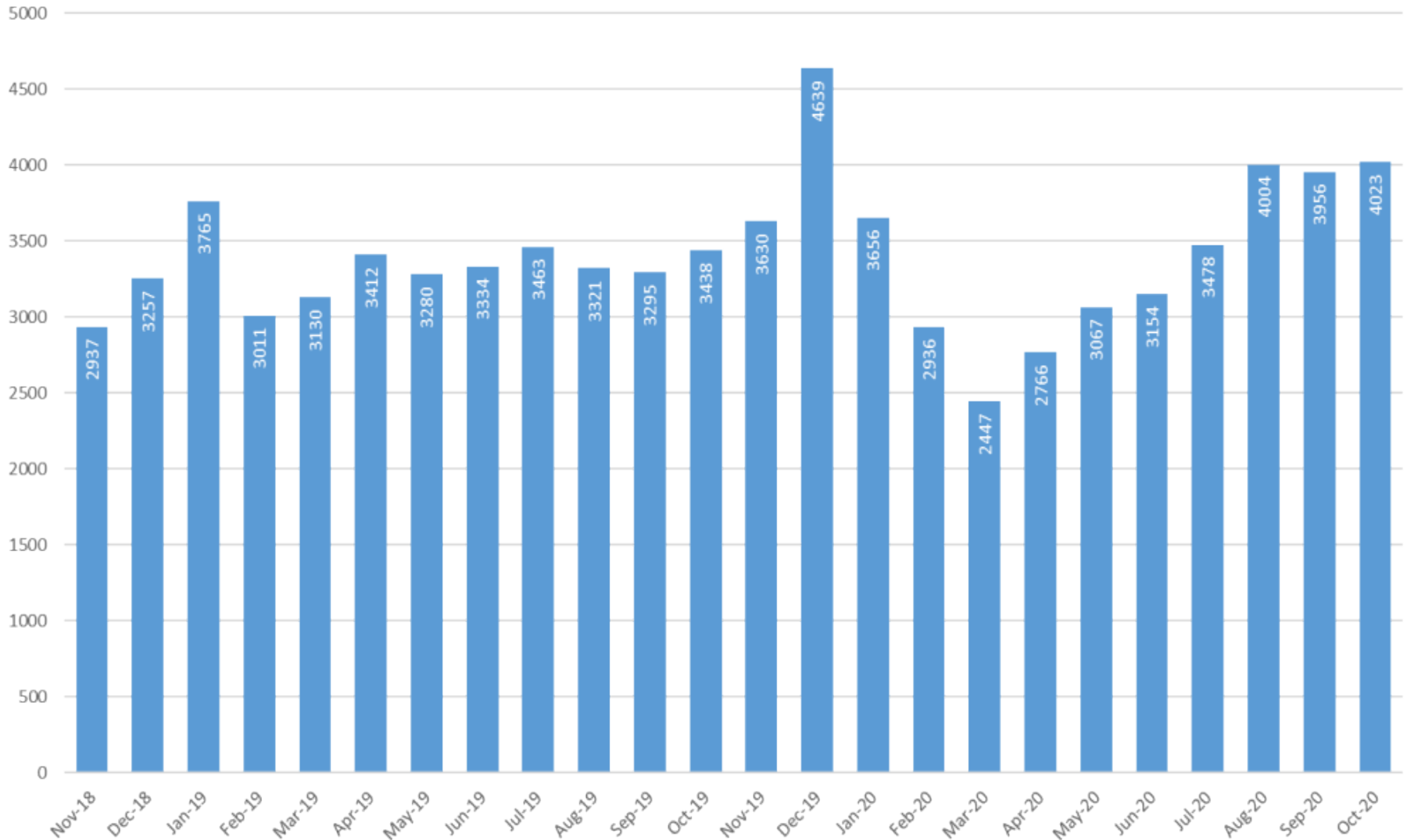
Hear & Treat



Emergency Medical Services – Step 2: Answer My Call

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

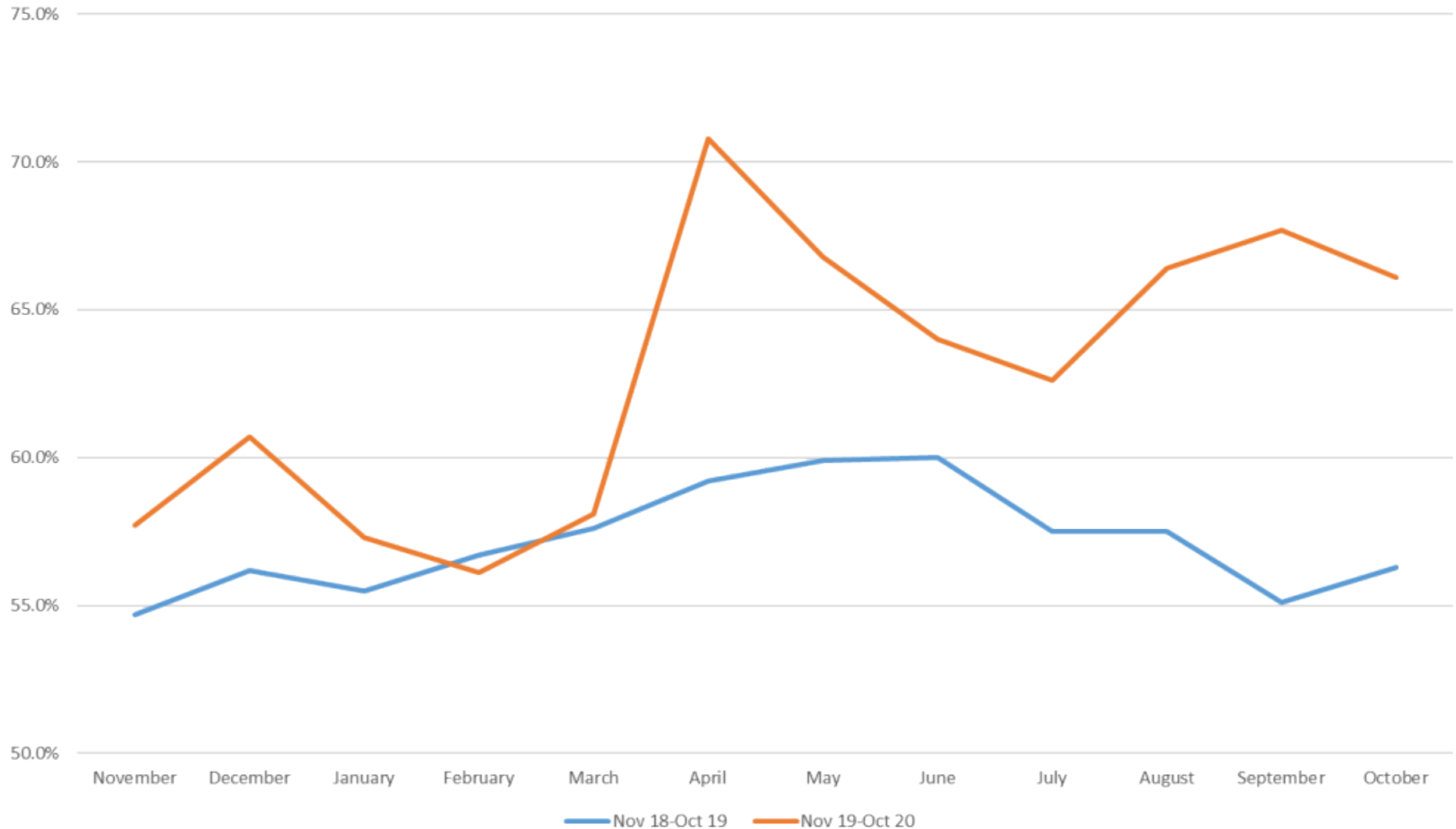
Hear & Treat



Emergency Medical Services – Step 2: Answer My Call

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

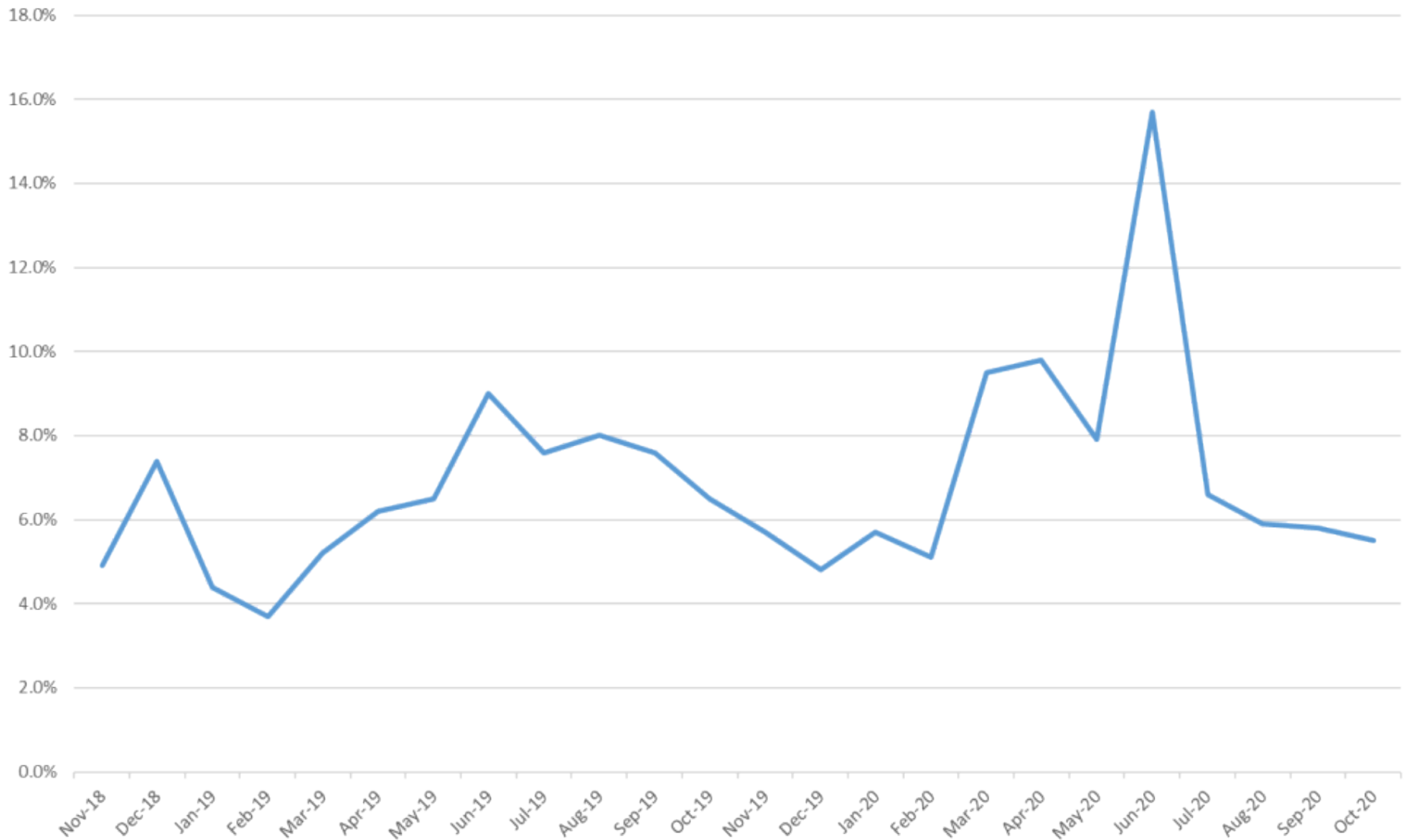
% Calls triaged by a Nurse Advisor, which were ended through transfer to alternative care advice services



Emergency Medical Services – Step 2: Answer My Call

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

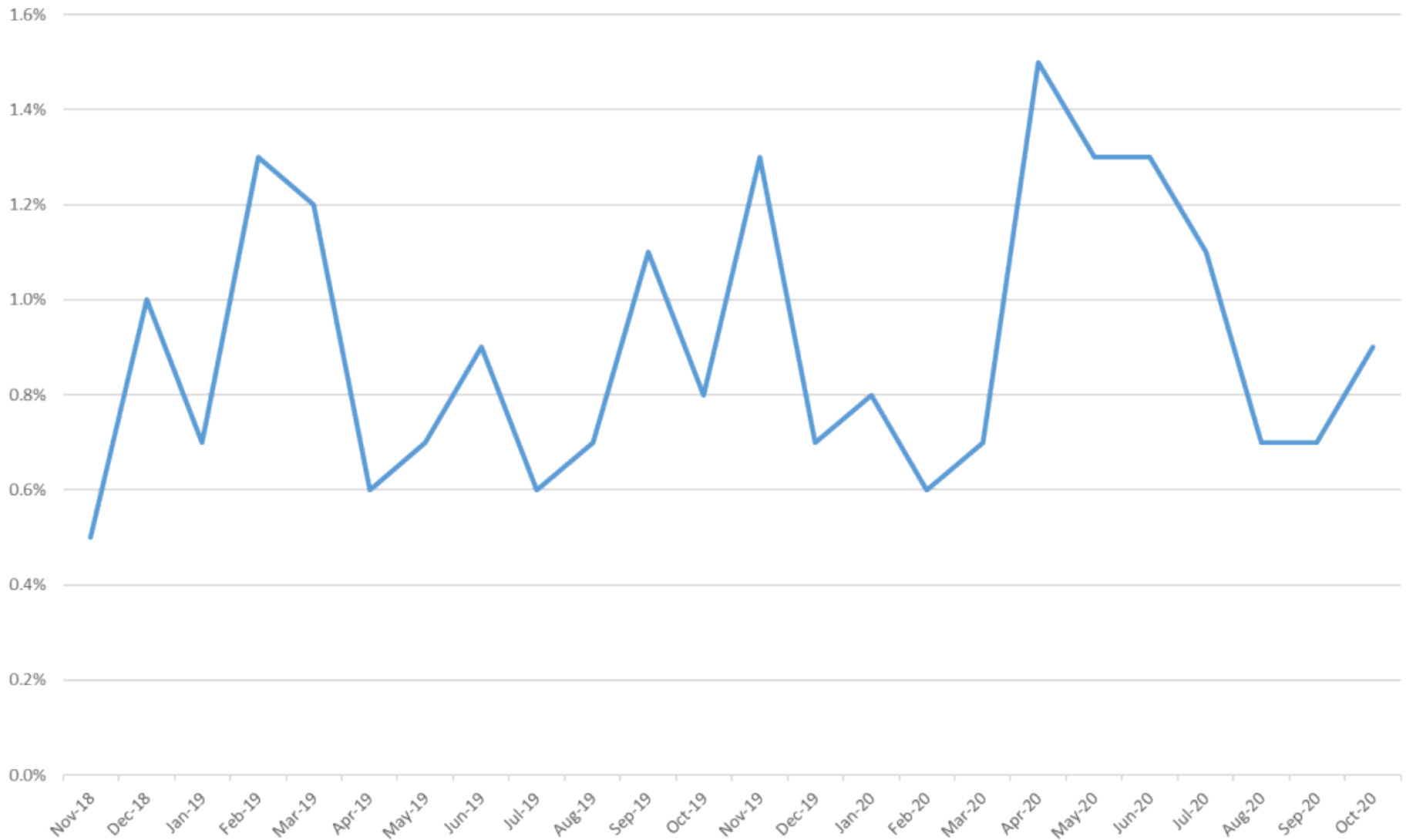
Re-Contact % within 24hrs of Telephone Triage (Hear and Treat)



Emergency Medical Services – Step 2: Answer My Call

OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

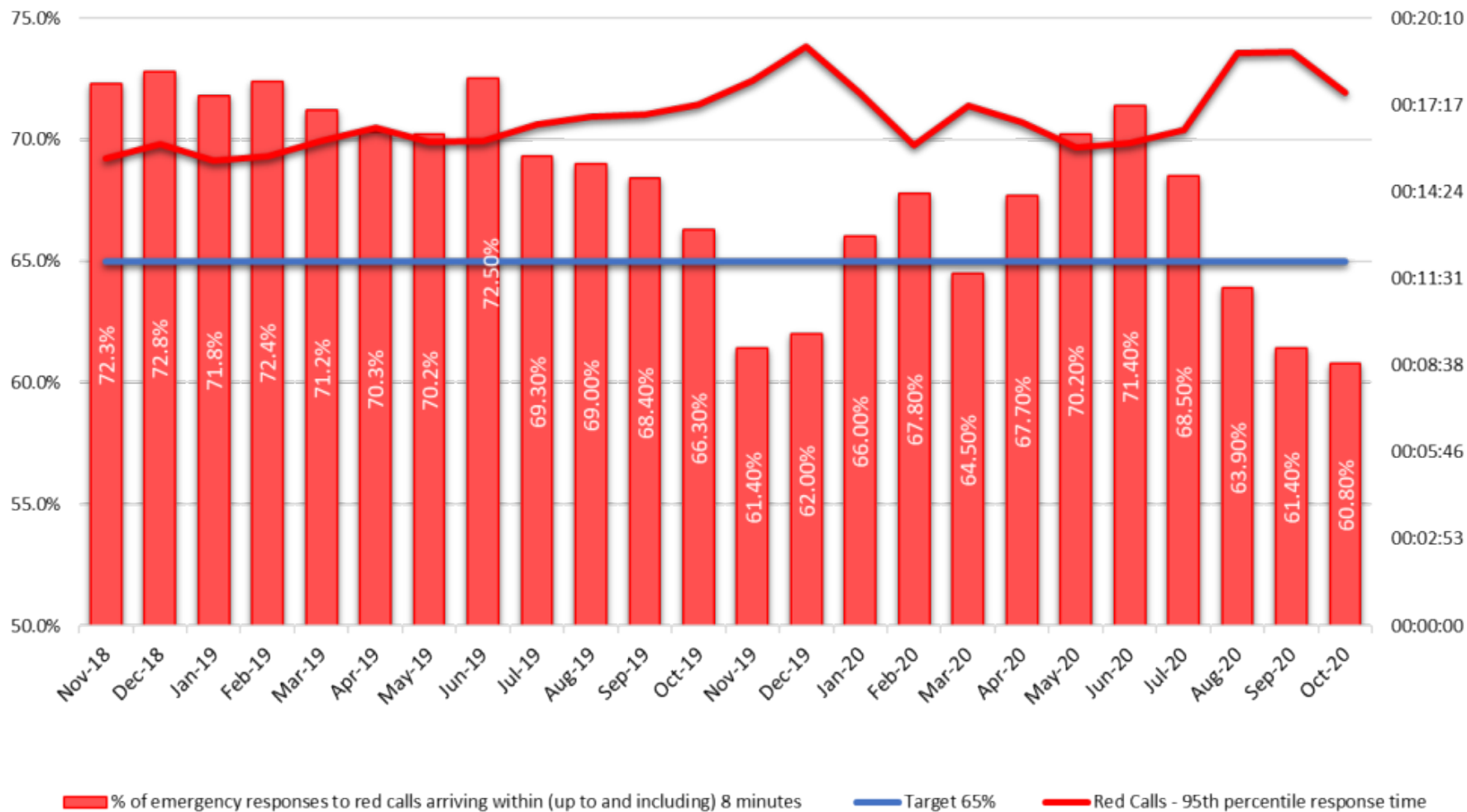
Recontact % within 24 hours of See & Treat



Emergency Medical Services – Step 3: Come To See Me

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

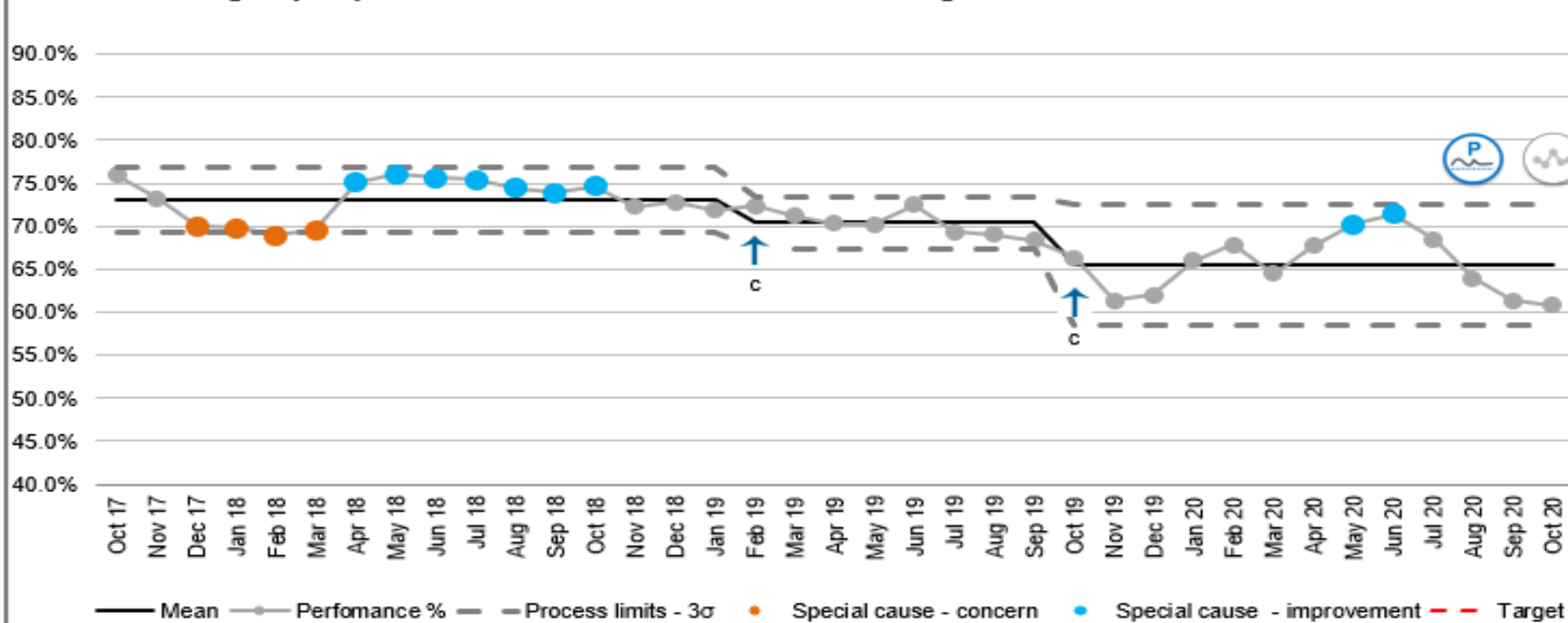
% of emergency responses to red calls arriving within (up to and including) 8 minutes against Red Calls 95th percentile



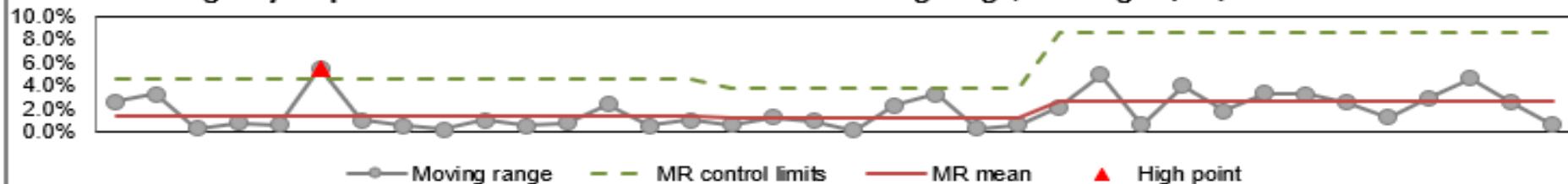
Emergency Medical Services – Step 3: Come To See Me

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

% of emergency responses to red calls within 8 minutes- starting 01/10/17



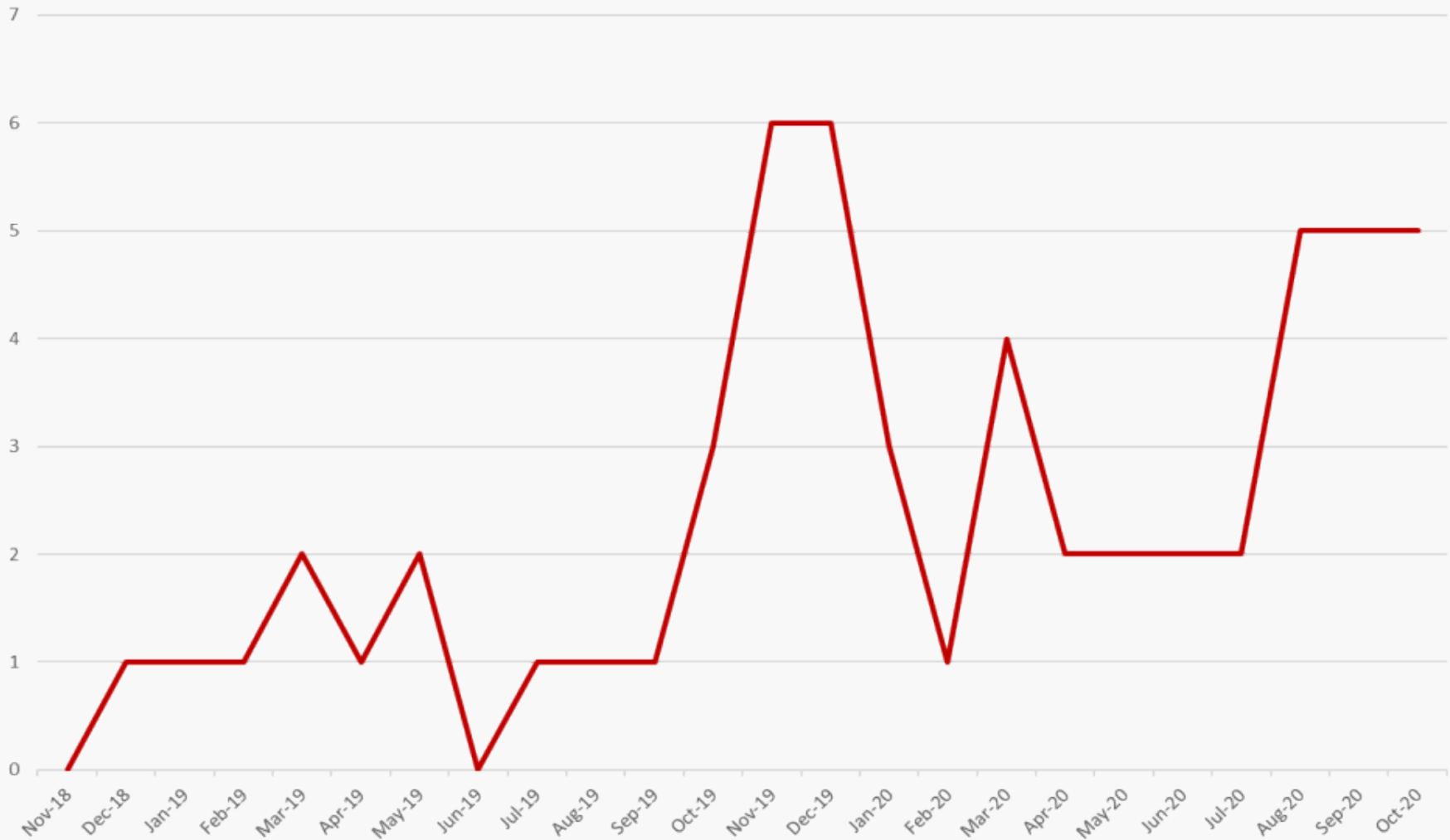
% of emergency responses to red calls within 8 minutes- Moving range, starting 01/10/17



Emergency Medical Services – Step 3: Come To See Me

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

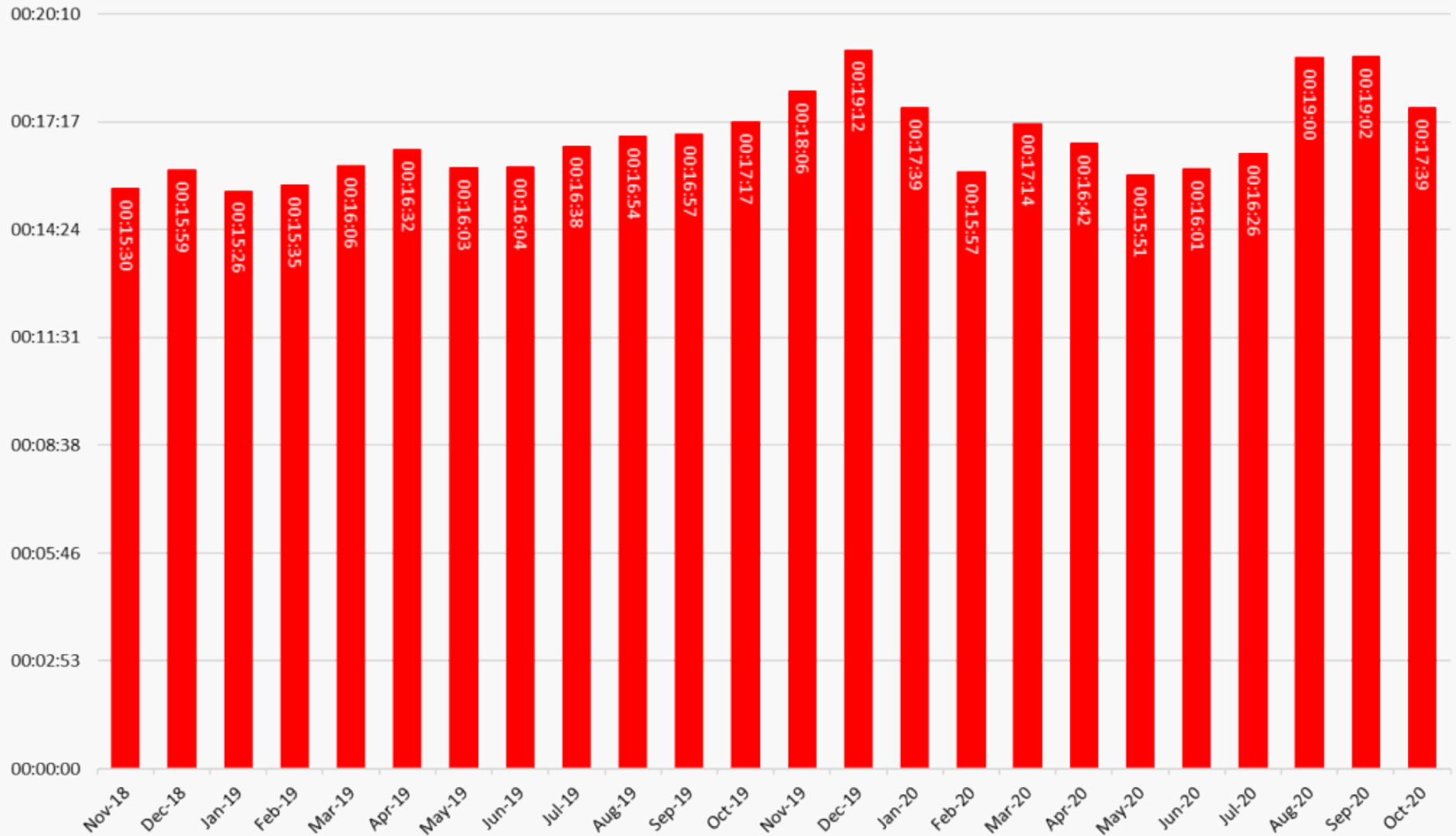
Number of LHBs not achieving the Red incidents target



Emergency Medical Services – Step 3: Come To See Me

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

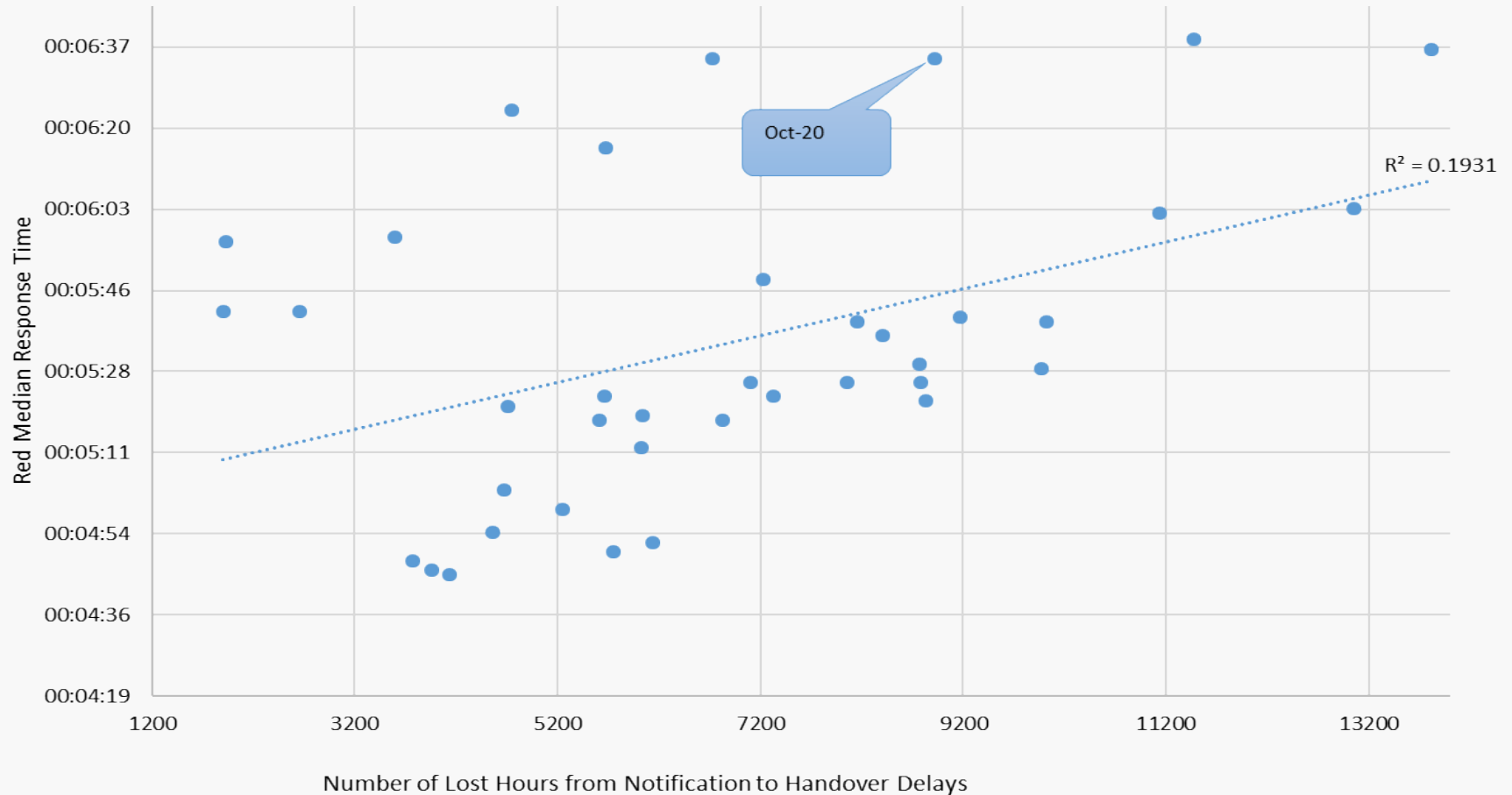
Red Calls - 95th percentile response time



Emergency Medical Services – Step 3: Come To See Me

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

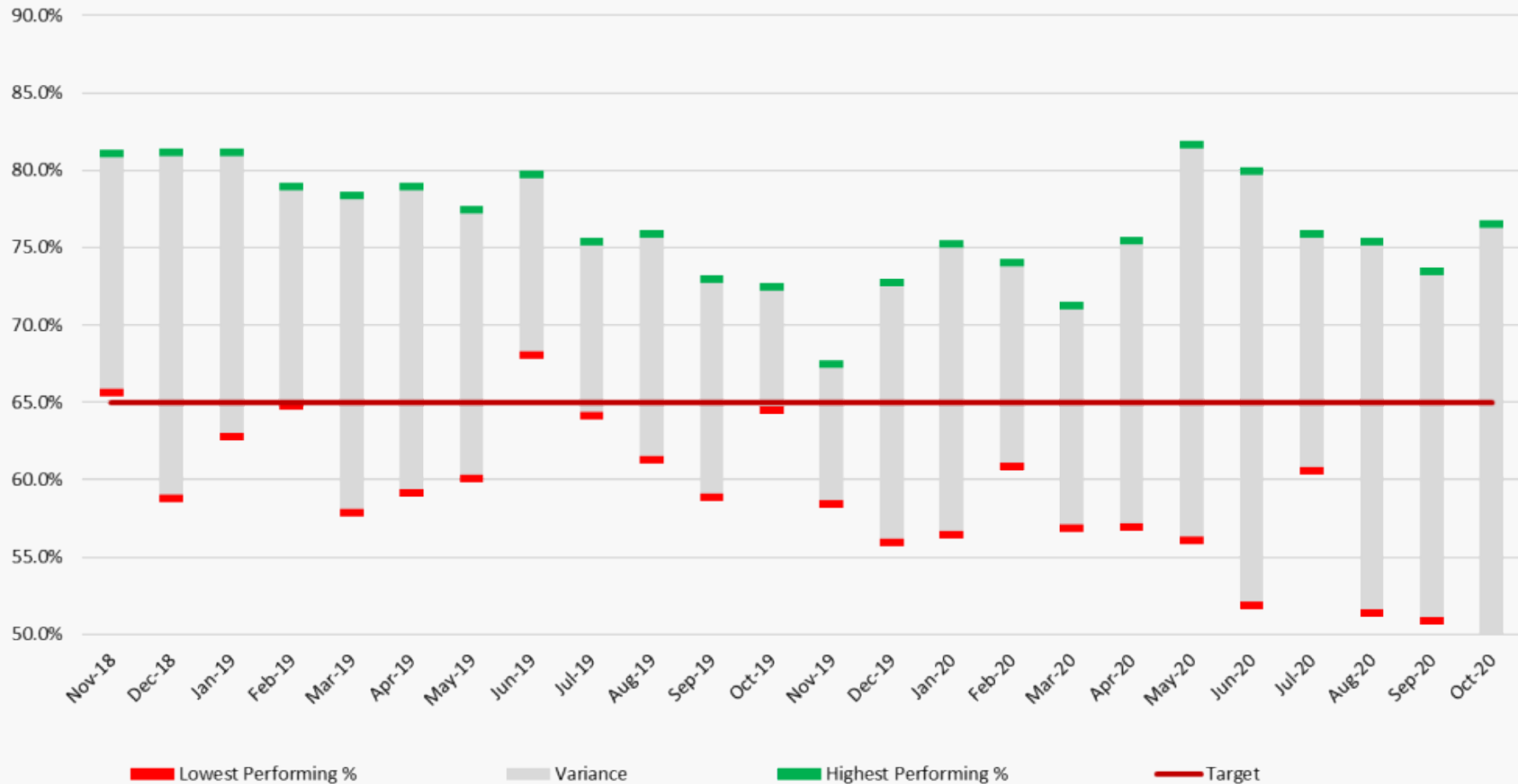
Red Median Correlated with
Notification to Handover Lost Hours Sept-17 to Oct-20



Emergency Medical Services – Step 3: Come To See Me

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

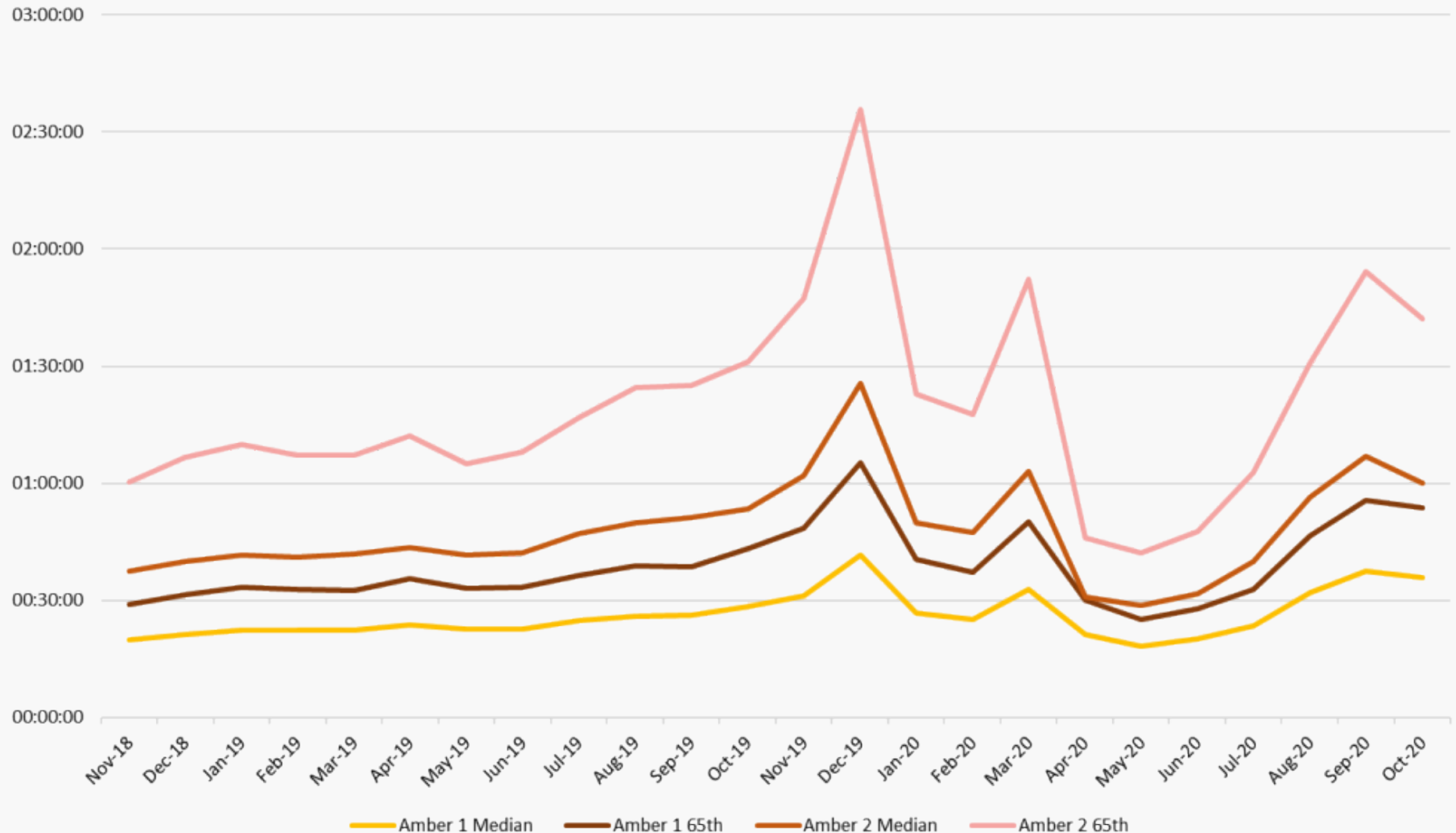
Reduction in the variation in RED call response time performance between the best and worst HB performance



Emergency Medical Services – Step 3: Come To See Me

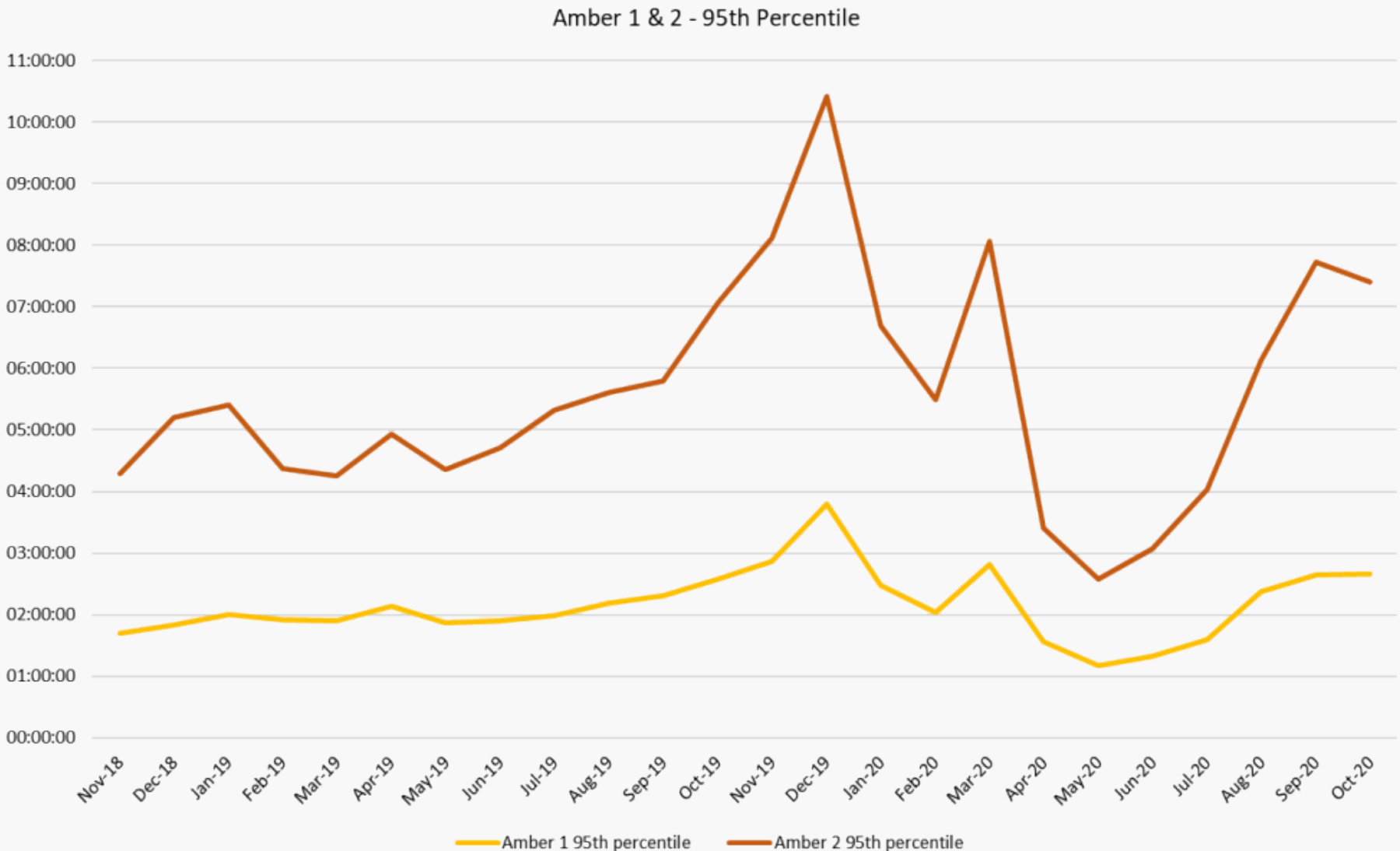
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

Amber 1 & 2 - Median and 65th Percentile



Emergency Medical Services – Step 3: Come To See Me

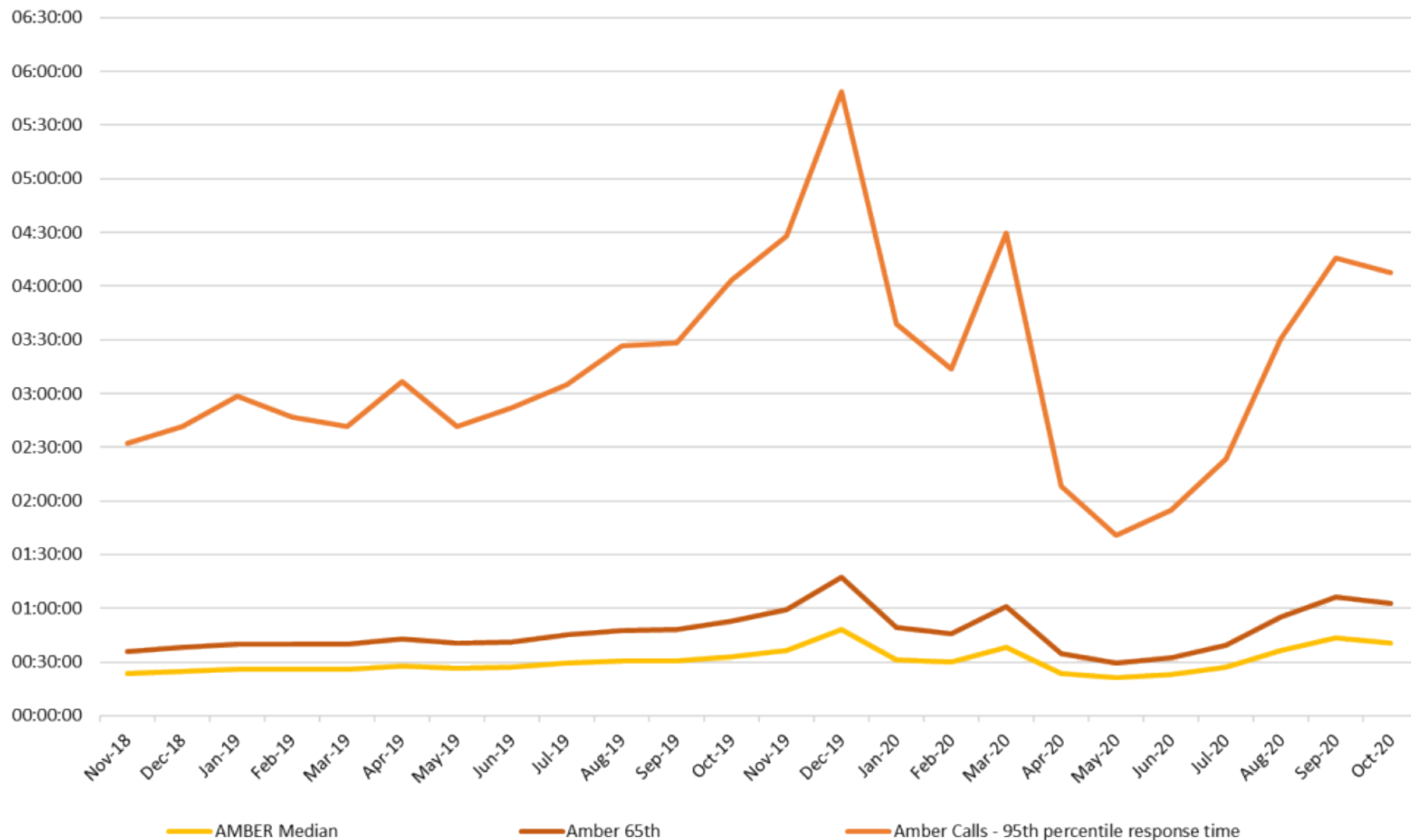
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE



Emergency Medical Services – Step 3: Come To See Me

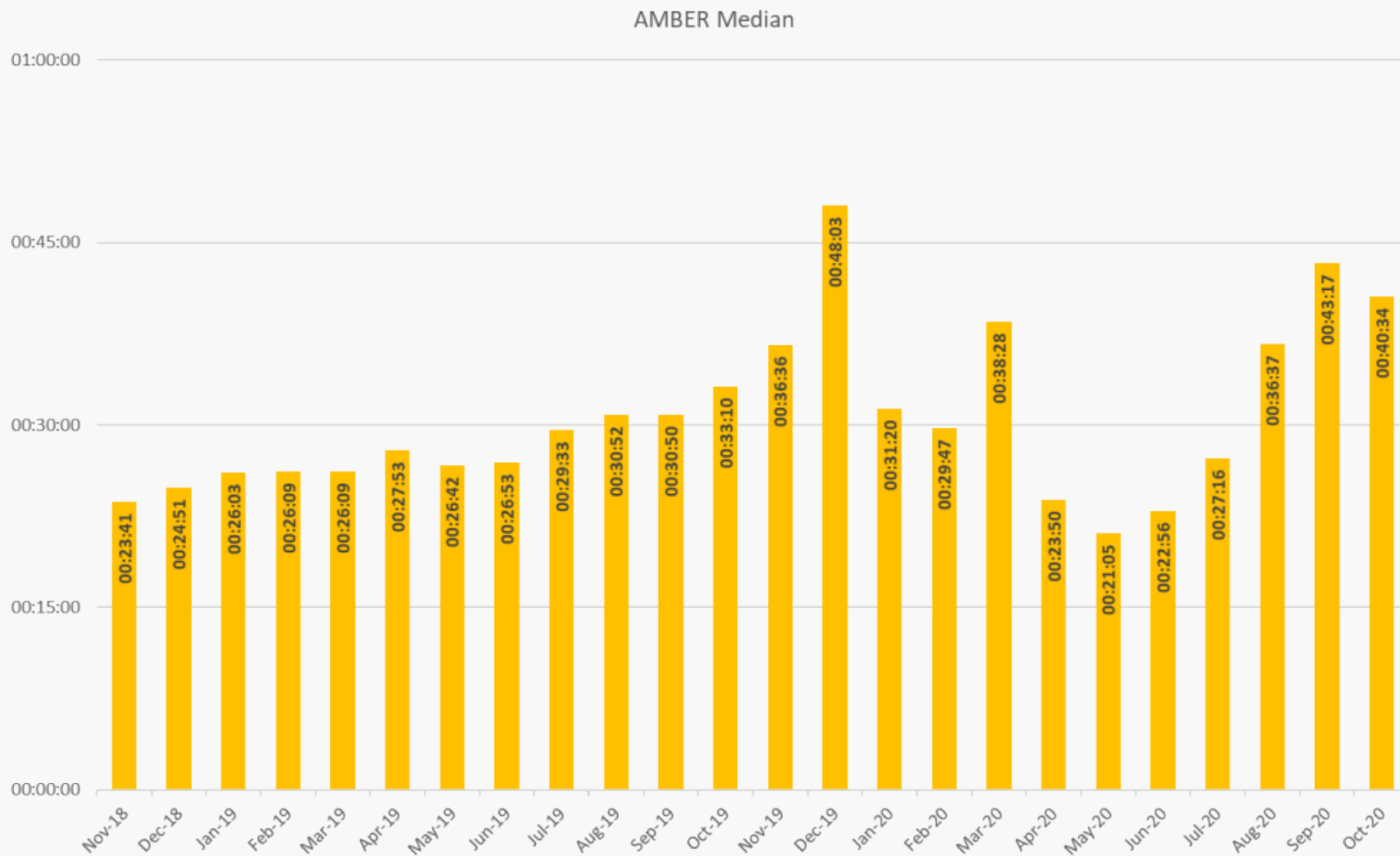
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

Amber Median, 65th & 95th Percentile



Emergency Medical Services – Step 3: Come To See Me

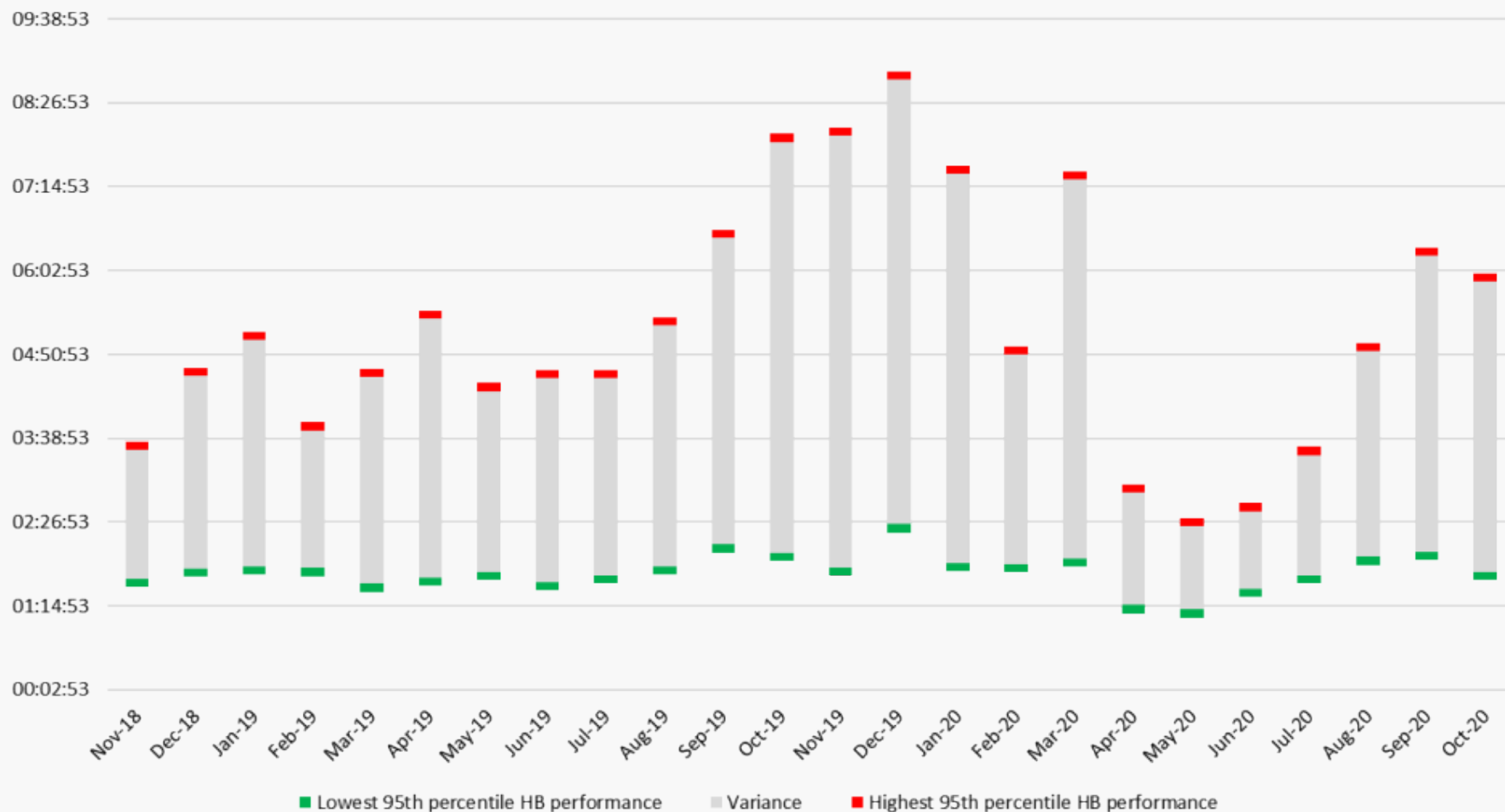
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS



Emergency Medical Services – Step 3: Come To See Me

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

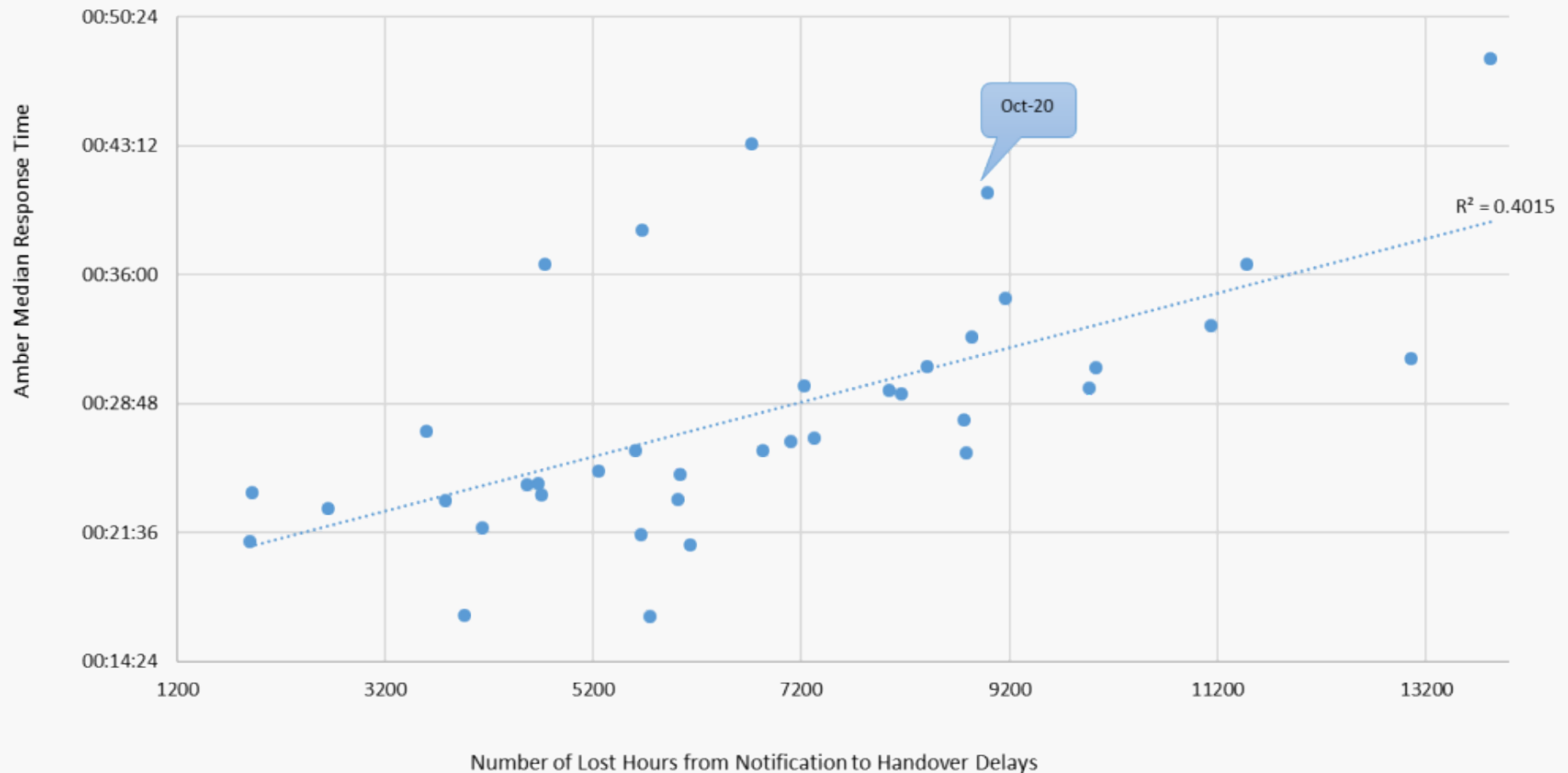
Reduction in the variation in AMBER call 95th percentile response times between the longest and shortest Health Board performance



Emergency Medical Services – Step 3: Come To See Me

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

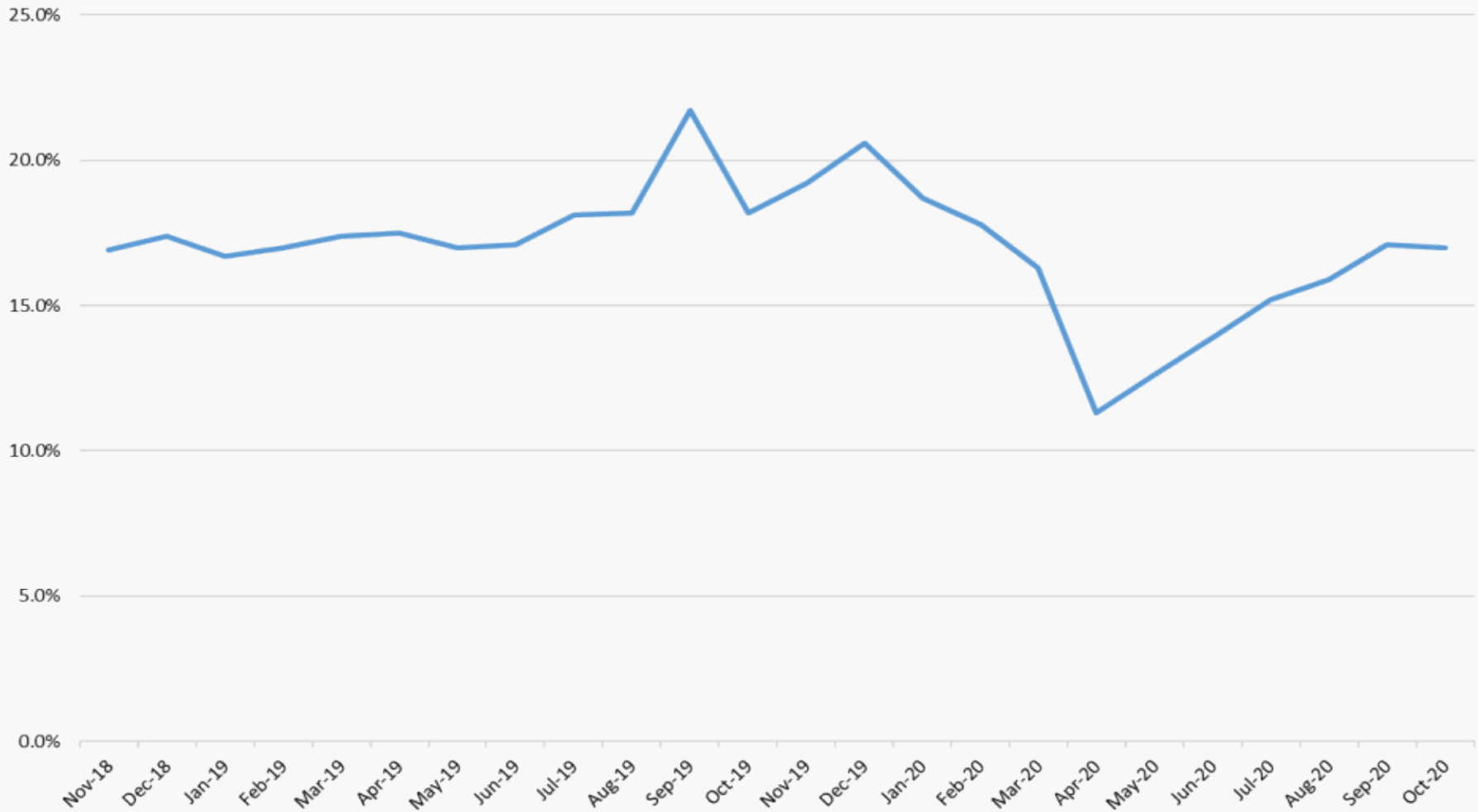
Amber Median Correlated with
Notification to Handover Lost Hours Sept-17 to Oct-20



Emergency Medical Services – Step 3: Come To See Me

OUR GOALS: PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

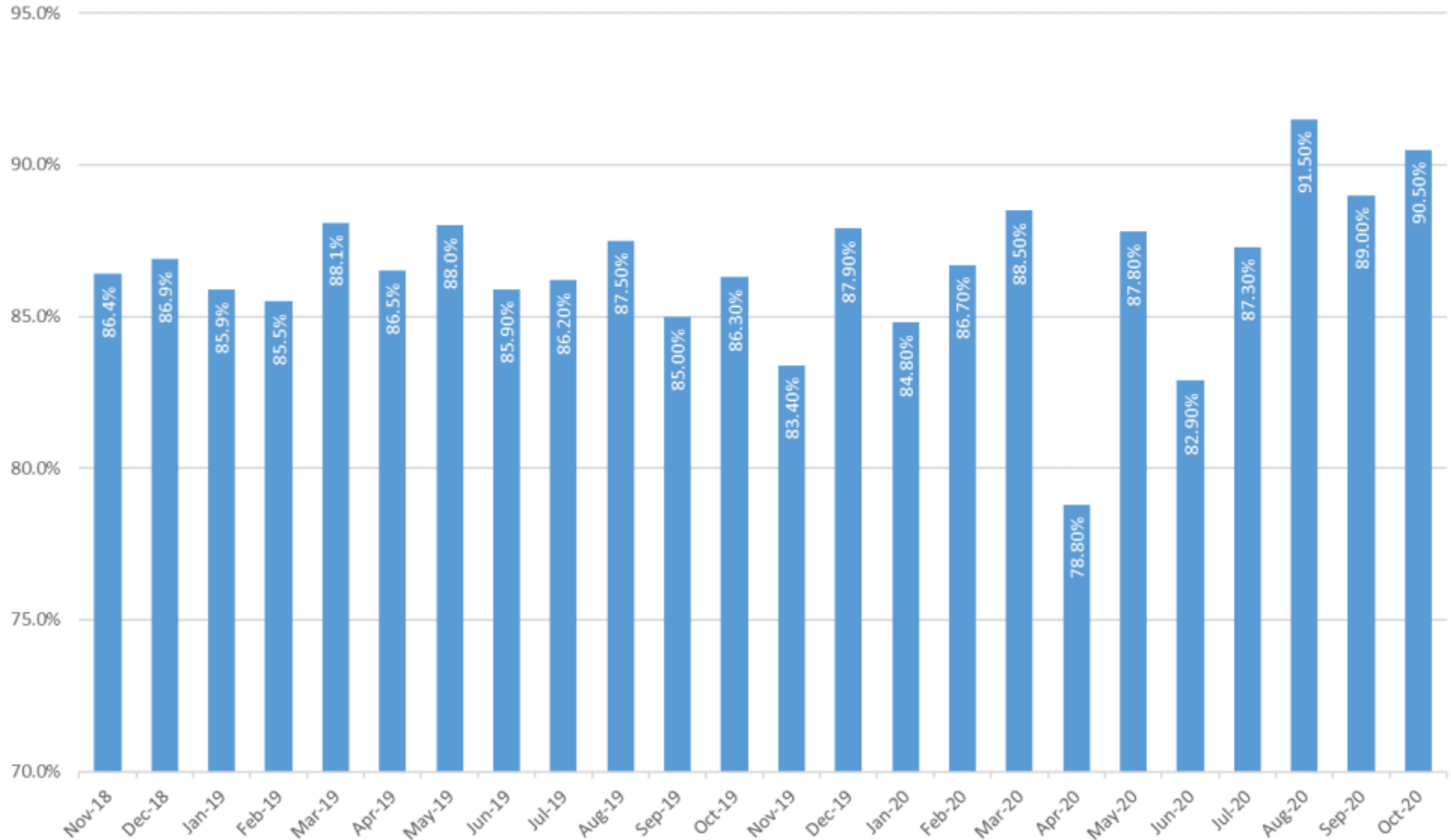
% of incidents where 2 or more Vehicles Arrived on Scene



Emergency Medical Services – Step 3: Come To See Me

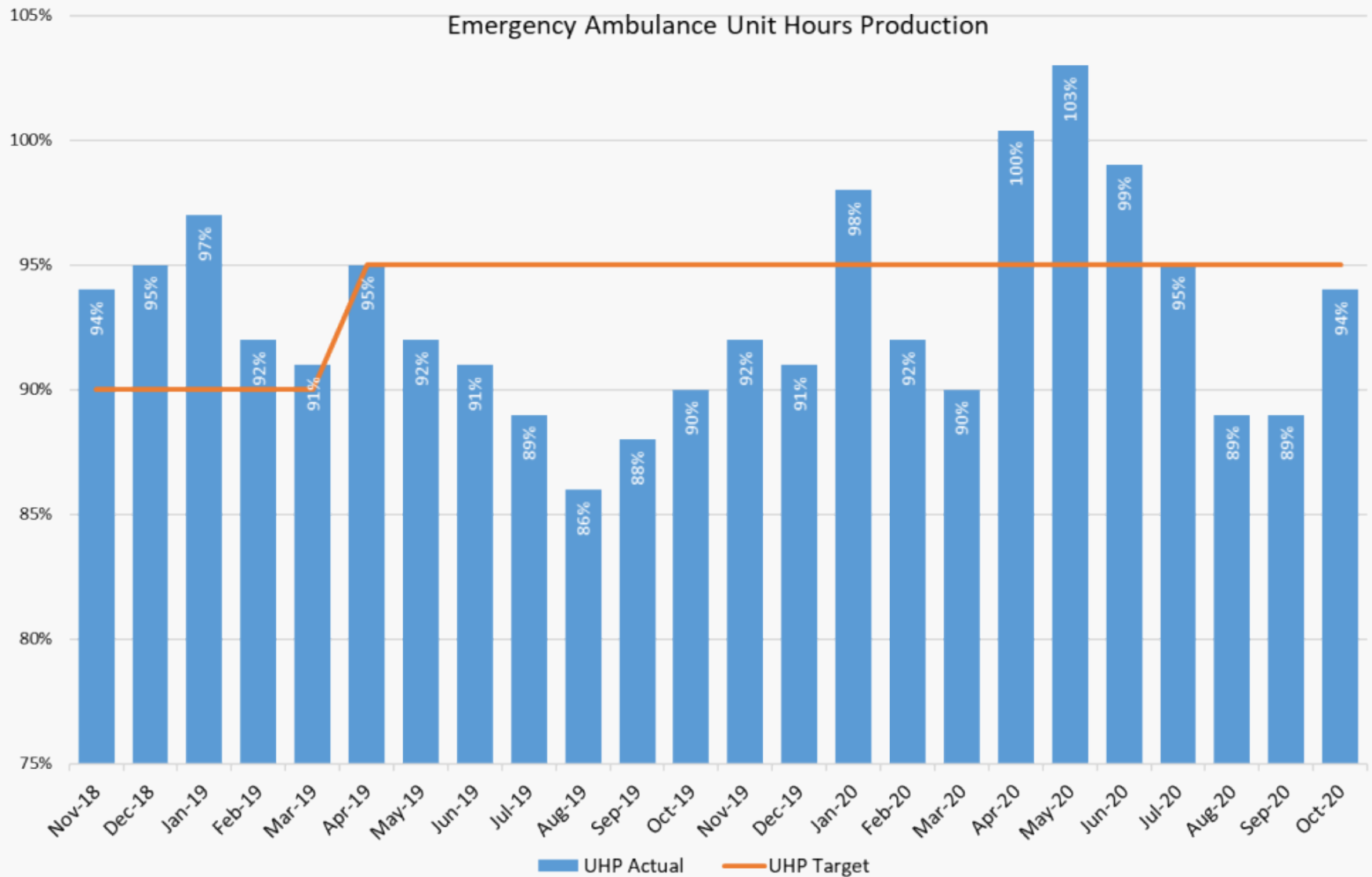
OUR GOALS: PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

% Community First Responders attendances where they were the first response arriving at the scene



Emergency Medical Services – Step 3: Come To See Me

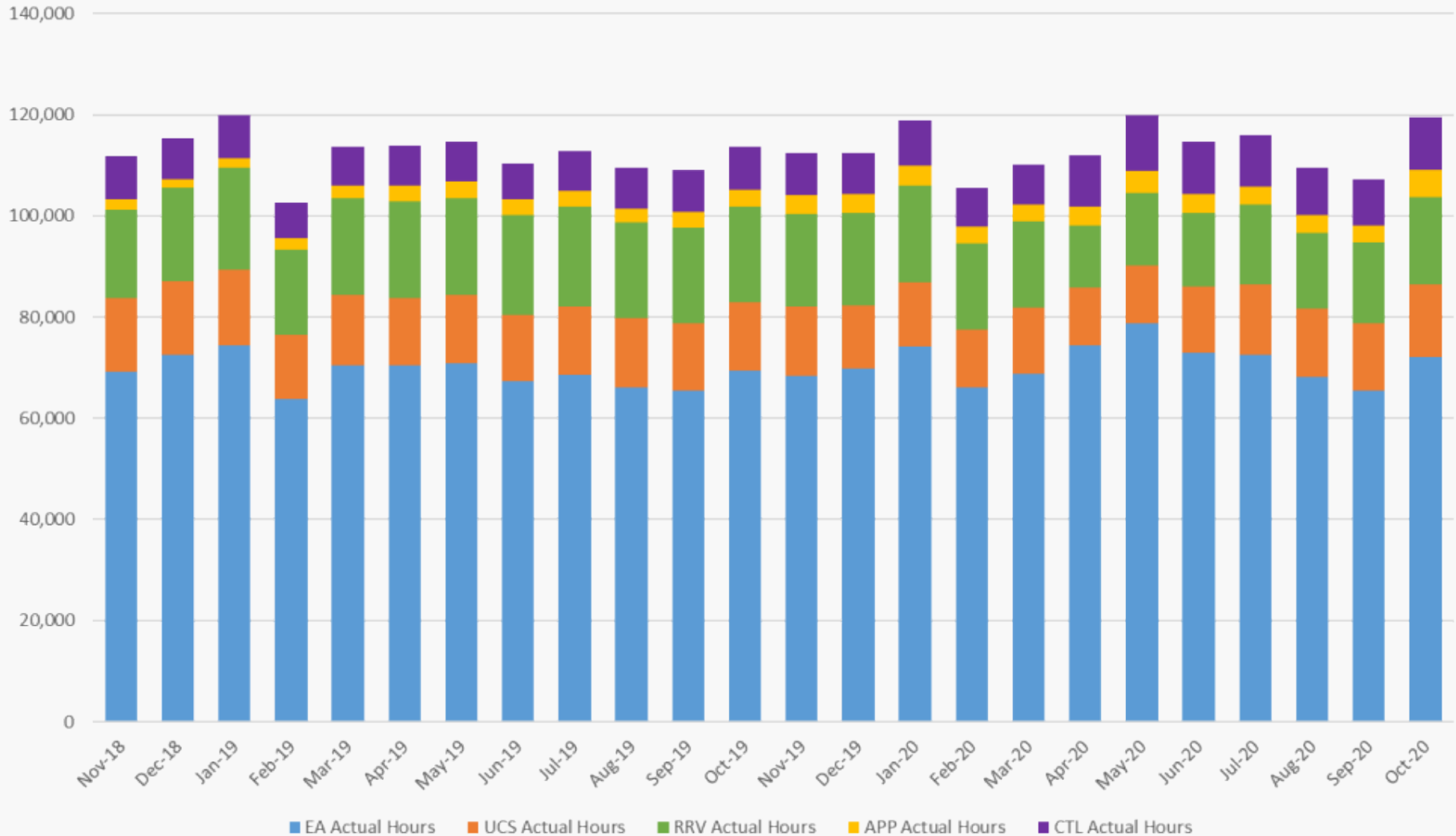
OUR GOALS: PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED



Emergency Medical Services – Step 3: Come To See Me

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

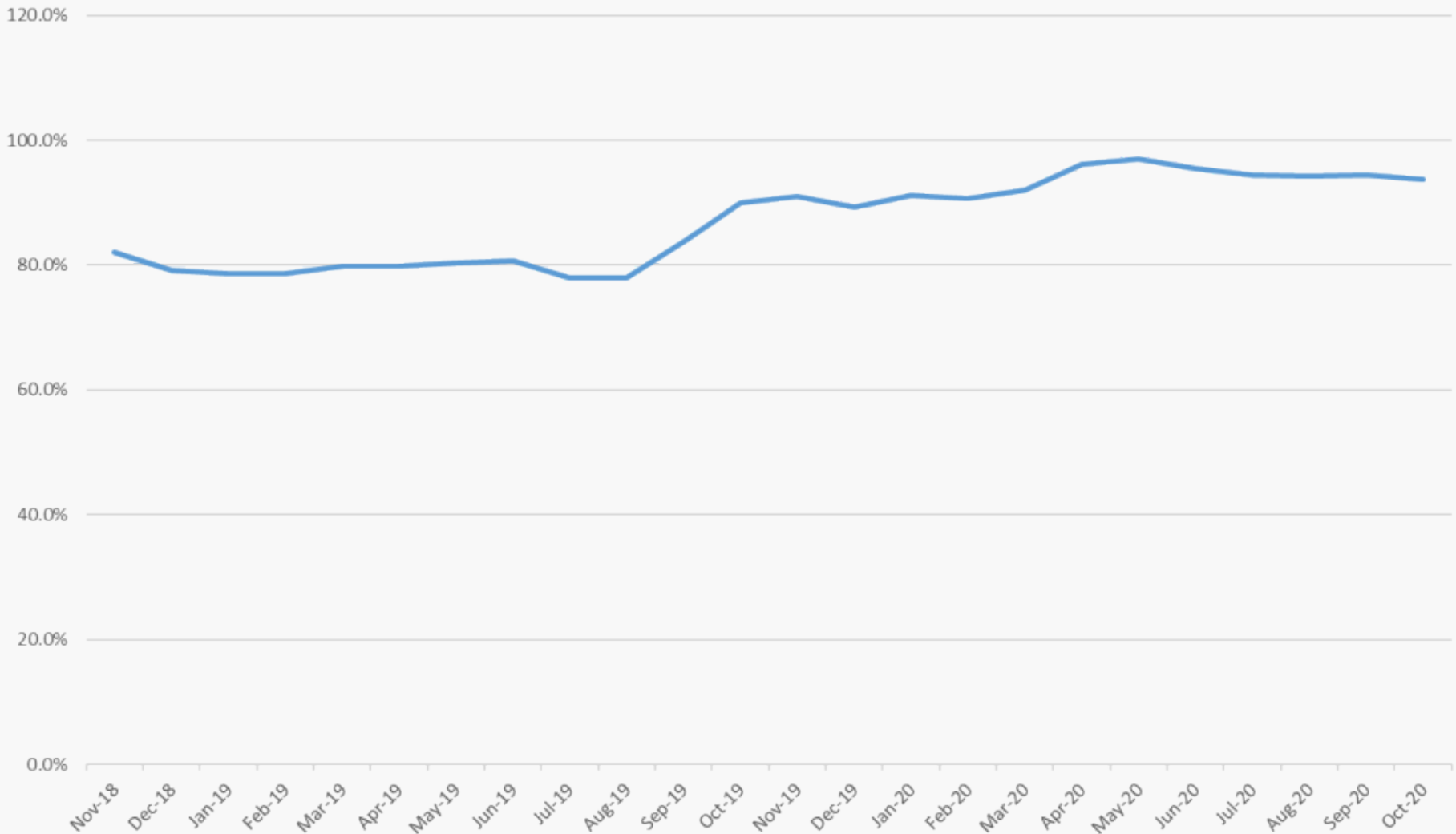
Total EMS Actual Hours Produced



Emergency Medical Services – Step 3: Come To See Me

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

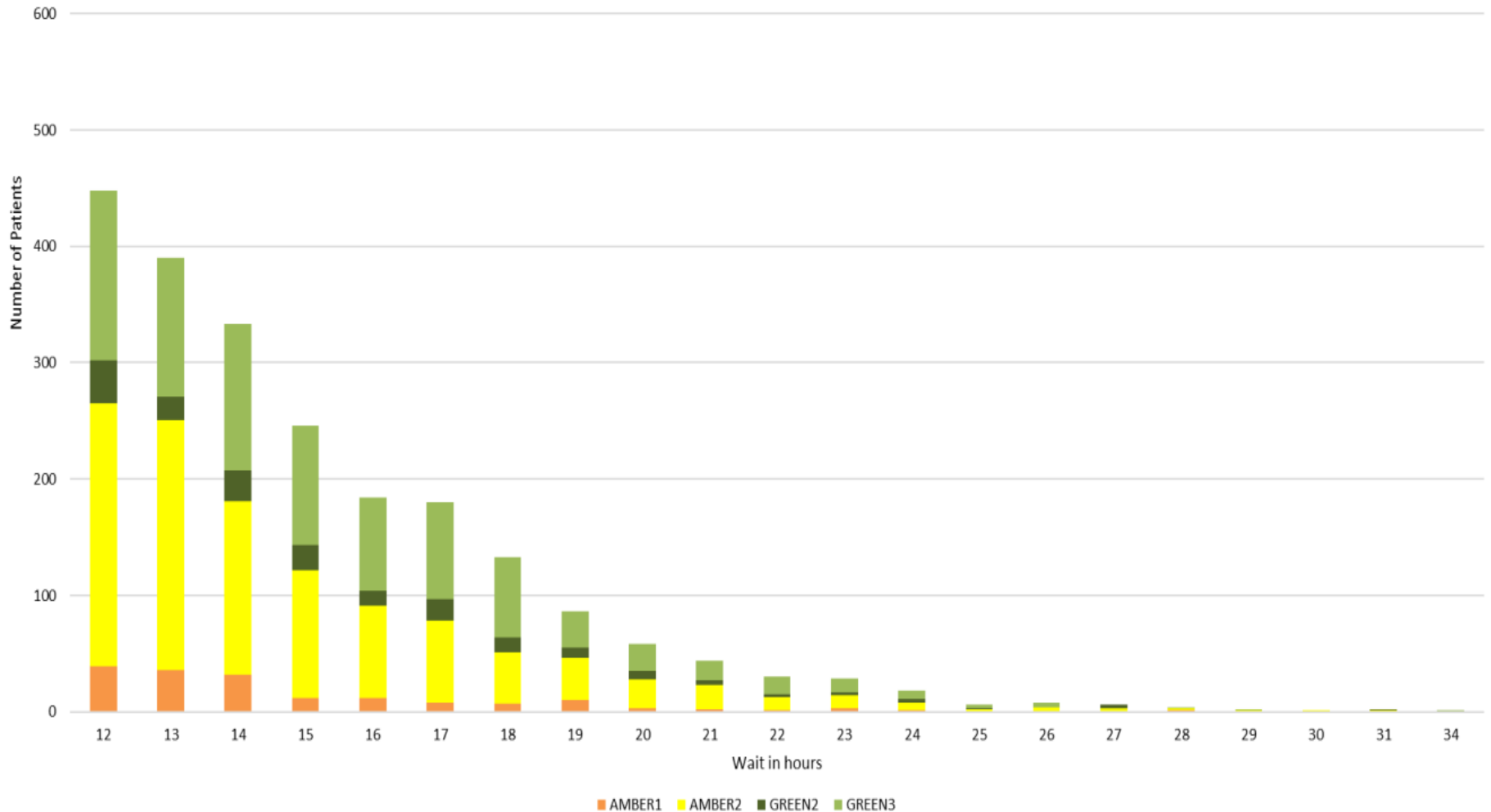
Compliance with HCP time requests to improve across each LHB



Emergency Medical Services – Step 3: Come To See Me

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

Number of Patient Waits over 12 hours by Priority Type
Cumulative Position over last 12 months (Nov-19 to Oct-20)



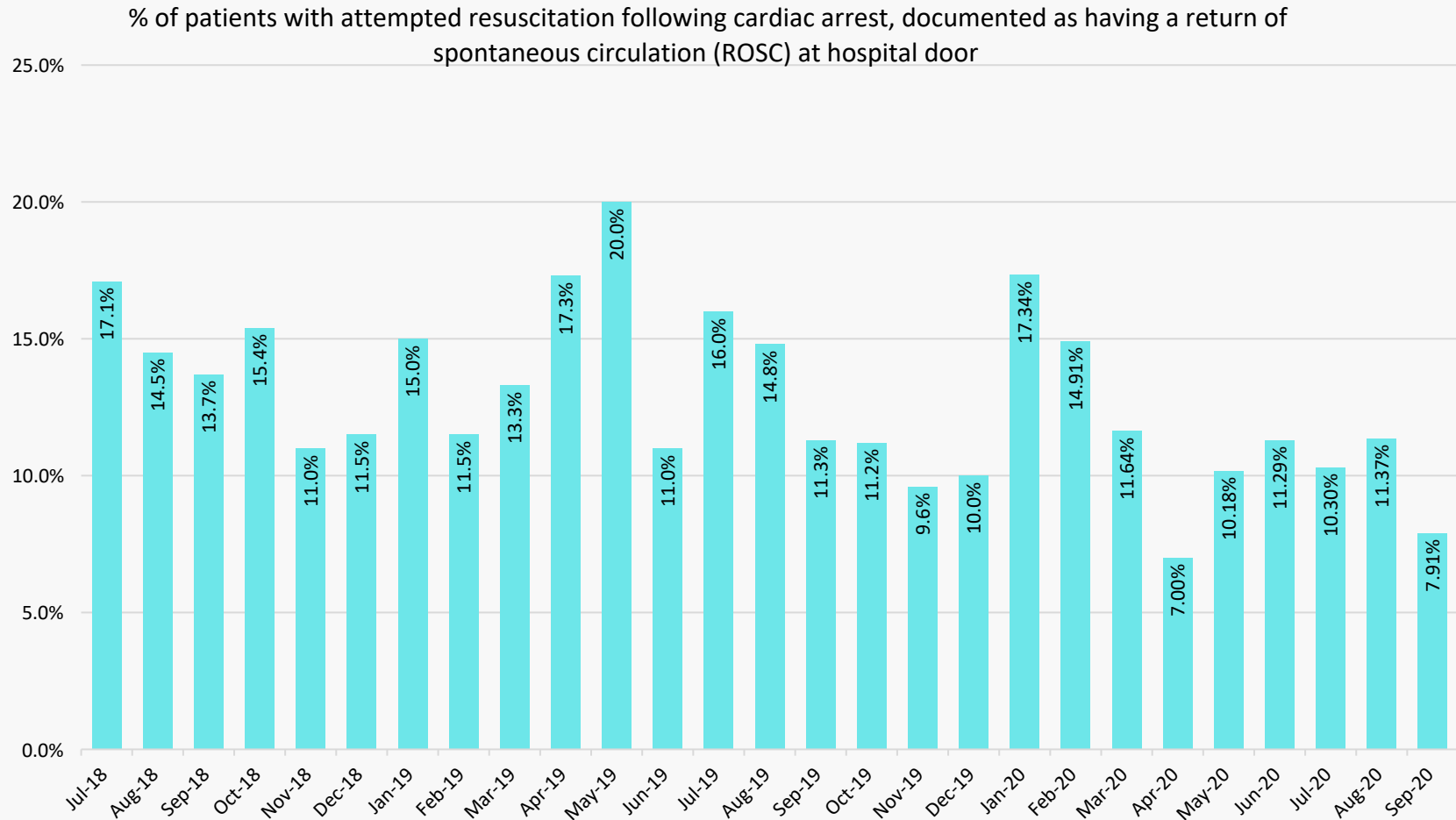
Emergency Medical Services – Step 3: Come To See Me

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

Patient Waits in Hours over 12 Hours																								
Month	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	Grand Total
Nov-19	62	64	45	41	25	19	15	12	11	10	6	7	3	1		3		1						325
Dec-19	103	79	68	47	48	51	39	23	25	17	8	14	8	3	2	1	1		1	2				540
Jan-20	50	44	40	36	34	32	16	15	8	7	7		2		4									295
Feb-20	39	23	20	10	10	9	7	1	1		2	1	1	1										125
Mar-20	52	49	43	23	15	15	11	9	2	2	1	1	3		1									227
Apr-20	6	1	1	2	2	2	3																	17
May-20	2	1																						3
Jun-20	2		1	2																				5
Jul-20	7	6	5	1	1			2		1														23
Aug-20	30	25	30	22	9	10	13	2	1	3	1	2												148
Sep-20	49	59	42	35	25	21	16	13	6	3	1	1		1		1	1	1						275
Oct-20	46	39	38	27	15	21	13	9	4	1	4	3	1		1	1	2						1	226
Grand Total	448	390	333	246	184	180	133	86	58	44	30	29	18	6	8	6	4	2	1	2	0	0	1	2209

Emergency Medical Services – Step 4: Give Me Treatment

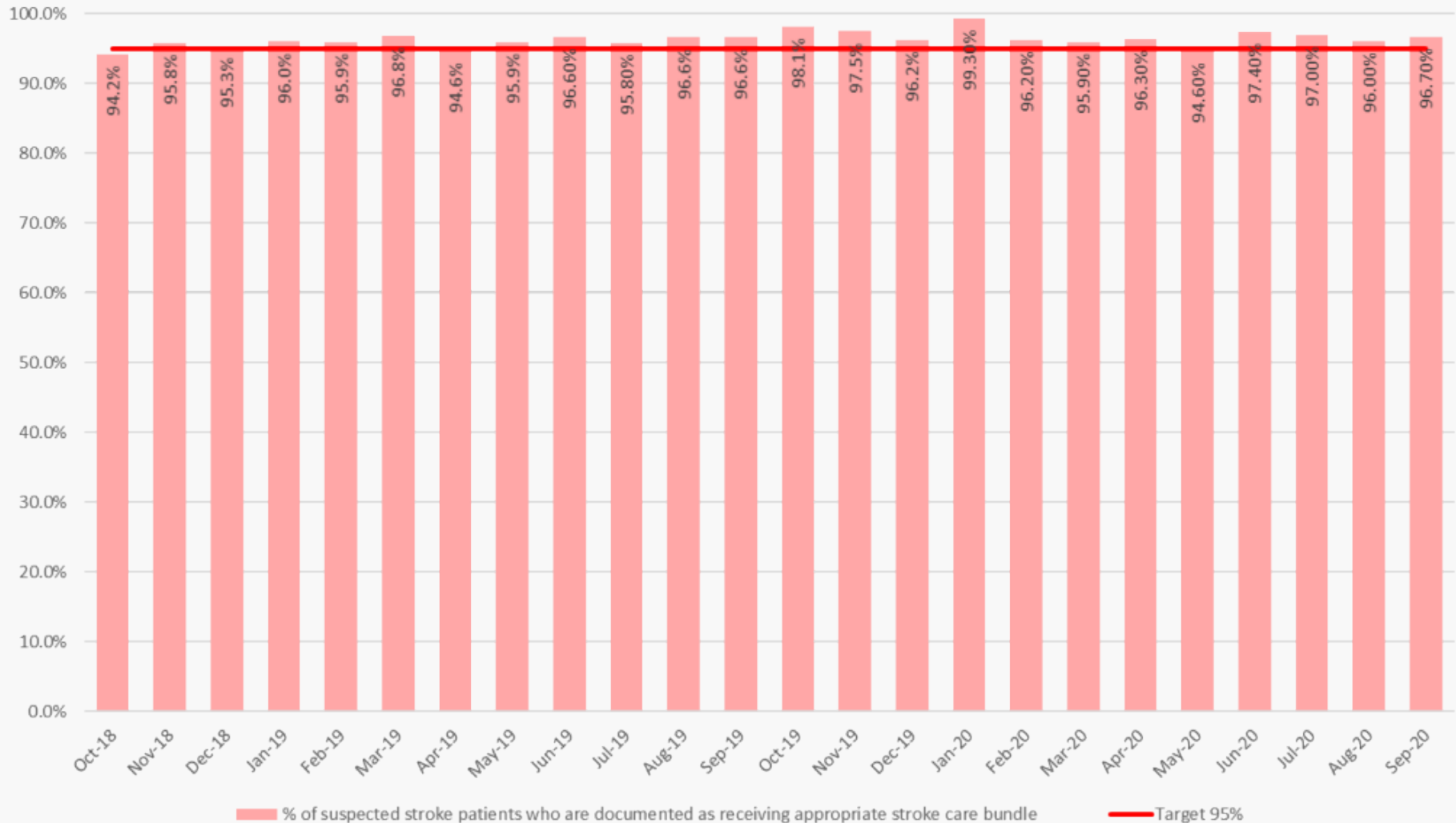
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS



Emergency Medical Services – Step 4: Give Me Treatment

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS

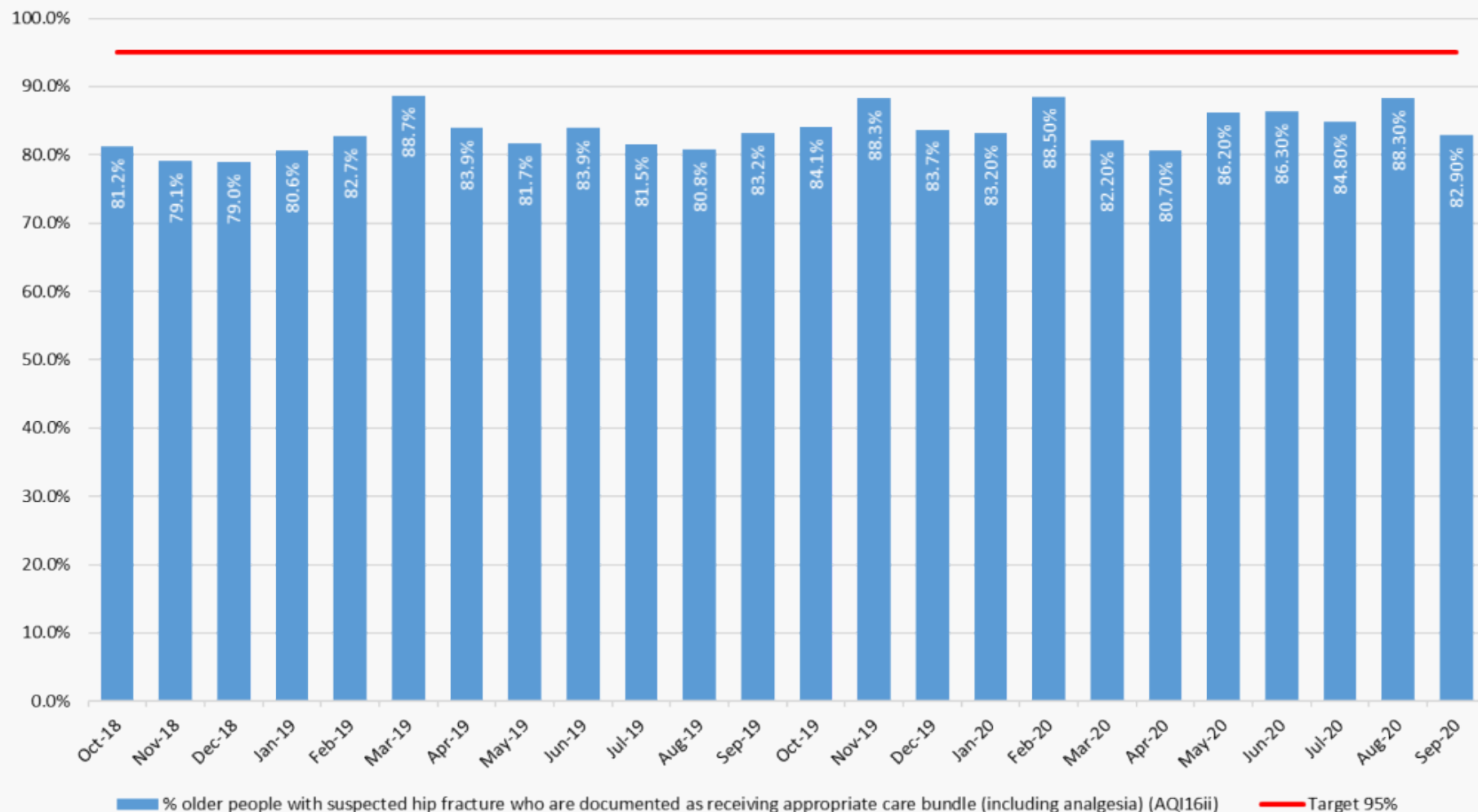
% of suspected stroke patients who are documented as receiving appropriate stroke care bundle



Emergency Medical Services – Step 4: Give Me Treatment

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS

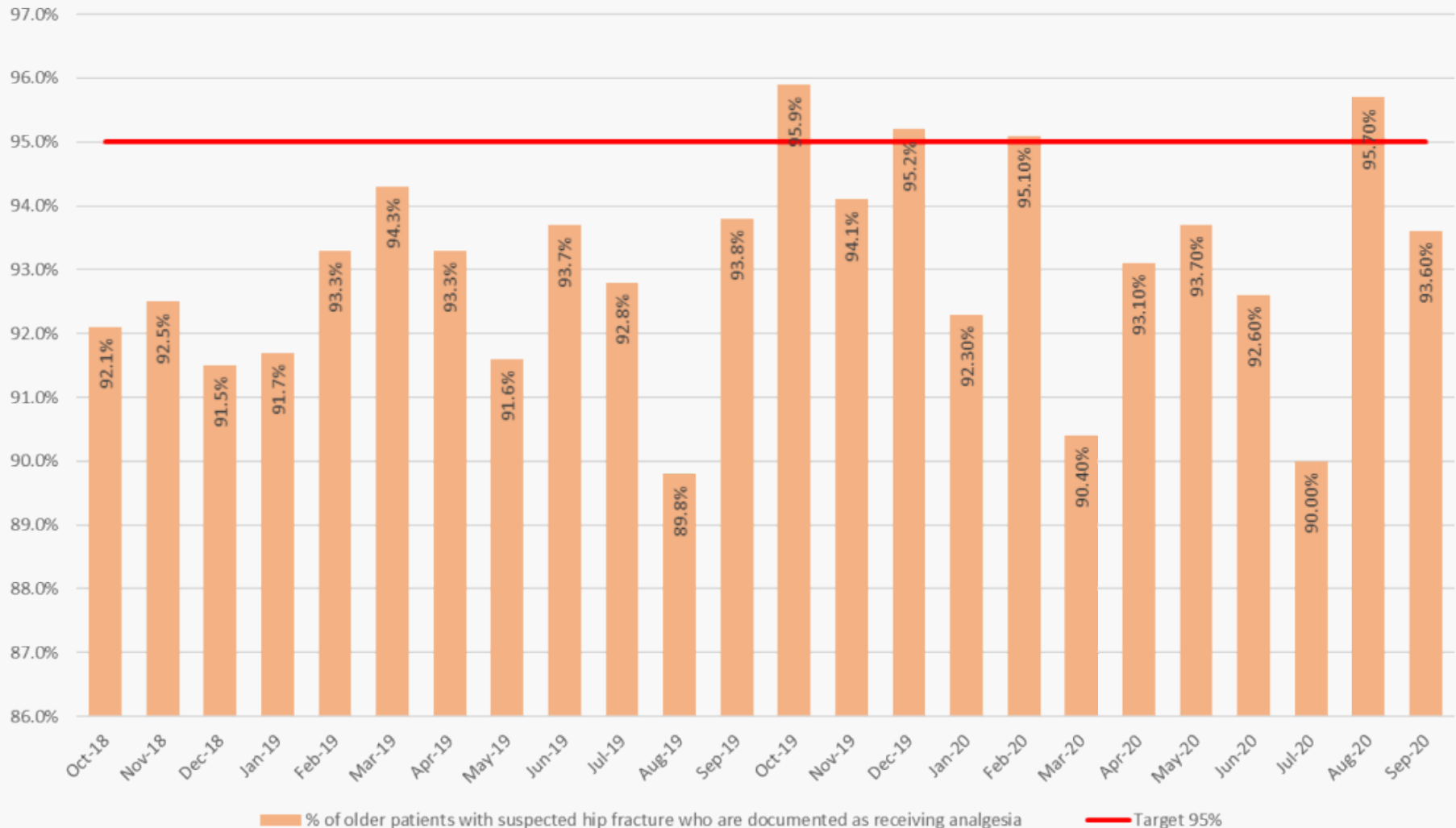
% older people with suspected hip fracture who are documented as receiving appropriate care bundle (including analgesia)



Emergency Medical Services – Step 4: Give Me Treatment

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS

% of patients with a fractured hip/femur who are documented as receiving analgesia



Emergency Medical Services – Step 4: Give Me Treatment

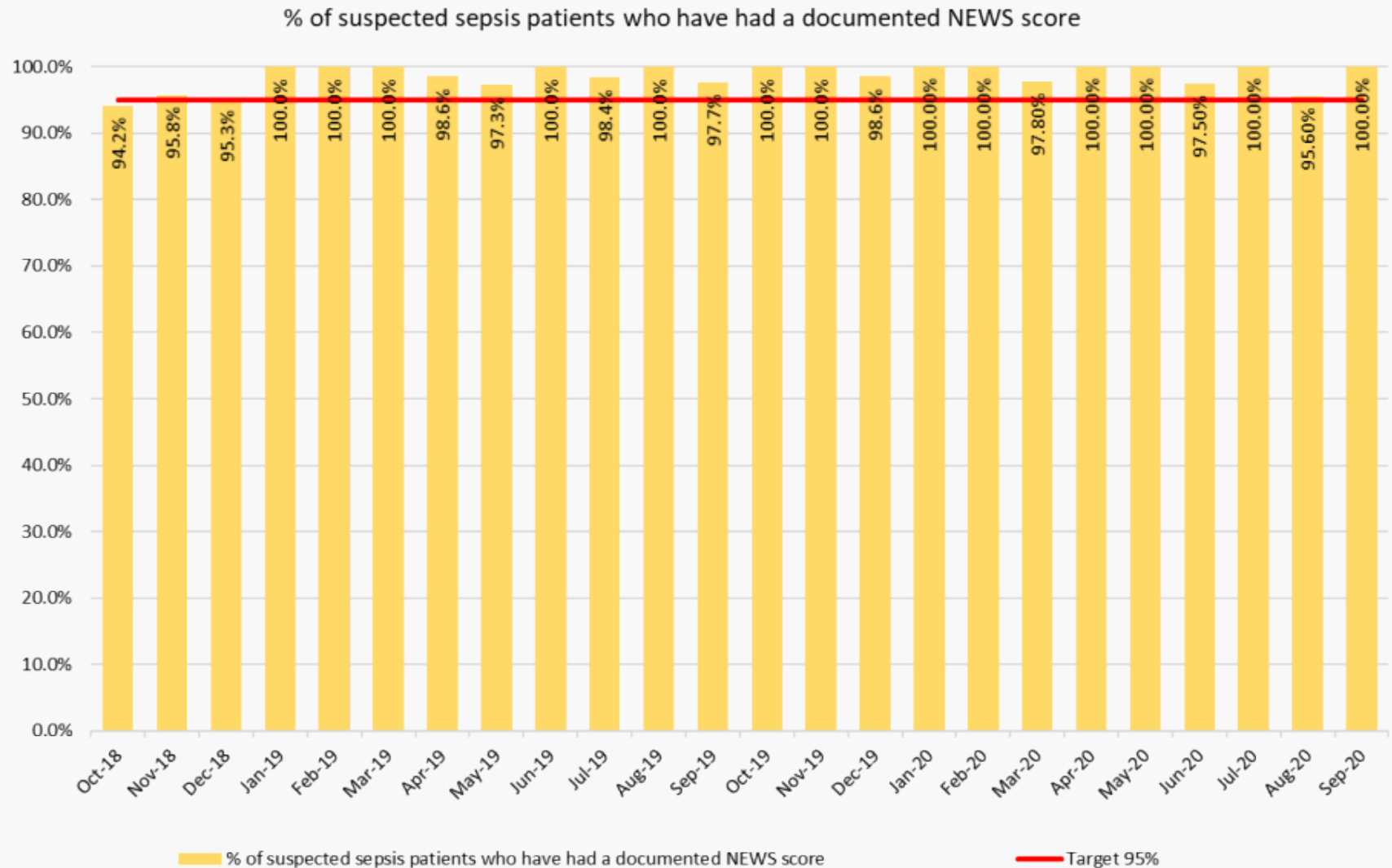
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS

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



Emergency Medical Services – Step 4: Give Me Treatment

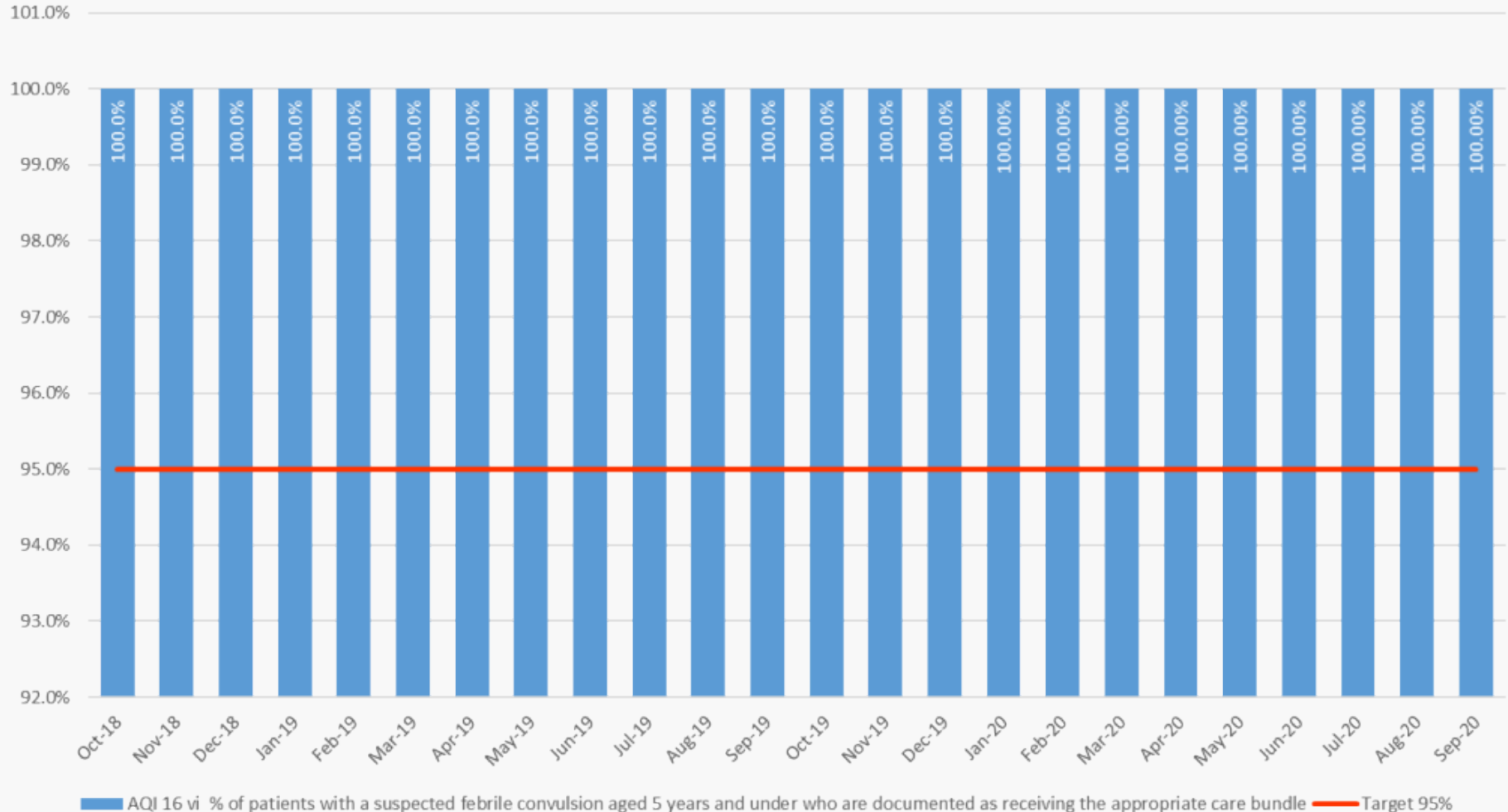
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS



Emergency Medical Services – Step 4: Give Me Treatment

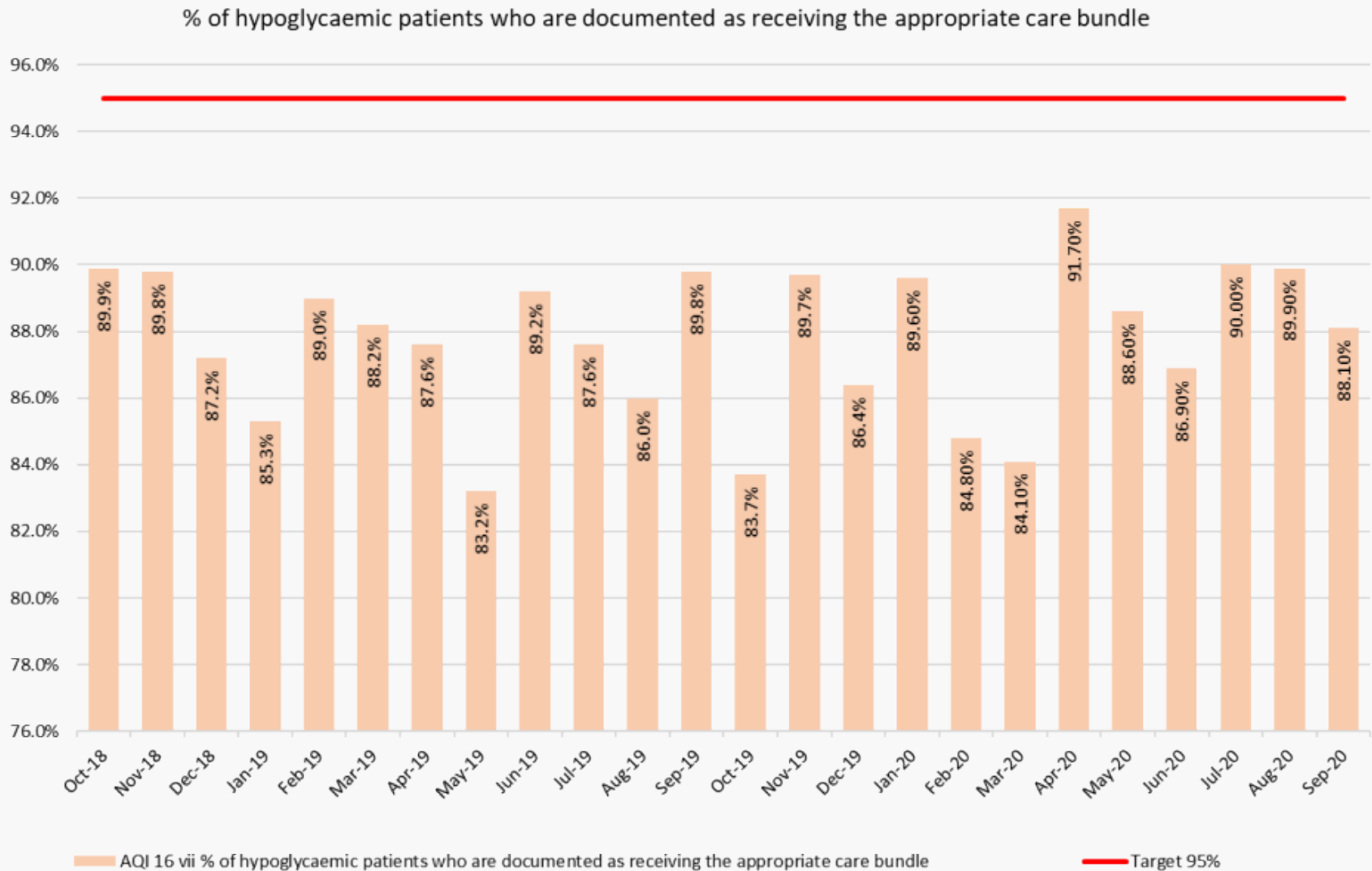
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS

% of Patients with a suspected febrile convulsion aged 5 years and under who are documented as receiving the appropriate care bundle



Emergency Medical Services – Step 4: Give Me Treatment

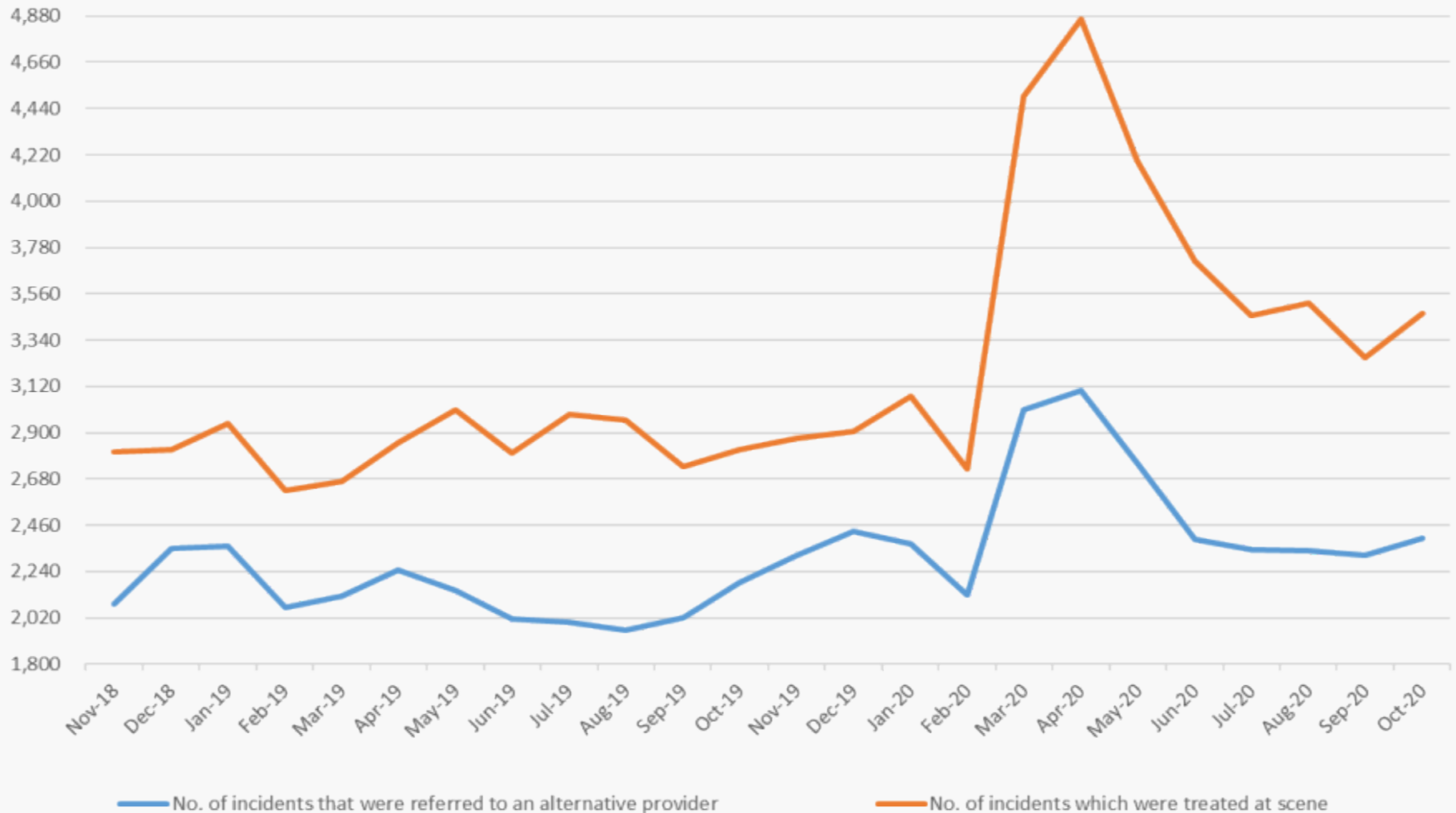
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS



Emergency Medical Services – Step 4: Give Me Treatment

OUR GOALS: PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

Incidents Treated at Scene VS Incidents Referred to Alternative Providers



Emergency Medical Services – Step 4: Give Me Treatment

OUR GOALS: PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

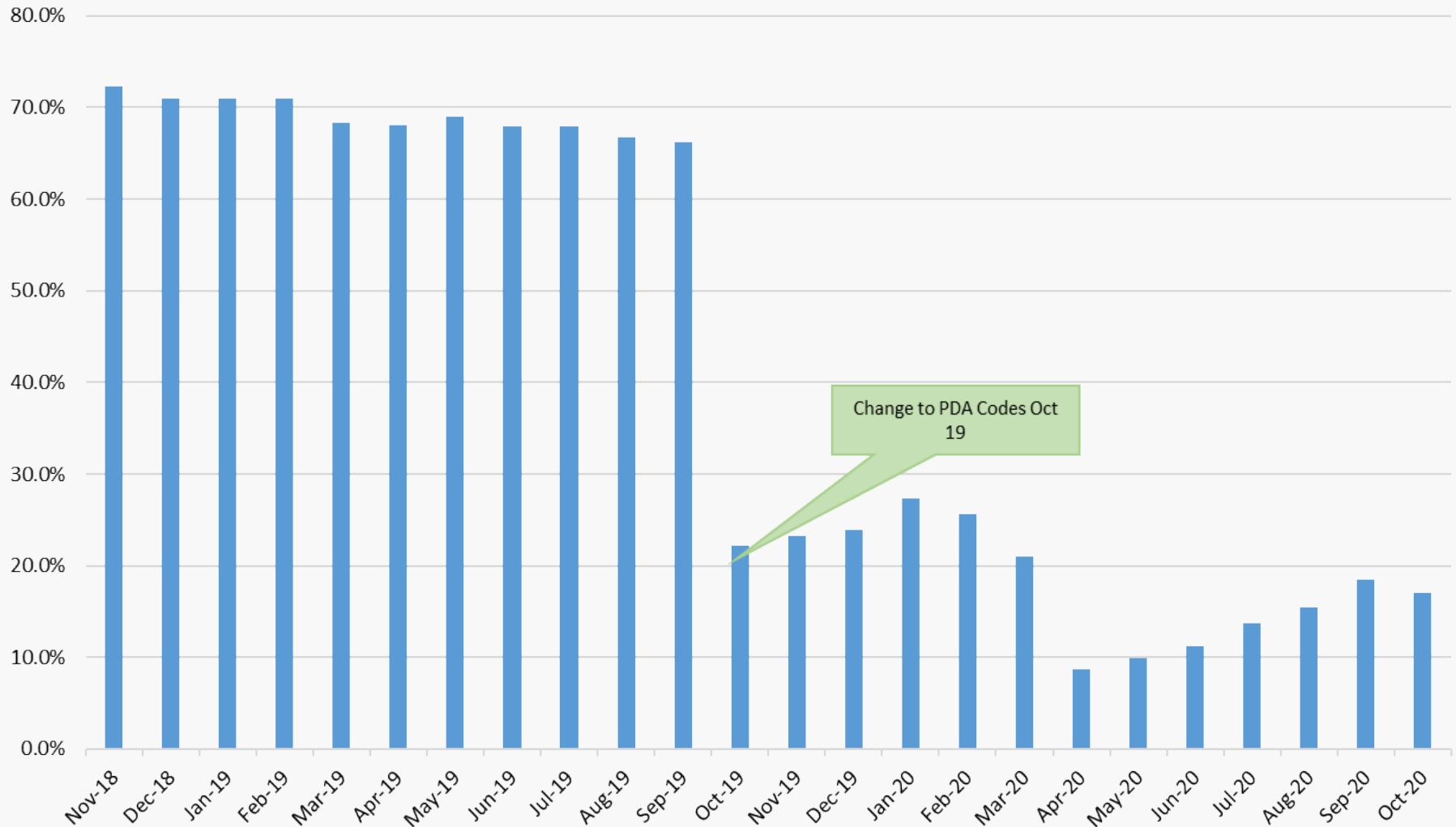
Percentage of Verified Incidents Which Resulted in Non-Conveyance to Hospital and were Referred to Alternate Provider



Emergency Medical Services – Step 4: Give Me Treatment

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS

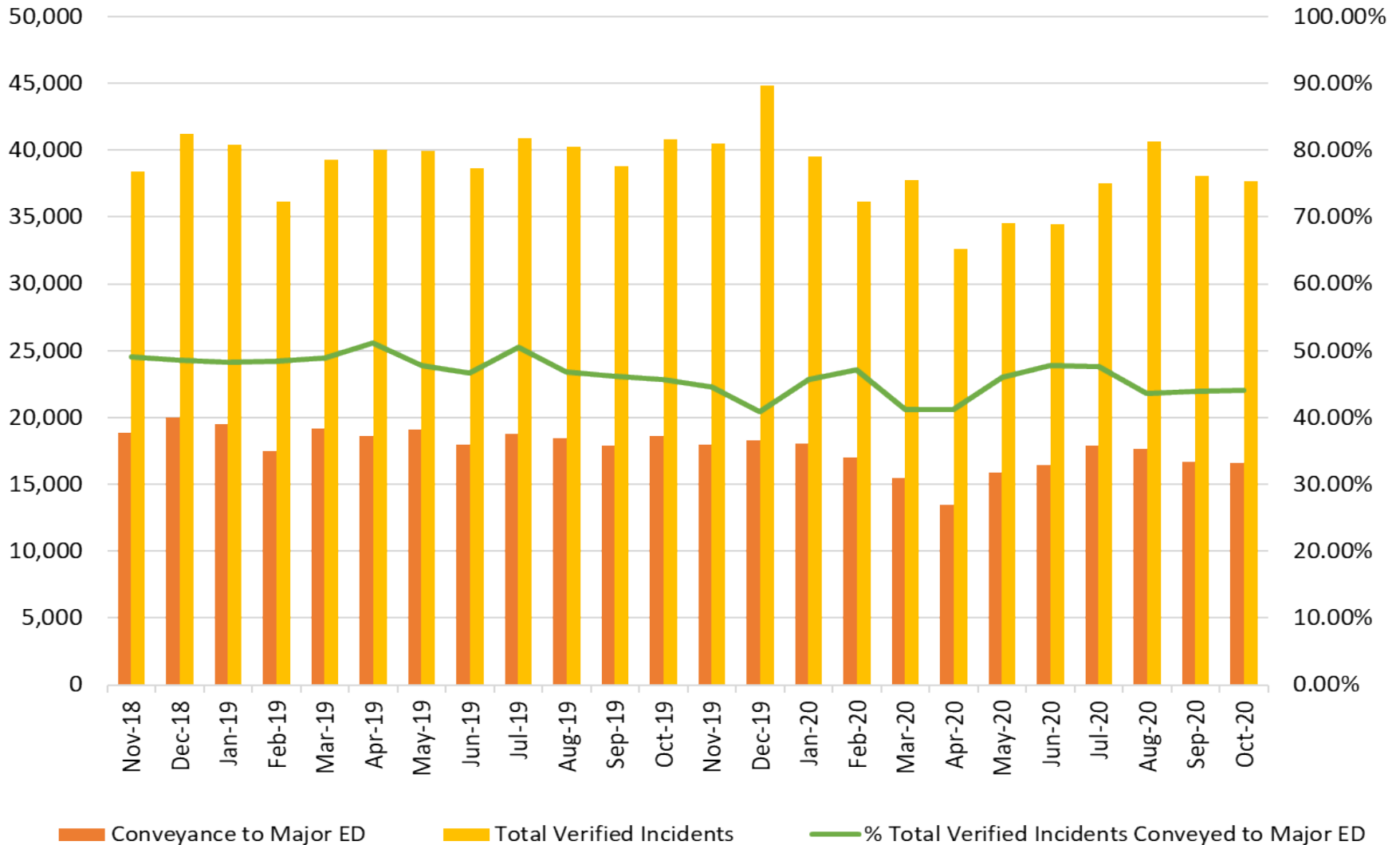
% Amber incidents where Ideal Resource first on scene



Emergency Medical Services – Step 5: Take Me To Hospital

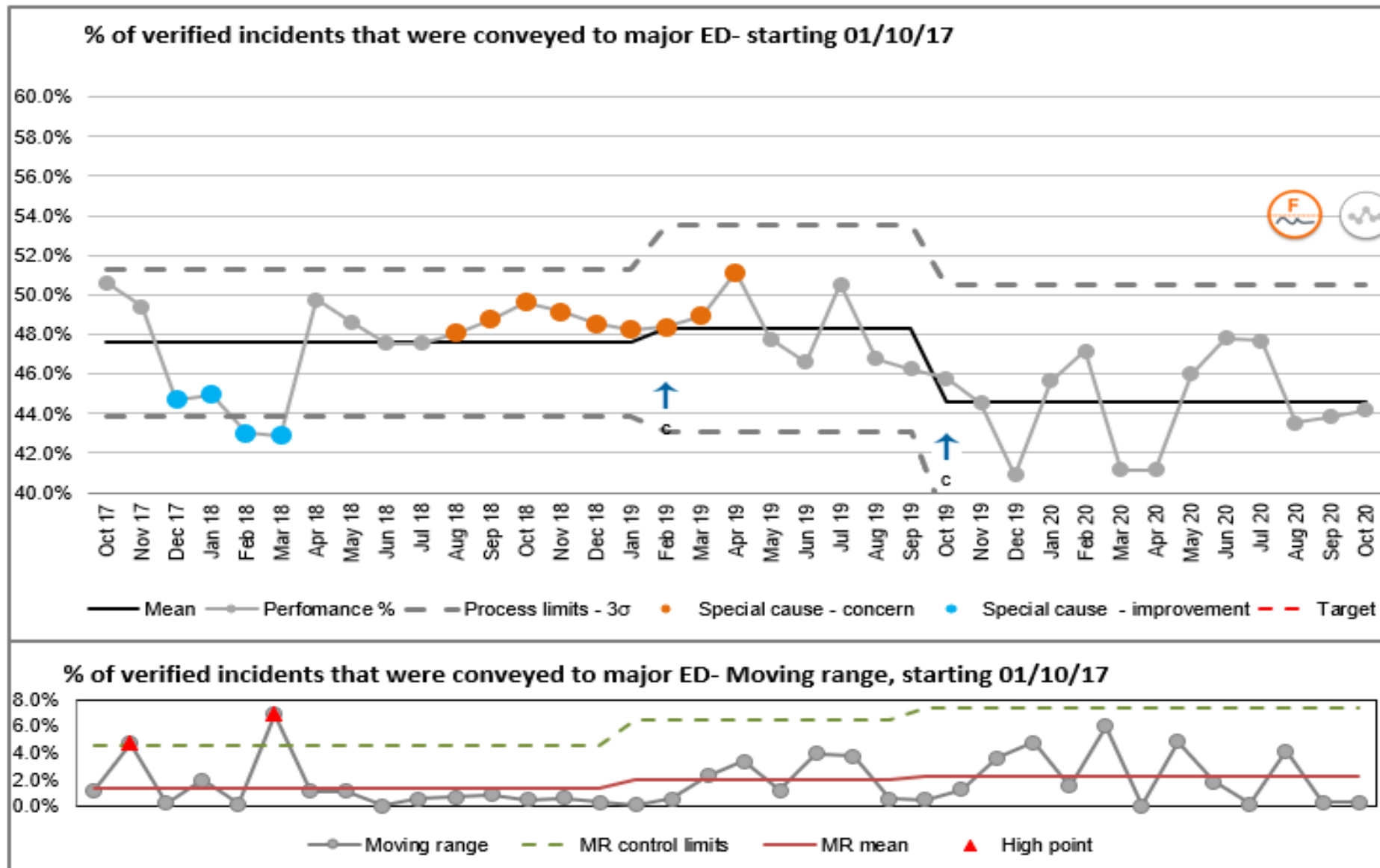
OUR GOALS: PROVIDE THE RIGHT CARE, IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

Conveyance to Major ED



Emergency Medical Services – Step 5: Take Me To Hospital

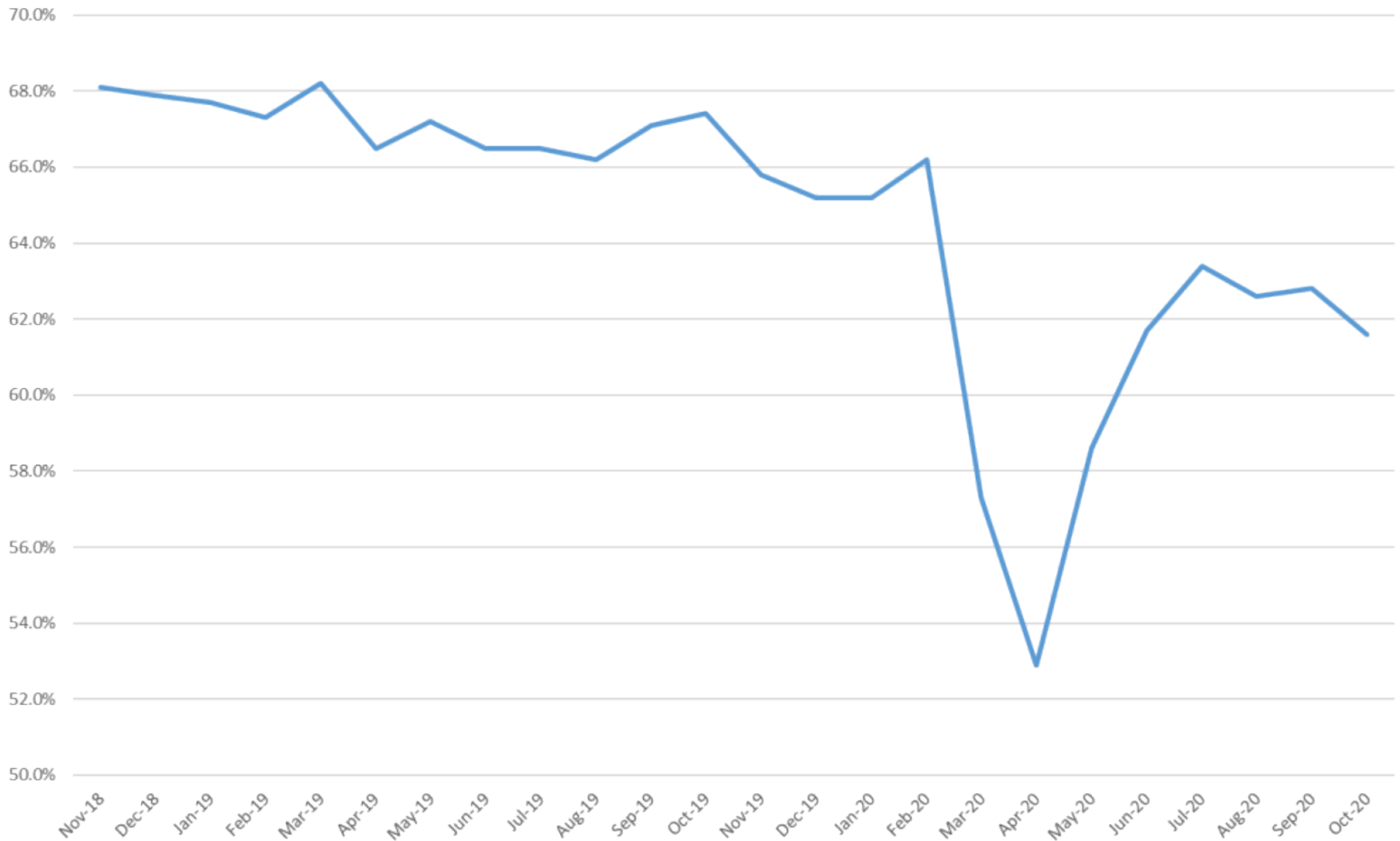
OUR GOALS: PROVIDE THE RIGHT CARE, IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED



Emergency Medical Services – Step 5: Take Me To Hospital

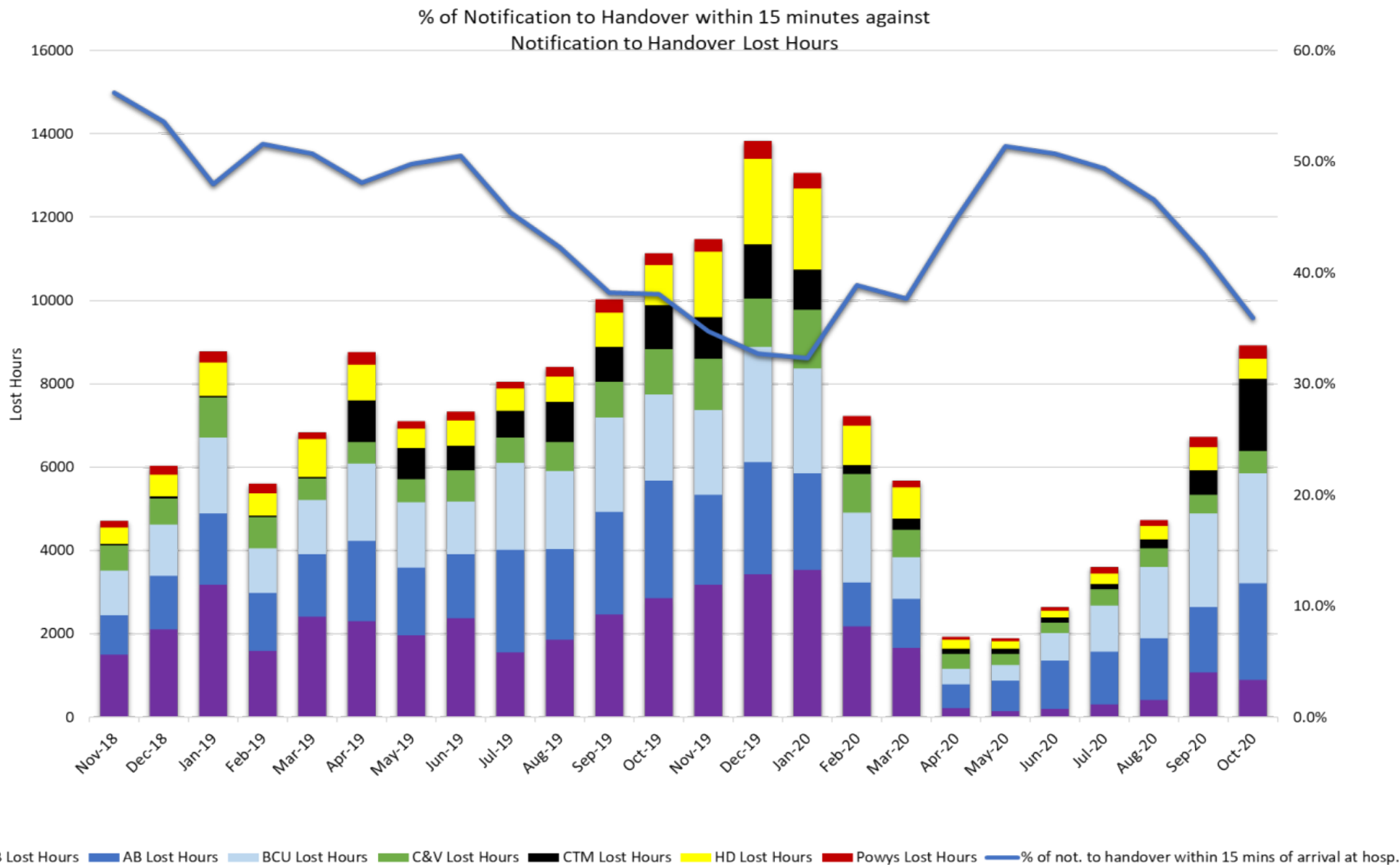
OUR GOALS: PROVIDE THE RIGHT CARE, IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

% of Patients Conveyed to Hospital Following a Face to Face Assessment



Emergency Medical Services – Step 5: Take Me To Hospital

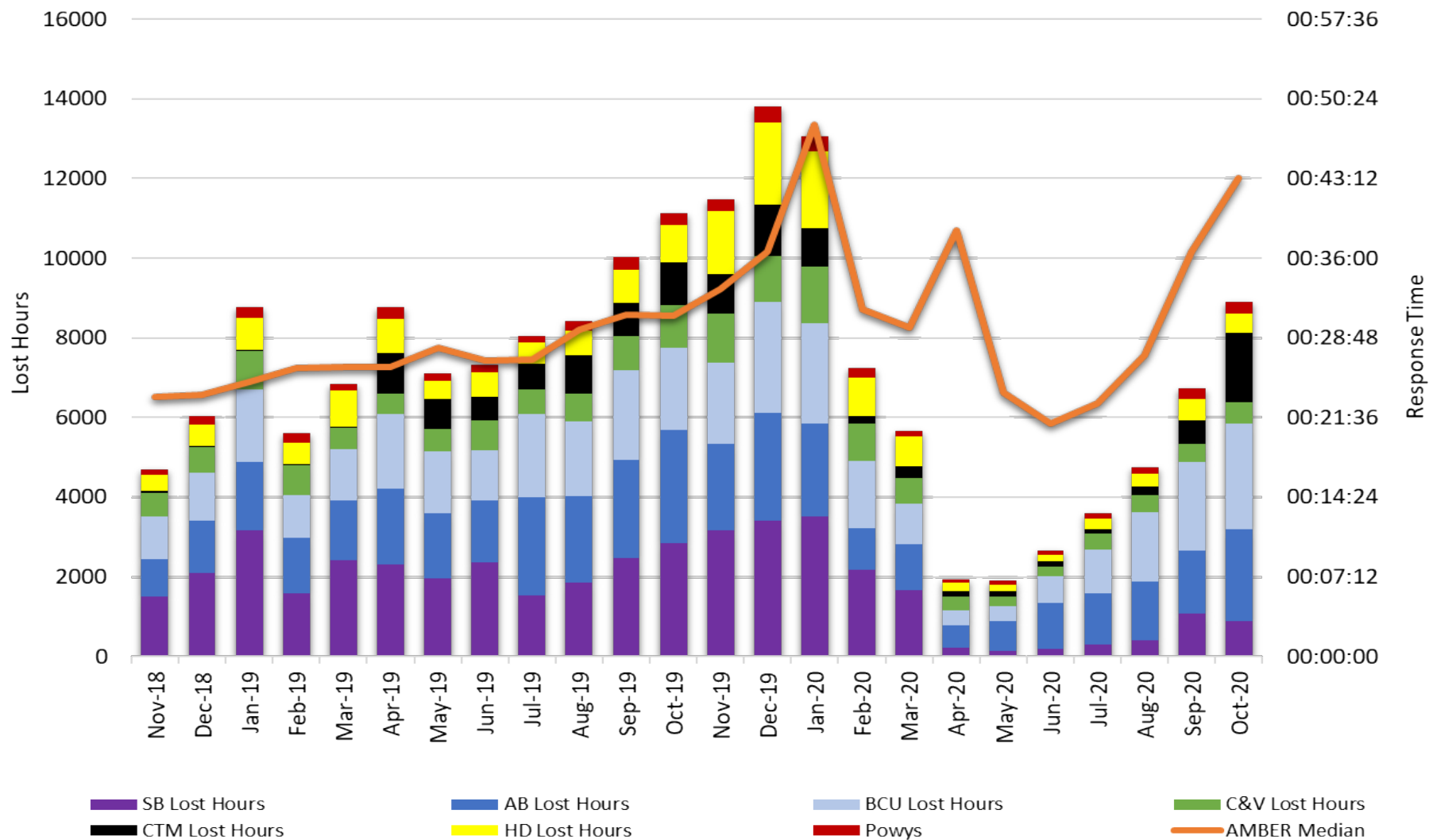
OUR GOALS: PROVIDE THE RIGHT CARE, IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED



Emergency Medical Services – Step 5: Take Me To Hospital

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

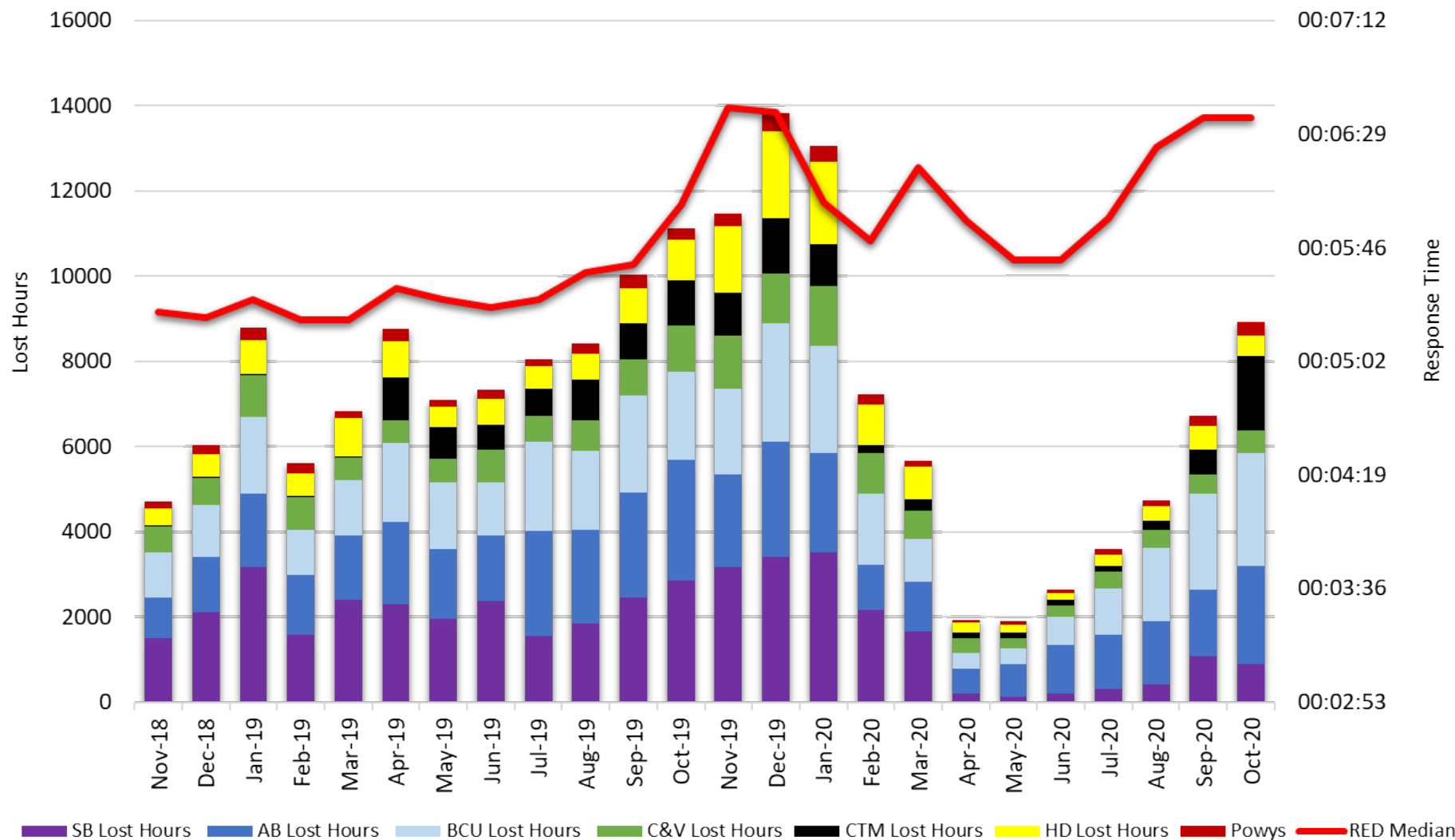
Amber Median Response Times against
Lost Hours to Notification to Handover Delays



Emergency Medical Services – Step 5: Take Me To Hospital

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

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

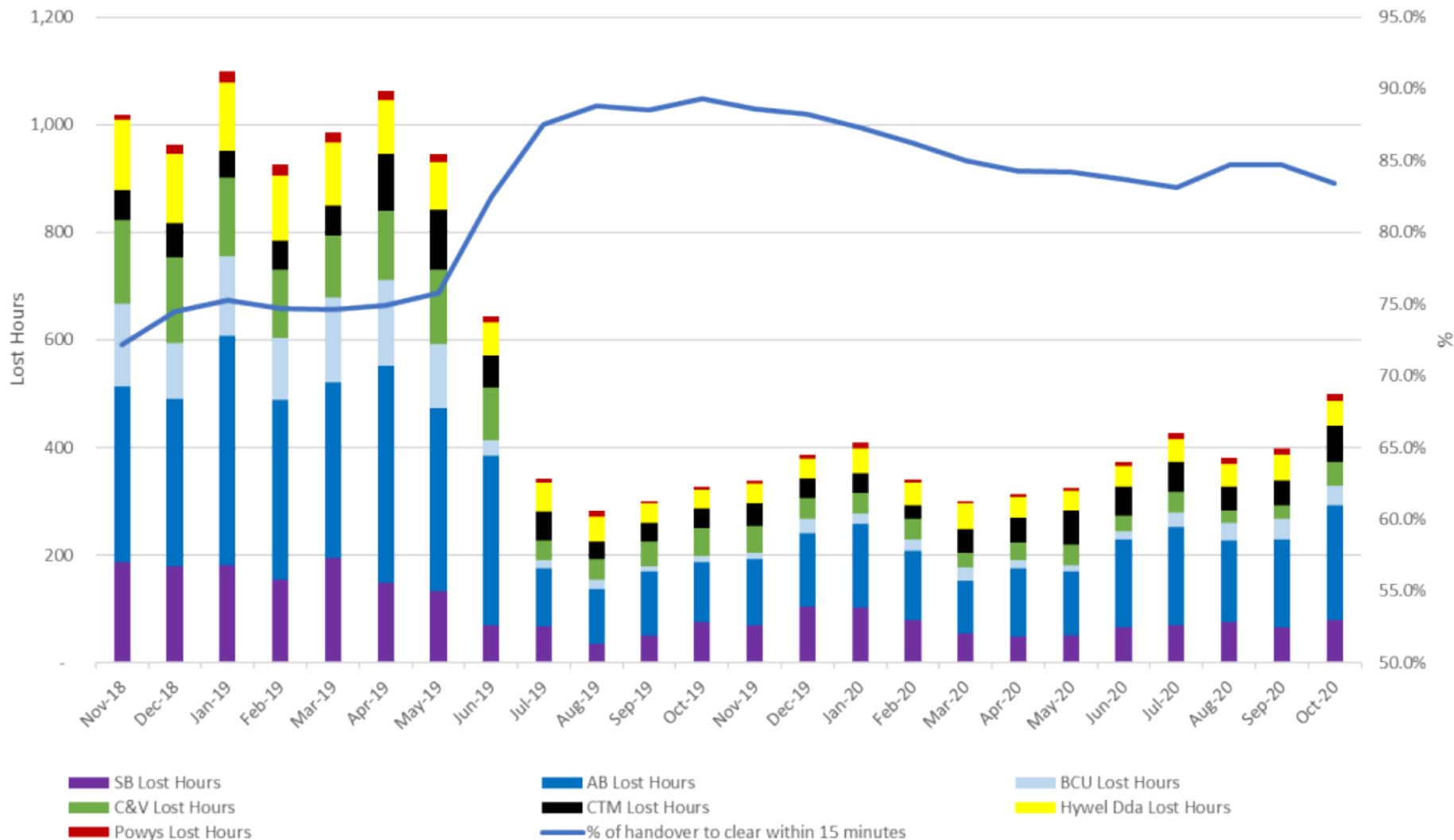


SB Lost Hours AB Lost Hours BCU Lost Hours C&V Lost Hours CTM Lost Hours HD Lost Hours Powys RED Median

Emergency Medical Services – Step 5: Take Me To Hospital

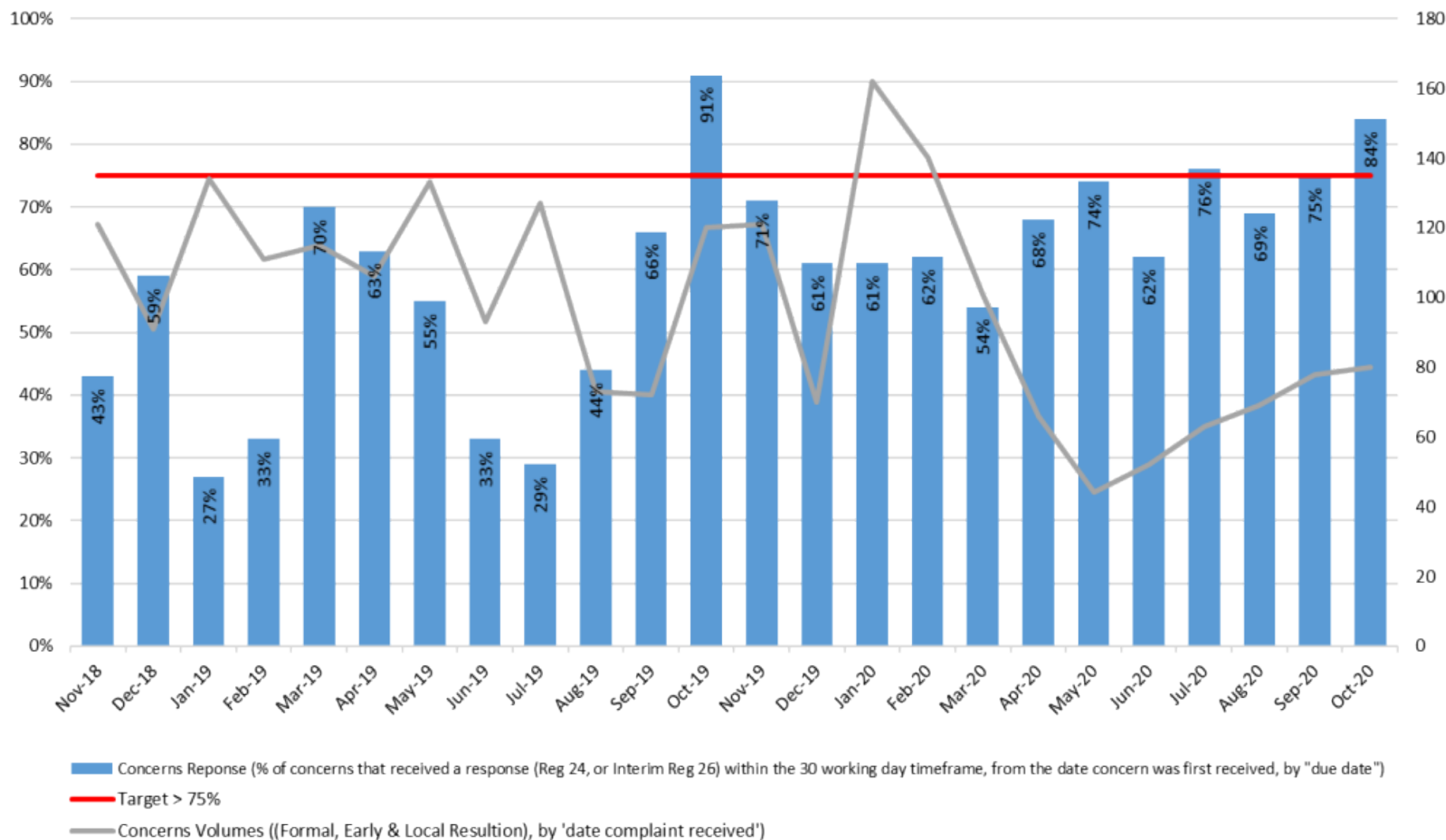
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

% of Handover to Clear within 15 Minutes against Lost Hours to Handover to Clear



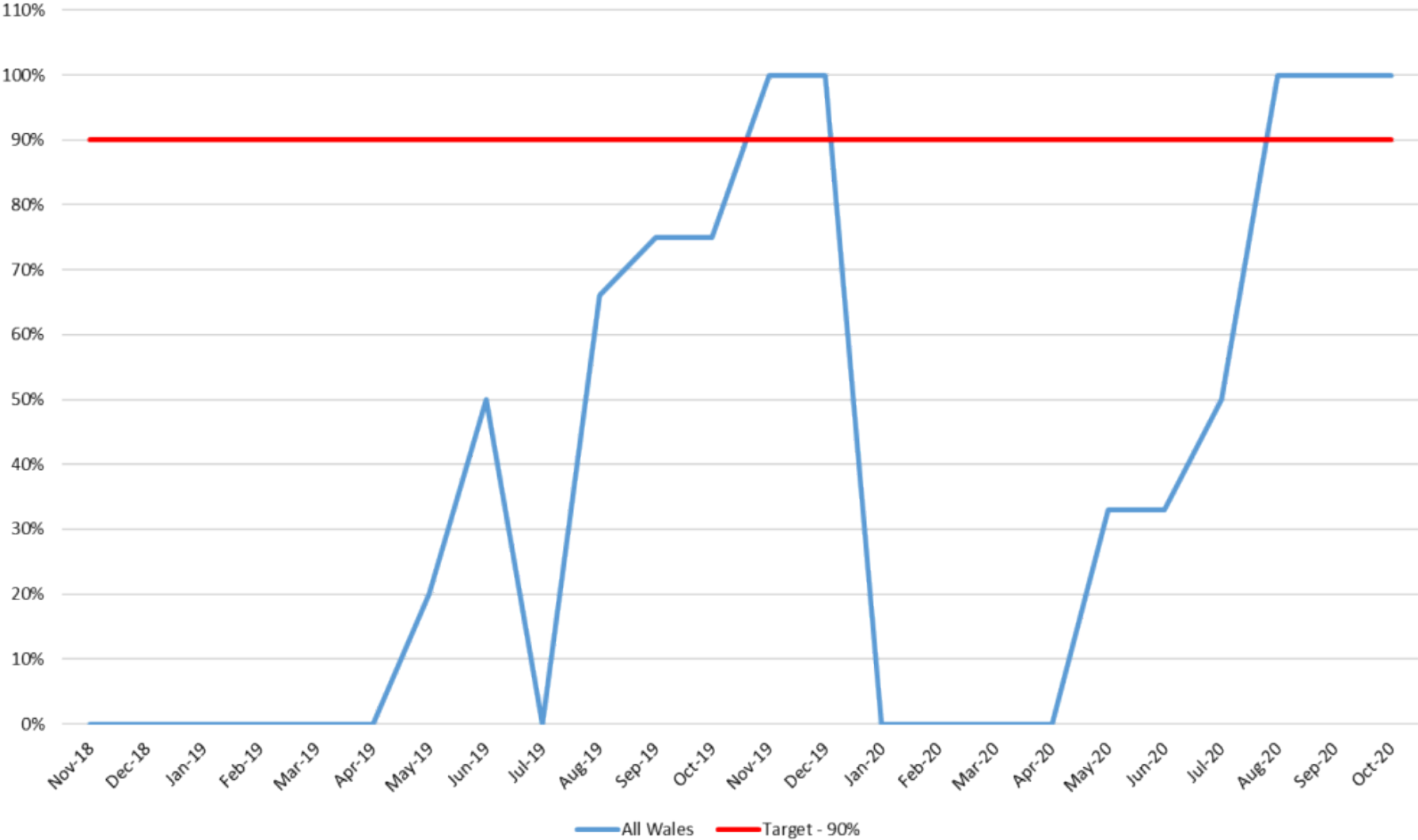
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

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



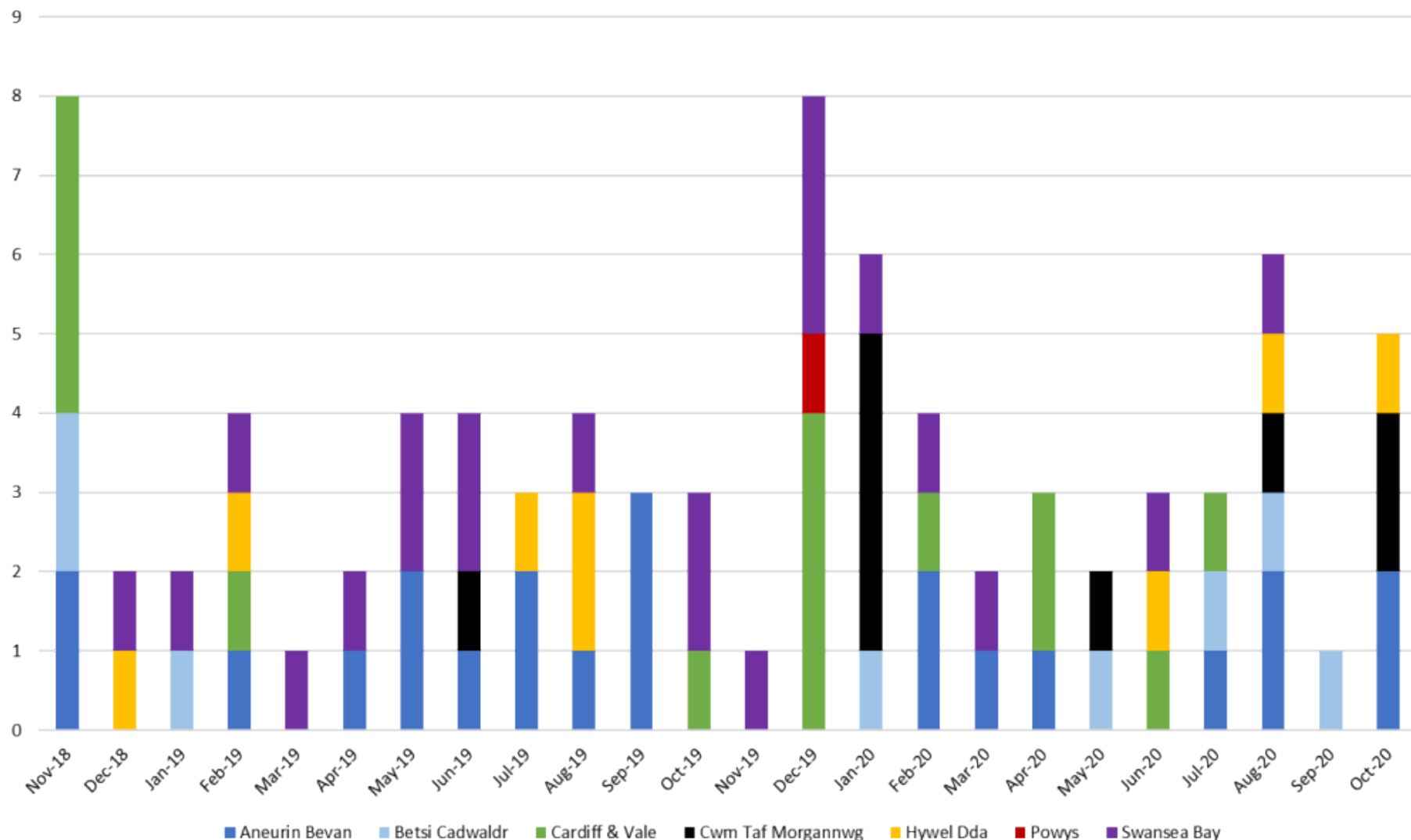
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

% Of Serious Adverse Incidents Assured within the Agreed Delivery Unit Timeframe

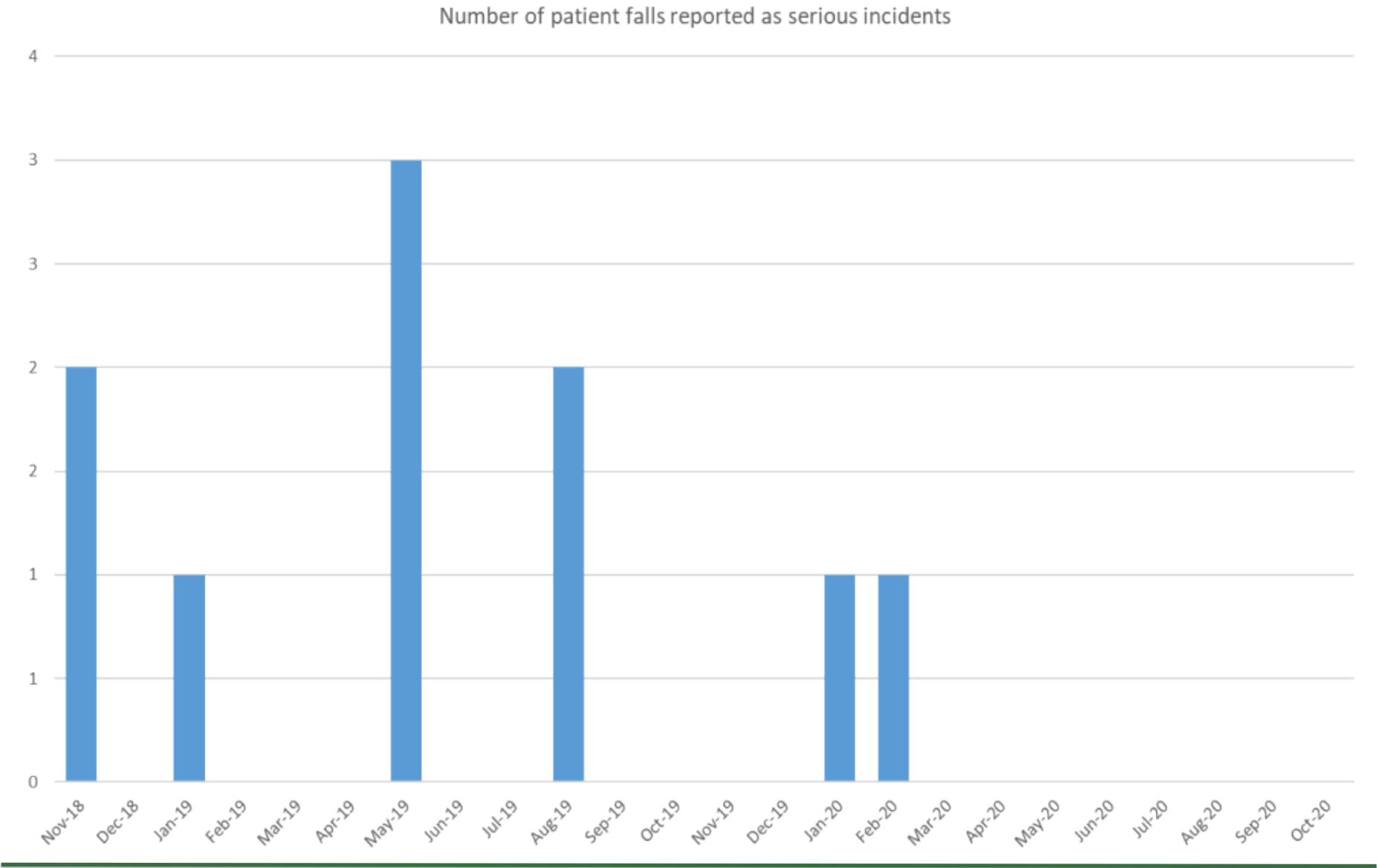


FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

SAls by date reported to the Delivery Unit by Health Board



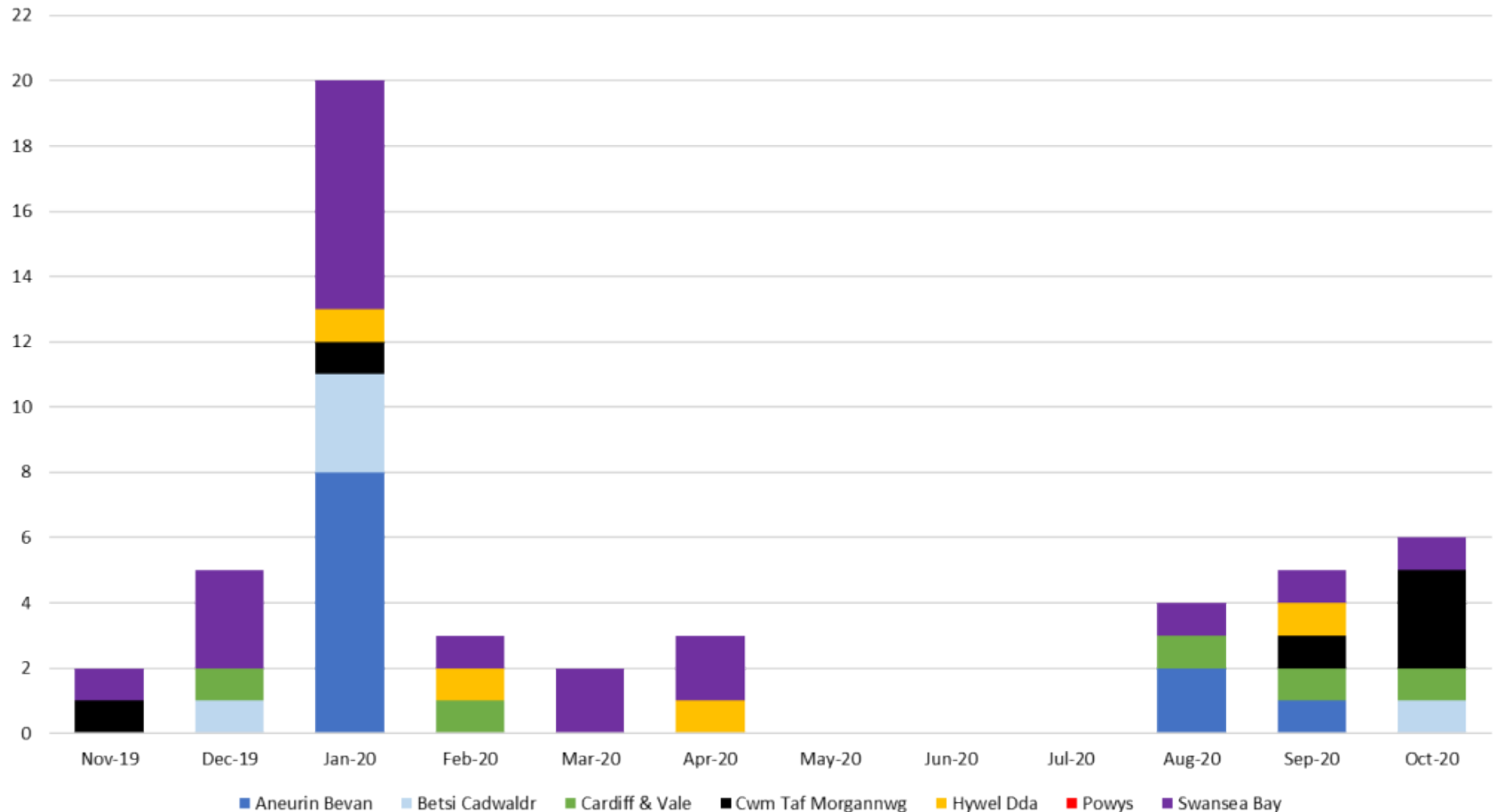
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS



OUR STRATEGIC ENABLERS

CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

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



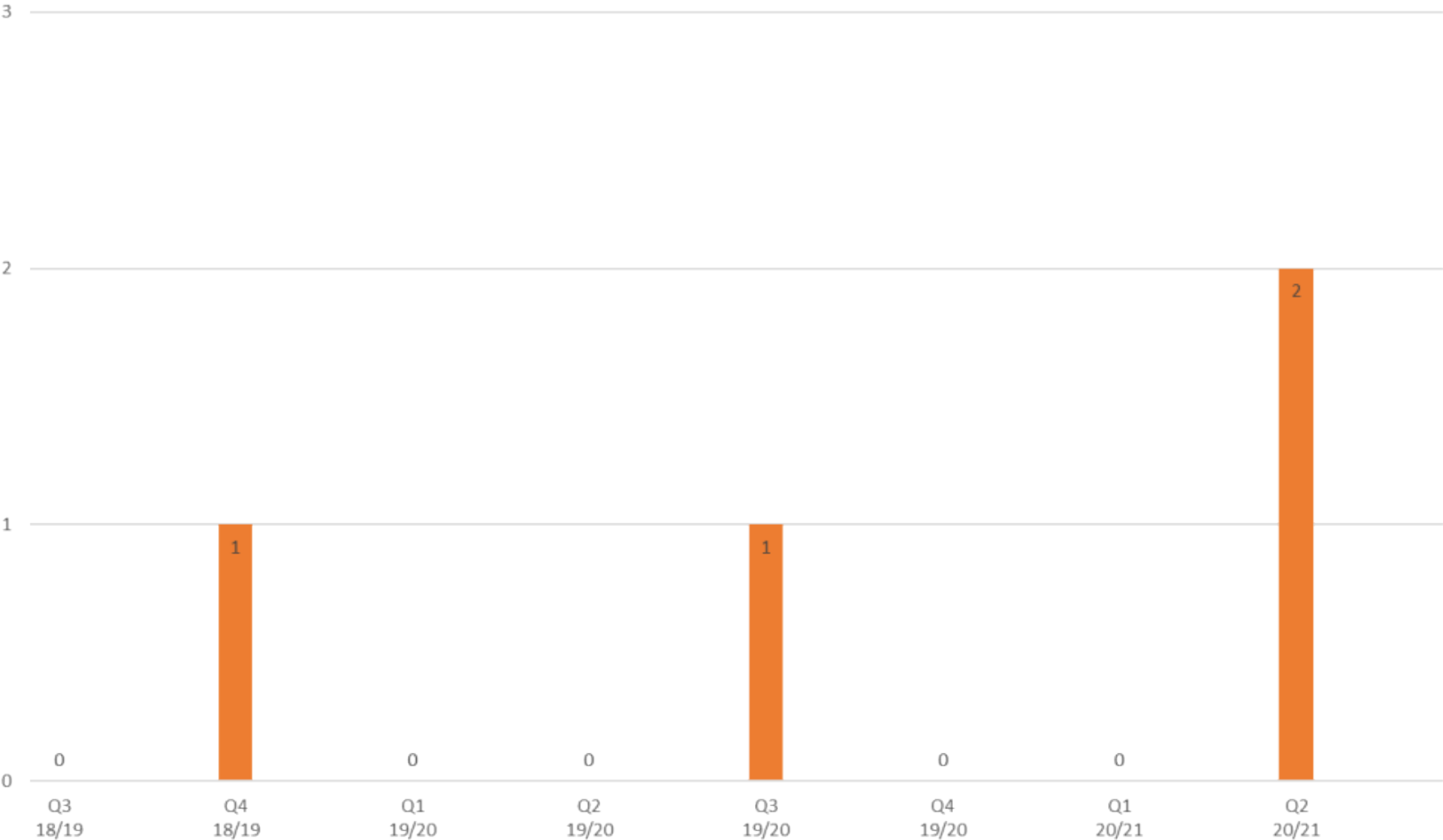
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

Number of administration, dispensing, and prescribing medication errors reported as serious incidents

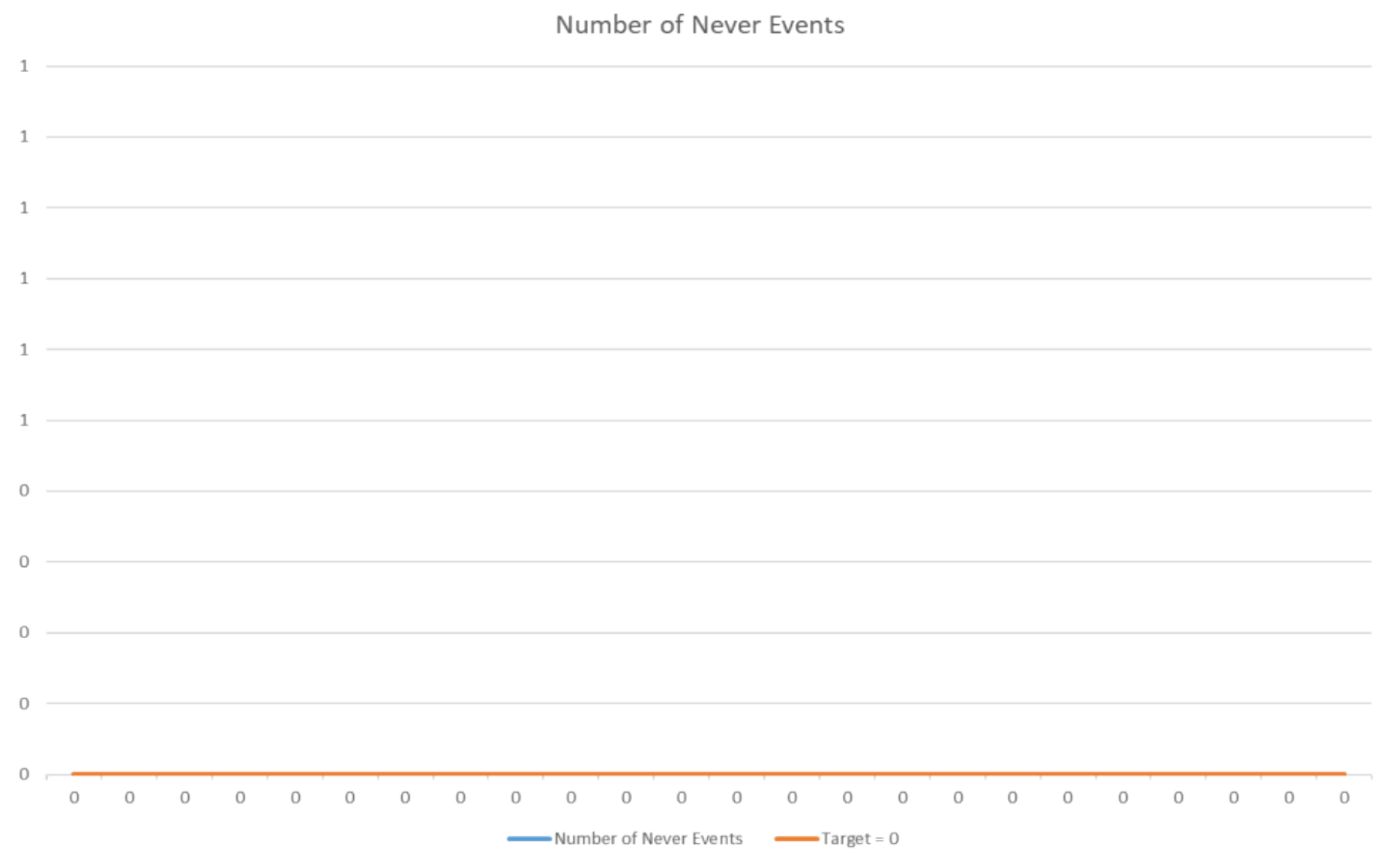


FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

Number of Patient Safety solutions Wales Alerts and Notices that were not assured within agreed timescales

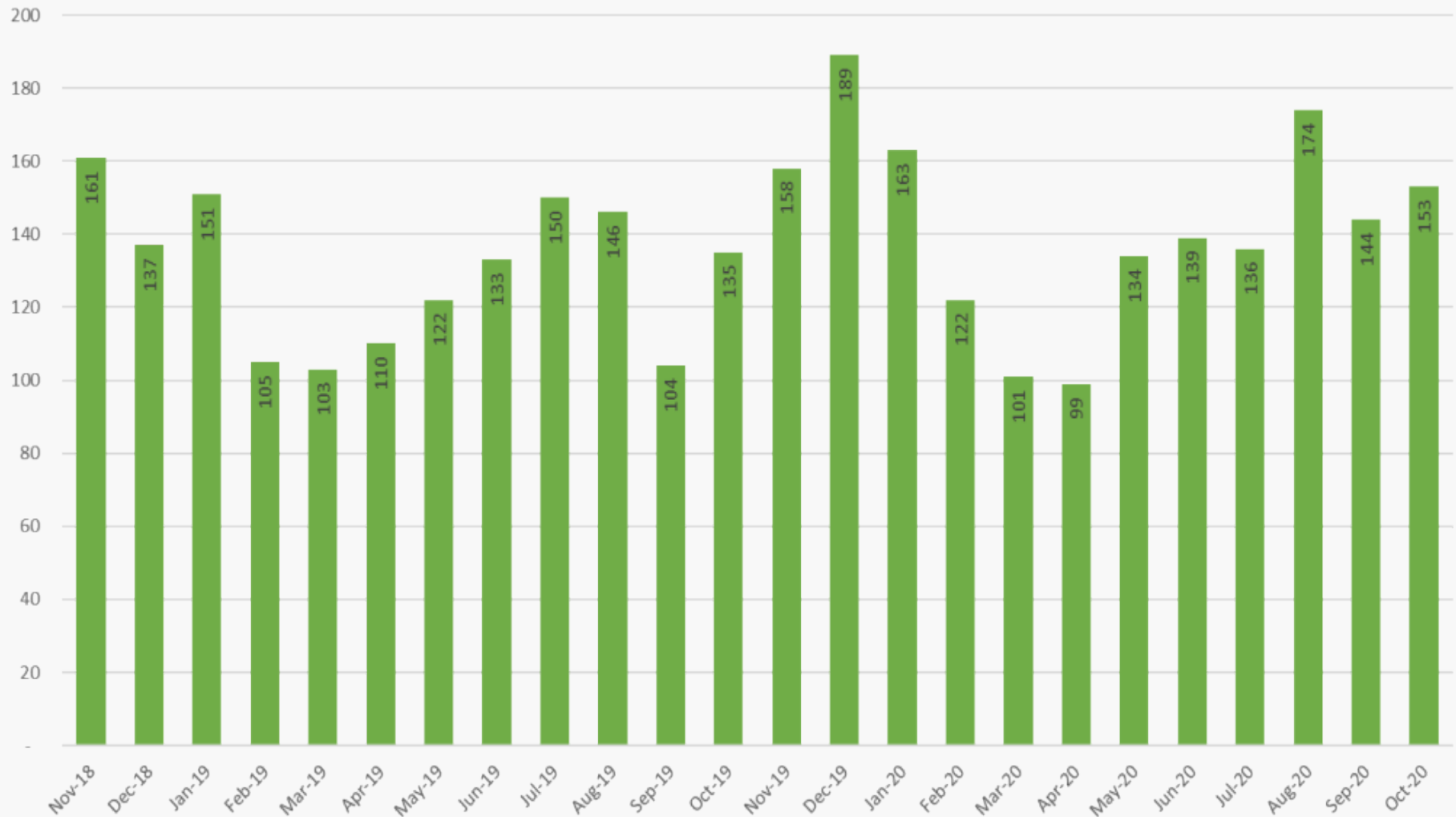


FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS



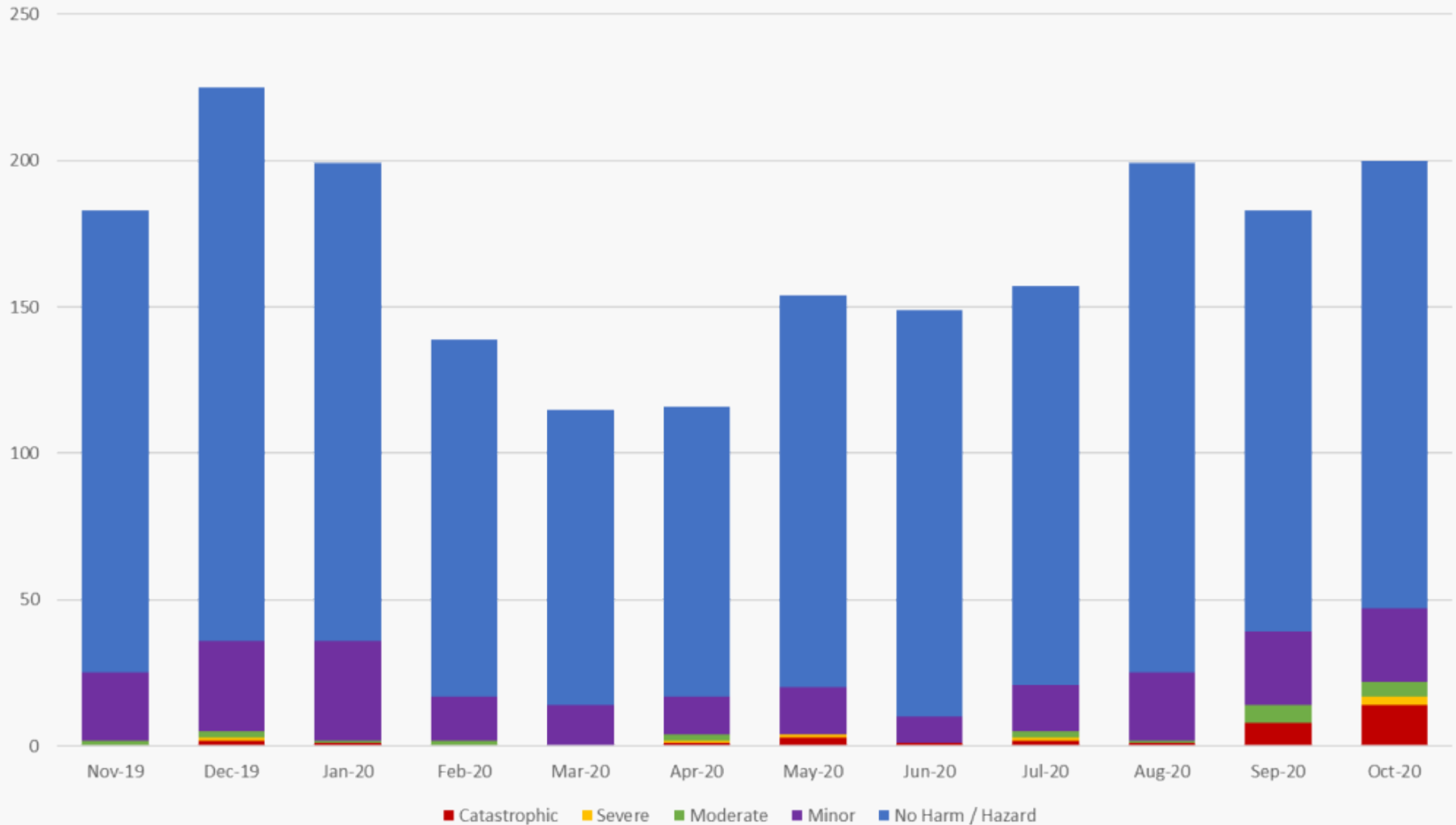
ACTIVITY

Number of Patient Safety Adverse Incidents submitted via Datix within the reporting month, by harm grading (Volumes Received) No Harm / Hazard



ACTIVITY

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



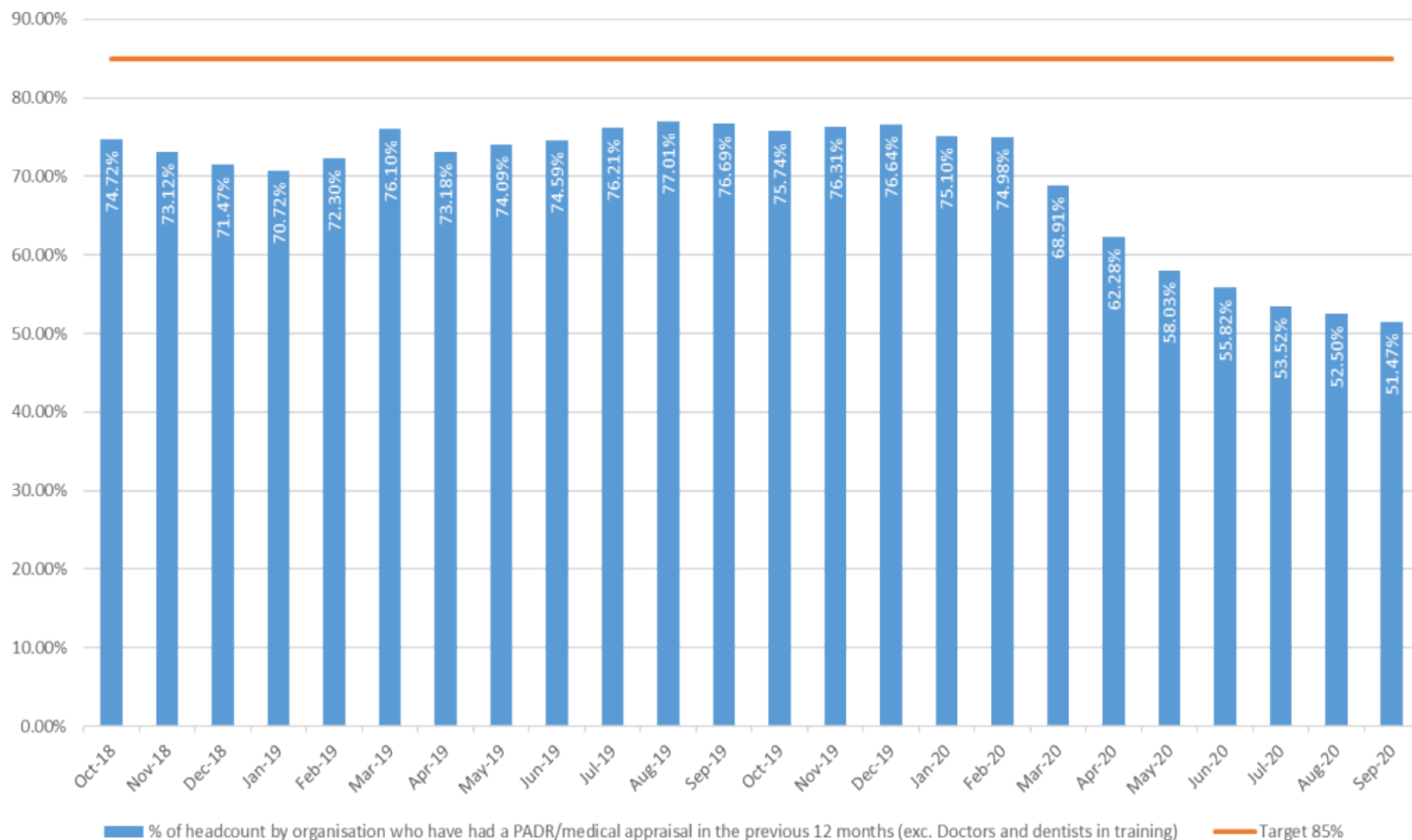
SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE

WAST Sickness Absence November 2018 - October 2020



FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

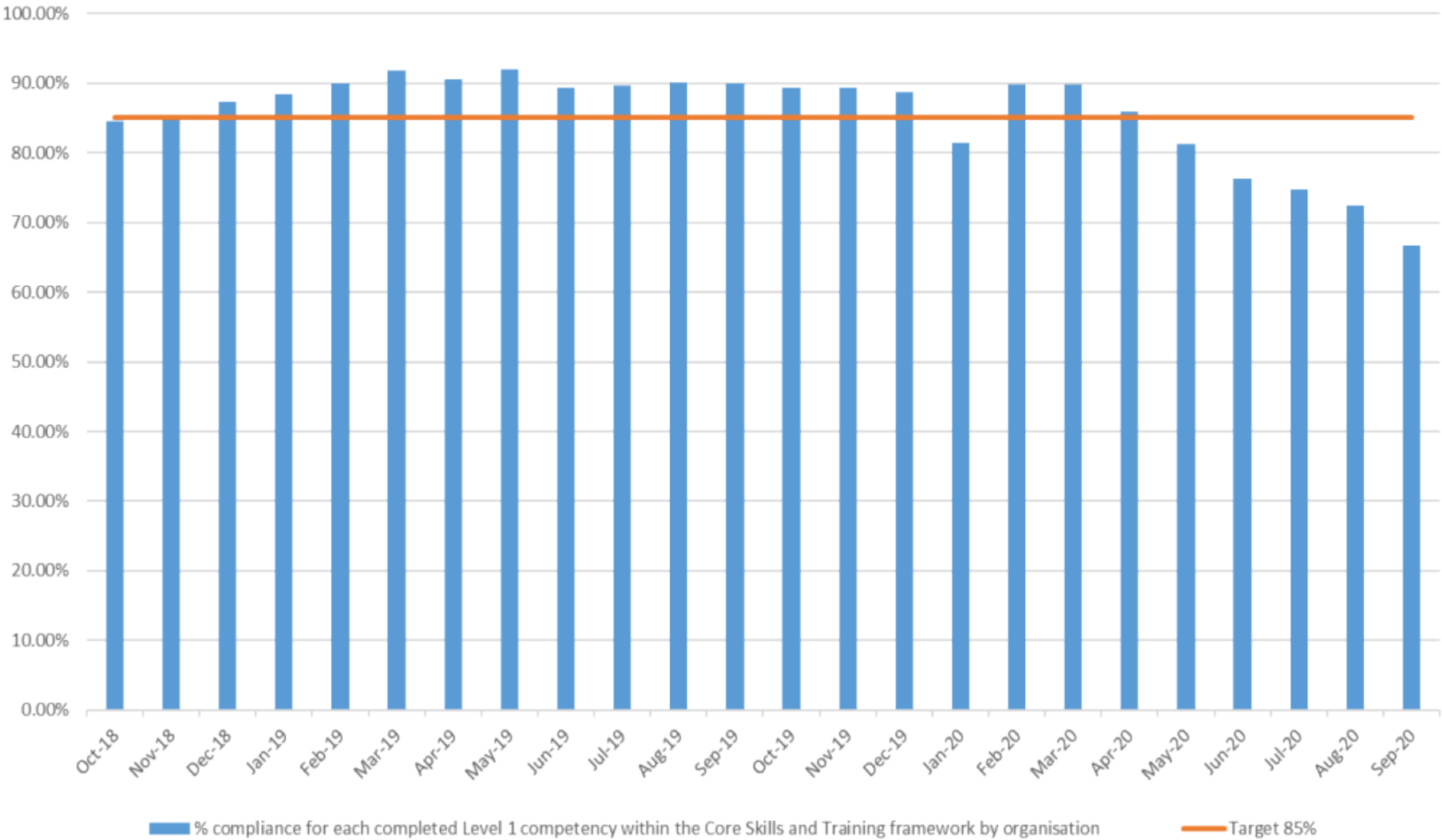
% of headcount by organisation who have had a PADR/medical appraisal in previous 12 months



Core Requirements (1.Governance, 2.Patient Experience & Satisfaction, 3.Equity, 4.Clinical Care, 5.Staffing, 6.Saftey)

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

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



**September position - October 2020 data not Available

Non-Emergency Patient Transport Services – Step 1: Help Me To Choose

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

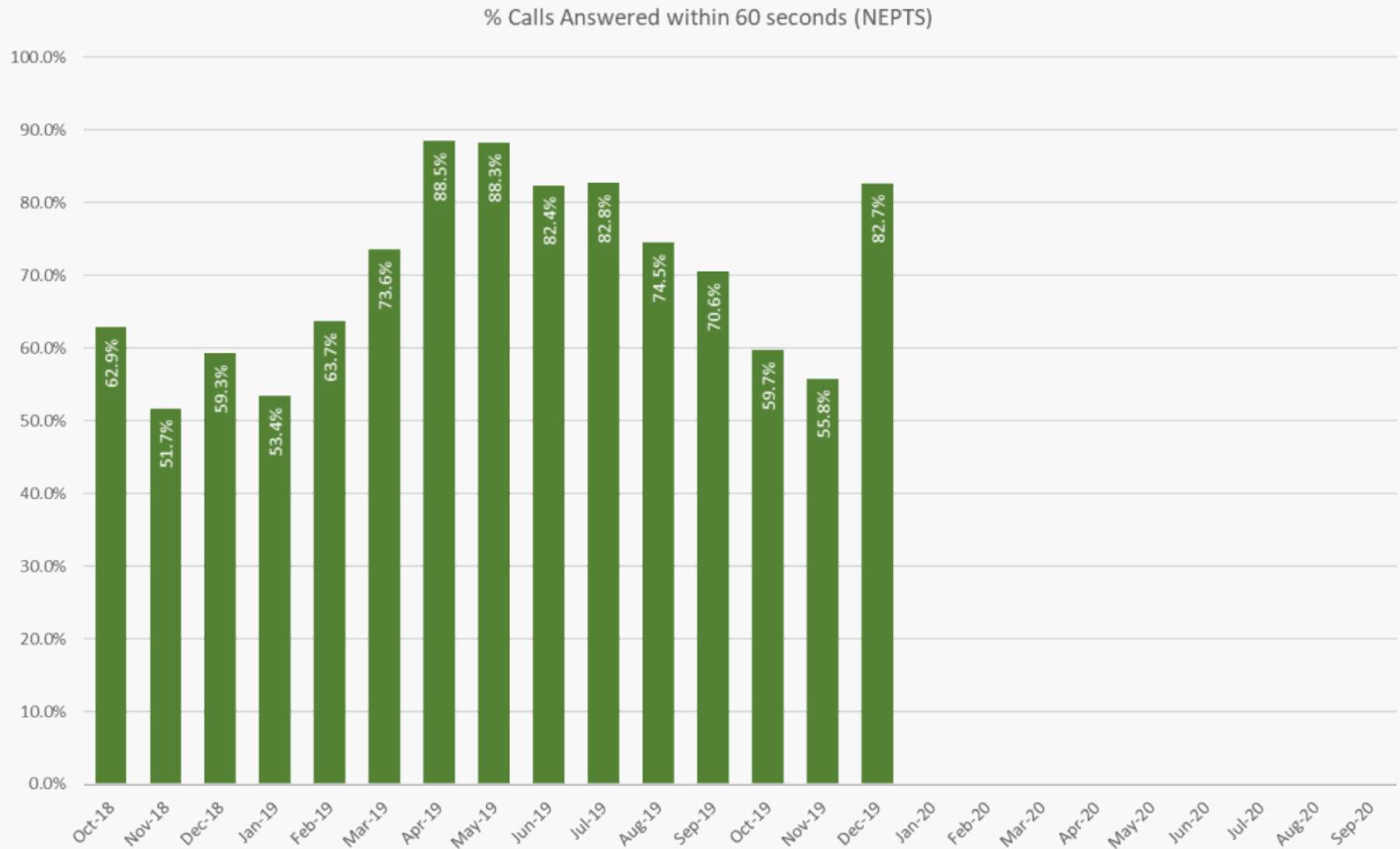
Number of Non-Eligible Patients Signposted to Alternative Providers (NEPTS)



N.B. Data only available from October 2018 / Data only available to December 2019

Non-Emergency Patient Transport Services – Step 2: Answer My Request

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

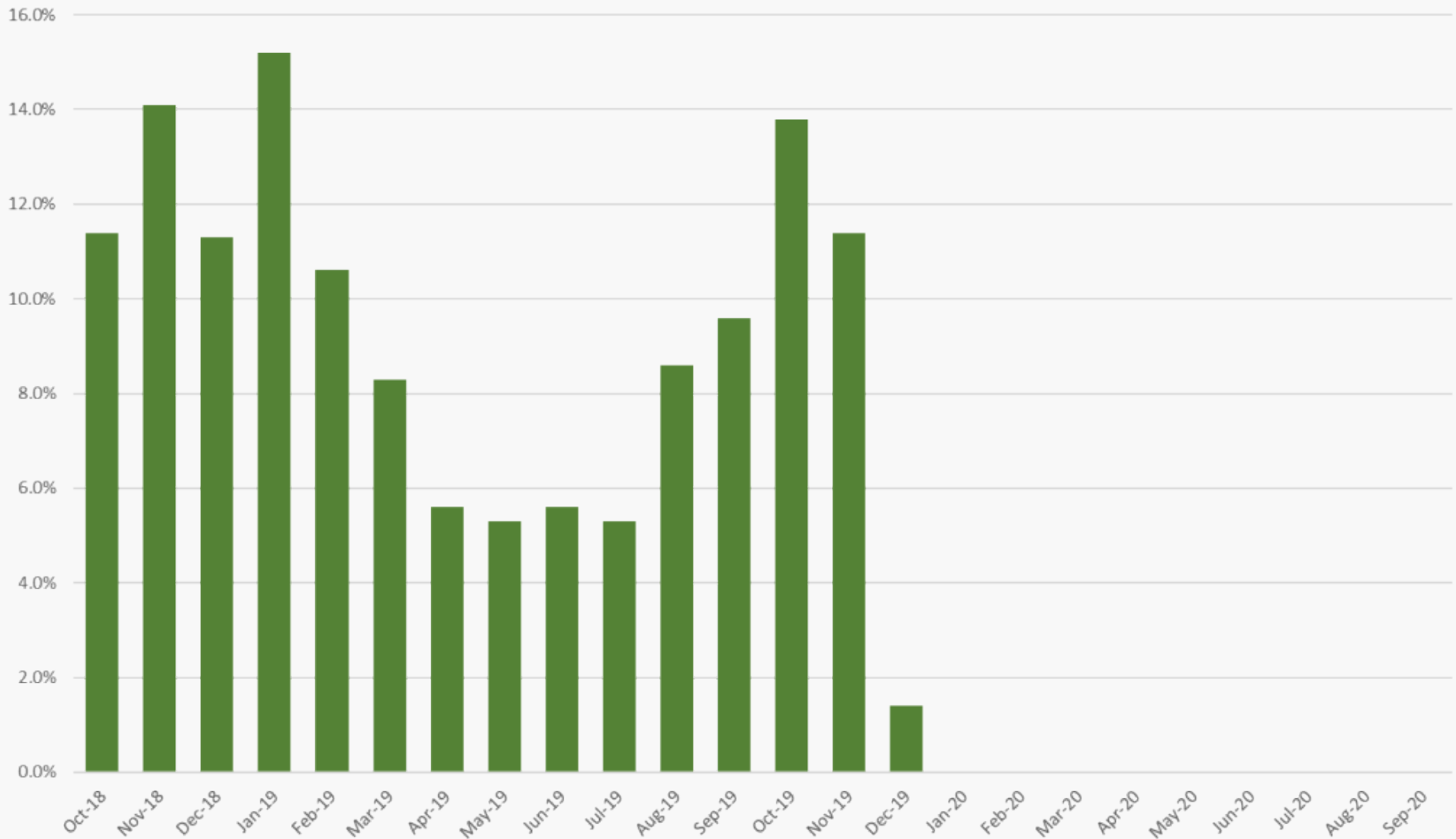


N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 2: Answer My Request

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

% of Calls Abandoned before being answered (NEPTS)



N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 3: Coordinate My Journey

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

% of Bookings made after 12 noon the day before travel (NEPTS)



N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 3: Coordinate My Journey

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

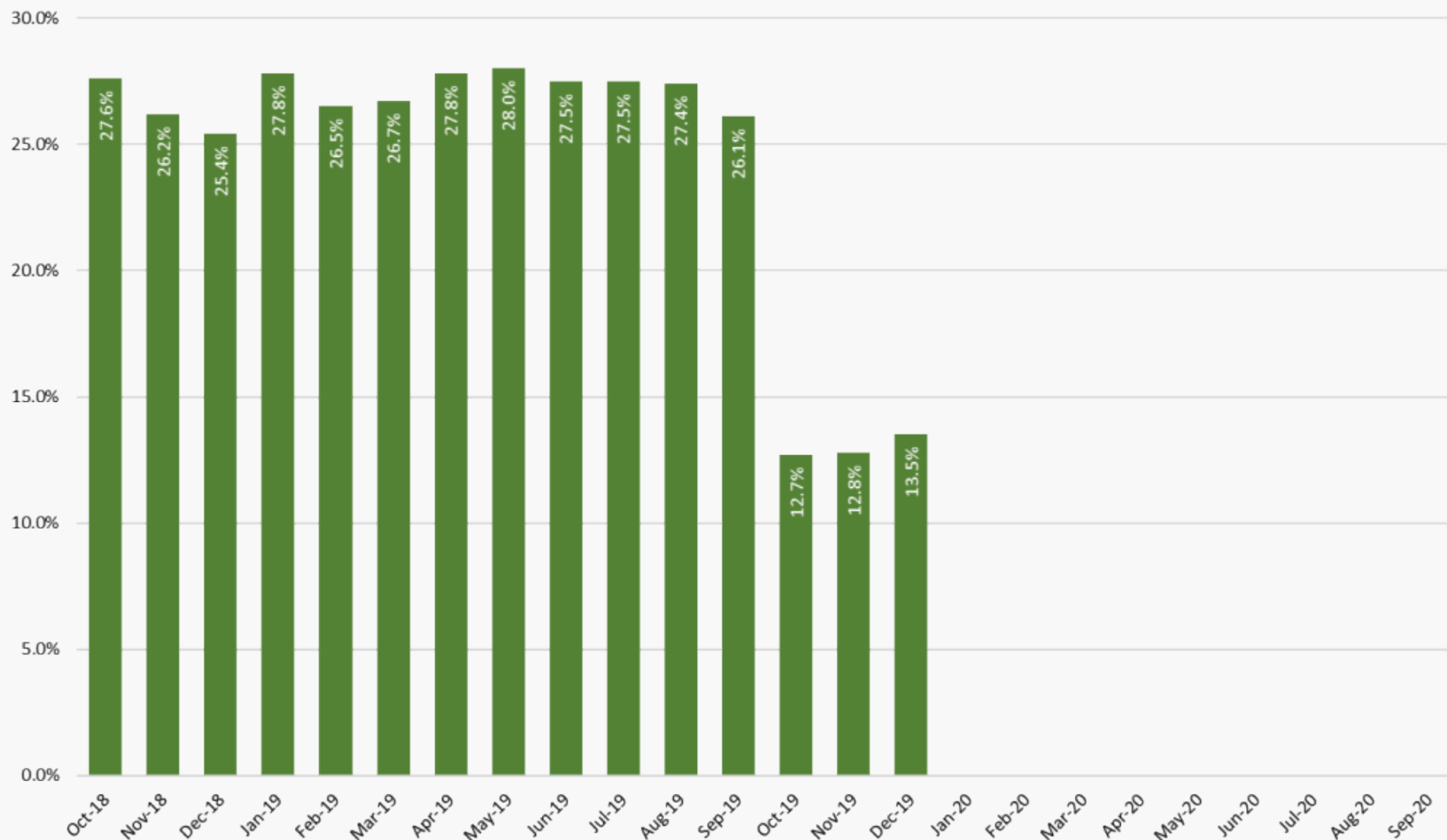


N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 4: Pick Me Up

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

% of core journeys arriving more than 45 minutes prior to their appointment time (NEPTS)

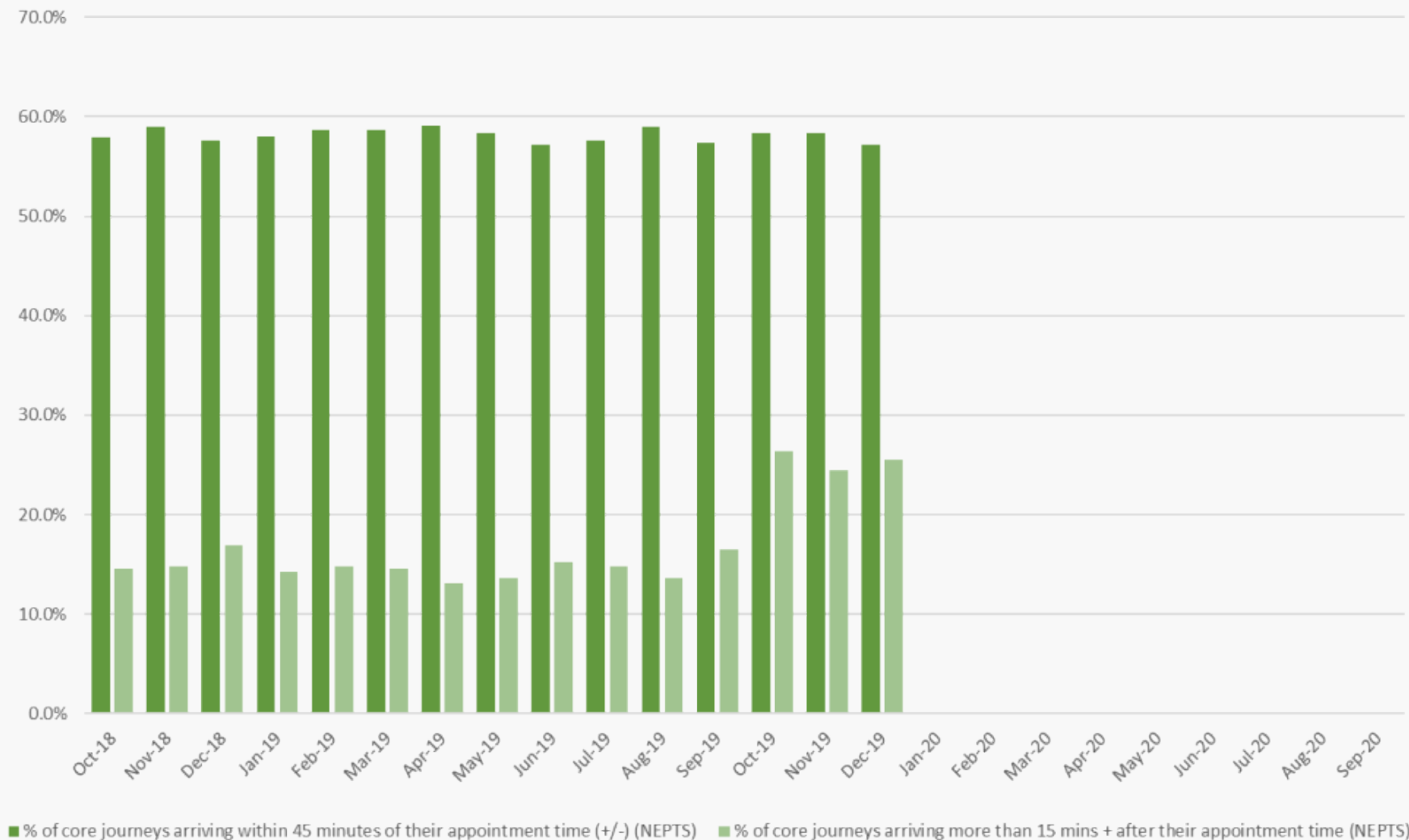


N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 4: Pick Me Up

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

% Core Journeys Arriving (NEPTS)

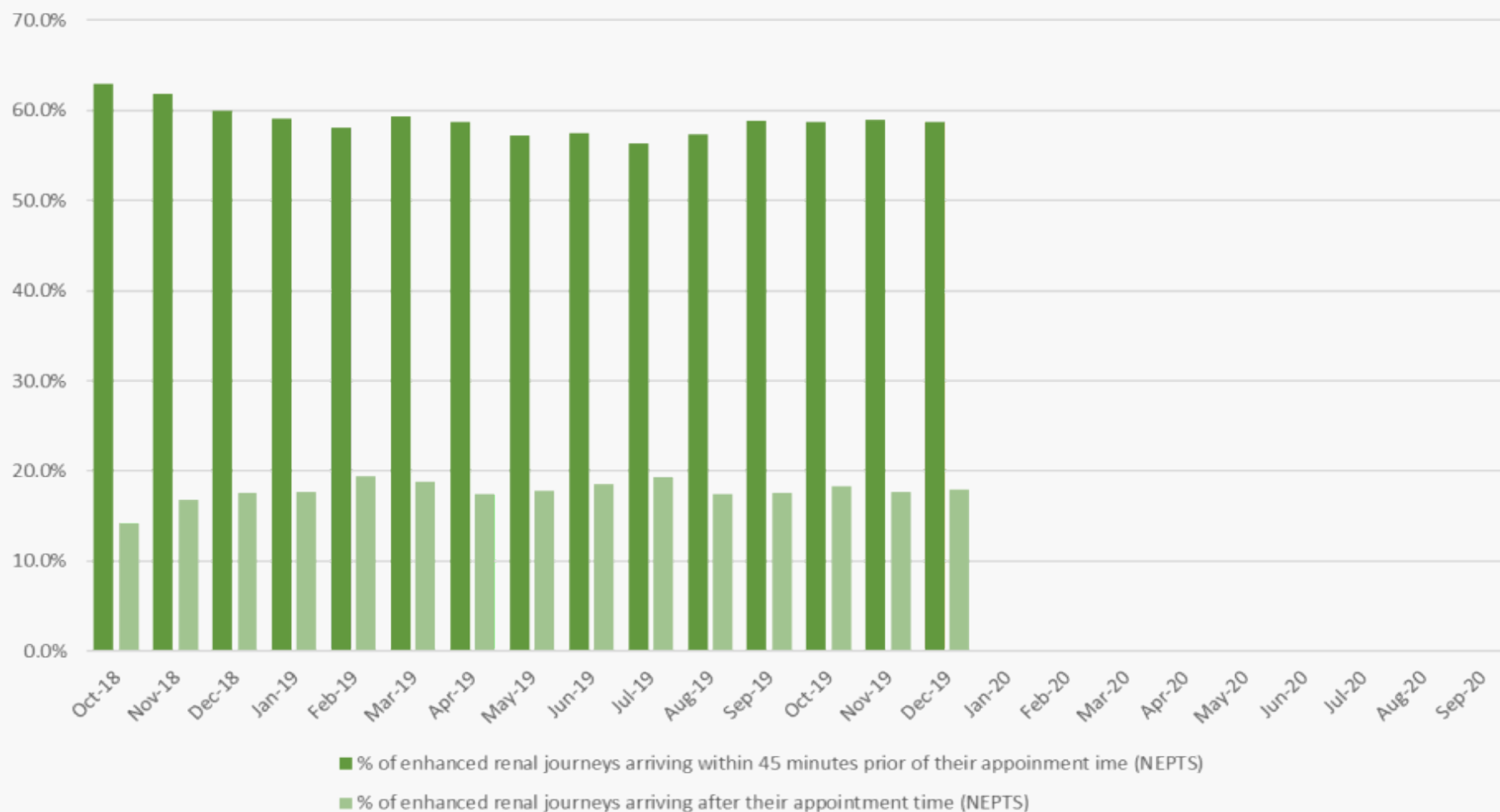


N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 4: Pick Me Up

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

% Of Enhanced Renal Journeys - Arrival Times (NEPTS)

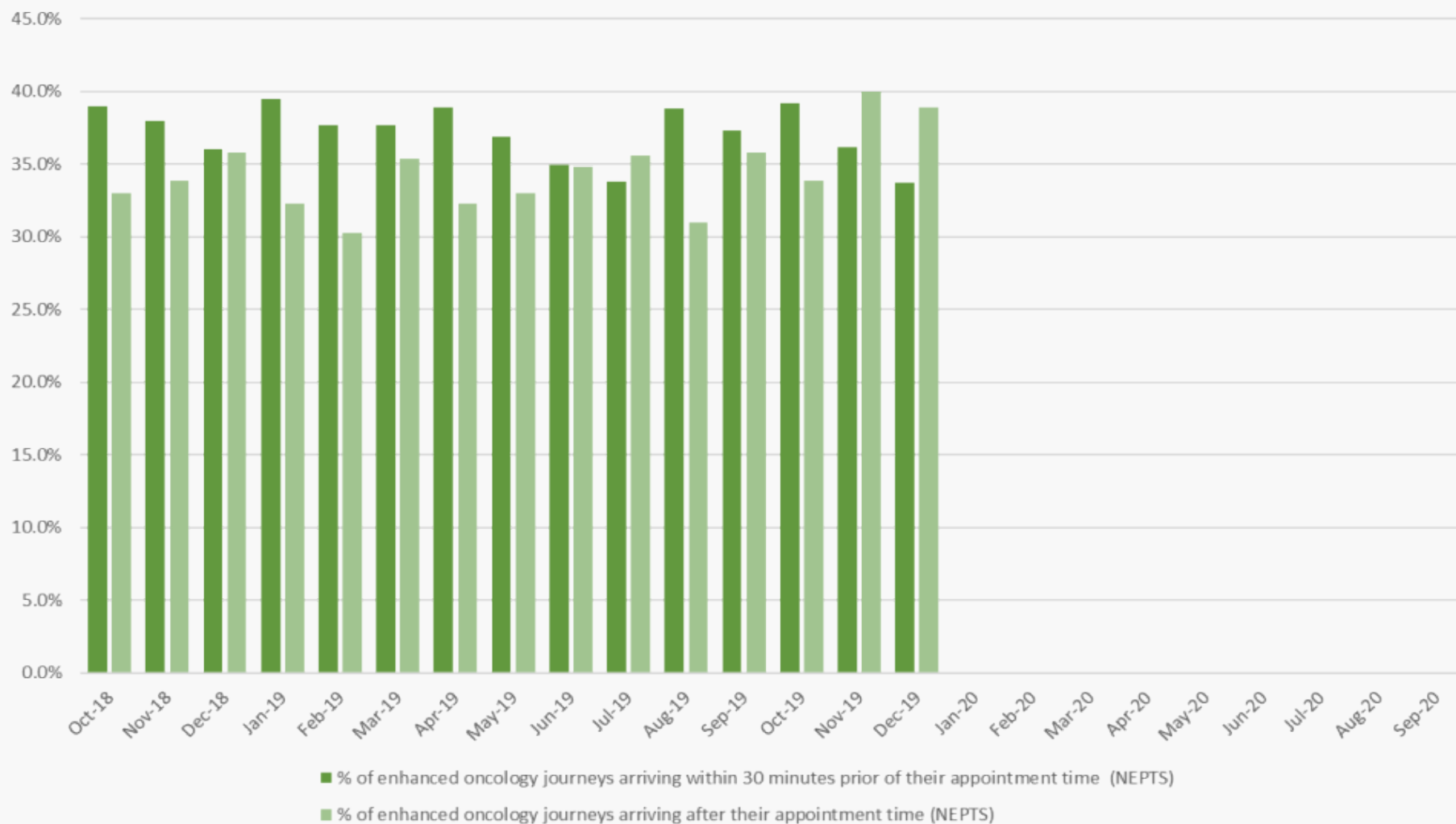


N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 4: Pick Me Up

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

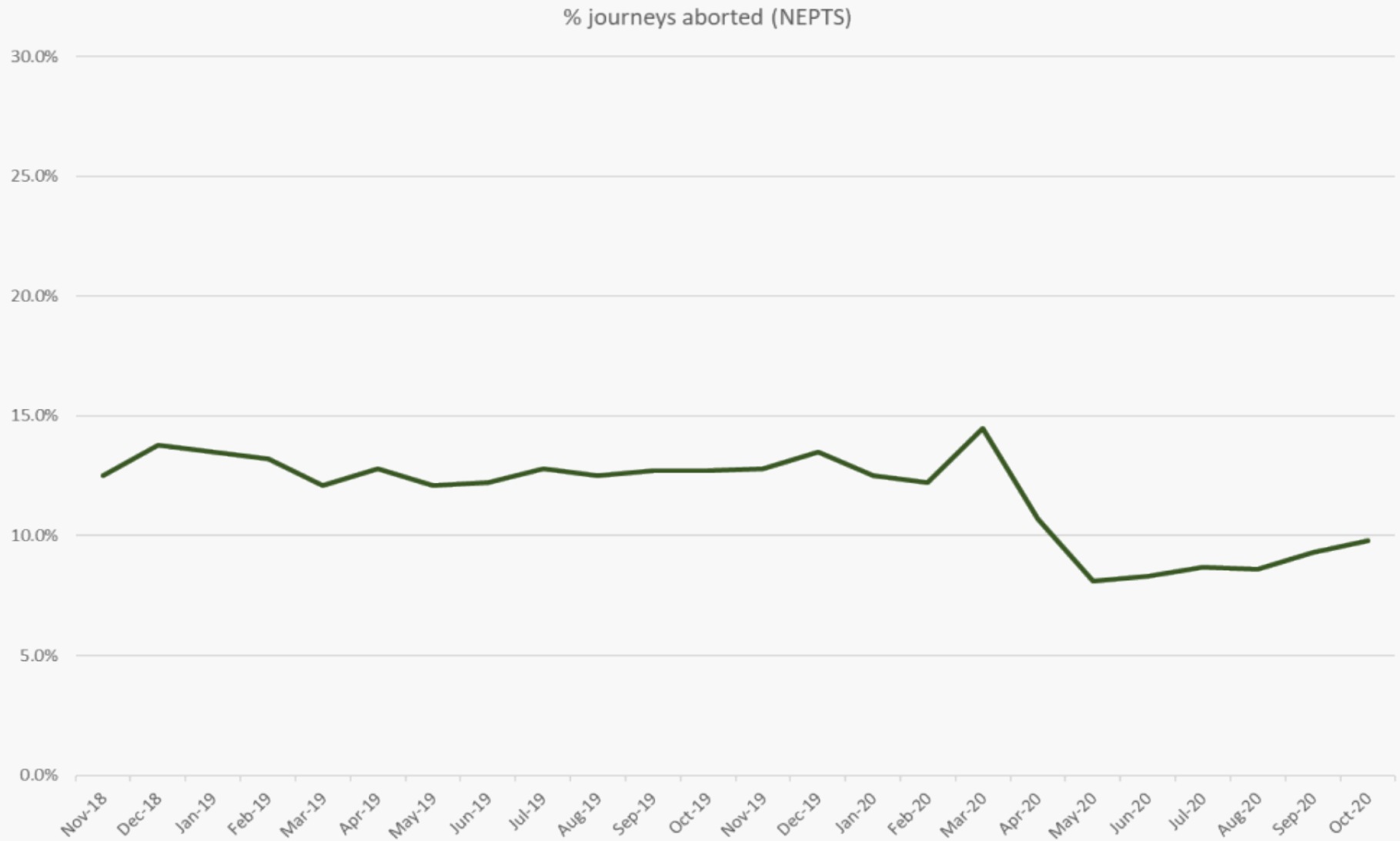
% Of Enhanced Oncology Journeys - Arrival Times (NEPTS)



N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 4: Pick Me Up

FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS

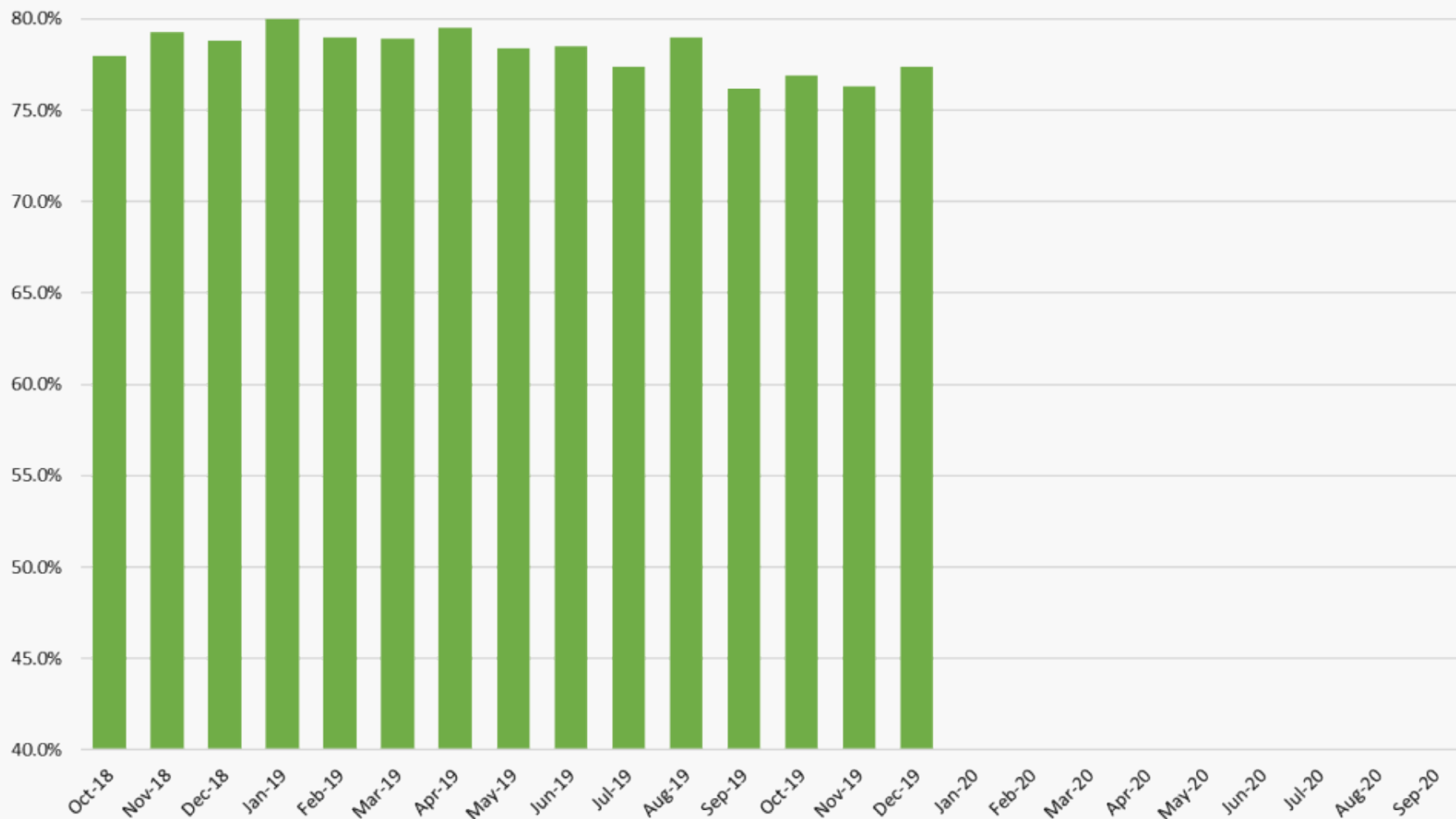


N.B. Data Jan-Oct 2020 extracted from QlikSense

Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

% of core journeys - other (Outpatients, Day Case, etc.) - collected less than 60 minutes of their booked ready time - (NEPTS)

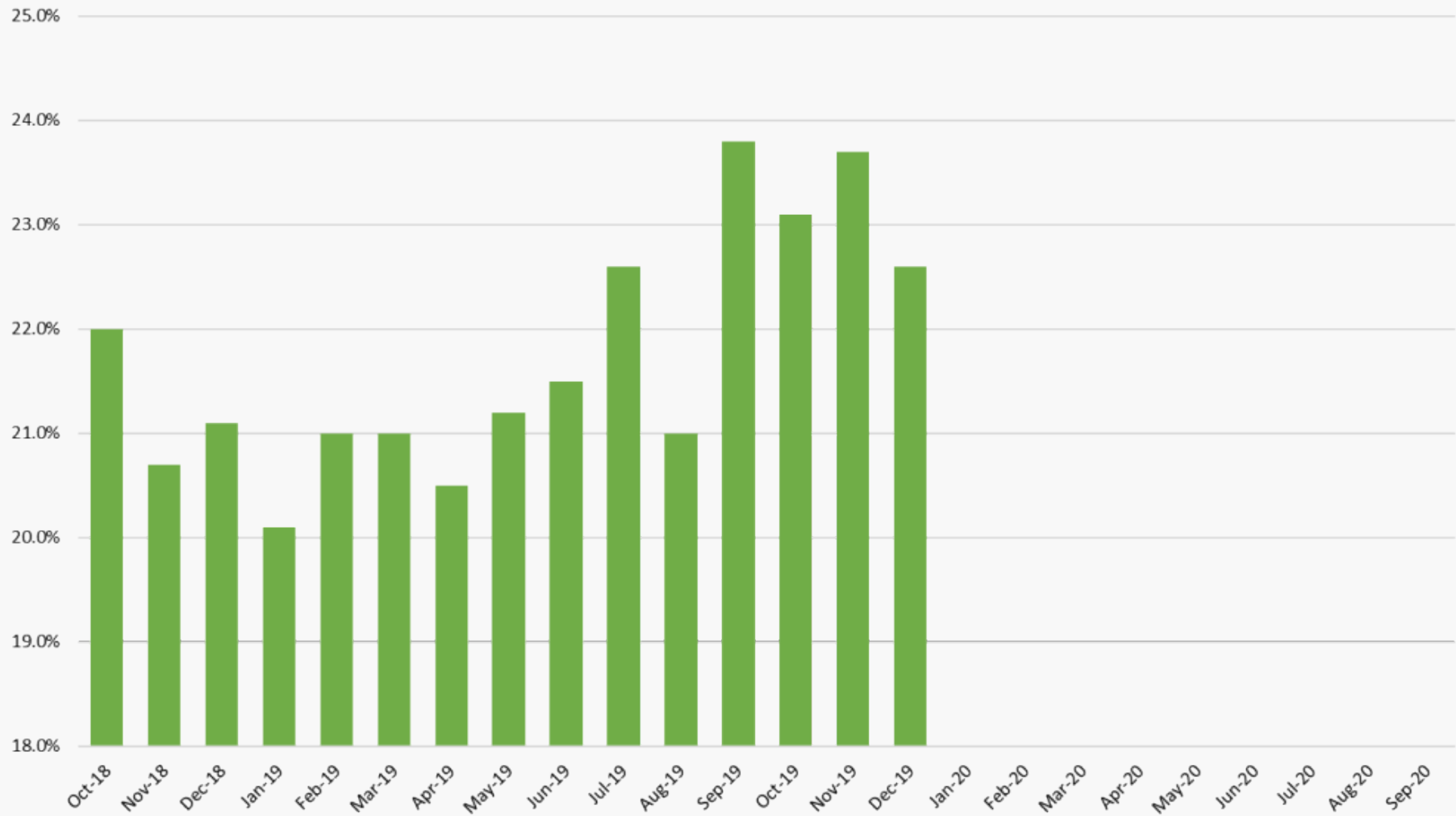


N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

% of core journeys - other (Outpatients, Day Case, etc.) - collected more than 60 minutes after their booked ready time (NEPTS)

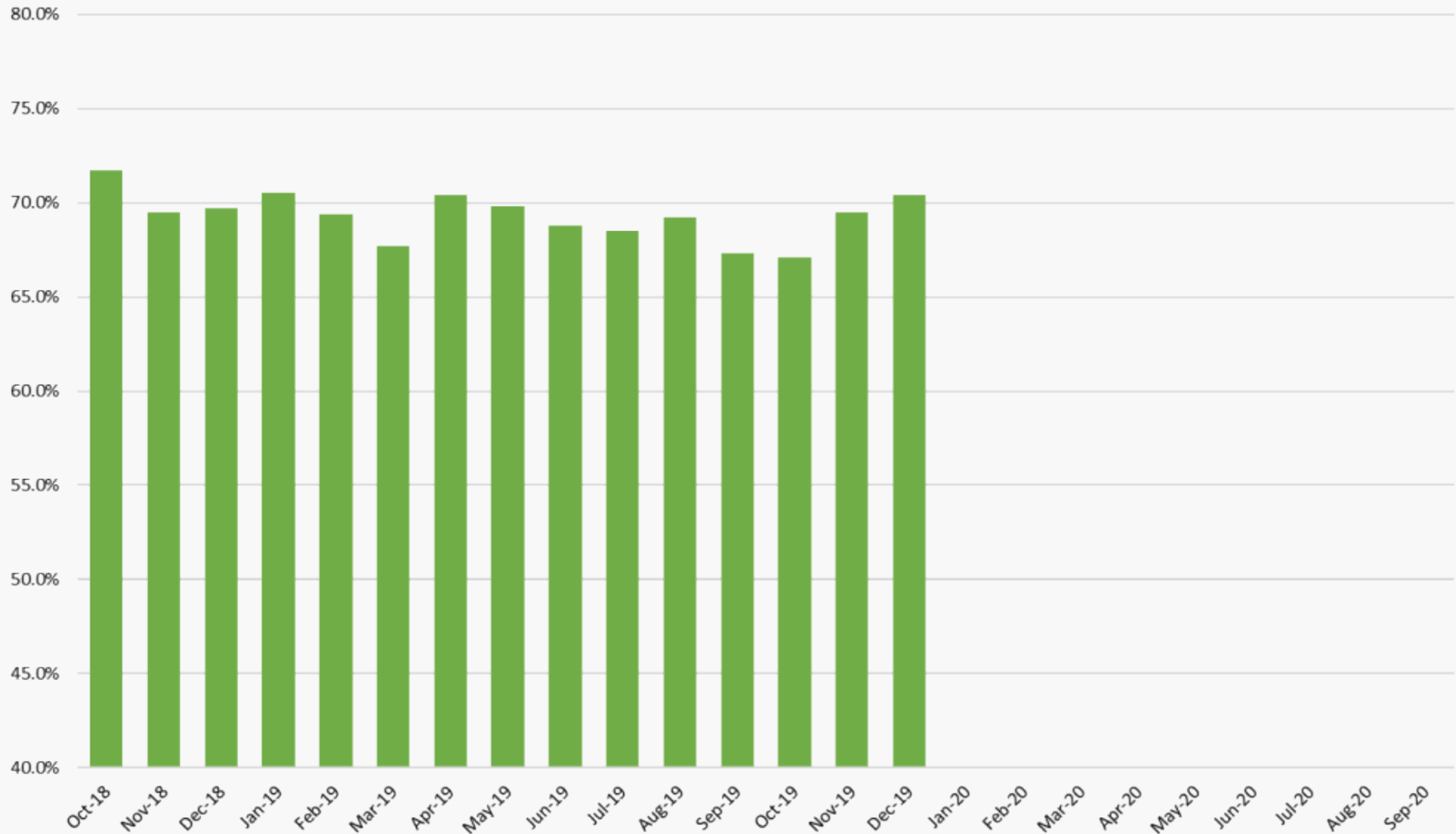


N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

% of enhanced renal journeys - collected less than 30 minutes after their booked ready time (NEPTS)

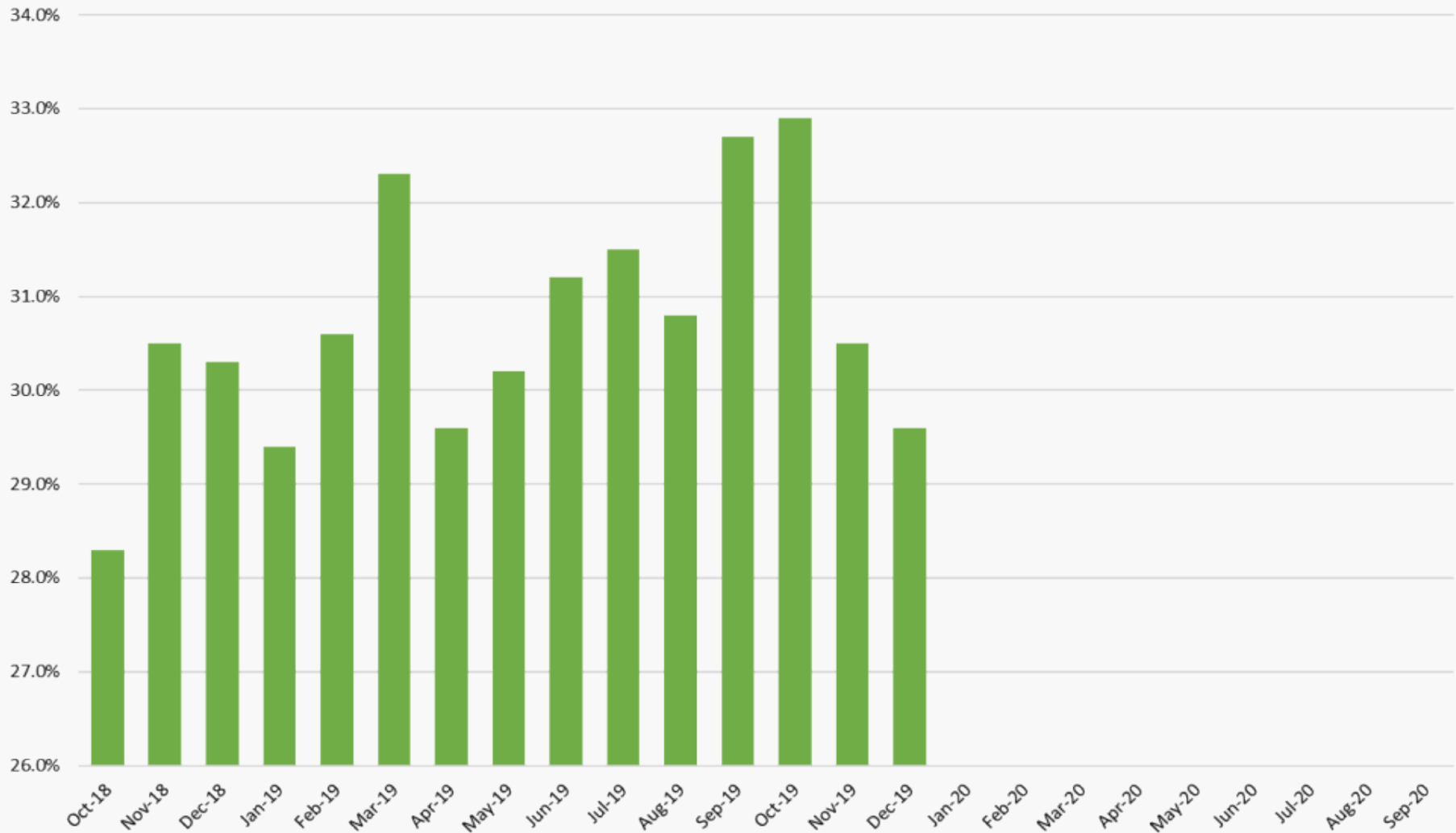


N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

% of enhanced renal journeys - collected more than 30 minutes after their booked ready time (NEPTS)

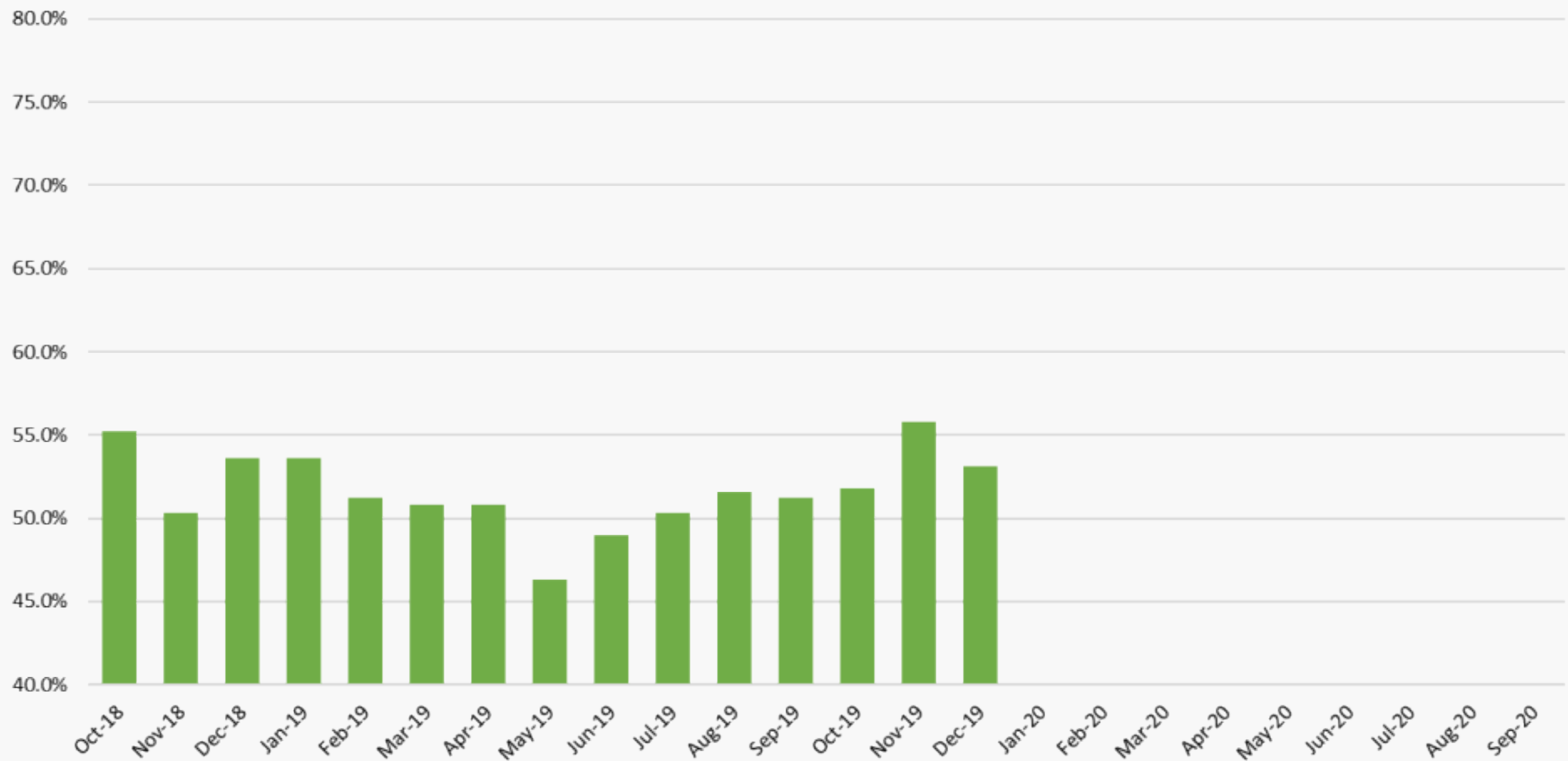


N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

% of enhanced oncology journeys - collected less than 30 minutes after their booked ready time (NEPTS)

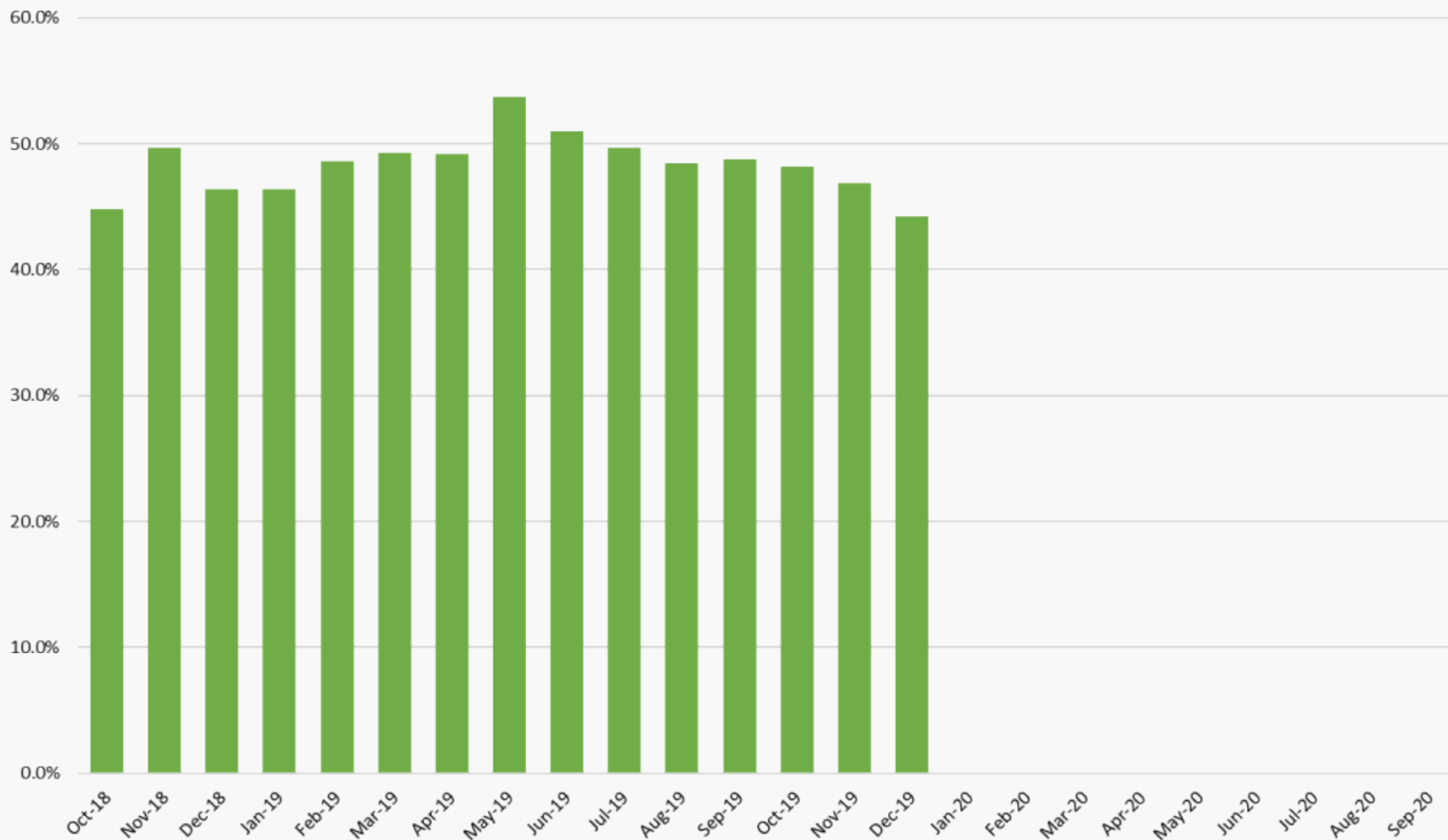


N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

% of enhanced oncology journeys - collected more than 30 minutes after their booked ready time (NEPTS)

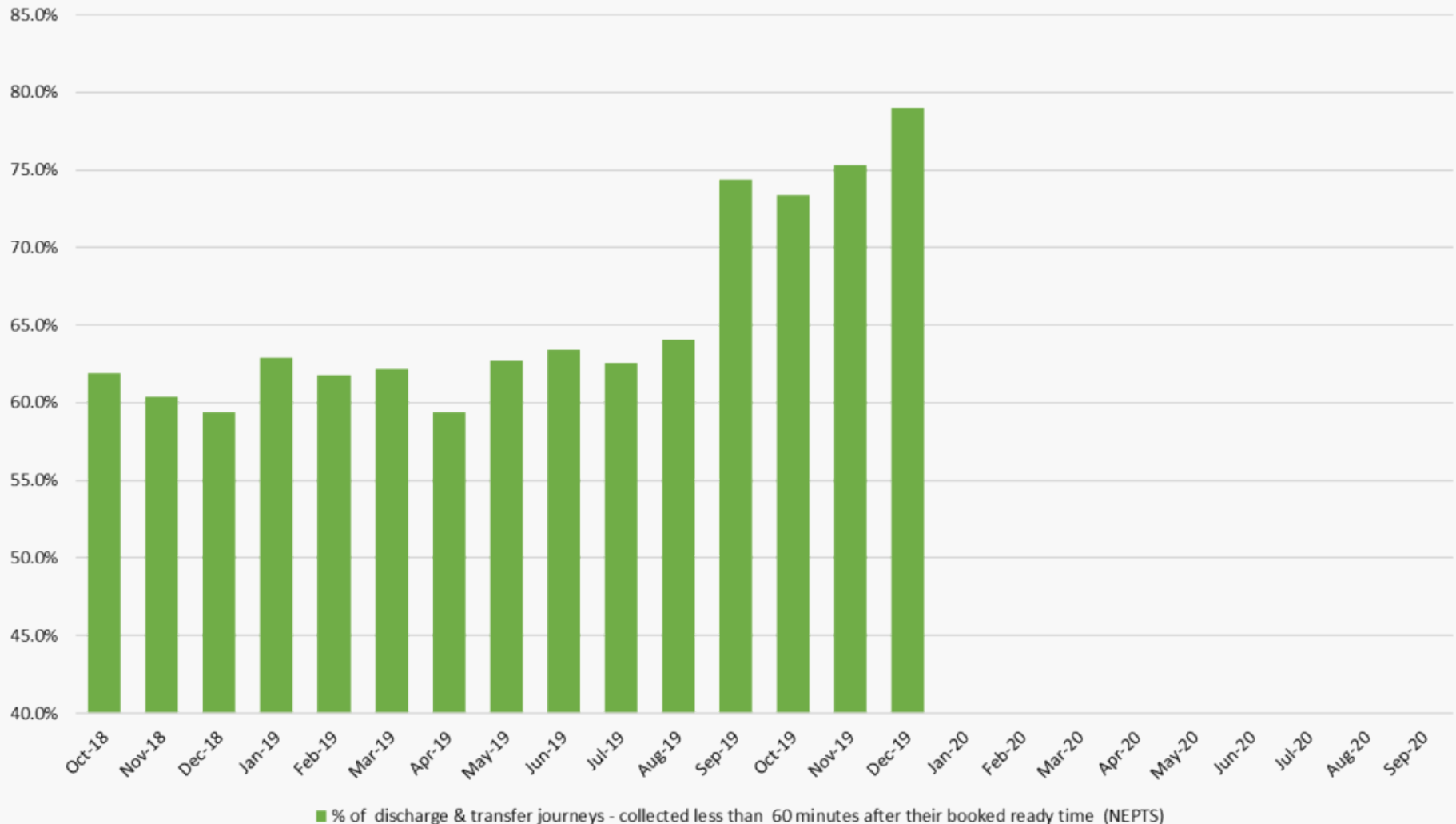


N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

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

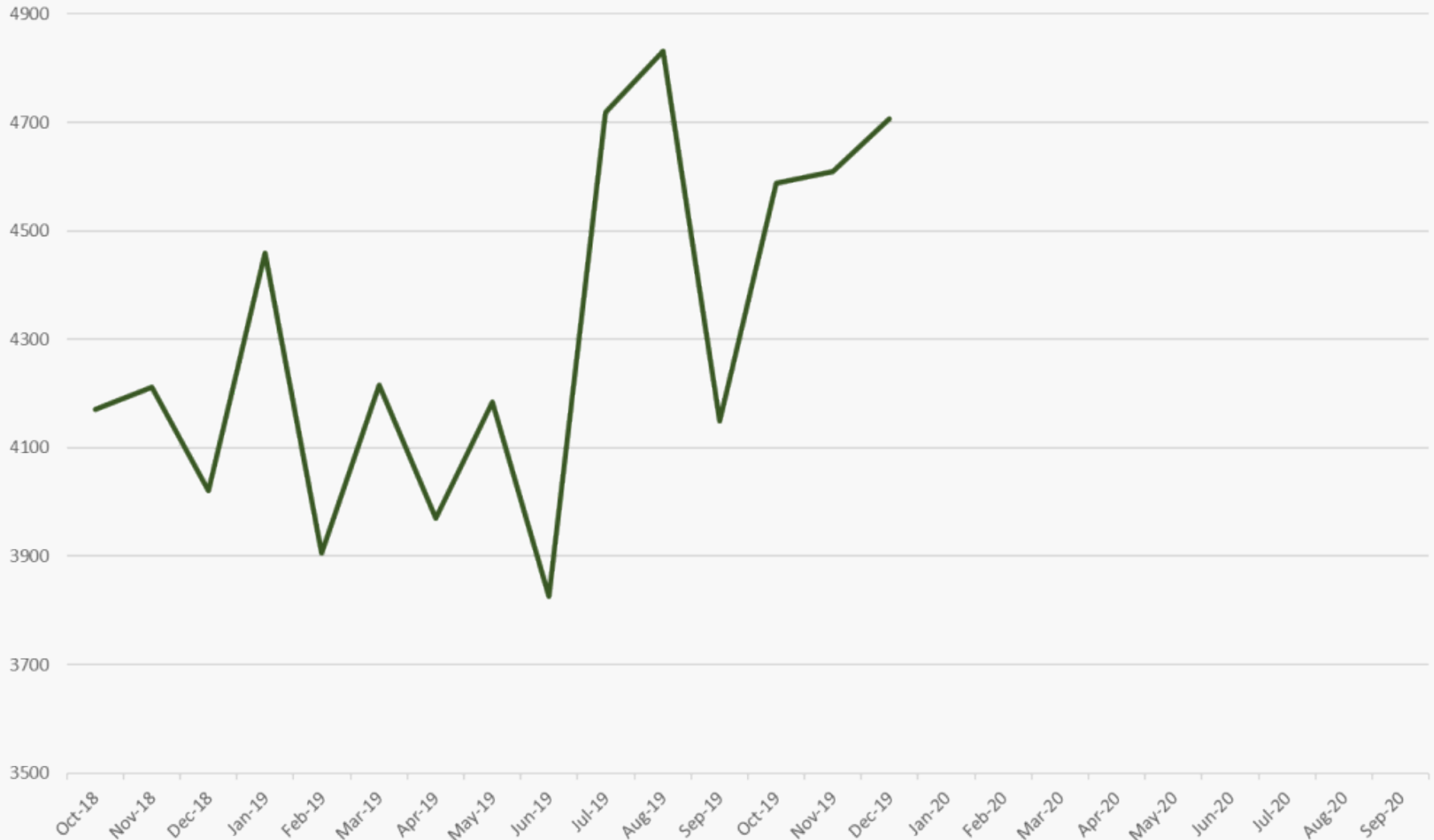


N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

Number of Core Patient Journeys - Discharge & Transfer (NEPTS)



N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

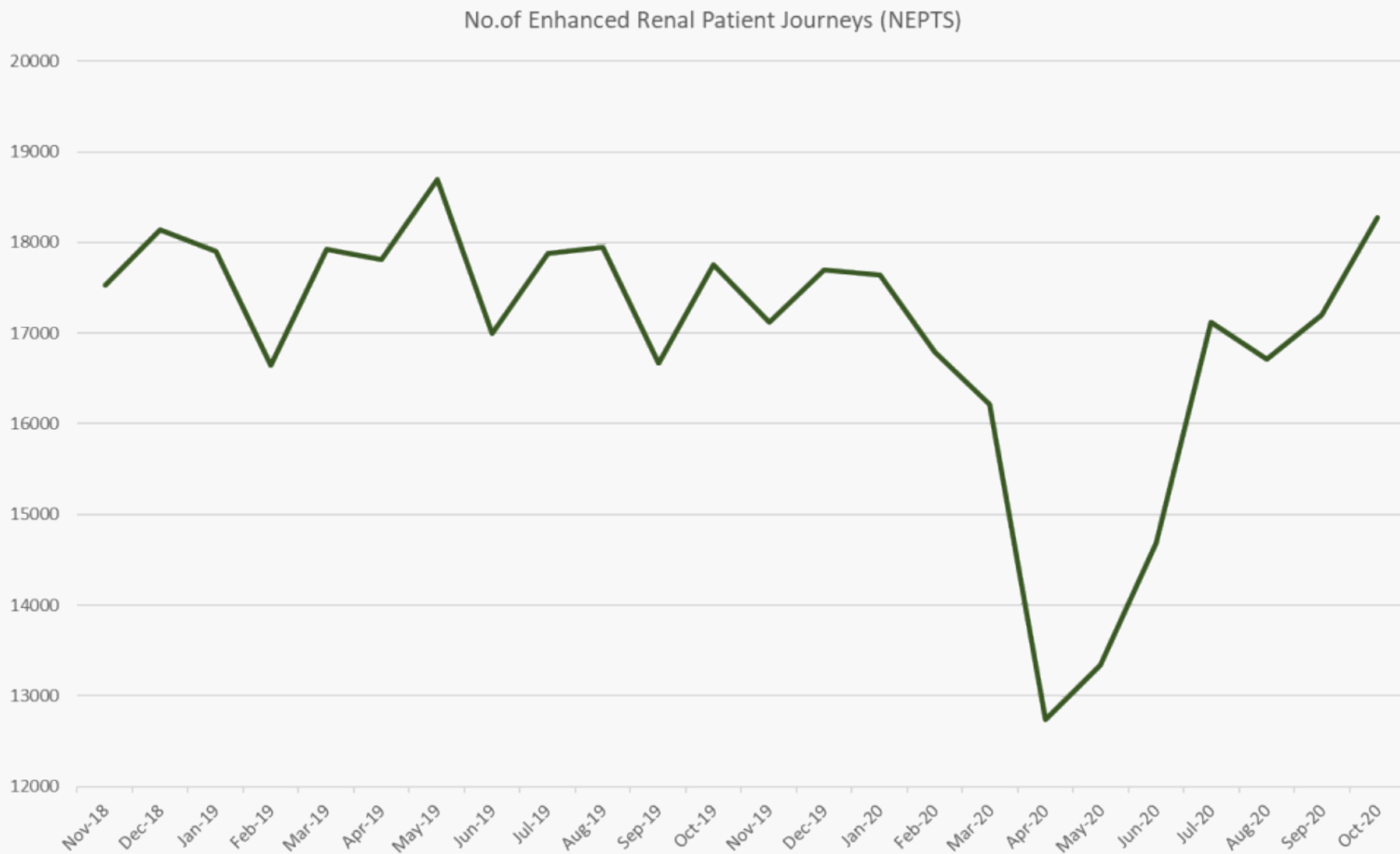
No. of Core Patient Journeys - Other (Outpatients, Day Case, etc.) (NEPTS)



N.B. Data only available to December 2019

Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

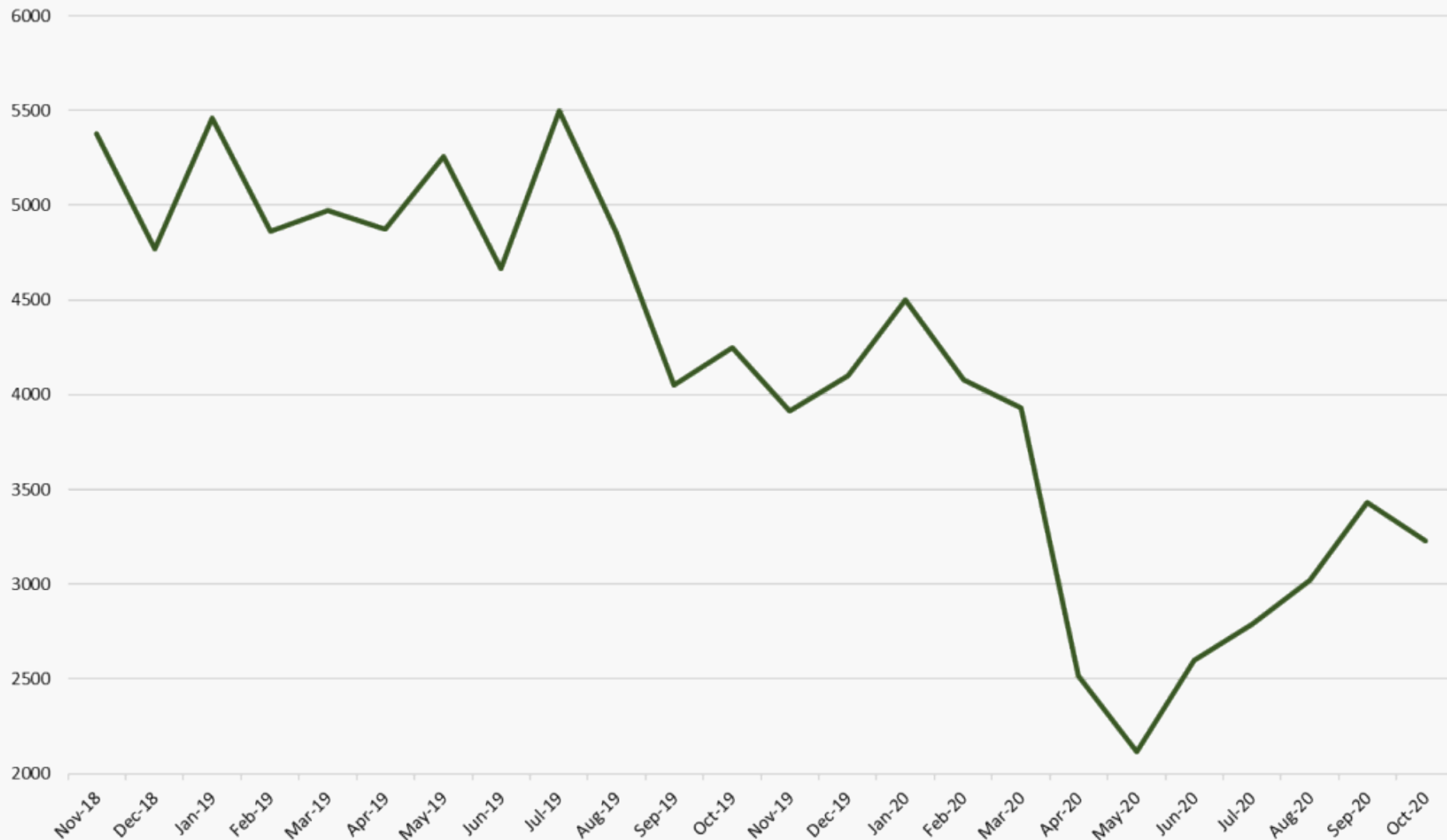


N.B. Data Jan-Oct 2020 extracted from QlikSense

Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED

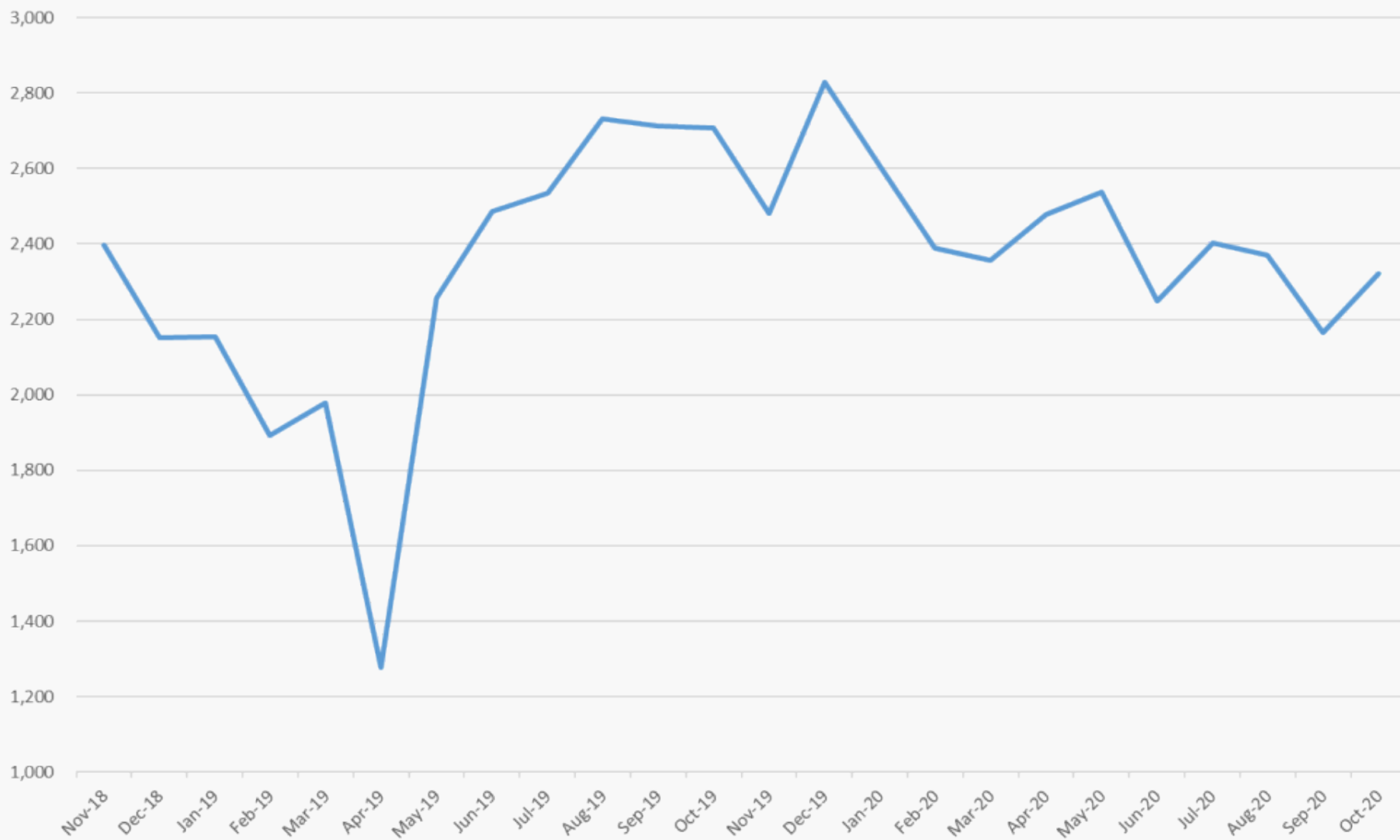
No. of Enhanced Oncology Patient Journeys (NEPTS)



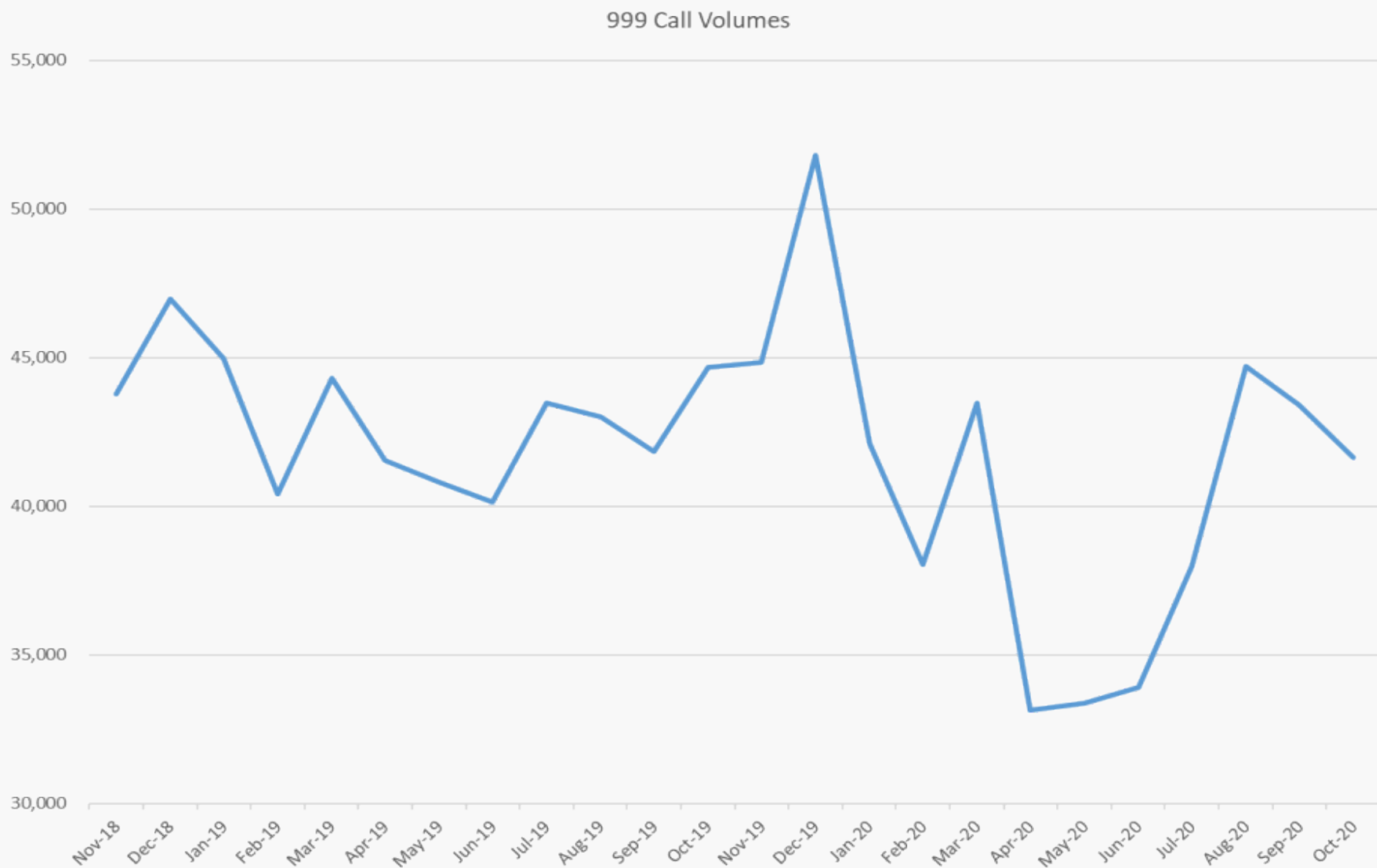
N.B. Data Jan-Oct 2020 extracted from QlikSense

ACTIVITY – Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

Frequent Caller Call Volumes

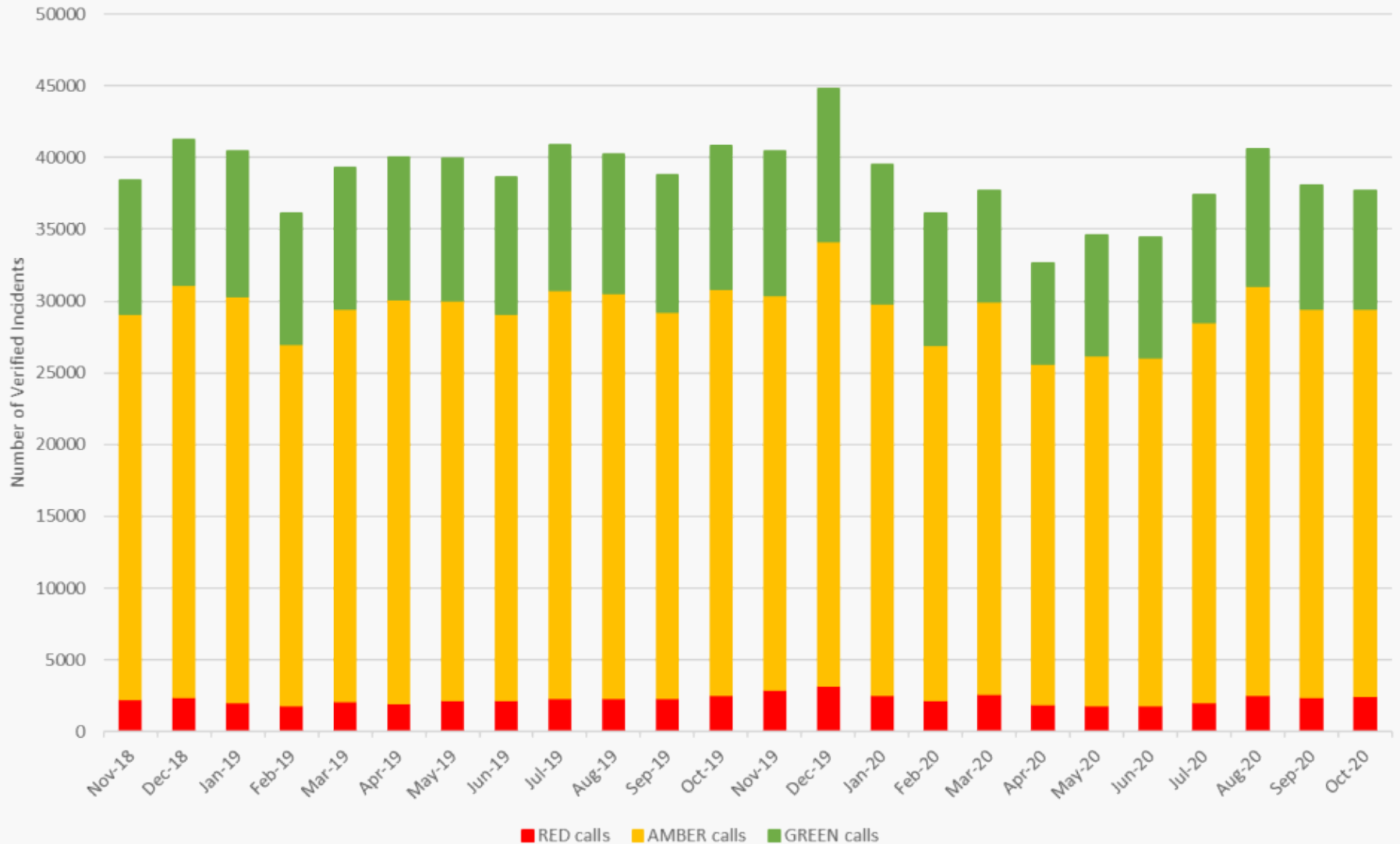


ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call



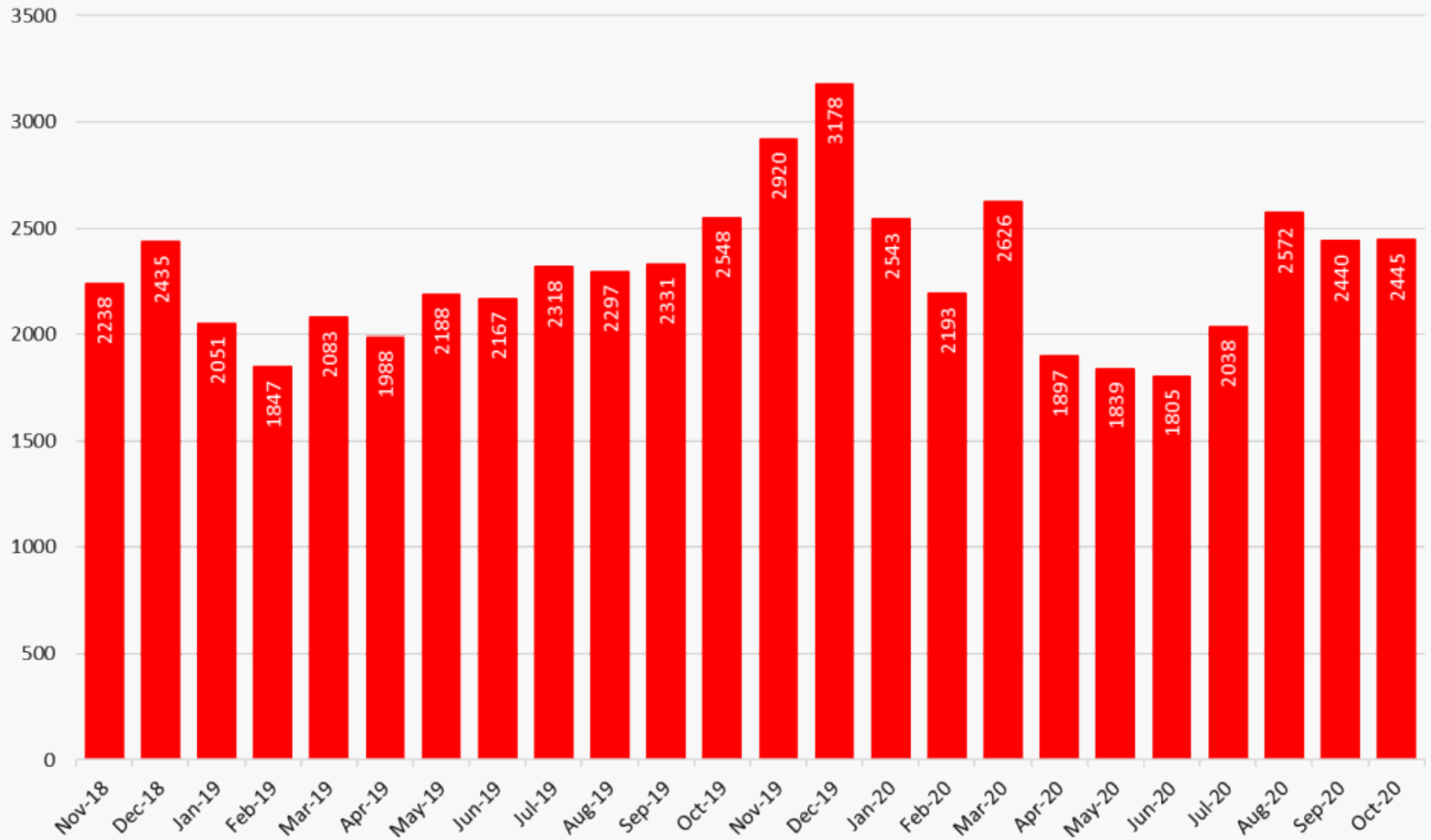
ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

Total Verified Demand split by RED, AMBER, GREEN



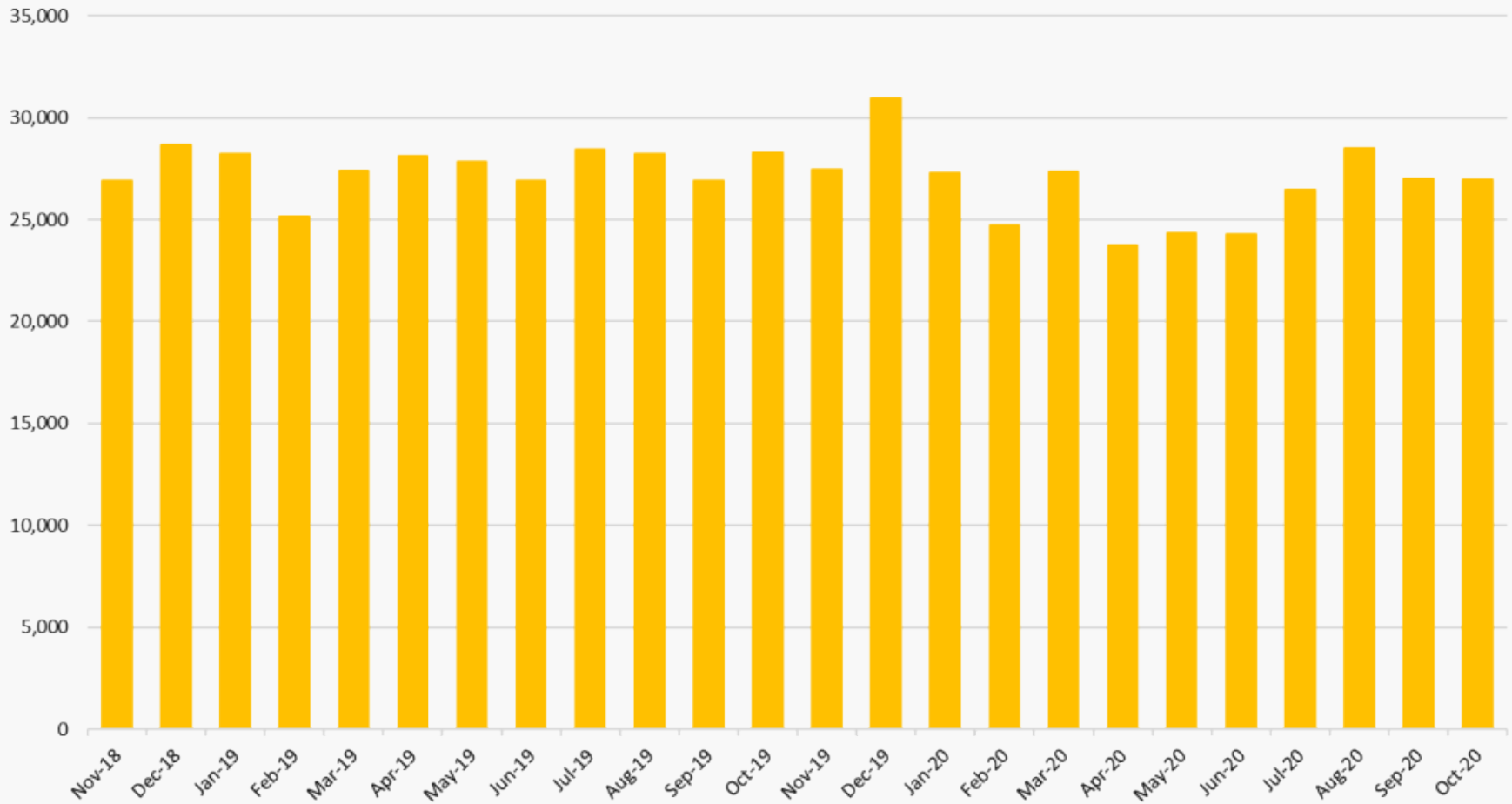
ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

Total Verified RED Demand Calls

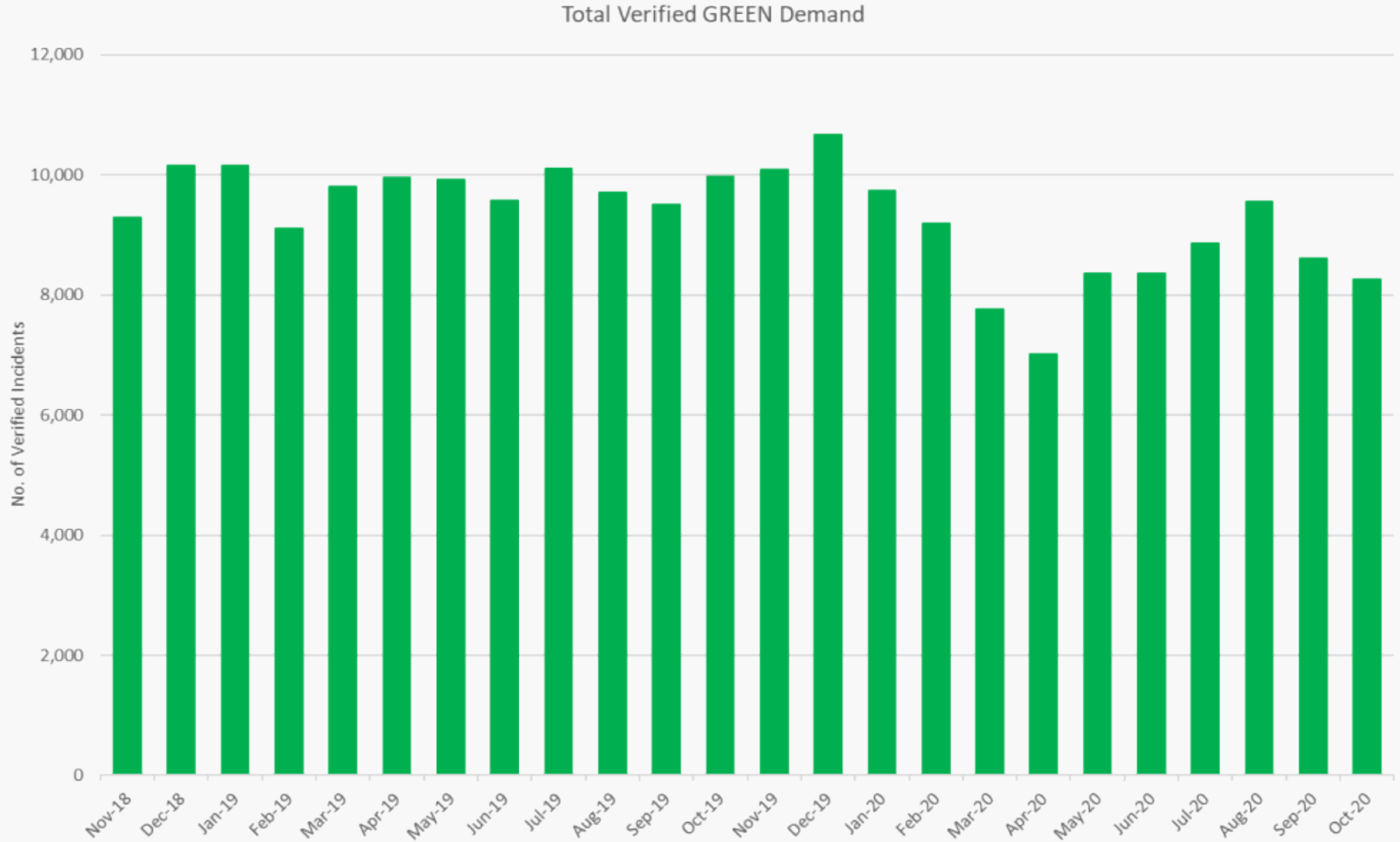


ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

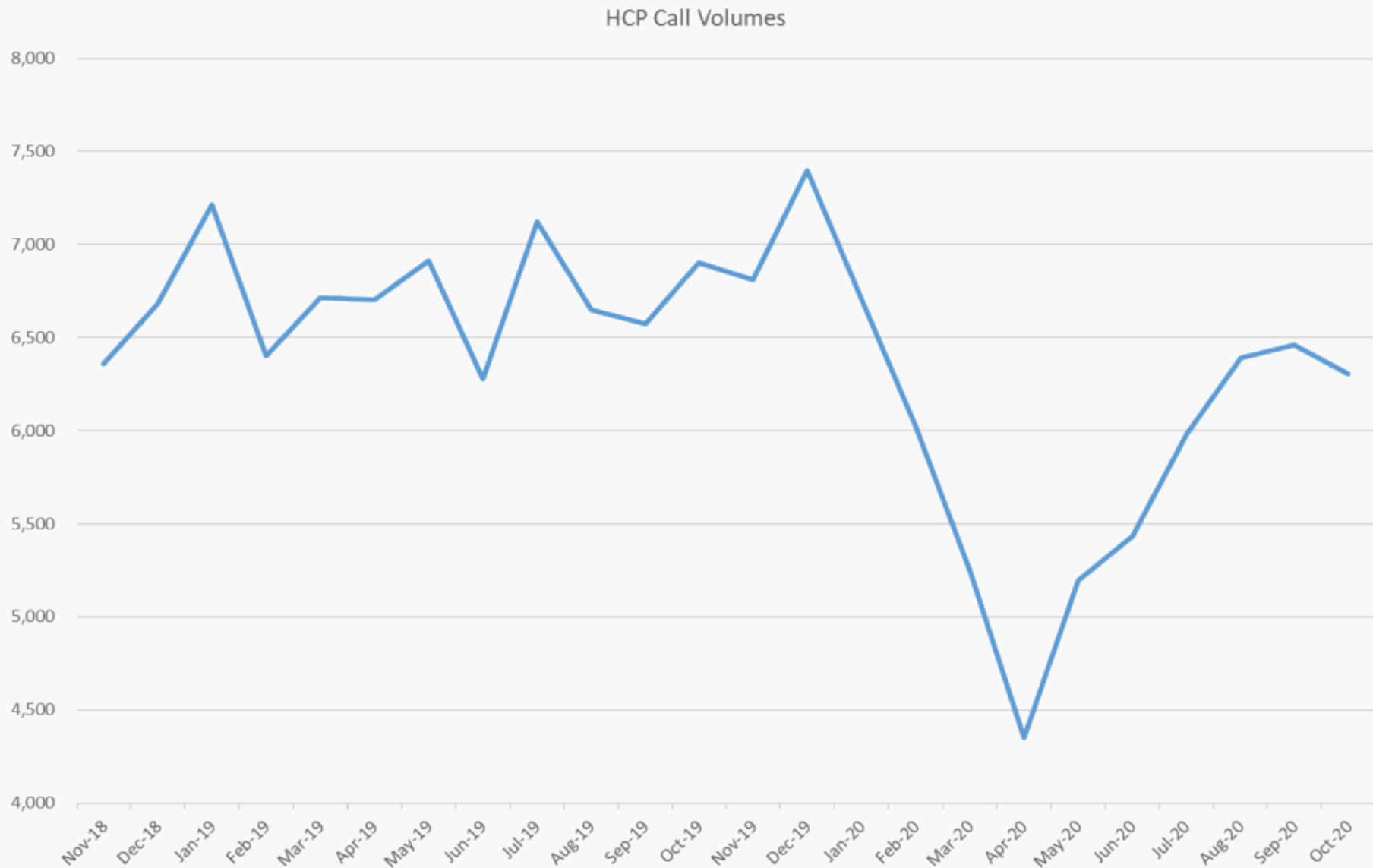
Total Verified AMBER Demand



ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

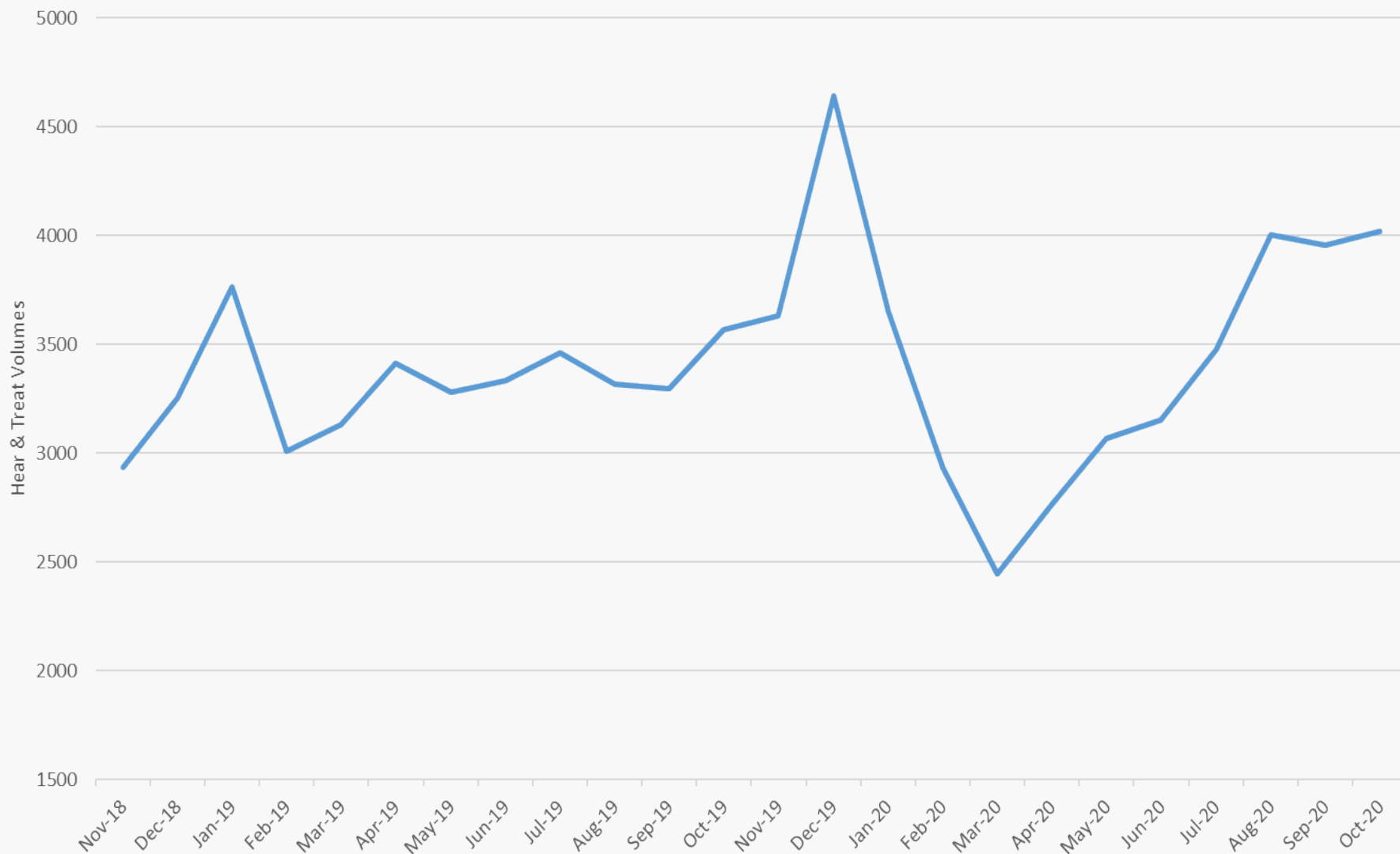


ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

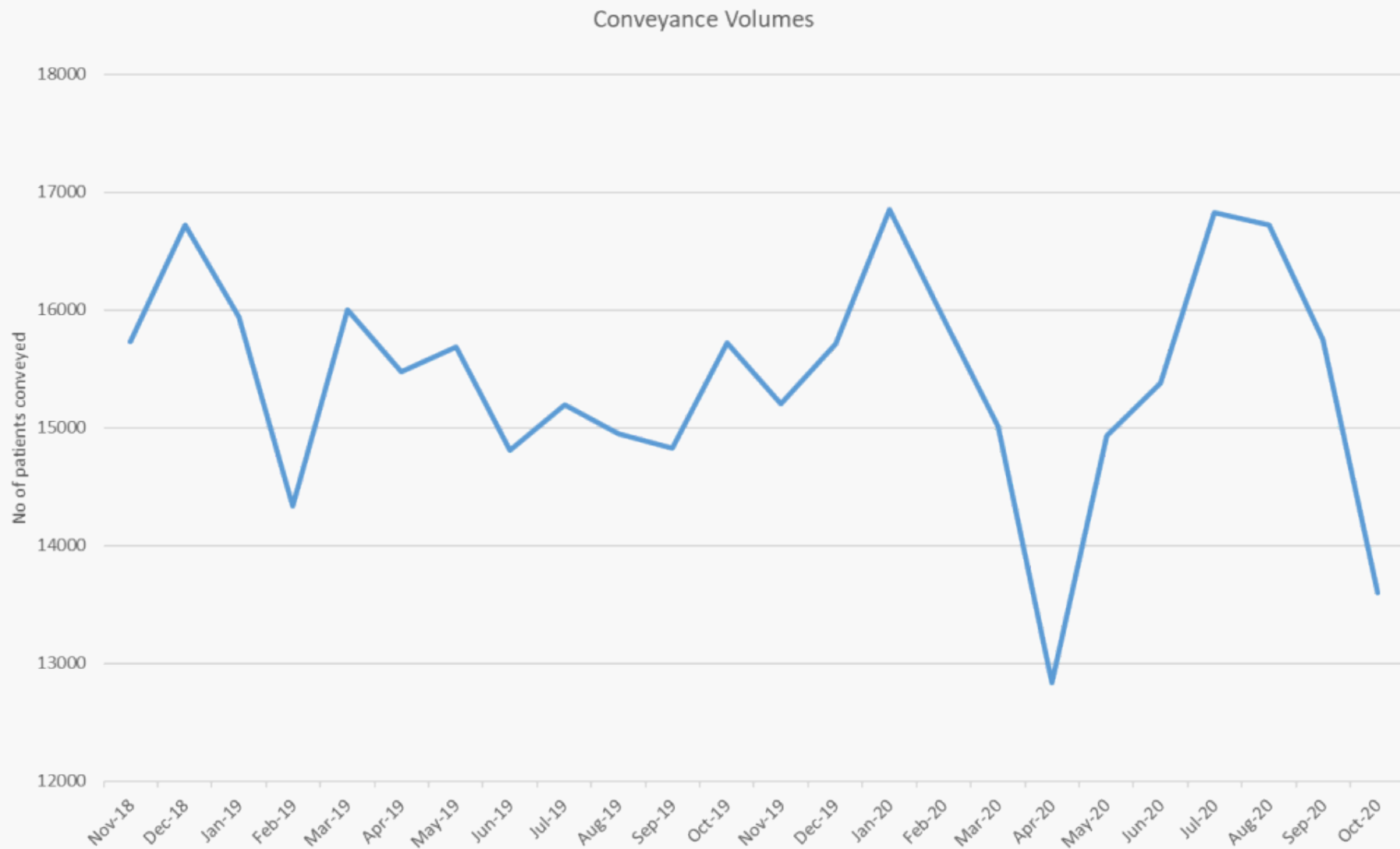


ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

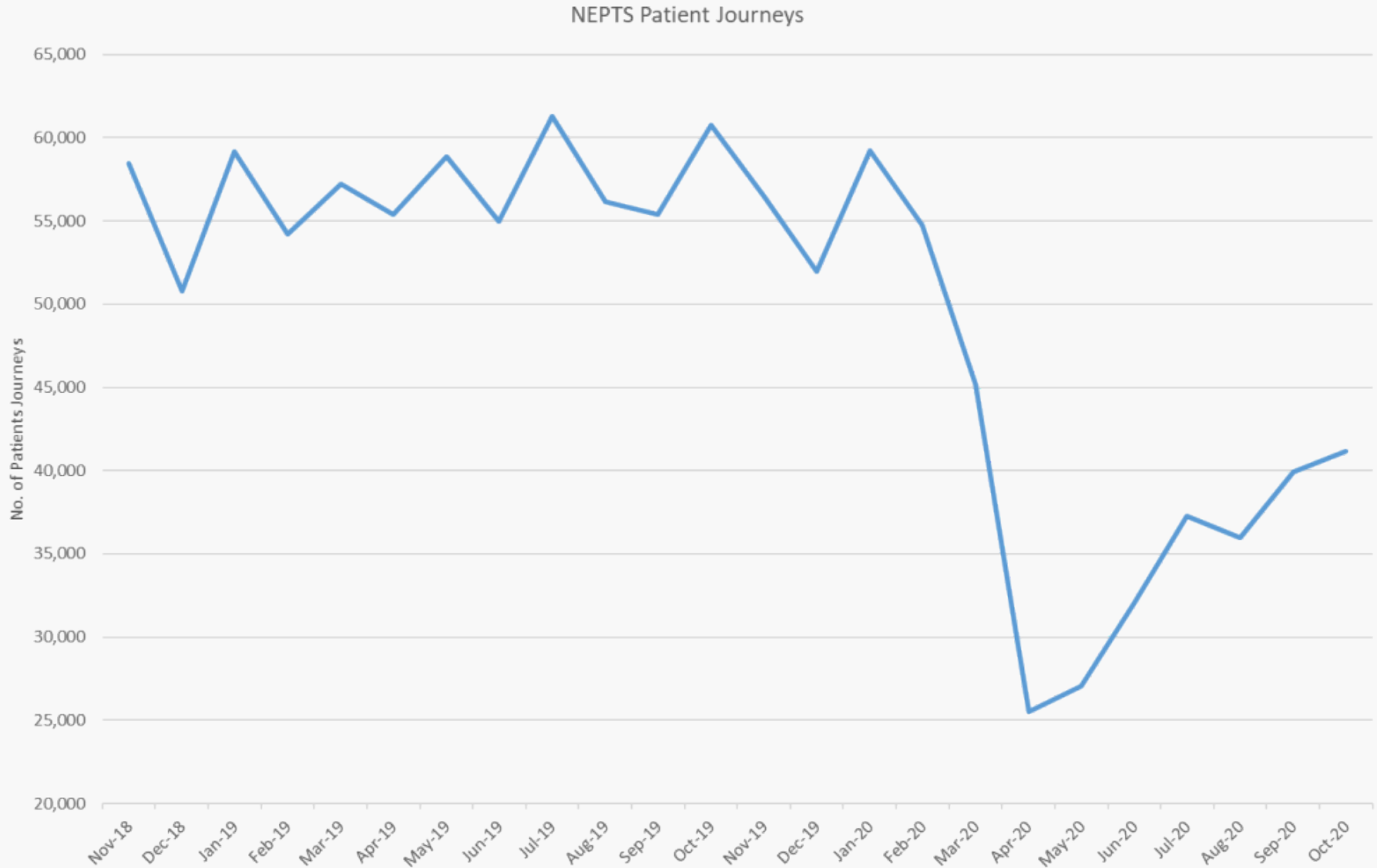
Hear & Treat Volumes



ACTIVITY - Emergency Medical Service and Urgent Care Services Step 5: Take Me to Hospital



ACTIVITY - Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination





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

AGENDA ITEM No	3.4
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	26 th November 2020
EXECUTIVE	Keith Cox, Board Secretary
AUTHOR	Julie Boalch, Corporate Governance Manager
CONTACT DETAILS	Julie Boalch Julie.Boalch@wales.nhs.uk

CORPORATE OBJECTIVE	Quality at Heart
CORPORATE RISK (Ref if appropriate)	
QUALITY THEME	Governance, Leadership & Accountability; Safe Care
HEALTH & CARE STANDARD	2.1

REPORT PURPOSE	To receive and comment
CLOSED MATTER REASON	Not Applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Assistant Director Leadership Team (ADLT)	9 th November 2020	Review existing corporate risks and sources of assurance
Executive Management Team (EMT)	18 th November 2020	To approve proposed changes to the Corporate Risk Register
Audit Committee	3 rd December 2020	To receive and comment

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 17th September 2020 to 30th November 2020.
- 3 A 'live' review of each of the Corporate Risks is available through the electronic Datix Register if required.

BACKGROUND

- 4 The Risk Management portfolio transferred to the Board Secretary from the Executive Director of Quality and Nursing on the 1st November 2020, for a period of 6 months.
- 5 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.
- 6 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).
- 7 The EMT considered these recommendations, approved the changes to the scores and the addition of new risks onto the CRR as described below.
- 8 Furthermore, principle risks assigned to the People & Culture, Finance & Performance were considered during this period and a discussion is planned at the Quality, Safety & Patient Experience Committees in December 2020 for strategic oversight.
- 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 12th November 2020; these have been extracted from the Datix E-Risk module.
- 11 Three existing risks on the Corporate Risk Register have increased to a higher

score; these are **Risk ID numbers 223, 224 and 199**.

- 12 Both **Risk ID 223** and **224** have increased in score from 20 to 25, as a result of increasing pressure in the unscheduled care system and the emergence of long handover delays at Hospital Emergency Departments. In addition, **Risk ID 199** has increased in score from 15 to 20 as the failure to adhere to Health & Safety statutory requirements was likely, bringing the organisation into significant disrepute, undermining confidence in the organisation & leadership, and significant civil & criminal legal challenges against the Trust. Overall, this was deemed catastrophic to the integrity of the organisation.
- 13 Four risks have reduced in score; these are **Risk ID numbers 88, 303, 139 and 229**.
- 14 **Risk ID 88** has decreased in score from 16 to 8, **Risk ID 139** reduced from 15 to 10, **Risk ID 303** has reduced from 15 to 10 and **Risk ID 229** has reduced from 12 to 9.
- 15 Three new risks have been assessed and approved for inclusion on the Corporate Risk Register; these are **Risk ID numbers 316, 315 and 311**.
- 16 A summary of this activity and each of the 21 Corporate Risks is detailed in the summary table below.

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 Depts (CRR57) (Previously described as Patients unable to access secondary care)	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

316 (NEW)	Increased risk of personal injury claims citing COVID exposure	Quality & Safety	Quality, Safety & Patient Experience	20 (5x4)	Quality, Patient Experience and Safety Committee
199	Health and Safety	Statutory Duties	Quality, Safety & Patient Experience	20 (4x5)	Audit Committee; Quality, Patient Experience and Safety Committee
225	On-call CCA ability to cover 24/7 command (CRR62)	Business Continuity	Operations Directorate	16 (4x4)	People and Culture Committee
160	High Sickness Absence Rates	Resource Availability	Workforce & Organisational Development	16 (4x4)	People and Culture Committee
217	Cleanliness in Ambulance Stations (CRR27)	Quality & Safety	Operations Directorate	16 (4x4)	Quality, Patient Experience and Safety Committee
182	Significant risk to planning for the transfer service for Aneurin Bevan due to opening earlier impacting on recruitment & fleet	Service Delivery	Planning and Performance	16 (4x4)	Finance and Performance
311 (NEW)	Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH	Service Delivery	Operations Directorate	16 (4x4)	Finance and Performance
201	Trust Reputation	Stakeholder Relationships	Partnerships and Engagement	15 (3x5)	Trust Board
315 (NEW)	Inability to confirm COVID + status through workplace exposure in order to complete RIDDOR in a timely manner	Quality & Safety	Quality, Safety & Patient Experience	15 (5x3)	Quality, Patient Experience and Safety Committee
245	Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs.	Service Delivery	Operations Directorate	15 (3x5)	People and Culture

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	10 (2x5)	Finance and Performance Committee
303	Delayed initiation of chest compressions (resuscitation)	Quality and Safety	Medical and Clinical	10 (2x5)	Quality, Patient Experience and Safety Committee
229	Impact of proposed Brexit on service delivery	Business Continuity	Operations Directorate	9 (3x3)	Trust Board
88	Continued Availability of Digital Pens	Quality & Safety	Finance and Corporate Resources	8 (2x4)	Finance and Performance Committee

Sources of Assurances

- 17 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.
- 18 The Governance Team continue to work together with teams across the Trust to regularly update and obtain sources of assurance at local, corporate and external levels.

RECOMMENDED:

- 19 **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 and the inclusion of three new risks on the Register.
 3. Receive and comment on the BAF report.



Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	3.5
OPEN or CLOSED	OPEN
No of APPENDICES (ANNEXES) ATTACHED	0

FINANCIAL PERFORMANCE AS AT MONTH 07 2020/21 & CAPITAL PROGRAMME UPDATE

MEETING	Trust Board
DATE	26th November 2020
EXECUTIVE	Director of Finance & Corporate Resources
AUTHORS	Jason Collins / Ed Roberts / Chris Turley
CONTACT DETAILS	Chris Turley Tel 01633 626201 Chris.Turley2@wales.nhs.uk

CORPORATE OBJECTIVE	IMTP priorities
CORPORATE RISK (Ref if appropriate)	CRR42, CRR45 & CRR46
QUALITY THEME	
HEALTH & CARE STANDARD	Governance, leadership and accountability

REPORT PURPOSE	To provide the Board with a summary update on the financial performance of the Trust for Month 7 of the 2020/21 financial year and an update on the Trust's 2020/21 Capital Programme.
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	11 th Nov 2020	To note
FPC	19 th Nov 2020	To note and endorse / approve updated capital schemes
Trust Board	26 th Nov 2020	To note and endorse updated discretionary capital programme

**WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD
FINANCIAL PERFORMANCE AS AT MONTH 7 2020/21 AND CAPITAL PROGRAMME
UPDATE**

SITUATION

1. This report provides the Trust Board with a summary update on the revenue financial performance of the Trust as at 31st October 2020 (Month 7), along with a more detailed update on the 2020/21 capital programme. Both of these were also considered in some detail, alongside further reviewing any risks to delivery, at the Finance & Performance Committee (FPC) meeting held on 19th November 2020.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for the 2020/21 year to date** (1st April 2020 – 31st October 2020) are that:
 - The cumulative revenue financial position reported is a small **underspend against budget of £0.023m, assuming funding for the additional costs incurred as a result of COVID-19**. The forecast for 2020/21 assumes at present a balanced position, however this is the assumed position against a set of risks discussed below;
 - In line with the financial plans that support the **approved IMTP** gross savings of £2.817m have been achieved against a year to date target of £2.788m, 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 97.3% for the number, and 98.3% of the value** of non NHS invoices paid within 30 days.
3. The main financial risks remain the outcome of the current appeal against the ruling in relation to the payment of holiday pay on voluntary overtime, non-delivery of saving targets and of course the continuing assumptions in relation to the costs being incurred as a result of the COVID-19 pandemic, albeit this continues to be considered a low risk.
4. In terms of the Trust's 2020/21 capital programme, some progress has been made allowing for the previously held contingency from the Trust's discretionary funding to now able to be released and some areas of additional spend to be committed, including in relation to some schemes previously having to be put on hold.

ASSESSMENT

REVENUE FINANCIAL PERFORMANCE

5. The table below presents an overview of the financial position for the period 1st April to 31st October 2020.

Revenue Financial Position for the period 1st April - 31st October				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-224,565	-129,042	-129,135	-93
Expenditure				
Pay	158,837	91,409	91,585	176
Non-pay	48,545	27,373	27,221	-152
Total pay & non-pay expenditure	207,382	118,782	118,806	24
Depreciation & Impairments / interest payable & receivable	17,183	10,260	10,306	46
Total	0	0	-23	-23

6. The following paragraphs provide a high level summary of the year to date financial position. Much more detail underpinning this was presented and discussed at the FPC on 19th November.
7. Due to the COVID-19 pandemic, the Trust has recorded additional spend in the Month 7 position totalling £7.466m, £3.174m of pay costs, £4.480m of non-pay, £0.271m of unachieved savings targets. This has been offset somewhat by reduced expenditure of £0.459m. Following discussions with WG at the Q3 / Q4 review meeting the Trust awaits formal confirmation of the funding.
8. The Trust has previously invoiced WG on their request for the additional costs incurred for COVID-19 Pay costs for Months 1 to 3, totalling £2.143m.

Income

9. Reported Income against the initial budget set to Month 7 shows a surplus of £0.093m. The surplus is due to VAT reclaim in excess of budget and ad hoc income recovery from Health Boards.

Pay costs

10. Overall, the total pay variance at Month 7 is a small overspend of £0.176m.

Non-pay Costs

11. The non-pay position at Month 7 is a small underspend of £0.106m, this was due to underspends on Taxis, Fuel and Ambulance car services, this was offset slightly by overspends on fleet maintenance costs, staff uniforms, medical supplies and services.

Savings

12. Our financial plan identifies that a minimum of £4.300m of savings and cost containment measures will be required to achieve financial balance in 2020/21. £2.817m of savings have been delivered between 1st April and 31st October 2020 against a target of £2.788m, thus a slight over achievement to date against the phasing plan set at the opening of the financial year.

Treatment of COVID-19 spend

13. The summary of the COVID-19 revenue costs reported in the Month 7 financial position are as per the table below:

	Month 7 (October 20) £000
Total Pay	3,174
Total Non-Pay	4,480
Non Delivery of Savings	271
Expenditure Reductions	-459
Overall	7,466

14. As previously noted the Month 7 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.
15. Current COVID-19 revenue cost projections for the financial year 2020/21 are now estimated at £12.697m. As we are aware, the likely impact of the pandemic through the coming winter is still largely unknown, forecast costs will be reviewed monthly but are clearly sensitive to the changing impact of the Trust's required response to the pandemic going forward. We are keeping both our Commissioners and WG fully sighted on any significant movement to the above current estimate of full year costs.

UPDATE ON 2020/21 CAPITAL PROGRAMME

16. At Month 7 the Trust's current approved WG set Capital Expenditure Limit (CEL) for 2020/21 is £13.043m, covering AWCP schemes as well as the Trust's annual discretionary capital allocation. To date there has been £4.618m of Capital expenditure incurred, which is in line with our plans at this stage of the year.
17. Included within the £4.618m are £0.864m worth of Capital cost as a result of the COVID-19 pandemic, for which the Trust has now had confirmation from WG that this is being fully funded.
18. The FPC on 19th November also received a separate paper providing a detailed update on the Trust's 2020/21 capital programme, including both the Trust's discretionary capital schemes and those being funded separate by WG as part of the NHS Wales All Wales Capital Programme (AWCP).

Discretionary Capital

19. Trust Board members will recall that an updated discretionary capital programme was agreed in June 2020. This followed a reprioritisation exercise that was required due elements of the AWCP funding not being able to be made available to the Trust this financial year, and the resulting need to commit elements of spend that was expected to be funded from this route (in particular in relation to fleet replacement) having to be funded out of the discretionary allocation. This resulted in a number of schemes having to be placed on hold, some of which have previously been

approved by the Board. At the time it was agreed to hold back a reasonable contingency of c£0.8m from the remaining discretionary capital funding.

20. FPC on 19th of November received a detailed update on both the remaining funding available, the current status of the contingency previously held and a proposed update to the remaining costs to be committed from the discretionary allocation this financial year.
21. The biggest single change since the Board approved the discretionary programme in June is the formal confirmation from Welsh Government that all Covid capital costs that the Trust incurred in the earlier part of the financial year have now been separately funded. This was in large part why the previous contingency was being held against the Trust's current discretionary allocation, which can therefore now be released. On top of this there has been some other movements in terms of the Trust's discretionary capital funding allocation this financial year, as follows, which now means the Trust has a residual balance of just over £1.3m left to commit this financial year:

	£000s
Balance remaining as a Trust Board - 25/06/20	847
Reversal of approved discretionary funding (due to approved change of use)	
NEPTS Chassis 20-21	103
Repayment of WIP Grange Vehicle (funded from GUH fleet funding)	
NEPTS Large Renault Master (stretcher) Conversion 19-20	256
NBV Reinvestment	
Nelson Ambulance Station	121
Balance remaining to be allocated	1,327

22. The Trust is therefore now in a position to further update its 2020/21 discretionary capital programme, and commit further spend this financial year up to this c£1.3m value. The process through which the prioritisation of this has been undertaken has been to use the usual capital planning governance mechanisms within the Trust, including the Capital Management Board (CMB) as well as Executive input through discussions at both Executive Finance Group (EFG) and Executive Management Team (EMT).
23. In doing so, two main areas of potential additional spend in 2020/21 have been considered, as follows:
- those placed on hold in June 2020 due to the availability of funding, and
 - issues and pressures that have emerged since that time, further details of which were presented to FPC on 19th November 2020.
24. A range of criteria has been considered and applied in order to determine the revised proposed programme, including:
- A detailed review of the updated status of each of the schemes previously presented to Trust Board in June as being on hold, including an assessment of those still required and any for which alternatives may now be considered preferable;

- A reconfirmation that any further remaining elements of the Trust's fleet replacement programme will have to remain on hold until additional Welsh Government funding for the programme is made available, with the Trust being unable to further support any additional fleet replacement from its discretionary capital allocation. This will continue to remain under review;
- A focus on that remaining which had previously been approved but is currently on hold, with a view to implement as much of this as possible now;
- But to also seek to take account of emerging pressures and priorities in year, and consider these alongside those schemes currently on hold;
- Noting the continuing integrity of the Trust's capital planning governance processes and items that have therefore been prioritised through ICMG and CMB;
- A pragmatic consideration of what can actually be spent now in remaining four months or so of the financial year, and
- An option therefore of seeking to phase the implementation of a few schemes over this financial year and next, but noting this will pre-commit an element of next year's discretionary capital funding.

25. Combining the remaining previously on hold schemes that still require progression with a small number of new schemes and pressures which have emerged since June 2020, results in the summary table below; the current estimated full scheme cost of each of these is also included. All of these have now been considered alongside each other for re-prioritisation as part of this proposed updated discretionary capital programme for 2020/21.

	Full scheme costs £000s
1. Those remaining from that previously on hold	
QlikSense Delivery Support	75
Bassaleg - additional site purchase and access improvements	95
Pembroke Dock MRD	975
Replacement AC condensers VPH	3
Relocation of Monmouth AS to Monmouth Fire Station (Establish an SDP at Monmouth)	24
Proposed additional drainage surveys and remedial drainage work 2020-21	69
Minaeron Reporting station refurbishment	516
2. New priorities post June 2020 via CMB etc priority mechanism:-	
Cwmbwrla H&S and other concerns	200
Other potential H&S and other station site works	100
NEPTS accommodation replacement - Swansea	100
GUH accommodation and estates requirement (estimated capital costs of a leasehold solution)	700
ICT SAN nodes v.3.2	79
Tyre equipment	58
Total	2,994

26. Given that the above total value of £2.994m is clearly greater than the available residual discretionary capital funding available for the remainder of 2020/21 of £1.327m, and to ensure that the integrity of the process is maintained, it has been necessary to complete a further prioritisation exercise, using the approach and criteria as outlined in paragraph 24.

27. In line with the previous processes, and with discussions at Executive Finance Group, Executive Management Team, Internal Capital Management Group and the Capital Management Board, a key consideration in reviewing that has been given to what will be possible for delivery in the remaining four months or so of this financial year. On top of this, there are opportunities to phase some schemes over this financial year and the next, but it is

acknowledged that this will then pre-commit an element of next year's discretionary capital funding. However, this is not untypical at this stage of the financial year with a number of capital schemes, almost by definition, often taking more than one financial year to complete.

28. There is a need to ensure that all schemes prioritised are able to be progressed for delivery quickly, and in line with the strategic priorities of the organisation. Given this, and the criteria and process as previously outlined, the table below sets out the proposed re-prioritised remaining discretionary capital programme for 2020/21, which was endorsed by Finance and Performance Committee on 19th November 2020.

	Estimated full scheme costs £000s	Proposed treatment 2020/21	Estimated costs of those prioritised	
			2020/21 £000s	2021/22 £000s
1. Those remaining from that previously on hold				
QlikSense Delivery Support	75	Seek to prioritise	75	
Bassaleg - additional site purchase and access improvements	95	Seek to prioritise	95	
Pembroke Dock MRD	975	Remain on hold for now - Q re business case and continued requirement		
Replacement AC condensers VPH	3	Seek to prioritise	3	
Relocation of Monmouth AS to Monmouth Fire Station (Establish an SDP at Monmouth)	24	Seek to prioritise	24	
Proposed additional drainage surveys and remedial drainage work 2020-21	69	Seek to prioritise	69	
		Seek to prioritise - will only be able to start scheme in 20/21 with cfwd commitment in 21/22		
Minaeron Reporting station refurbishment	516		200	316
2. New priorities post June 2020 via CMB etc priority mechanism:-				
Cwmbrlra H&S and other concerns	200	Seek to prioritise	200	
Other potential H&S and other station site works	100	Seek to prioritise	100	
NEPTS accommodation replacement - Swansea	100	Seek to prioritise	100	
		Seek to prioritise - will only be able to start scheme in 20/21 with cfwd commitment in 21/22		
GUH Estates requirement (estimated capital costs of a leasehold solution)	700		150	550
ICT SAN nodes v.3.2	79	Seek to prioritise	79	
Tyre equipment	58	Seek to prioritise	58	
Proposed additional support to the C&E team to progress and accelerate enhanced scheme delivery (proposed by EMT and supported by CMB and FPC)			125	
Total	2,994		1,278	866

29. This approach seeks to maximise the number of schemes, either previously approved and on hold, or for those pressures and issues that have emerged in year, that can now be progressed at this time, noting that two of these will now continue into next financial year. It should also be noted that the one notable exception to this is the agreed need to revisit a Pembroke Dock MRD scheme in line with operational priorities and the need to review the estates plans in South West Wales, alongside the outcomes from the EMS Demand and Capacity Review.

30. The biggest single additional "in year" scheme in terms of financial value relates to likely operational estates accommodation requirements in the Cwmbran area following the service enhancements to support the opening of the Grange University Hospital, and whether this can be combined with other estates requirements emerging in the area, including potentially as a result of the EMS D&C review. Whilst some elements of this are likely able to be progressed this year, it is noted that further work is required regarding the strategic plans within the Aneurin Bevan UHB footprint and this will have implications beyond the 2020/21 financial year. A number of options are still being evaluated for a more permanent solution, with a shortlist emerging, which has allowed for a more robust estimate of the potential capital costs for a refurbishment identified. Discussions will also continue ABUHB over at least part funding of an agreed solution, noting that, as with GUH fleet requirements, the ultimate funding source for all NHS Wales organisation's capital spend is through WG funding. Once all this has been concluded, given the likely capital value of this scheme, a separate business case will be brought through for Trust Board approval. Due to the time of year and the stages of design and procurement needing to

be finalised prior to delivery as a result, any resulting project will then need to be funded over two financial years as illustrated in the table above. However, it is prudent to recognise some cost element of this now, for the remainder of this financial year.

31. As with all years, there is an acknowledgement that this is a dynamic process and there will be a process in place to closely monitor any additional in year cost slippage / variation. FPC noted this and agreed that the Capital Management Board considers how any additional slippage/underspends are dealt with between now and the end of the financial year, ensuring that all approvals are in line with the Trust Scheme of Delegation (SoD) through, for example, acceleration of 2021/22 schemes where funding is already approved or assumed. As with previous financial years, full detail of the final programme spend will continue to be reported through to FPC and Board.

Board approvals required

32. No new specific Board approvals are considered to be required at this stage to progress the updated discretionary capital programme proposed. This is due to the fact that:

- All of the schemes previously on hold which are now proposed to be progressed have already been approved via the appropriate governance mechanism previously, depending on the total scheme value and the Trust's SoD. This includes the Minaeron Reporting Station project previously approved by the Trust Board;
- None of the new schemes being progressed now that have emerged in year require Trust Board approval at this stage, given their value, with any with any scheme with an individual value over £100k having been approved at the FPC on 19th November 2020, at which much further detail to support such approval was provided;
- The one scheme that will likely require Trust Board approval is the likely solution for additional operational estates capacity in the Cwmbran area, including as a result of the additional services being provided to GUH. This is still being finalised and will come through separately for Trust Board approval, if required. The Board are asked to note and endorse however the current proposal in the table as part of paragraph 28 to reserve an initial element of the remaining funding this financial year towards this scheme, should this subsequently be forthcoming and approved, with the majority of any likely spend to then fall in 2021/22.

33. Given the impact the non availability of elements of the previously assumed AWCP funding has had on the Trust's discretionary capital programme this financial year however, and the additional complexities this has introduced, it is important that the Trust Board is sighted on some of the detail of this discretionary capital programme update however, and are asked to further note this and that endorsed by FPC on 19th November 2020.

All Wales Capital Programme

34. Alongside the Trust's discretionary capital programme runs a number of schemes that are funded separately by Welsh Government from the All Wales Capital Programme (AWCP), following the submission of business cases by the Trust into Welsh Government. This includes the more significant schemes this financial year of the Cardiff MRD and the new 111/GP out of hours integrated information system for the NHS in Wales, for which the Trust is the contracting authority.

35. As is often the case at this time of year, Welsh Government have requested that the Trust seek to fix the financial values that it will need to be funded from the AWCP for all schemes funded in this way, to ensure at a national level government can plan for any slippage that may be emerging in such schemes across the NHS in Wales. In doing so, Welsh Government guarantees to re-provide the funding for any costs that are slipping against these schemes in future financial years. Given the nature of these schemes these are very much likely to often straddle a number of financial years.
36. The table below provides an update on the current expected AWCP funding this financial year as a result of these recent adjustments to that funding to match the current estimated levels of spend in the 2020/21 financial year. Note that this is of course just the 2020/21 values, with many of these have further cost commitments and agreed funding levels next financial year (and in some cases beyond):

	2020/21		
	Current CEL as at 02/10/2020	Scheme slippage / Additional funding	Forecast "fixed" CEL November 2020
Cardiff MRD	4,028	-600	3,428
111 Integrated Information Solution	1,400	-500	900
Grange University Hospital Fleet	1,144		1,144
ESMCP - Control Room Solution	149	-30	119
Mobile Clinical Unit (for NCCU)	537	-5	532
ePCR FBC	0	216	216
"COVID costs" funding	874	617	1,491
Phone First – initial capital requirements at VPH (max value – formal approval letter pending)	0	2,040	2,040
Total	8,132	1,738	9,870

37. The above table shows some updates to the changes in the Trust requirements from the previously issued WG CEL as a result of this exercise, in terms of reductions most of these are merely timing issues with the profile of spend being updated across the financial years of the project:

- Cardiff MRD – some further slippage of costs into 2021/22 due to "COVID delays" in the build programme earlier in the financial year, although these were recognised at the time so this adjustment has been expected, with the contractor on site now delivering to a revised build timeline agreed when works commenced;
- 111 Integrated Information Solution – Again, some further slippage due to COVID, which has resulted in a roll out delayed circa 3 months, along with some further delays in recruiting staff;
For both these key schemes it has been confirmed by WG that these values included here now as cost slippage in 2020/21 will be repaid to the Trust in 2021/22 (or beyond) to match when the slipped costs are expected to be incurred.
- ESMCP – A small adjustment as a result of further delays is in relation to national delivery;
- Mobile Clinical Unit – A small adjustment relating to a specific ramp element for this which is now being progressed via a HB's CRL;
- ePCR FBC – Funding now expected to be provided this financial year to cover initial capital costs, following a positive response to the Trust's submitted FBC and subsequent appearance at a WG Digital Scrutiny Panel;

- COVID Funding – Funding provided to cover “COVID capital costs” expenditure incurred to date, for which a formal funding letter has been received from WG confirming this;
- Phone First - initial capital requirements for works on the VPH site. This scheme was also discussed and the expenditure approved, subject to formal confirmation of the WG funding, at the separate Board meeting held on 11th November 2020. The formal WG funding letter for this has also now been received.

38. It is also worth noting at this stage that work continues with the development of a South East Wales fleet workshop solution. The previously Board approved Outline Business Case was submitted to WG, following which further estates information was requested and has recently been provided. Further discussions are expected in due course and further updates will be provided to FPC and Board once available, on this further key development for the Trust.

OTHER

Public Sector Payment Policy (PSPP)

39. The Trust's Public Sector Payment Policy (PSPP) compliance up to Month 7 was 97.3% against the 95% WG target set for non-NHS invoices by number and 98.3% by value.

RECOMMENDED That the Board:

- **Notes the Month 7 revenue financial position and performance of the Trust as at 31st October 2020, and**
- **Notes the updates in relation to the Trust's capital programme, including the detailed update on the discretionary capital plan, paying particular attention to the Board approval assumptions set out in paragraphs 32 and 33.**



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AGENDA ITEM No	3.6
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

United Kingdom's Exit from the European Union: An Updated Risk Register

MEETING	Board
DATE	26 November 2020
EXECUTIVE	Director of Partnerships and Engagement
AUTHOR	Director of Partnerships and Engagement Head of Resilience
CONTACT DETAILS	Estelle Hitchon M: 07990 085055 E: estelle.hitchon2@wales.nhs.uk

CORPORATE OBJECTIVE	IMTP Objectives
CORPORATE RISK (Ref if appropriate)	CRR 34: Trust Reputation CRR: 229: Impact of Proposed Exit from the European Union
QUALITY THEME	7 Staff and Resources
HEALTH & CARE STANDARD	3.2 Communicating Effectively

REPORT PURPOSE	To update Board on the revised risk assessment undertaken in respect of the impact on the Welsh Ambulance Service of the United Kingdom's period of transition in its withdrawal from the European Union. The period of transition ends on 31 December 2020
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	11 November 20	For review and consideration of any required further action
Board	26 November 20	For information

SITUATION

The United Kingdom's withdrawal from the European Union took effect at 2300 on 31 January 2020 and, at the same time, the Withdrawal Agreement entered into force.

The Withdrawal Agreement provides for a transition period until 31 December 2020, during which time the UK remains in the single market, in order to ensure frictionless trade until a long-term relationship can be agreed. However, the latter remains subject to ongoing negotiations. If no such agreement is reached by the end of December, a no-deal Brexit would be the default outcome on 1 January 2021.

BACKGROUND

Board has considered a number of papers over the last two years in respect of the United Kingdom's exit from the European Union and its likely impact in terms of the Welsh Ambulance Service.

As this process now enters its conclusion, NHS Wales has reinstated its planning structures to ensure that, regardless of the outcome of trade negotiations, a smooth and orderly process of full exit can be effected.

Given that any impact is likely to be predominantly on supply chain, and to a lesser extent in the case of the Welsh Ambulance Service, workforce, it is important that the organisation remains engaged in the planning process.

As part of this, the extant risk assessment in relation to "BREXIT" has been updated to reflect current circumstances, including the additional impact of the Covid-19 pandemic. There is no anticipated change to the current Corporate Risk Register rating.

ASSESSMENT

The Head of Resilience has led a piece of work on behalf of the organisation to revisit the existing risk assessment to ascertain whether there has been any movement in those risks. This revised risk assessment was considered by the Executive Management Team at its meeting on November 11.

Clearly, the risk assessment may be affected by the outcome of trade negotiations, something which remains unknown. Additional detail has been added around PPE availability (notably Corpro masks) and other risks also potentially affected by the Covid-19 pandemic, for example fleet availability.

The comprehensive nature of the assessment was noted by EMT. This discrete "Brexit" risk assessment has been uploaded to the Corporate Risk Register, where withdrawal from the European Union is noted as risk number 229.

As agreed at the Board's meeting in September 2020, this revised risk assessment is presented to the Board for information. At this stage, it is not anticipated that there are further mitigating actions which the Executive Team needs to take in respect of the revised risk assessment. The Director of Finance has been made aware of the risk assessment findings in respect of potential additional spend required, with a further paper on this due to be considered by EMT.

RECOMMENDED: That Board notes the work undertaken to re-assess and address any risks inherent in the ending on 31 December 2020 of the United Kingdom's "Brexit" transition period.

EQUALITY IMPACT ASSESSMENT

Undertaken to ensure the rights of protected characteristic groups are respected and that there is no adverse impact.

REPORT CHECKLIST

Issues to be covered	Paragraph Number (s) or "Not Applicable"
Equality Impact Assessment	ALL
Environmental/Sustainability	Not applicable
Estate	Not applicable
Health Improvement	ALL
Health and Safety	Not applicable
Financial Implications	To be determined following outcome of revised risk assessment
Legal Implications	ALL
Patient Safety/Safeguarding	Not applicable
Risks	To be determined following outcome of revised risk assessment
Reputational	ALL
Staff Side Consultation	Revised risk assessment to be shared and discussed with TU partners,

OFFICIAL-SENSITIVE																	
WAST EU Transition Period (ETP)																	
Risk Assessment - updated 26/10/2020																	
Ref	Date Identified	Risk Title and Strategic Theme	Risk Owner	Risk Description	Active Controls in Place	Control Owner	Severity	Domain	Likelihood	Risk Rating	Additional Mitigating Actions	Owner	Progress	Severity	Likelihood	Risk Rating	Target Rating
1	Oct-18	Internal understanding and appreciation from Trust departments regarding the potential impacts of ETP - People	EH - Brexit Exec Lead	Trust colleagues not fully sighted on, or appreciative of, potential risks associated with ETP. Failure to adequately plan for potential impacts.	<ul style="list-style-type: none">* Exec Brexit Lead assigned - EH* Ops Brexit Lead - RT* Ops Brexit Coordinator - CS* All BC Group members sent questionnaire on key issues and risk assessment undertaken* Multi agency approach to potential risks via JESG* WG Resilience forums assessing potential risks* Brexit being addressed through Wales NHS forums* NHS Wales Confed providing FAQs on Brexit for NSW bodies* WG HSSG has implemented a Brexit oversight group* Brexit SRO Group re-established Sept 20. DPE represents WAST	ADO RT	2	E,F,G,H,I	3	6	"While this risk assessment has been undertaken which identifies any substantive risks as they are currently identified and the active controls in place, any further mitigating actions will be dependent on the current negotiations in respect of a deal/no deal scenario, recognising that WAST and NHS Wales planning is based on worst-case scenario (i.e. no deal)	Trust	<ul style="list-style-type: none">SBAR and risk assessment presented to EMT in closed session.* SBAR to go to TB on 29th Jan (completed).* Email sent to all command level staff on 14/1 regarding C3 requirements* CEO has called a meeting on 21/1/19 (completed)* EH a member of the WG SRO with CS deputising* Staff notifications sent out on Siren ref EU status* C3 meetings held on 23/2 and 4/3 with key departmental leads* EU Exit delayed until 31/10/19* Update 28/10 - flexextension given by EU to 31/1/20, no deal less likely but still not eradicated completely.* UK has left the EU but in a transition period until 23:59 31st December 2020. *EMT and Trust Board sighted on further planning underway (Sept20) and revised risk assessment due to be reviewed by both fora Nov 20	2	3	6	4
2	Oct-18	Potential impacts on Trust goods and services - Supplies	CT - Dir Finance	Disruption in supply of essential goods and services which have their origin outside the UK, resulting in operational disruption or presenting enhanced lead times for supply/procurement	<ul style="list-style-type: none">* Business Continuity plans and Business Impact Analyses are in place for all Trust depts.*All appropriate items/supply lines at risk of Brexit impact notified to Welsh Govt as part of pan NHS Wales planning* Clinical Equipment Manager liaising with NWSSP over their plans and mitigation.* NHS Wales is undertaking wider assessment on medicines and critical supplies. WAST engaged in this work* NHSWSSP is working closely with NHSE and their consultants Deloitte to evaluate procurement contracts and potential deal/no deal impacts and will 'overstock' by approx. 6 weeks of usage as a precaution.*As of Nov 2018 Deloitte has commenced work on NSW Oracle and Accounts Paid (AP) systems to identify the origin of supply. Clinical procurement manager and Finance team have confirmed that all supply lines are identified through Oracle or AP.* Update 26/10/2020 - learning from COVID-19 pandemic and pressures on	ADO RT	3	E,F,G,H,I	3	9	<ul style="list-style-type: none">*Outcome of NHS Wales and Deloitte work will identify any further risks and potential mitigation.* Update 3/11/2020 - during the current COVID-19 pandemic, supplies of some PPE have been more challenging for the Trust. For example, further supplies of the 1833 masks have been problematic to secure. In order to obviate further issues, the Trust is investing in personal issue CorPro masks, with a full-head hood provided to those colleagues for whom a CorPro is not suitable.	Trust	<ul style="list-style-type: none">* SSP are introducing additional stocks and are putting in an escalation framework to address any supplies issues.*Deloitte's work has matched 50% of Wales good to NHSE goods* 3/19 - Additional SSP arrangements being put in place to hold additional stocks for NHS Wales and designated site* Update 28/10/19 - Exercise Athena run by NWSSP, some issues identified, WAST advised to overstock by 2 weeks and also fuel lock down to continue UFN.* Update 26/10/20 - WAST will look to overstock all sites by 25% for the final stages of the transition period and take into account learning from COVID.	3	2	6	4
3	Oct-18	Financial impact on planned spending - Supplies	Dir Finance CT	Financial impact of pre-Brexit planning, including overstocking of supplies, has adverse impact on organisational finances	<ul style="list-style-type: none">* Sound financial planning.* Provision made through operational budgets/contingencies for additional spend in year to mitigate risks*Financial planning assumptions to reflect potential risks around post Brexit cost escalation e.g. fuel, energy etc.* Re-profiling planned expenditure as/iff required	Director of Finance	3	E,F,G,H,I	4	12		Finance Dir	<ul style="list-style-type: none">Issues raised with EMT as part of risk assessment process and reporting, WAST is in a favourable financial position moving into Q4 18/19, costs of re-filling fuel bunkers could be around £100k, however this is held on our balance sheets as an asset.*3/19 - bunkers to be filled and SDT requested to confirm request not to use bunkered stocks until after EU exit date plus 1 week*4/19 - EU exit delayed until 31/10/19 so bunker restrictions lifted but will be reinstated from 14/10/19.* Update 31/10 - further flexextension approved until 31/1/20, is still within financial year so identified impacts can be managed.* 26/10/20 - UK has left the EU but in a transition period until	3	2	6	4

- The following should be considered when undertaking the risk assessment:
 - What are the risks?
 - Where do the risks prevail?
 - Who may be affected by the risk?
 - How will they be affected?
 - What can be done to mitigate the risk?
 - Who will undertake the mitigation actions?
- WG identified the following strategic themes for consideration:
 - Borders
 - Travel
 - EU Nationals.
 - People
 - Fuel
 - Immigration
 - Supplies
 - Critical Infrastructure
 - Command Resilience
 - Energy
 - Transport

4	Oct-18	Staffing impacts on EU workers - EU nationals, People, Immigration	Dir WOD - CV	Potential loss of staff or inability to recruit as a result of changes in "right to work" arrangements for EU nationals. Risk of being unable to identify all EU nationals in our employ and thus fail to adequately advise them, resulting in detriment.	* Publicising of right to work "settled status" arrangements in line with national guidance * Direct communication with staff and managers in relation to updating ESR records in order to assist in the identification of affected staff in order that support can be offered *Confirmed approx. 20 staff who have declared EU status on ESR	Director of Workforce and OD	3	E, F, G, H, I	3	9	Further advice on issues of employment, settled status for employees and their families will be issued as and when available. Focus on supportive messaging, including through TU partners.	WOD	All WAST staff contacted through Siren to advise of the scheme which closed on Dec 21st 2018, multiple communications made to staff on this issue and requested to ensure ESR records are updated urgently. * 3/19 - this exercise has been done multiple times, now risk reduced as far as possible internally, however impacts externally are not within our ability to mitigate against. * Update 28/10 - WAST have done everything possible and no specific issues have been raised with us by staff. * Update 26/10/20 - request made of HR to undertake exercise again due to numbers of staff changes, WG advice is that we cannot request the info but advise staff that support is available if they need it.	2	2	4	4
5	Oct-18	Increased workload for key staff as part of Brexit preparations and potential ongoing impact	EH - Brexit Exec Lead	Potential of increased workload for key staff in pre and post Brexit planning	* Brexit currently being addressed as a BC issue , working with Depts. BC leads to ensure there is suitable mitigation in place against risks * Section included on Brexit in BCP and BIA. *Recognition of impact on "day job" for some and need to refocus priorities dependent on risk and impact	Director of Partnerships and Engagement	3	A, C, E, F, I	3	9	* EU Transition monies are available to support Brexit preparedness *Should additional resource be deemed appropriate, a submission needs to be made to WG for access to any remaining funding, which requires Executive level approval. * Update - 26/10/2020 - above statement will need to be revisited due to move to Transition period. Unlikely now that further resource will be required given current position	EH	Discussed at EMT on 19/12/18 and not considered necessary. * WAST Command teams emailed on 14/1 to have a heads-up on potential requirement for staffing various command forums. * 3/19 - C3 arrangements being worked through with department leads but workload and demands from LRF and WG is at times overwhelming the Resilience teams ability to manage. * 5/19 - although EU exit date delayed until 31/10/19 reporting processes were put in place for 3 weeks and this was managed wholly by the resilience team. This process worked well and is stood down until required in Oct 19. * Update 28/10/19 - steady state reporting to continue UFN, Resilience Team are handling reporting out to LRFs and collating dept responses daily for the returns. * update 26/10/20 - depending on what reporting processes are going to be required that will influence the impact on key staff, first EU Transition Period (ETP) group to meet mid to end of November 2020. Reporting requirements not yet wholly	2	3	6	4

6	Oct-18	Impacts on fuel supplies - Fuel	LB - Dir Ops	Risk of disruption to fuel supplies on which the organisation is dependent for its effective operation	* Each LRF area has an existing fuel plan as does the Trust. * Plan is predicated on bunkering diesel at approx. 20 sites across Wales that we can draw from in the event of an interruption to supplies. * Trust part of the preferential users scheme so vehicles get priority supplies from pumps as needed, although this has a timeline attached	ADO RT	3	A, E, G, H, I	3	9	Fuel bunkers have been replenished as part of winter planning and costs absorbed into existing budgets	DH	Update 24/12/18 - fuel bunker stores across Wales are approx 94,000ltrs short of their full capacity. * 3/19 - fuel bunkers to be filled and locked down until 1 week post EU exit. * 5/19 - Bunkers were locked down but after delay to Eu Exit announced they have been reopened for use and will be closed again when necessary, useful exercise to prove the process works. Will be locked down again from October 14th 2019. * Update 28/10 - fuel bunkers to remain locked down UFN due to flexextension until 31/1/20 * Update 26/10/2020 - fuel bunkers to be refilled and locked down for final phase of transition period for 24/12/2020 - action passed to Ops teams	3	2	6	4
7	Oct-18	Reclaiming costs of treating non UK nationals - Borders, Travel, People, Immigration	CT - Dir Finance	Lack of clarity over reclaim of costs incurred as a result of treatment of EU nationals currently treated as part of the reciprocal EHIC arrangements	WG advises that patients will continue to be provided with treatment as now; reciprocal cover arrangements will then need to be negotiated as part of a deal/no deal situation	Director of Finance	1	E, G, I	1	1	* Mitigating actions will depend on whether there's a deal or a no deal outcome and the direction is known. However, concerns are negligible from a WAST perspective.		Negligible risk. WG Cab Sec for Health has stated that any EU national will still receive free healthcare in Wales post the EU Exit date. * Update 28/10 - no change. * Update 26/10/2020 - no change to these arrangements	1	1	1	4
8	Oct-18	Vehicles - Transport, Supplies	LB - Dir Ops	Risk of delay in the procurement of fleet (Mercedes, Renault and Honda) and replacement parts . Procurement of these is based on existing OJEU frameworks. These frameworks may no longer be in place as a result of a no deal Brexit and as such we will need to establish alternative procurement routes which may be more costly and take more time, frustrating overall vehicle procurement processes and the agreed fleet SOP with WG. Coachbuilding / conversion is also undertaken by companies based in Europe and similar issues in terms of time/cost should be anticipated.	Currently adhering to agreed Fleet SOP and no immediate risks identified, although there may be some issues, as yet unquantifiable, about replacement factory made parts for vehicles less than 18 months old and under warranty	Fleet Manager	3	F, G, H, I	4	12	*There are options in terms of attempting to procure additional chassis in-year, although lead times may now preclude this option. In addition, in the event that chassis are delayed post-Brexit, then it is possible to extend the "Lifespan" of existing vehicles, with appropriate maintenance and the attendant costs thereof etc.	Fleet	Discussed at EMT on 19/12/18 and noted. Overall WAST Fleet Business case makes provision for guaranteed monies year on and numbers of vehicles can be amended according to the funding available. * 3/19 - NB advised that Renault and Mercedes should ensure sufficient stocks of parts * Update 28/10 - meeting planned with Fleet procurement on 30/10 to discuss the situation with outstanding orders. * Update 26/10/2020 - fleet requested to revisit contracts with suppliers for parts and vehicles and ensure sufficient stocks exist in WAST or with suppliers based in the UK.	3	2	6	4
9	Oct-18	Critical equipment - Supplies	BL - Medical Director	Risk of disruption to servicing contracts for key items of equipment such as Corpuls defibs and other pieces of kit as well as their consumables.	* Confirmation from Ortus that they are going to overstock consumables in Nov 18 to ensure continuity of service for Corpuls defibs and their consumables. * the impact on NWSSP 'non stock' items procured through Oracle but not held as part of their overstocking process should be picked up through the Oracle and AP audit being undertaken by Deloitte with NWSSP.	Clinical equipment and Supplies Manager	3	A, D, E, G, H, I	3	9	The work being undertaken by NWSSP, NHSE and Deloitte will determine the continuation of existing contracts after 29th March 2019	Med Dir	Discussed at EMT on 19/12/18 and noted. *3/19 - agreement made with SDT that stations and Hensol stores should overstock up to Xmas and NY levels as a BC issue. * 5/19 - overstocking stood down after EU exit delay announced, will be implemented again in readiness for new date, useful exercise to prove it can be done and of value. * Update 28/10 - no change on this, flexextension agreed until 31/1/20 so will continue as is UFN * - Update 26/10/2020 - agreed with Clinical Equipment & Logistics manager that we will overstock by 25% of usual level.	3	2	6	4

10	Oct-18	Human Behavioural response - People	LB - Dir of ops	Risk of public disorder/civil unrest e.g. as a result of panic buying etc. in the event of fears over availability/cost of supplies in the event of a no-deal Brexit	* Civil contingency plans in place in line with statutory duties	Director of Ops	2	A, D, E, G, H, I	2	4	* Mitigating actions will depend on whether there's a deal or a no deal outcome and the direction is known,	Ops	Discussed at EMT on 19/12/18 and noted. *At DPLRF on 11/1/19 issue raised with SCG that Police may be stretched to support issues elsewhere in the UK and as a result may not be able to provide the same level of partner support as would routinely be expected. * Update 28/10 - no deal now less likely but not impossible, no intel that any public order issues are expected however EPRRG Public Order guidance is available to commanders if needed. * Update 26/10/2020 - now that the UK has exited and this is the transition period, the potential of public order remains and will need to be monitored dynamically with other.	2	2	4	4
11	Oct-18	Contracts - Supplies, Critical Infrastructure	CT - Dir Finance	Risk of existing contracts which expire soon after 31/10/19 becoming problematic to renew as a result of a no-deal Brexit	Deloitte work covers both Oracle and AP; there is no procurement outside of these routes so everything should be captured.	Director of Finance	3	F, G, H, I	3	9	* Mitigating actions will depend on whether there's a deal or a no deal outcome and the direction is known,	Med Dir	Discussed at EMT on 19/12/18 and noted. * Based on Deloitte's work and SSP mitigation this should be identified and mitigated. * Update 28/10 - no change to this * As UK has exited the EU and is now in the transition period there is still the potential for a no deal but actual risk as yet unknown	3	2	6	4
12	Oct-18	Clinical Trials - People, Supplies	BL Medical Director	Risk to continuation of research activity where medicines not procured through normal route are in use.	Confirmed that there are no research schemes underway or planned that use non standard drug therapies	Head of Research	1	A, E, I	1	1	None required	Med Dir	Discussed at EMT on 19/12/18 and noted. * Negligible risk * Update 28/10 - no change	1	1	1	4
13	Nov-18	Data Sharing / Storage - Critical Infrastructure, Command Resilience	AH - Dir Digital	Risk around data stored in the EU if bespoke non NWIS products are used. NWIS is clear in its specifications that no patient data can be stored outside of the UK; however organisations may have systems that do not conform to this.	Everbridge, the supplier of the mass notification system, has confirmed that their primary data is in the UK with backup data stored in the Netherlands. Awaiting confirmation of 'no deal Brexit' continuity arrangements.	ADO RT (in respect of Everbridge) Head of ICT (for other ICT systems)	3	A, E, F, H, I	2	6	* Mitigating actions will depend on whether there's a deal or a no deal outcome and the direction is known,	ICT	* Update 26/10/2020 - no change	3	1	3	4
14	Nov-18	Mutual Aid - Command Resilience, People	LB - Dir Ops	Risk of reduced reliability of mutual aid in the event of its being required as other services may face similar pressures and feel unable to release resources to support WAST	* We have an agreed UK mutual aid plan in place for ambulance provision and support. *The chances of any Brexit impact being significant enough for neighbouring services to not provide mutual aid in the event of a major incident is considered negligible	Director of Operations	3	A, B, C, E, H, I	2	6	* Mitigating actions will depend on whether there's a deal or a no deal outcome and the direction is known,	Ops	Discussed at EMT on 19/12/18 and noted. * As per risk 10 at DPLRF on 11/1/19 issue raised with SCG that Police may be stretched to support issues elsewhere in the UK and as a result may not be able to provide the same level of partner support as would routinely be expected. * Update 28/10 - English teams have been asked to support mutual aid to SCAS in preparation for potential no deal, devolved not involved in this but Dir Ops getting regular info on plans. * Update 26/10/2020 - no update on this aspect, a national Mutual Aid Plan that would deal with long term deployments produced by SECamb, EPRRDG and EPRRG has been tabled with	3	2	6	4
15	Dec-18	Ports and borders issues at Holyhead - Borders, Travel, Immigration, Supplies	LB - Dir Ops	Risk that a no deal Brexit may impact heavily on the Port of Holyhead on Anglesey, as well as those in Pembrokeshire. This may result in operational difficulties in relation to congestion on local road infrastructure, potentially affecting performance, health and welfare of individuals awaiting port checks etc.	* The NWLRF will run TCG and SCGs should this risk be realised with input from WAST	Director of Ops	3	A, B, C, D, I	3	9	* Mitigating actions will depend on whether there's a deal or a no deal outcome and the direction is known,	Trust	Discussed at EMT on 19/12/18 and noted. * This risk is will be addressed by NWLRF through their SCG and TCG arrangements * Update 28/10 - Current EU Exit plan identifies a border between UK and mainland Ireland down the Irish Sea, this could see customs arrangements being put in place in Welsh ports in the future. * Update 26/10/2020 - this remains a risk and the issue remains to be resolved by the UK Government and the EU	3	2	6	4

16	Dec-18	Command Capacity to support multiple LRF SCG and TCGs and ECC(W) Command Resilience	LB - Dir Ops	<p>Welsh LRFs have indicated that they will set-up Strategic Coordination Groups and Tactical Coordination Groups to manage the potential impacts of Brexit.</p> <p>* As a national organisation WAST has limited capacity at Strategic, Tactical and NILO level to facilitate these groups as part of normal business.</p> <p>*However, as a Category 1 responder under the Civil Contingencies Act (2004) we are duty bound to support these groups if they are formed in support of our multi agency partners, therefore we will need to determine how we will do this.</p> <p>*requirements of command structure given current pandemic could further affect ability to respond to requirements</p>	<p>Currently WAST relies on National Strategic Commanders (10) and National NILOs (6) and regional Tactical Commanders (34) for out of hours management and for major incident response as required under the CCA.</p> <p>* Currently 2 of the Resilience Team are trained to operate in the Welsh Government ECC(W) environment. However, WAST Execs would be better placed to undertake this role and the necessary training will need to be provided.</p> <p>* Both SWLRF and NWLRF have been advised by CS at their Exec meetings that would be challenged to effectively support multiple SCG and TCGs across Wales related to Brexit, if GLRF and DPLRF decide to run similar coordination groups then we will need to have a plan to support.</p>	Director of Ops	4	A,B,C,D,I	4	16	<p>* The Resilience Team is going to run a Brexit Command workshop in early 2019 to establish how we would be able to support multiple SCG and TCG requests and what mitigation and planning arrangements need to be in place.</p> <p>Workshop not required as we went into formal reporting prior to the planned leave date and all processes worked as expected.</p>	CS	<p>The four LRFs have indicated that they will be running SCG and TCG level groups to manage potential Brexit issues.</p> <p>* Update 14/1/19 - emailed all WAST command levels that their assistance will be needed to ensure we meet our obligations under CCA to work with partners at SCG and TCG levels</p> <p>* Update 3/19 - C3 arrangements to meet LRF and WG reporting requirements are being developed to run from 18/3 through to 7/4 .</p> <p>*Update 5/19 - reporting arrangements were run for 3 weeks until delays announced, process worked, no ICC set up just SROs from each core function reporting into ICC for collation to LRFs.</p> <p>* process stood down after Brexit cancelled, initial SCG conversations starting end Aug, dates in diaries for LRF EU Exit related meetings already</p> <p>* Update 28/10 - reporting processes into LRFs commenced 14/10, steady state reporting from depts collated by resilience team daily, Health desk in ECCW opening 28/10 08-18 for 7 days.</p> <p>* Update 26/10/2020 - Awaiting WG and Cab Off decision on reporting requirements, likely to be by exception although this and any COVID-19 reporting required will significantly impact on our command cadre as an</p>	3	2	6	4
17	Dec-18	Incident Coordination Centre (ICC) capability to support potential Brexit planning and management arrangements Command Resilience	LP - Dir Ops	<p>In the event of a Brexit no deal that requires the Trust to implement extra-ordinary C3 arrangements the Trust does not currently have a full ICC capability in Wales.</p> <p>* The Civil Contingencies Act (2004) legislates the Trust as a Category One responder to be able to effectively manage a significant incident as well as maintain business as usual services and the capability to do this is an essential part of effective emergency planning arrangements.</p> <p>* The 'Silver Room' at VPH which would be used for this purpose has been reconfigured many times to facilitate CCC training and as a result has lost is capability to act as an ICC.</p> <p>* This presents a risk to the Trust in terms of standard incident management procedures i.e. managing severe weather, winter coordination cell, large events etc. and Brexit is the next potentially largest risk we face.</p>	<p>The current Silver Room is used the majority of the time for training CCC staff.</p> <p>* It does not provide a formal designated capability to work as an ICC, the functionality has been eroded over time and currently CCC staff or a command team would have challenges managing an incident from there effectively, thereby increasing the risk to successful management of the incident and the Trust reputation in any subsequent inquiry.</p>	Director of Ops	4	A,B,C,D,I	4	16	<p>The Silver room needs upgrading as a matter of urgency not just for Brexit reasons but also to enable the Trust to manage a significant incident successfully.</p> <p>* A small working group has been convened to establish the requirements and provide costings for the work to be carried out to dualise the room for both ICC and CCC training use.</p> <p>* The costs for doing this is currently estimated at around £50k and will be the subject of an SBAR submitted to EMT in January 2019.</p>	CS, CL, JW, BJ,	<p>New risk post EMT.</p> <p>* Both Estates and ICT have been tasked with obtaining plans and costings to identify what needs to be done to VPH ICC, meeting with Excelerate booked for 14/1 at VPH with BS. Risk unable to be mitigated until formal approval given to spend the money</p> <p>* Update 3/19 - plans for and procurement of upgrading for ICC underway up to a £50k ceiling, approved by EMT.</p> <p>* - Update 26/10/2020 - ICC refurbishment has been completed. ICC was used for 1st phase of COVID Pandemic and was tested in use. ICC now available for use by ODU 24/7 and sufficient space to accommodate a CCC and command cell however, COVID-19 social distancing needs to be maintained and could result in some activities taking place elsewhere, however WAST staff have not returned to office working so spare capacity exists for this.</p> <p>* Update 5/19 - ICC upgrade almost completed, process and governance work to be completed by end June 2019.</p> <p>* Update 28/10 - ICC booked out to Resilience Team until Jan 1st, use by CCC being approved on a case by case basis with agreement that room will be vacated within 20mins if required to be used as an ICC.</p>	1	1	2	4

18	01/07/2019 Updated 26/10/20	End of EU Transition period brings with it different risks than the previous exit dates due to other pressures Command Resilience	LB - Dir Ops	<div>The end of the Transition Period on 31st December 2020 brings with it some additional risks that didn't exist for previous dates ie<ul style="list-style-type: none">* Christmas and New Year holidays* Busy New Year's Eve* COVID-19 Pandemic restrictions* Winter pressures* managing the ETP, demand, winter pressures and COVID1- at the same time* Possible developing flu and other winter illnesses along with increasing COVID-19 cases and impacts on hospital capacity* Higher potential of severe weather impacting on travel, workload and command capacity</div>	<div>The planning we've done will be the same for this period, we may need to run joint winter pressure / EU exit C2 arrangements in tandem from the ICC.</div>	Director of Ops	3	A, B, C, D, I	3	9	<div>We will need to reassess our risks against the newly established national risk when published and consider the local impact on our services</div>	CS	<div>* Update 19/8 - all of these additional issues will be tested in both WG and LRF pre EU Exit exercises. * Update 28/10 - Flexextension until 31/1/20 means leaving date can be any time up to, this hopefully will be with a deal now that the agreement has been approved, however the Withdrawal Bill still has to be scrutinised and approved, also the potential of a general election in December could also impact on timescales so reporting continuing UFN * Update 26/10/2020 - UK is now in a Transition period having technically already left the EU, risks have also changed due to COVID-19 Pandemic</div>	3	3	9	4
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Impact / Consequence Score (severity levels) and examples of descriptors

	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaint/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key Aim/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key Aim/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key aim/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis

Appendix A: Impact / Consequence Score (severity levels) and examples of descriptors continued.

	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating

Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	Severely critical report National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business Aims/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key Aims not met	Incident leading >25 per cent over project budget Schedule slippage Key Aims not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key Aim/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key aim/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

i	Domain	1	2	3	4	5
	Brexit	No/little impact	Minor disruptive impact	Moderate disruptive impact	Highly disruptive impact	Prolonged service failure

Appendix A: Likelihood / Probability					
Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	May occur in exceptional circumstances, simple process, no previous incidence of non-compliance.	Do not expect it to happen/recur but could at some time. Less than 25% chance of occurring.	Might happen or recur occasionally. 25-50 % chance of occurring; Previous audits / reports indicate non-compliance; Complex process; impacting factors outside control	Will probably occur/recur; 50-75% chance of occurring; impacting factors outside of the control of the organisation.	Can be expected to occur in most circumstances; more than 75% chance of occurring; impacting factors outside of the control of the

			factors outside control of organisation.		organisation.
--	--	--	------------------------------------------	--	---------------

Risk scoring = Impact /Consequence x Likelihood

	Likelihood				
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Risk Scores & Classification

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk



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

AGENDA ITEM No	3.7
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

Diversity and Inclusion – Update for Trust Board

MEETING	Board
DATE	26 November 2020
EXECUTIVE	Claire Vaughan, Executive Director of Workforce and OD
AUTHOR	Dr Catherine Goodwin, Organisational Culture and Workplace Wellbeing Lead Faz Tahir Organisational Development Manager – Inclusion Lead
CONTACT DETAILS	Catherine.goodwin@wales.nhs.uk fatehullah.tahir@wales.nhs.uk

CORPORATE OBJECTIVE	
CORPORATE RISK (Ref if appropriate)	N/A
QUALITY THEME	
HEALTH & CARE STANDARD	N/A

REPORT PURPOSE	This paper provides an update of progress towards WAST equality strategic objectives.
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	18 November 2020	Note prior to presentation at Board
Board	26 November 2020	Note

SITUATION

1. This paper provides an update on progress towards delivering the action plan set out in the Trust's Strategic Equality Plan 2020/24.
2. The Board's attention is further drawn to the recently published AACE Stamp Our Racism promises which were developed following the two AACE Race webinars earlier this year, one of which was chaired by Professor Jason Killens. This paper introduces these promises and links to some of the promotional material; it sought the support of the EMT to promote and deliver these promises.

BACKGROUND

3. The Trust's Strategic Equality Objectives, as approved by the Board in May 2020, are:
 - a. **Objective One:** By 2024, we will continue to celebrate and promote the diversity of all our people, to ensure they feel safe, valued and respected at work.
 - b. **Objective Two:** By 2024, we will take action to maximise health opportunities and strengthen the voice of all citizens and staff to ensure the people who use our services have equity of access and improved experience with access to services that are sensitive to the needs of all.
 - c. **Objective Three:** By 2024, we will take action to increase awareness and tackle key equalities issues that may arise from a person's 'protected characteristics' to ensure our services, our culture and our people understand and are responsive to the needs of all.
 - d. **Objective Four:** By 2024, we will take positive action to increase representation and create a positive experience of work for individuals from diverse backgrounds, cultures and identities to ensure the Trust is seen as a great place to work, volunteer, develop, and grow for all.
4. The Trusts Strategic Equality Plan 2020-2024 contains a high level action plan for key objectives to be delivered over the next four years. As a result the Trust has started to implement the actions which have been identified.
5. The AACE Stamp Out Racism campaign is supported by all AACE members and includes five promises, the 5Rs; these are *Raise Awareness, Respond, Represent, Respect and Responsibility*.
6. The promises are further set out in Appendix 1, and delivery is aligned to delivery of Objective 1 of our SEO. as described below at paragraph 11.

7. More information about the AACE promises, including video messages of support from all AACE CEOs can be found here www.aace.org.uk/stamping-out-racism.

ASSESSMENT

1. The impact of the COVID19 pandemic on business as usual activity has meant that our ability to progress at pace towards delivery of our Strategic Equality Objectives and 2020/21 actions has been restricted. We are however seeing some improvements and actions now being delivered.

Objective 1

2. It has been identified that stakeholder panels for recruitment within WAST are not always be representative. Work has started to ensure a commitment to hosting stakeholder groups which are more diverse and inclusive across protected characteristics.
3. Due to the Pandemic, participation in events such as Pride and Black History Month have been challenging and very different to the norm. However despite the challenges, WAST promoted and hosted a number of Virtual Pride Events. Event'. In addition, to mark Black History Month a workshop discussing race was hosted by Susan Cousins of Cardiff University.
4. The Diversity and Inclusion Steering group has now met on two occasions since restrictions have eased with colleagues championing 6 broad areas – Race, LGBTQ+, Women, Disability, Age and Welsh Culture. Colleagues from the group have also started to attend National BME/Disability and LGBTQ+ forums.
5. Reverse Mentoring has now commenced with 7 Directors participating in the pilot project which is due to come to an end in April. This will be evaluated and reported to People and Culture and hopefully will be repeated.
6. As part of the Association of Ambulance Chief Executives, WAST has 'signed up' to the AACE stamp our racism promises and these are being shared across the organisation and actioned as follows:
 - a. *Raise Awareness* - We promise to create opportunities for discussion, listening, learning and education across our AACE network to increase individual, team and organisational cultural awareness and acceptance. Within WAST we have participated in the AACE workshops and the PECl team have organised a Race Discussion workshop for Black History Month. The reverse mentoring and commitment to diverse participation in the recruitment process all demonstrate our commitment.

- b. Respond - *We promise to campaign for lasting, positive change and improved experiences for our BME workforce and communities and to use our platform as UK ambulance services to take a stand against racism and race discrimination, harassment and victimisation.* We have worked with our communications team to increase awareness and have invited our colleagues repeatedly to bring incidents to our attention. Our reporting of racially motivated incidents against our staff has been improved, and this data will now be routinely reviewed as part of the work of the Trust's Personal Safety / Violence & Aggression Steering Group, reporting to the Health & Safety Committee.
- c. Represent - *We promise to improve access to jobs, training and education, career progression and wellbeing support for our BME workforce and members of our diverse communities to ensure greater representation across our services.* We are committed to increasing diversity with WAST and this is one of our key areas for development in the steering group. Our aims are to increase our presence at schools, to consider apprenticeships and internships specifically aimed at increasing diversity and to re evaluate how we recruit. Links have already been made to Careers Wales and schools, with a view to hosting some virtual careers talks as soon as circumstances allow.
- d. Respect - *We promise to put respect and compassion at the heart of our systems, processes, organisation behaviours and cultures to enable BME people to be confident, feel valued and express their true selves in the workplace.* We are encouraging discussion about difference and recognising the importance of intersectionality and how to support the networks within our organisation to feel confident and heard.
- e. Responsibility - *We promise to call out racism in all its forms and to challenge racist behaviour whenever we encounter it or are made aware of it to create and nurture an anti-racist culture across the ambulance service.* We have recruited to our OD Equality manager role and plan to recruit to a senior equality and engagement role that is currently in the JE process to ensure as an organisation we have taken full responsibility and opportunity to call out racism and nurture an anti-racist culture.

Objective 2

- 7. Throughout the Pandemic work has continued to engage with mental health service users directly and through mental health organisations. WAST is continuing to listen to mental health service users to see how our services can be improved especially due to the challenges of lockdown and the pandemic. A mental health leaflet to give more information to staff has been produced and has been disseminated to all stations.
- 8. EMT have also supported a proposal from the PECl team to develop the iN-Network which aims to achieve inclusivity, innovation, influencing and involvement. One of the goals is to engage a more diverse membership of

our community networks, particularly younger people and those from ethnic communities. This would ensure a more diverse engagement in design, planning and delivery of Trust services and care.

9. The Trust produced its first annual report on Welsh Language Standard which was made public in October 2020.
10. This year WAST was surveyed by the Welsh Language Commissioner which provided a snapshot of the Trusts compliance to the Welsh Language Standards. WAST has implemented 8 of the 9 actions identified by the Welsh Commissioner.

Objective 3

11. WAST is increasing awareness to reduce and prevent all incidences of abuse, datix reporting is reviewed and incidents of racism and discrimination towards staff and patients is now monitored and addressed.
12. Colleagues have been given the opportunity to raise concerns of inequality that exist within WAST through contact with the Trust's Wellbeing Lead. This is in line with the AACE promises as we have to raise awareness and understanding in order to address the issues within our service.

Objective 4

13. The Trust has appointed a Chaplain who regularly writes blogs which are shared on Siren. Work is being undertaken to further explore spiritual care amongst various faith communities.
14. We have not been able to advance our connections within the community as much as planned due to current restrictions. The iN-Network will support this development as it develops.

RECOMMENDED: That the Board is invited to NOTE the report and SUPPORT promotion of the AACE Promises to Stamp out Racism.

REPORT CHECKLIST

Issues to be covered	Paragraph Number (s) or "Not Applicable"
Equality Impact Assessment	Whole paper
Environmental/Sustainability	N/A
Estate	N/A
Health Improvement	Whole paper
Health and Safety	Whole paper
Financial Implications	None

Legal Implications	Whole paper
Patient Safety/Safeguarding	N/A
Risks	Whole paper
Reputational	Whole paper
Staff Side Consultation	Members of the Diversity and Inclusion Steering Group



PROJECT D – VALUING DIFFERENCE AND CELEBRATING DIVERSITY

STAMPING OUT RACISM - OUR PROMISES

RAISE AWARENESS

We promise to create opportunities for discussion, listening, learning and education across our AACE network to increase individual, team and organisational cultural awareness and acceptance

RESPOND

We promise to campaign for lasting, positive change and improved experiences for our BME workforce and communities and to use our platform as UK ambulance services to take a stand against racism and race discrimination, harassment and victimisation

REPRESENT

We promise to improve access to jobs, training and education, career progression and wellbeing support for our BME workforce and members of our diverse communities to ensure greater representation across our services

RESPECT

We promise to put respect and compassion at the heart of our systems, processes, organisation behaviours and cultures to enable BME people to be confident, feel valued and express their true selves in the workplace

RESPONSIBILITY

We promise to call out racism in all its forms and to challenge racist behaviour whenever we encounter it or are made aware of it to create and nurture an anti-racist culture across the ambulance service

#BLACK LIVES MATTER

TAKING A STAND AGAINST RACISM

AACE NATIONAL AMBULANCE DIVERSITY FORUM



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NHS Trust

AGENDA ITEM No	3.8
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

Charitable Funds Annual Report and Accounts 2019/20

MEETING	TRUST BOARD
DATE	26th November 2020
EXECUTIVE	Director of Finance and Corporate Resources
AUTHOR	Financial Accountant
CONTACT DETAILS	Chris Turley, 01633 626201, Chris.Turley2@wales.nhs.uk

CORPORATE OBJECTIVE	
CORPORATE RISK (Ref if appropriate)	
QUALITY THEME	
HEALTH & CARE STANDARD	3.3, 3.4, 3.5

REPORT PURPOSE	For the Trust Board to approve the Trust's Charity Annual Report and Accounts for 2019/20 including the assessment of going concern
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Charitable Funds	3rd September 2020	To review draft accounts and agree audit arrangements.
Trust Board	26th November 2020	To approve the Trust's Charity Annual Report and Accounts for 2019/20 and confirmation of the assessment of going concern.

WELSH AMBULANCE SERVICES NHS TRUST

TRUST BOARD

CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS 2019/20

SITUATION

1. The Welsh Ambulance Services NHS Trust Charity Annual Report and Accounts for 2019/20 are attached at Annex 1 and 2. The Report and Accounts have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

BACKGROUND/ASSESSMENT

2. The draft Trust Charity Annual Report and Accounts were presented to the Charitable Funds Committee (CFC) on 3rd September 2020. Since then, the Audit Wales (AW) team have undertaken an Independent Examination of the Annual Report and Accounts. In agreeing to the approach again for this financial year, CFC members also confirmed the requirement for the 2020/21 Charity Accounts to be subject to a full audit by AW.
3. No amendments or changes were required as a result of the Independent Examination.
4. The Charity's financial situation as a going concern should be confirmed by the Trustees. This should be made as a joint decision when approving the accounts.
5. This means that the Trustees should assess whether the Charity can continue its operations and meet its liabilities as they fall due for a period of 12 months from the date of signing.
6. As a result of the healthy reserve situation currently enjoyed by this Charity and in light of the management of funds in place, the Treasurer, Chris Turley, is happy to recommend to the Trustees that the going concern status is assured for a further 12 months from the date of signing the accounts.

RECOMMENDED:

7. **That the Trust Board approves the Trust Charity Annual Report and Accounts for 2019/20 and that the Trustees confirm their assessment of the Charity's financial situation as a going concern, prior to submission to the Charity Commission by the prescribed deadline of 31 January 2021.**

Welsh Ambulance Services NHS Trust Charity

Registered Number: 1050084

Annual Report 2019/20

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1. Reference and Administrative Details

Name of Charity:

‘WELSH AMBULANCE SERVICES NHS TRUST CHARITY’

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

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 and three other Executive Directors. The Trust acts as the Corporate Trustee of the Charitable Funds held on behalf of the ambulance services in Wales. During the year 2019/20 the members of the Trust Board were:

Chairman: Martin Woodford

Non-Executive Directors:

Kevin Davies (Charitable Funds Committee
Chairman)

Pamela Hall

Emrys Davies

Paul Hollard

Martin Turner (permanent from 13/12/19)

Bethan Evans (from 6/12/19)

Joga Singh (from 9/12/19)

Executive Directors:

Jason Killens	Chief Executive
Dr Brendan Lloyd	Medical Director/ Deputy Chief Executive
Christopher Turley	Executive Director of Finance and Corporate Resources
Claire Vaughan	Executive Director of Workforce and Organisational Development
Claire Bevan	Executive Director Quality and Nursing (left 31/12/19)
Claire Roche	Executive Director Quality and Nursing (from 1/1/20)

Address of Principal Office:

Welsh Ambulance Services NHS Trust
Ty Elwy
Ffordd Richard Davies
St Asaph Business Park
St Asaph
Denbighshire, LL17 0LJ

Treasurer:

Chris Turley
Director of Finance and Corporate Resources
Welsh Ambulance Services NHS Trust
Vantage Point House
Ty Coch Way
CWMBRAN
NP44 7HF

Bankers:

Barclays Bank plc
Corporate Banking Centre
70 Kingsway
Swansea, SA1 5JB

Auditors:

Audit Wales
Ground Floor, Unit 5325
North Wales Business Park
Abergele
Conwy
LL22 8LJ

Solicitors:

Blake Morgan
Bradley Court
Park Place
Cardiff
CF10 3DP

Registered Charity Number:

1050084

2. Structure, Governance and Management

2.1 Trusteeship

All funds donated for the benefit of ambulance services in Wales are held within this Charity. Separately identifiable designated sub funds are held within the main Charity's umbrella these being three Regional General Purpose funds, a National General Purpose fund, three Community First Responder Schemes, a Bursary Fund and a restricted Ambulance Equipment Fund.

The Trust Board is the sole corporate trustee of the Charity managed by the Welsh Ambulance Services NHS Trust and is accountable for its administration and stewardship. The duties, responsibilities and liabilities of trusteeship lie with the body corporate.

On appointment Executive and Non-Executive Directors take part in an informal induction programme and they are made aware, as Board members, of their responsibilities as the Corporate Trustee of Welsh Ambulance Services NHS Trust Charity. The Charitable Funds Committee regularly overviews the aims, objectives and recent performance of the charitable fund. The Committee is also updated regularly with any changes in Charitable Fund legislation.

During the financial year the Trust Board members took part in a very useful Board Development session on the role of a Corporate Trustee, which included the delivery of legal advice.

Members of the Charitable Funds Committee are aware of their responsibilities and aim to ensure that:

- a. All legislation and Charity Commission regulations are complied with;
- b. The Trust's rules and regulations are adequate and are adhered to;
- c. The Trust's charitable funds investment policy is approved by the Board and kept under regular review;
- d. The financial activities and the statement of affairs of the Trust's Charity are regularly reviewed;
- e. Expenditure approvals are given by the Board for expenditure requests over delegated thresholds;
- f. Delegated financial limits are approved for charitable fund expenditure.

2.2 Operation of Funds

During the year ending 31st March 2020 the following occurred:-

- The Trust's Charitable Funds Committee met twice during the year to review the affairs of the Charity and the management arrangements for all of the Charity's funds;

- The Trustee received annual reports on the management of the Charity's funds. Additional reports were also received by the Trustee for consideration and approval on the Charity's operations and policies;
- Individual charitable transactions have been subject to formal control procedures and reported to nominated fundholders on a regular basis;
- The Charitable Funds Committee has considered any risks to which the Charity may be exposed during the year. This has included a review of the systems and procedures operated by the Charity;
- The Independent Examiner will issue a report on the accounts. It is the Independent Examiner's responsibility to examine the accounts, following procedures laid down by the Charity Commission, and state any particular matters that have come to their attention.

2.3 Air Ambulance Appeal

Over 15 years ago an appeal was launched to fund the long-term operation of an air ambulance service for Wales. This appeal has been registered as a separate charity with the Charity Commission. Therefore, no air ambulance appeal funds are held within the Welsh Ambulance Services NHS Trust Charitable Fund accounts.

3 Objectives and Activities

Ambulance services in Wales receive numerous voluntary donations and gifts mainly from local communities within the principality. These gifts in law are regarded as charitable donations and as such are administered under the laws of trusteeship and the charitable acts laid down in statute.

All donations received are held in a separate charitable trust account and are used in accordance with the Charity's objectives as laid down in the governing document approved by the Charity Commission. Although the general objectives of the Charity are fairly wide ranging i.e. with reference to utilising funds "for any charitable purpose or purposes relating to the National Health Service", they are principally used to purchase amenities for the benefit of ambulance staff, together with providing additional training resources to further enhance the quality and standards of care provided by ambulance services in Wales.

The Welsh Ambulance Services NHS Trust Charity are sincerely grateful for the donations and legacies received, which are usually associated with the delivery of professional services and high standards of patient care provided by individual members of the service.

The recognition and support given to the ambulance service within Wales is appreciated and we would like to thank everyone for their continued support.

4 Achievements and Performance

4.1 Background

The Welsh Ambulance Services NHS Trust charitable funds' overall prime aim is to benefit patient care. Therefore the Trustee has a reserves policy of encouraging funds to be spent (in accordance with the donors' wishes) rather than to be accumulated. In line with this policy £53k (2018/19 £26k) was spent during the year to enhance the standards of patient care and ambulance staff welfare.

4.2 Income

Total Income during the year was £28k (2018/19 £33k). This is made up of donations of £27k plus £1k from other incoming resources. No specific fundraising activities were performed by the Charity during the year.

The majority of income was received from numerous individual donations of small value. Their worth to the continued support of ambulance patient care throughout Wales cannot be overstated. The Trustees would like to thank all the individuals who have contributed to the Charity during the year, particularly in a climate of competing calls on their charitable giving.

Primarily as a result of the unprecedented effects of the Covid-19 pandemic upon stock markets during the weeks running up to 31 March 2020, there was a £10k unrealised investment loss recorded in the accounts for the year to 31st March 2020 (£12k gain in 2018/19). Unrealised losses and gains can occur due to changes in market value, these can fluctuate up or down according to market performance. However, given the low risk nature of the investments made, to make such a loss is rare and even in this instance was much more of a timing issue in terms of when the initial impact of the Covid-19 pandemic hit global stock markets in relation to the financial year end - stock markets have since recovered during the period following year end and currently this reported loss as at 31st March 2020 has been more than recovered.

4.3 Expenditure

Total expenditure on charitable activities during the year amounted to £53k (2018/19 £26k). Of this, £7k (2018/19 £10k) was used to purchase a wide range of medical equipment and medical and surgical items for use on ambulances to enhance pre-hospital emergency care.

The Welsh Ambulance Services NHS Trust has 3,260 staff based across the whole of Wales. During the year £46k (2018/19 £16k) was spent from charitable funds for the benefit of staff and amenities. Of this £4k related to bursaries awarded to staff for training and development purposes (2018-19 £3k).

Total management expenses in the year amounted to £10k (2018/19 £10k) which represented 2.59% of the average fund balances in the year. This included costs relating to audit and governance.

4.4 Summary

The total charitable fund balances held at 31st March 2020 were £363k (31st March 2019 £408k). Fund balances therefore decreased by £45k during the year.

5 Financial Review

5.1 Reserves Policy (fund balances)

There are no recurrent commitments, other than the £10k management fee, against Charitable Fund Balances; donations are applied only to support non recurrent expenditure on staff and patient welfare.

The Trustee considers that public donations should be applied within a reasonable period of receipt, normally within 12 months, as long as there are no approved long term plans that require accumulation of balances, and that expenditure represents appropriate use of funds. During the year expenditure exceeded income by £35k.

The Trustee actively encourages fund holders to use their funds rather than accumulate, and look to reducing current balances.

The Charity has few fixed costs and the Trustee considers that free reserves should be set at a level to cover one year's worth of fixed cost at £10k. Reserves are currently above this level.

The Trustee has in the past approved a budget and reserves policy with the aim of utilising charitable funds in accordance with the donor's wishes. The Trustee also has an objective not to increase the total funds held between one year and the next unless special circumstances arose in accordance with the purposes for which the funds were given e.g. if funds were given to contribute towards a purchase in a future time period.

The Charitable Funds Committee in conjunction with Charitable Funds managers continue to consider options to expend the current accumulated funds.

5.2 Investment and Grant Making Policies

The Charity's investment policy is in accordance with the governing document as approved by the Charity Commission. This is to hold a minimum of 20% in interest earning bank accounts and a maximum of 50% in fixed income or equity funds. This is in order to obtain the maximum return on investment with the minimum of risk to the funds.

The Charity does not currently have a policy of making grants to other bodies and none were made during the 2019/20 financial year.

6 Trustee's Statement on the Accounts

The full annual accounts have been prepared in accordance with:-

- the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014;
- the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102);
- the Charities Act 2011, and
- UK Generally Accepted Practice as it applies from 1 January 2015.

They were approved by the Trustee on 26th November 2020. The full annual accounts have been subjected to an Independent Review and will be submitted to the Charity Commission.

The Trustee confirms that they have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the aims and objectives and granting of expenditure. Details of payments made during the year are detailed below. As a result of this expenditure members of the public accessing ambulance services either as patients or carers/relatives will benefit from the enhancement of equipment and services funded by them.

Patients' Welfare	- Purchase of small pieces of equipment and enhancement of services and facilities over and above that normally provided by the NHS.
Staff Welfare	- Enhancement of staff facilities and by providing education over and above that would normally be provided by the NHS.
Capital Equipment	- Purchase of equipment in addition to or an enhancement of that which would be normally provided by the NHS.

7 Plans for the Future

The Charity will continue to support staff with a view to enhancing patient experience.

Chris Turley

Executive Director of Finance and Corporate Resources
On behalf of the Trustee
26 November 2020

The full 2019/20 accounts are shown at **Appendix A** in this report. Additional copies of the Trust's Charitable Fund Accounts are available on request from the following address:-

Chris Turley
Executive Director of Finance and Corporate Resources
Welsh Ambulance Services NHS Trust
Vantage Point House
Ty Coch Way
CWMBRAN
NP44 7HF

Tel: 01633 626201

APPENDIX A

<h3>2019/2020 Funds held on Trust Accounts</h3>

WELSH AMBULANCE SERVICES NHS TRUST CHARITY

The accounts for Funds Held on Trust.

FOREWORD

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

STATUTORY BACKGROUND

The NHS Trust is the corporate trustee of the funds held on trust under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990.

The Trustee has been appointed under S11 of the NHS and Community Care Act 1990.

The Welsh Ambulance Services NHS Trust charitable funds held on trust are registered with the Charity Commission and include funds in respect of Ambulance services throughout Wales.

MAIN PURPOSE OF THE FUNDS HELD ON TRUST

The main purpose of the charitable funds held on trust is to apply income for any charitable purposes relating to the National Health Service wholly or mainly for the services provided by the Welsh Ambulance Services NHS Trust.

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2020

		Unrestricted funds	Restricted Income funds	Endowment funds	Total 2019-20 £000	Total 2018-19 £000
	Note	£000	£000	£000	£000	£000
Incoming resources						
Incoming resources from generated funds						
Income from donations and legacies						
Donations		26	-	-	26	28
Legacies	2	-	-	-	-	3
Investment income	3	1	-	-	1	1
Other incoming resources		1	-	-	1	1
Total incoming resources		28	-	-	28	33
Expenditure on						
Charitable activities	4	63	-	-	63	36
Total resources expended		63	-	-	63	36
(Losses)/Gains on investment assets		(10)	-	-	(10)	12
Net incoming /(outgoing) resources before transfers		(45)	-	-	(45)	9
Net movement in funds		(45)	-	-	(45)	9
Fund balances brought forward as at 1 April 2019		354	54	-	408	399
Fund balances carried forward as at 31 March 2020		309	54	-	363	408

BALANCE SHEET AS AT 31 MARCH 2020

		Unrestricted funds	Restricted Income funds	Endowment funds	Total 2019-20	Total 2018-19
		£000	£000	£000	£000	£000
	Note					
Fixed assets						
Investments	8/9	181	-	-	181	116
Total fixed assets		181	-	-	181	116
Current assets						
Debtors	10	1	-	-	1	4
Investments	11	139	-	-	139	139
Cash at bank and in hand		53	-	-	53	159
Total current assets		193	-	-	193	302
Liabilities						
Creditors: Amounts falling due within one year	12	11	-	-	11	10
Net current assets		182	-	-	182	292
Total assets less current liabilities		363	-	-	363	408
Funds of the charity:						
Unrestricted income funds		309			309	354
Restricted income funds			54		54	54
Endowment funds					-	-
Total funds	13	309	54	-	363	408

Chris Turley
 Director of Finance and Corporate Resources

Kevin Davies
 Chairman (Charitable Funds Committee)

26 November 2020

26 November 2020

STATEMENT OF CASH FLOWS FOR THE YEAR ENDING 31 MARCH 2020

	Note	Total Funds 2019-20 £000	Total Funds 2018-19 £000
Cash flows from operating activities:			
Net cash provided by (used in) operating activities	14	(31)	(12)
Cash flows from investing activities:			
Cash payments to acquire investments	8	(75)	-
Net cash provided by (used in) investing activities		(75)	-
Change in cash and cash equivalents in the reporting period		(106)	(12)
Cash and cash equivalents at the beginning of the reporting period	15	298	310
Cash and cash equivalents at the end of the reporting period	15	192	298

NOTES TO THE ACCOUNTS

Accounting policies

1.1 Accounting convention

Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at fair value.

The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The financial statements have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

In future years, the key risks to the Charity are a fall in income from donations or investment income but the trustees have arrangements in place to mitigate those risks (see the reserves sections of the annual report for more information).

1.2 Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified either as:

- A restricted fund or
- An endowment fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The Charity's restricted funds usually result from legacies for specified purposes.

Endowment funds arise when the donor has expressly provided that the gift is to be invested and only the income of the fund may be spent. These funds are sub analysed between those where the Trustees have the discretion to spend the capital (expendable endowment) and those where there is no discretion to expend the capital (permanent endowment).

The charity has no permanent endowment funds, and has one restricted fund created during 2015/16.

Those funds which are neither endowment nor restricted income funds, are unrestricted income funds which are sub analysed between designated (ear-marked) funds where the Trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustees' discretion, including the general fund which represents the charity's reserves. The major funds held in each of these categories are disclosed in note 13.

Accounting policies (continued)

1.3 Incoming resources

- a) All incoming resources are recognised once the charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

b) Legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

c) Intangible income

Intangible income (e.g. the provision of free accommodation) is included in the accounts with an equivalent amount in outgoing resources, if there is a financial cost borne by another party. The value placed on such income is the financial cost of the third party providing the resources.

1.4 Resources expended

- a) Expenditure is recognised when and to the extent that a liability is incurred. In accounts prepared on the accruals basis, liabilities are recognised as resources expended as soon as there is a legal or constructive obligation committing the charity to the expenditure as described in Financial Reporting Standard 5 and 12. A liability will arise when a charity is under an obligation to make a transfer of value to a third party as a result of past transactions or events.

b) Support Costs

In undertaking any activity there may be support costs incurred that, whilst necessary to deliver an activity, do not themselves produce or constitute the output of the charitable activity. Similarly, costs will be incurred in supporting income generation activities such as fundraising, and supporting governance of the charity.

Support costs do not, in themselves, constitute an activity, instead they enable output-creating activities to be undertaken.

c) Governance costs

Governance costs comprise all costs incurred in the governance of the charity. These costs include costs related to statutory account preparation and audit together with strategic management costs. Governance costs are apportioned as described in note 5 to the accounts.

Accounting policies (continued)

1.5 Investment fixed assets

Investment fixed assets are shown at market value. The following points should be taken into account when the valuations are being undertaken:-

- (i) Quoted stocks and shares are included in the balance sheet at mid-market price, ex-div;
- (ii) Other investment fixed assets are included at the trustee's best estimate market value.
- (iii) The date and amounts of the valuations;
- (iv) Where historical cost records are available, the carrying amount that would have been included in the financial statements had the investment assets been carried at historical cost less depreciation;
- (v) Whether the person(s) carrying out the valuation is (are) internal or external to the entity;
- (vi) Where the trustee is not aware of any material change in value and therefore the valuation(s) have not been updated, a statement to that effect; and
- (vii) Where the valuation has not been updated, or is not a full valuation, the date of the last full valuation.

2. Material Legacies

As per 1.3 b) above, legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the charity's control.

3. Analysis of gross investment income

	Unrestricted funds	Restricted Income funds	Endowment funds	Total 2019-20	Total 2018-19
	£000	£000	£000	£000	£000
Investments in a common deposit/investment fund	1	-	-	1	1
Total gross income	1	-	-	1	1

4. Details of resources expended - charitable activities

	Activities undertaken directly	Support costs	Total 2019-20	Total 2018-19
	£000	£000	£000	£000
Patient Education and Welfare	7	5	12	15
Staff Education and Welfare	46	5	52	21
Total	53	10	63	36

5. Allocation of support costs

Support and overhead costs are allocated over charitable activities. Governance costs are those support costs which relate to the strategic and day to day management of the charity.

	Charitable activities £000	Total 2019-20 £000	Total 2018-19 £000	Basis of apportionment
Governance				
External auditor's costs	2	2	2	
Internal audit	1	1	1	
Producing statutory accounts	5	5	5	
Strategic management cost	2	2	2	
	<u>10</u>	<u>10</u>	<u>10</u>	Average Balance of Fund
	Unrestricted funds £000	Restricted funds £000	Total 2019-20 £000	Total 2018-19 £000
Charitable activities	<u>10</u>	<u>-</u>	<u>10</u>	<u>10</u>
	<u>10</u>	<u>-</u>	<u>10</u>	<u>10</u>

6. Auditor's remuneration

The auditor's remuneration of £1500 (2018-19 £1,500) related solely to the independent examination with no other additional work undertaken.

7. Transfer between funds

No Transfers were made between funds.

8. Analysis of fixed asset investments

	Total	Total
	2019-20	2018-19
	£000	£000
Market value at 1 April 2019	116	104
Less: Disposal at carrying value		
Add: Acquisitions at cost	75	-
Increase / (decrease) on cash awaiting investment	-	-
Net (loss)/gain on revaluation	(10)	12
Market value at 31 March 2020	181	116

9. Analysis of market value

	Held	Held	Total	Total
	in UK	outside	2019-20	2018-19
	£000	£000	£000	£000
Investments in a common deposit/investment fund	181	-	181	116
Total market value of fixed asset investments	181	-	181	116

The investment fund above is invested in the COIF Charities Investment Fund and the investment valuation has been performed by CCLA Investment Management Ltd.

10. Analysis of debtors

	Total 2019-20 £000	Total 2018-19 £000
Amounts falling due within one year:		
Trade debtors	-	-
Prepayments	-	-
Accrued income	-	-
Other debtors	1	4
Sub-total	<u>1</u>	<u>4</u>
Amounts due over one year:		
Trade debtors	-	-
Prepayments	-	-
Accrued income	-	-
Other debtors	-	-
Sub-total	<u>-</u>	<u>-</u>
Total debtors	<u>1</u>	<u>4</u>

11. Current asset investments

The current asset investments of £139,312 (2018-19 - £138,464) are sums held on deposit to facilitate cash flow.

No current asset investments were held in non cash investments or outside the UK during the year.

12. Analysis of creditors

	Total 2019-20 £000	Total 2018-19 £000
Amounts falling due within one year:		
Trade creditors	11	10
Other creditors	-	-
Sub-total	<u>11</u>	<u>10</u>
Amounts due over one year:		
Loans and overdrafts	-	-
Trade creditors	-	-
Other creditors	-	-
Accruals	-	-
Deferred income	-	-
Sub-total	<u>-</u>	<u>-</u>
Total creditors	<u>11</u>	<u>10</u>

13. Analysis of funds - unrestricted, unrestricted designated and restricted funds

	Balance at 1 April 2019	New designation /receipts	Utilised/ released	Gross transfer between funds	Gains and losses	Balance at 31 March 2020
	£000	£000	£000	£000	£000	£000
Material designated funds						
North Region	122	7	(6)	(11)	(4)	108
Central & West Region	33	6	(3)	(5)	(1)	30
South East Region	10	4	(2)	(1)	-	11
First Responders North	13	8	(7)	-	-	14
Trust National Fund	173	3	(41)	(3)	(5)	127
First Responders South East	2	-	0	-	-	2
First Responders Central & West	-	-	0	-	-	-
Bursary Fund	1	-	(4)	20	-	17
Total	354	28	(63)	-	(10)	309
Material restricted funds						
Ambulance Equipment Fund	54	-	-	-	-	54
Total	408	28	(63)	-	(10)	363

14. Reconciliation of net income / expenditure to net cash flow from operating activities

	Total 2019-20 £000	Total 2018-19 £000
Net income / (expenditure) (per Statement of Financial Activities)	(45)	9
Adjustment for:		
(Gains) / losses on investments	10	(12)
(Increase) / decrease in debtors	3	(3)
Increase / (decrease) in creditors	1	(6)
Net cash provided by (used in) operating activities	(31)	(12)

15. Analysis of cash and cash equivalents

	Total 2019-20 £000	Total 2018-19 £000
Cash at bank and in hand	53	159
Notice deposits (less than 3 months)	139	139
	192	298

16. Pooling scheme

An official pooling scheme is operated for investments relating to the following schemes:

COIF Charities Deposit Fund

The scheme was registered with the Charity Commission on 28th March 2000.

17. Related party transactions

During the year neither the trustee or members of the key management staff or parties related to them has undertaken any material transactions with the Welsh Ambulance Services NHS Trust Funds Held on Trust.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public.

A recharge of governance costs of £10,000 (2018/19 £10,000) was made during the year from the Welsh Ambulance Services NHS Trust to the charity.

The Summary Financial statements of the Welsh Ambulance Services NHS Trust are included in the annual report and accounts.

18. Post balance sheet events

The Funds Held on Trust had no post balance sheet events having a material effect on the accounts.

19. Trustees' remuneration, benefits and expenses

The charity does not make any payments for remuneration nor to reimburse expenses to the charity trustees for their work undertaken as trustee.

STATEMENT OF TRUSTEE'S RESPONSIBILITIES

The trustee is responsible for preparing the Trustee's Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the trustee is required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements ;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustee is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011 and the Charity (Accounts and Reports) Regulations 2008. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustee is responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

By order of the trustee

Signed:

Kevin Davies
Chairman (Charitable Funds Committee)

26 November 2020

Chris Turley
Director of Finance and Corporate Resources

26 November 2020

**REPORT OF THE INDEPENDENT EXAMINER TO THE TRUSTEE OF
WELSH AMBULANCE SERVICES NHS TRUST CHARITY**

I report on the accounts of the Welsh Ambulance Services NHS Trust Charity for the year ended 31 March 2020, which are set out on pages 1 to 12.

Responsibilities and basis of report

As the charity's trustees, you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 (the Act). You are satisfied that the accounts are not required to be audited by charity law and have chosen instead to have an independent examination.

I report in respect of my examination of your charity's accounts as carried out under section 150(3) of the Act. In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5) (b) of the Act.

An independent examination does not involve gathering all the evidence that would be required in an audit and consequently does not cover all the matters that an auditor considers in giving their opinion on the accounts. The planning and conduct of an audit goes beyond the limited assurance that an independent examination can provide. Consequently I express no opinion as to whether the accounts present a 'true and fair' view and my report is limited to those specific matters set out in the independent examiner's statement.

Independent examiner's statement

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

- accounting records were not kept as required by section 130 of the Act; or
- the accounts do not accord with those records; or
- the accounts do not comply with the applicable requirements concerning the form and content set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair view which is not a matter considered as part of an independent examination; or
- the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Adrian Crompton
Auditor General for Wales

Date

Audit Wales
24 Cathedral Road
Cardiff
CF11 9LJ



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	5.1
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	7

PROCEDURAL MATTERS

MEETING	Trust Board
DATE	26 November 2020
EXECUTIVE	Board Secretary
AUTHOR	Corporate Governance Officer
CONTACT DETAILS	Steve Owen, 01745 532994, steven.owen2@wales.nhs.uk

CORPORATE OBJECTIVE	N/A
CORPORATE RISK (Ref if appropriate)	N/A
QUALITY THEME	N/A
HEALTH & CARE STANDARD	N/A

REPORT PURPOSE	To confirm as a correct record the Minutes of the Board and other procedural matters as required.
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

Minutes

- 1 To confirm as a correct record the minutes of the closed session of the meeting of the Board held on 17 August 2020, the open and closed sessions on 1 October 2020 and the closed sessions held on 16 October and 11 November 2020.

Matters arising

- 2 To deal with any matters arising from those minutes not dealt with elsewhere on this agenda. In addition, the Trust Board Action Log is attached for consideration.

Board and Committee Calendar – 2021/22

- 3 The 2021/22 calendar of Board and Committee meetings is attached for the Board's approval.

Use of the Trust Seal

4. Since the last Trust Board meeting, the Trust seal was used for the following:
 - a. Building contract for Cardiff Make Ready Depot, between John Weavers (contractors) and WAST
 - b. Licence for alterations relating to Unit B5, Porthmadog Business Park between Welsh Ministers and WAST

Chair's Action: Authority To Settle Claim

5. A Chair's action dated 23 October 2020 gave authority to settle a damages claim commencing with a starting point of £618,023 raising to a maximum of £772,529. Minutes of the Chair's Action are attached.

RECOMMENDED: That

- (1) the minutes of the closed session of the Board held on 17 August 2020, the minutes of the open and closed session on 1 October 2020 and the minutes of the closed sessions held on 16 October and 11 November 2020 be confirmed as a correct record and consideration be given to any matters arising, together with the actions set out in the action log;**
- (2) the 2021/22 calendar for Board and Committee meetings be approved;**
- (3) the use of the Trust seal as described be noted; and**
- (4) the Chair's Action as described above is noted.**

**UNCONFIRMED REDACTED MINUTES OF THE CLOSED MEETING OF THE WELSH
AMBULANCE SERVICES NHS TRUST BOARD on MONDAY 17 AUGUST 2020,
HELD REMOTELY VIA MICROSOFT TEAMS**

PRESENT:

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Director of Operations
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
Pam Hall	Non Executive Director
Andy Haywood	Director of Digital Services
Estelle Hitchon	Director of Partnerships and Engagement
Nathan Holman	Trade Union Partner
Dr Brendan Lloyd	Medical Director
Chantal Patel	University Representative
Claire Roche	Director of Quality, Governance & Assurance
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

Hugh Bennett	Head of Planning and Performance
Jason Collins	Finance Manager
Mark Harris	NEPTS General Manager
Steve Owen	Corporate Governance Officer
Helen Watkins	Deputy Director of Workforce and OD

APOLOGIES

Paul Hollard	Non Executive Director
Rachel Marsh	Director of Planning and Performance
Robert Tooby	Assistant Director of Operations
Damon Turner	Trade Union Partner
Joga Singh	Non Executive Director

56/20 RESOLUTION TO MEET IN CLOSED SESSION

Representatives of the press and other members of the public were excluded from 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.

57/20 PROCEDURAL MATTERS

The Chairman welcomed all to the meeting and informed Members that the meeting was being audio recorded.

The declarations of Mr Emrys Davies as a former member of UNITE, Professor Kevin Davies as an Independent Trustee of St John Cymru, Mr Nathan Holman as a Councillor on the Llannon Community Council and Chantal Patel as a member of Swansea University and Chair of Swansea Bay University Clinical Ethics Committee were noted by the Board.

RESOLVED: That the standing declarations as described above were NOTED.

58/20 INITIATION MANDATE FOR WAST MOBILE TESTING UNITS (MTU) PHASE ONE

Jason Killens referred to both phases explaining there was still further work to be done going forward to achieve a satisfactory conclusion. He added that the Board was essentially being asked to approve the business case, the operating model and the financials which supported it. Should there be any changes which were material in value or in terms of the plan, the Board would be kept fully apprised.

In updating the Board, Mark Harris drew their attention to the following background information. In order, to support the Intelligence led, Covid-19 Trace Test and Protect UK policy, the Department of Health and Social Care (DHSC) (England) were working with the devolved Governments to provide an equitable asset to test symptomatic patients. Fixed sites had been initiated across the UK for testing patients, this had been enhanced with extra Mobile Testing Units (MTU), backed up by Surge capacity.

There were 18 MTU's spread across Wales, 15 were dedicated within the Health Boards and spread across Wales; the other three were surge units which were designed to respond to small outbreaks in the community.

Members recognised that whilst this was a short term proposition, further clarity on the governance route/relationship of reporting was sought. Jason Killens gave an overview of the stakeholders involved which was complex and described in detail how the line of service would progress with the final reporting being to the Board.

RESOLVED: That

- (1) the information contained within the proposal and appendices 1- 4 was considered;**
- (2) the WAST proposal including operational delivery structure which was evolving and associated financial modelling was approved;**

- (3) the onward submission of these documents to the Department of Health and Social Care (England) and Welsh Government in final approved form was approved;
- (4) the late request from Public Health Wales/Test Trace Protect (TTP) to change the Standard Operating Procedure (SOP) was noted; and
- (5) any changes in SOP that do not have a material change in risk were managed through the Executive Pandemic team were approved.

59/20 INITIATION MANDATE FOR WAST MOBILE TESTING UNITS (MTU) PHASE TWO

The Board were advised by Mark Harris that the Military Aid to Civil Authorities (MACA) was due to conclude on 1 September 2020

Mark Harris informed the Board that the 15 MTUs would be based in agreed locations across the seven Health Boards and would be tasked by Health Boards to provide testing to patients that have been registered and approved for testing through the UK Government application.

The Board, following further discussion fully supported the proposal accepting the challenges and potential risks involved, noting that the Executive Pandemic Team would continue to monitor progress, actively manage and advise the Board of any material updates going forward.

Members recognised the work undertaken by those teams and individuals involved notably; Mark Harris, Bob Tooby, Jason Collins and Julie Stokes.

RESOLVED: That

- (1) the information contained within the proposal and Appendices 1-4 was noted and discussed;
- (2) the WAST proposal including operational delivery structure and associated financial modelling was approved;
- (3) the onward submission of these documents to Welsh Government to allow a decision to be made on WAST as the provider of choice for Phase 2 was approved; and
- (4) the onward submission of the financial costing to Department of Health and Social Care (England), on the assumption Welsh Government select WAST as the Phase 2 provider was approved.

Date of next meeting: 1 October 2020

UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 01 OCTOBER 2020
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 (Part)
Bethan Evans	Non Executive Director
Andy Haywood	Director of Digital Services
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Dr Brendan Lloyd	Medical Director
Rachel Marsh	Director of Planning and Performance
Chantal Patel	University Representative (Part)
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

Dr Mike Brady	Clinical Support Desk Manager
Peter Brown	Business Manager
Steve Clarke	Head of Mental Health and Dementia (Part)
Baptiste Fesselet	Communications Specialist
Leanne Hawker	Partners in Healthcare Lead
Alison Johnstone	Partners in Healthcare Manager(Part)
Fiona Maclean	Service User Experience Manager (Part)
Steve Owen	Corporate Governance Officer
Jeff Prescott	Corporate Support Officer
Kim Tovey	Senior Organisational Development Manager
Rachel Watling	Head of Internal Communications (Part)
Kevin Webb	Head of Clinical Audit and Effectiveness (Part)
Joseph Wilton	Health Inspectorate Wales

APOLOGIES

Pam Hall	Non Executive Director
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90/20 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.

Apologies

Apologies were recorded in respect of Pam Hall, Non Executive Director

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 Chantal Patel as a Member of Swansea Bay University and Chair of Swansea Bay University Health Board Clinical Ethics Committee.

RESOLVED: That the standing declarations and apologies as described above were formally recorded.

91/20 CHAIR INTRODUCTION AND UPDATE

The Chair informed the Board that recent meetings he had attended with the Minister for Health and Social Services, Welsh Government and with fellow Chairs, had mainly been focused around the response to an increasingly likely second wave of the pandemic. He added that going forward the challenges being faced which included, how to maintain the continuity of service and the inevitable significant winter pressures were being considered.

Furthermore the Trust, whilst grappling with the challenges had learned to overcome and adapt to the new ways of learning and it must be borne in mind the pressures constantly being placed on the staff during this period

RESOLVED: That the update was noted.

92/20 CHIEF EXECUTIVE UPDATE

The Chief Executive in providing his update drew Board's attention to the following areas:

1. National 111 Phone first service – an implementation plan was being developed further to enhance the current 111 service; this will give patients the opportunity to seek medical advice and to secure an appointment or access to an alternative pathway other than presenting at A and E. This was due to go live at the end of November 2020. This initiative would see the additional recruitment of approximately 100 call handlers.

2. Two staff from the Trust, Kevin and Cath O'Connor had recently completed an epic mountain walk in aid of the Ambulance Staff Charity (TASC) raising a significant amount of money
3. Demand Management Plan – Level 5 reporting, this had been the first time this had been issued and saw the management of lower acuity patients being managed in a different way other than being taken to A and E, i.e. some had received advice over the phone. This will continue to be monitored through the Quest Committee
4. Covid -19 pandemic response – the plan had been refreshed and updated from lessons identified – additional call handling capacity has been secured in the 111 service
5. Health and well-being – the ability and capacity to support staff in the workplace has grown significantly. Ongoing recruitment; this included staff in both EMS and the Mobile Testing Units
6. Royal Glamorgan Hospital – As a result of several Covid-19 related restrictions being made the Trust has aligned its plans and has been engaged with the Health Board concerned

Comments:

1. Community First Responders (CFR), when will they be fully utilised again? Jason Killens commented that level 3 PPE and the safe use for CFR had been a concern. In the North 100% of CFR had been trained, Central and West, this was above 60% and in the South East it was 51%. There was now an increase in CFR supporting responses in the community. Prior to the pandemic on average CFR response was in the region of 1,300 per month. In July there were 307, August 434 and September 508 – he was looking forward for this upward trend to continue
2. In terms of safeguarding, there was an increase in the number of issues ongoing, was there a trend? Claire Roche explained there was a sustained demand in safeguarding referrals more so in the vulnerable adults. The Trust was continuing to monitor the situation with the relevant health boards. The Trust also ensured that its safeguarding training for staff continued to be a priority
3. Further detail was requested in terms of the research in to the public health response to Covid-19. Dr Brendan Lloyd provided further detail in terms of how this research would be monitored
4. Was there a risk that should the Trust return to its response mode, that the Operational Delivery Unit would not be fully functional? Jason Killens explained that the Trust was seeking to secure additional investment on a recurrent basis to maintain the ODU and as yet this had not been received

RESOLVED: That the update was noted.

93/20 ENVIRONMENT STRATEGY 2020 - 2025

Chris Turley explained that the Trust had been working for a number of years to identify its environmental impact and had put measures in place to reduce its emissions.

In 2015 it became the only Ambulance Service in the UK to achieve ISO14001 accreditation. This had now culminated with the Trust being able to publish its first formal Environment Strategy for the next 4 to 5 years and was seen as an important step and statement in terms of its continuing commitment to environmental performance. In line with the rest of NHS Wales, the Trust had an ambition to be carbon neutral by 2030

He further explained the number of governance mechanisms the strategy had been through including the Finance and Performance (F and P) Committee. Martin Turner gave an overview of the discussion held at the F and P Committee in which recommendation was given for the Board to approve the strategy.

The Board recorded their thanks to Nicci Stephens and her team in their work and efforts in producing the strategy

Members fully supported the strategy noting the clear links to the well-being strategy as referenced by Claire Vaughan. The Board also recognised that the carbon output was likely to increase in the short term due to the increase in the number of patient transports

RESOLVED: That Board members approved the Trust's Environment Strategy 2020-25, as endorsed and recommended to do so by the Finance & Performance Committee on 15 September 2020.

94/20 EVALUATION OF THE MENTAL HEALTH DESK – CLINICAL CONTACT CENTRE

Steve Clarke provided the Board with a Power point presentation and drew their attention to the following highlights from it:

1. Rates of depression had doubled during the pandemic
2. The demand for Mental health services had increased significantly
3. Approximately 1,000 cases were handled by Mental Health Practitioners (MHP) on the mental health desk in the clinical contact centre during the period March – June 2020
4. Part of the Evaluation matched pilot cases from the previous year into how the calls were being handled
5. The desk gave rise to several efficiency gains notably freeing up ambulances and saving around £258k in potential costs
6. The data has shown that the patient experience has led to them receiving a rapid response from the MHP

7. Going forward, MHP's can make a vast difference to the patient outcome and experience and release more time for clinicians in the call centre to deal with other patient related issues
8. It was noted that NHS England were investing in MHP's in ambulance control rooms

Comments:

1. In terms of the skill set of MHP going forward would they predominantly be from a nursing background? Steve explained that for the pilot scheme there were in the main mental health nurses, a learning disability nurse and a nurse with a social worker background; these would be the main areas of skill sets going forward.
2. Was there collaboration with others in the voluntary sector? Steve Clarke advised that a network was being developed to ensure the public were clear who they called for any mental health issues
3. Could the individual patients be tracked if they revisited? Steve advised they weren't tracked as part of the pilot scheme but would in the future using the electronic patient clinical record
4. Jason Killens commented that developing a Mental Health Desk would offer a better service to those vulnerable patients going forward, adding that the Trust should work with its commissioners noting it would be part of the Trusts forward plans

RESOLVED: That the update was noted.

95/20

NURSE IN A CAR EVALUATION

Claire Roche reminded the Board that from January 2018 through to May 2019, NHS Wales had experienced substantial pressures across the whole healthcare system. In particular, the winter period of 2018 caused a significant period of escalation, resulting in delayed responses to patients.

Following on from the Amber Review Implementation Programme (2019), it required that the Trust reduced its long waits for less urgent calls within the community to improve quality of care delivery, including patient safety. As part of the initiative going forward to reduce these waiting times, the Trust implemented a small scale pilot of a 'nurse in a car' response

This test was aimed to utilise the skills and competencies of the Trust's current nursing workforce to address the needs of lower acuity patients awaiting an ambulance response. This also provided an opportunity to explore the concept of a rotational role for Trust nurses between the 'hear and treat' and 'see and treat' clinical environments.

In terms of highlights from the evaluation report Claire Roche drew the Board's attention to the following:

1. This was a small pilot over a four day period, overall the nurse responded to 14 cases; two of those patients were conveyed to hospital

2. Several benefits from this evaluation have shown but were not limited to, ambulances being freed up and the patient, in some cases, was treated at the scene
3. There was a need to understand in more detail what the scope of the nurse would be going forward

Comments:

1. Was there an assess and prevention agenda which would be both beneficial for the patient and the Trust? Claire Roche gave examples of when nurses were being deployed and gave details of their scope of practice. The Trust continues to monitor and improve ways of treating patients taking into account the demand and the service needs. Andy Swinburn added that it was critical to identify the unique skill sets of the nurse going forward
2. How could the Trust acquire more data and experience in order to make a reasoned decision? Claire Roche advised that the Trust required to be more specific in its requirements; possibly with a focus on the fragility and mental health aspects.
3. Following a comment regarding the possibility of dual qualified nurse/paramedics, Claire Roche advised this was being considered going forward
4. Was there any future in collaborating with health boards in terms of setting up a rotational model, in line with the Advance Paramedic Practitioner (APP) rotational model, whereby nurses gained the relevant experiences? Claire Roche commented that consideration had been given for nurses to rotate into the 111 arena; in terms of shadowing the APP model this was yet to be considered
5. Jason Killens commented that a proposition was likely to be developed for 2021/22 to consider the concept and any potential benefits going forward following the relevant schemes/trials

RESOLVED: That the Board noted and received the evaluation of the initial pilot and was informed of potential next steps for consideration.

96/20 PATIENT SAFETY HIGHLIGHT REPORT

Claire Roche presented the report which covered the period 1 July 2020 – 31 August 2020.

Highlights from the report included:

1. There had been over 80,000 verified incidents and approximately 91,000 111 calls during the period of reporting
2. Nine serious incidents had been reported to Welsh Government; four incidents had been referred to the appropriate health board for their investigation process

3. In terms of performance, in July the two day response to complaints was 96% and the 30 day compliance in response to complaints was at 76%. For August the respective compliance was 100% and 69%
4. It was noted that the Trust was starting to see delays in the unscheduled care system with some long patient waits at emergency departments. The Chair added that this issue would be raised at the next NHS Wales Chairs
5. An overview of the key points was provided by Emrys Davies, Chair of the Quest Committee in which the report had been discussed. The Committee would be focussing on the themes and trends in respect of complaints by way of conducting 'deep dives' going forward.

The Board noted and recognised the improvements and the lessons learned as illustrated within the report. It was also noted that as part of the ongoing improvement work, the quality strategy was being developed with the aim for it to be presented at the Quest meeting in December

RESOLVED: That the report was noted and discussed.

97/20 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT – AUGUST 2020

Rachel Marsh presented the report and drew the Board's attention was to the following points:

1. 111 call demand was increasing; the Board noted that additional staff for 111 call handling were being recruited
2. Red response fell slightly below the 65% target in August, it should be borne in mind that demand had increased
3. Amber response times were declining; as a result there had been some long waits for patients
4. Staff sickness levels, both short and long term, were at their lowest for many years
5. An action plan to increase the Trust 's capacity and to improve red response was being developed following concern expressed from the Commissioner and Welsh Government
6. There was a marked increase in the level of handover delays at Emergency Departments.
7. The challenges of wearing Personal Protective Equipment (PPE) were having an impact on staff being able to respond to a red call within the eight minute target

Comments:

1. Concern was expressed in terms of the hospital hand over delays and the significant impact upon patients and staff. The Executive Management Team have shared their concerns on delays both from the patient and staff perspective. Jason Killens advised that he had raised the issue with other Chief Executives. He further

added the initiatives the Trust was undertaking to minimise the conveyance rates to Emergency Departments. Furthermore, the Trust was looking at the individual impact on patients the delays were having; this information was being shared with the Commissioner by way of a patient level impact report focussing on the excessive hand over delays.

Claire Roche gave an overview in terms of how the hand over delays were being measured; this was currently completed by taking into account the total number of ambulance hours lost whilst waiting outside the ED.

Dr Brendan Lloyd explained it was vital for the whole health system to work differently and more effectively. The Trust should consider increasing phone consultations, the use of consultant connect and better communication across the whole system will be critical in reducing the delays going forward.

Members recognised it would be beneficial to have examples where patients had deteriorated whilst in the Trust's care. Jason Killens advised that this information was contained in his briefing to other Chief Executives and circulated it to Members

2. Training CFR's to restart attending red calls, what were the timescales for this? Jason Killens advised that level three PPE had commenced and was nearing full completion in all areas of Wales. It was also noted that the volume of calls responded to by CFR's was increasing back to previous levels

RESOLVED: That the performance outlined in the August Monthly Integrated Quality and Performance Report was noted and approved.

98/20 HEALTH INSPECTORATE WALES (HIW) UPDATE

Joseph Wilton advised the Board that he expected the HIW annual report would now be published on 21 October 2020; the original expected date of publication had been May 2020

In terms of the detailed review in respect of the Clinical Contact Centres (CCC) he drew the Board's attention to the key points as follows:

1. Main issues found were hand over delays and community waiting times, appreciating it was a whole system issue
2. WAST local review. HIW undertook interviews with staff in the CCC's and conducted an online survey. A review of the relevant documentation was also undertaken
3. Patient management arrangements. Overall it transpired that the system was working effectively. There were some issues and concerns highlighted by staff which had since been addressed by the Trust
4. Workforce. The issues raised by staff included; insufficient staffing levels, sickness absence was high and as a result impacted on staff morale. Several suggestions had been made by staff which were included within the report

5. Governance arrangements; generally there were clear lines of accountability across the Trust.
6. Going forward, the recommendations within the action plan were being considered by the Trust – HIW will do a follow up within the next year to monitor the actions

Management response to the inspection report - presentation from Lee Brooks:

The Board were updated as follows:

1. Whilst noting there was clarity in the management and leadership structures with the CCC there was still further work required to improve visibility and accessibility
2. In terms of the risk management process, accessibility for staff could be improved
3. Of the 27 recommendations in the report, the Board should note some of the actions within them had already been completed; however there were still 36 actions outstanding actions which were currently underway and being prioritised accordingly
4. The action plan had been tabled at the Quest Committee who continue to monitor progress. Furthermore, oversight of progress will also be illustrated on the Trust's audit tracker
5. In terms of the staffing position, a strong recruitment approach has led to fewer vacancies in the CCC's, and this has seen an improvement to the 999 call pick up rates
6. He recorded his appreciation and thanks to all the CCC staff who continue to provide an excellent service under challenging circumstances which was endorsed by the Board

Members welcomed the review and were pleased to see the great work of the team had been highlighted throughout.

Claire Vaughan assured the Board that resources had been made available to assist the CCC staff in terms of their wellbeing.

RESOLVED: That the item was noted and the progress update was noted

99/20

CLINICAL CONTACT CENTRE – CLINICAL REVIEW

Lee Brooks provided the background information in terms of why the review on the Clinical Contact Centre (CCC) had been conducted advising the Board it was clinically led supported by the operations directorate. It had been undertaken to consider how the clinical support desk interacted with various other services both internally and externally and how effective it was.

The presentation was given by Peter Brown Business Manager and Dr Mike Brady Clinical Support Desk Manager, who drew attention to the following:

1. The review was commissioned in August 2019 and was completed in November 2019
2. The review considered several aspects of clinical activity which included the Trauma desk and NHSD/111. It found that some patients were not initially being allocated the correct medical pathway for their medical needs
3. Underpinning the 25 recommendations from the review was a suggestion to move to an integrated clinical hub to increase efficiency enabling patients to be seen by the right kind of clinician at first contact
4. Whilst it should be borne in mind that the main purpose of the Clinical Support Desk was the 'hear and treat' function it transpired that the desk was spending 71% of its time on other matters
5. Going forward, consideration was being given to several initiatives including clinical leadership and alignment, technological enhancements and an Integrated Clinical Hub (Falls, Mental Health and Pharmacology)

Comments:

1. Was there any relevant funding? Lee Brooks explained this would be subject to the individual cases going forward
2. Clinical supervision and clinical career pathways, was there an opportunity to create new practitioner posts? Dr Mike Brady explained that plans were underway to consider not only clinicians but also the further education of non clinical staff with the CCC

Lee Brooks added that the recommendations had been shared with the Commissioner; updates on progress would be monitored through the Quest Committee

RESOLVED: That the update was noted.

100/20 FINANCIAL PERFORMANCE MONTH 5, 2020/21

Chris Turley presented the report as read and drew attention to the following points:

1. The cumulative revenue financial position reported was a small underspend against budget of £0.015m, this assumed that funding for the additional costs incurred as a result of Covid-19 would be provided
2. The forecast for 2020/21 assumed at present a balanced position, however this was the assumed position against a set of risks, including the risks associated with the pandemic. The spending on Covid-19 was likely to be increased going forward
3. Capital funding – there was still no further update from Welsh Government in terms of funds being available; a detailed report on capital funding would be presented at the next Board meeting

RESOLVED: That

- (1) the Month 5 revenue and capital financial position and performance of the Trust as at 31st August 2020 was noted; and**
- (2) the Month 4 and 5 Welsh Government monitoring return submissions included with Appendix 1 of the report (as required by WG) were noted.**

101/20 BOARD ASSURANCE FRAMEWORK

The BAF report has been designed to collate information relating to the Trust's strategic themes which have been aligned to the associated principal risks from the Corporate Risk Register.

Keith Cox provided an overview of the report and highlighted the following:

1. Noted that some of the governance arrangements had paused during the pandemic
2. Three new risks had been added, demand on EMS and CCC services, the impact on estates and the transfer of services being offered to the Aneurin Bevan Health Board in respect of the Grange University hospital
3. Some risks had been taken off; compliance of formal concerns and access to vaccines for preventable diseases

Comments:

The Board recognised there was still further work required to develop the Trust into a risk enabled organisation whilst noting the effort thus far.

RESOLVED: That

- (1) Members of the Trust Board received and commented on the BAF report; and**
- (2) Further developmental work still required to be undertaken for the Trust to be risk enabled.**

102/20 BREXIT UPDATE

Estelle Hitchon drew the Board's attention to the following points from the update report:

1. Currently there were trade negotiations underway; the outcome unlikely to be known before mid-October
2. The Board were informed that NHS Wales has reinstated its planning structures to ensure that, regardless of the outcome of trade negotiations, a smooth and orderly process of full exit can be effected
3. Any impact was likely to be predominantly on the supply chain; however it was important the Trust remained fully engaged in the planning process

4. The Trust's group, led by the Head of Resilience, which considers and monitors the risks associated with Brexit from the Trust's perspective was being relaunched
5. The revised risks in terms of Brexit will be presented to the Board in November for review and discussion

Comments

Were there any issues with EU staff in terms of their status? – Claire Vaughan explained there was only small number of staff that would be affected. These staff have been advised of the processes they are required to follow whilst being fully supported by the Trust going forward.

RESOLVED: That

- (1) the work underway to re-assess and address any risks inherent in the ending on 31 December 2020 of the United Kingdom's "Brexit" transition period was noted; and**
- (2) the outcome of the revised risk assessment would be presented to the November 2020 meeting for review, recognising that, if appropriate, mitigating action would need to be taken sooner following review by the Executive Team.**

103/20 INFORMATION GOVERNANCE ANNUAL REPORT

The main aims of the Information Governance (IG) Annual Report were to:

Inform stakeholders about compliance with legislation and performance standards; present a summary of activities and achievements in relation to IG work streams occurring throughout the Trust; and provide assurance that IG risk was being managed appropriately.

Andy Haywood gave an overview of the report and drew the Board's attention to the key activities within it:

1. several staff have been recruited to assist in mitigating the risks to the organisation from an IG perspective and to ensure data was being held correctly
2. a number of data protection impact assessments have been carried out. These were carried following any large scale change (implementation of office 365) or something new to ensure data was being treated effectively and properly
3. several new policies had been enacted
4. there have been no concerns or serious incidents in relation to the Information Commissioner's Office

RESOLVED: That the progress made in key areas outlined within this cover paper and within the IG Annual Report were received and noted.

104/20 PROCEDURAL MATTERS

The following procedural matters were brought to the Board's attention:

Minutes

The minutes of the open and closed sessions of the meeting of the Board held on 30 July 2020 were confirmed as a correct record.

Action Log

The Trust Board Action Log was considered:

1. Action Number 32 – Amber review narrative, to remain on the action log
2. Action Number 34 – Standing orders – inclusion of HEIW, action now completed
3. Action Number 35 – Linking safeguarding group to the People and Culture Committee – action completed
4. Action Number 36 – pilot nurse initiative – action completed
5. Action Numbers 37 and 38 – Patient safety highlight report, additional content – actions completed
6. Action Number 39 – Survey from Members of the public – to remain on the action log

Use of the Trust Seal

Since the last Trust Board meeting, the Trust seal was used as follows:

Number: 0215 – The renewal of the existing lease of Unit 1, the Courtyard, D'Arcy Business Park, Llandarcy, Neath.

Chair's Action: Grange University Hospital (GUH) Fleet Requirements

A Chair's action dated 9 September 2020 approved the amended use, conversion, commissioning and subsequent replacement of 14 vehicles to provide the transport solution for GUH, at a total cost of £1.948m, fully funded by Welsh Government. Minutes of the meeting were attached for ratification.

RESOLVED: That

- (1) the minutes of the meeting of open and closed sessions of the Board held on 30 July 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 use of the Trust seal as described was noted; and**
- (3) the Chair's Action as described above was ratified.**

105/20 COMMITTEE UPDATES

Updates were given on the Quest, Audit, Finance and Performance and Charitable Funds Committees on the following items in the form of SBARs.

It was noted that the Quest Committee exercised its delegated authority to approve the Annual Quality report for publication

RESOLVED: That the updates were received.

106/20 MINUTES OF COMMITTEES

The Minutes of the following Committees were presented for endorsement

1. Audit Committee held on 18 June 2020
2. Quality, Patient Safety And Experience Committee held on 12 May 2020
3. Finance And Performance Committee held on 16 July 2020
4. People And Culture Committee held on 14 July 2020
5. Remuneration Committee held on 11 August 2020
6. Charitable Funds Committee held on 2 June 2020

RESOLVED: That the above meetings were received and endorsed.

107/20 ANY OTHER BUSINESS

The Chair thanked Chantal Patel for her contribution to the Trust Board in her capacity as the university representative. It was her last Board meeting and the Board wished her well for the future.

Date of next meeting: 26 November 2020

**UNCONFIRMED MINUTES OF THE CLOSED MEETING OF THE WELSH
AMBULANCE SERVICES NHS TRUST BOARD on THURSDAY 01 OCTOBER 2020,
HELD REMOTELY VIA MICROSOFT TEAMS**

PRESENT:

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Director of Operations
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	Director of Quality, Governance & Assurance
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

Jeff Prescott	Corporate Support Officer
Steve Owen	Corporate Governance Officer

APOLOGIES

Pam Hall	Non Executive Director
Damon Turner	Trade Union Partner

60/20 RESOLUTION TO MEET IN CLOSED SESSION

Representatives of the press and other members of the public were excluded from 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.

61/20 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and informed Members that the meeting was being audio recorded.

The declarations of Mr Emrys Davies as a former member of UNITE and Professor Kevin Davies as an Independent Trustee of St John Cymru were noted by the Board.

RESOLVED: That the standing declarations as described above were NOTED.

62/20 EPCR FULL BUSINESS CASE

Brendan Lloyd gave a brief overview of the route by which the Trust had developed the ePCR Full Business Case (FBC) and sought Board approval and endorsement for the FBC to be submitted to Welsh Government.

Chair of the Finance and Performance Committee, Martin Turner confirmed that the FBC had previously been endorsed for Board approval on 15th September 2020 by Committee Members who were fully supportive of the plan.

Chris Turley informed the Board that expenditure for the FBC had reduced significantly since the Outline Business Case had been presented although this was in part down to the procurement in advance of hardware which could now be deducted from the overall costs of the FBC.

Following this, Members gave their full support to the ePCR Full Business Case and submission to Welsh Government for approval was endorsed.

RESOLVED: That submission of the ePCR Full Business Case to Welsh Government for approval was ENDORSED.

61/20 ST JOHN AMBULANCE CYMRU – ADDITIONAL CAPACITY VEHICLES

Lee Brooks and Rachel Marsh gave a report to the Board and sought approval for the use of additional Non Emergency Patient Transport provision from St John Ambulance Cymru. This proposal required authorisation to incur non recurrent revenue funding up to the value of £100,000 per month from October 2020 through to March 2021.

The report explained that St John Ambulance Cymru was the Trust's provider of choice for additional Non Emergency capacity with governance arrangements already in place via an existing Memorandum of Understanding.

The report recognised an unprecedented set of circumstances which the Trust faced as it approached winter 2020/21 and the potential threat of a second wave of Covid-19 which was rapidly being realised across Wales with an increase in daily cases, a rise in the 'R' rate, and areas of Wales being subject to local lockdown. Furthermore, the Trust had seen an increase in Coronavirus related staff absences and whilst this was not yet at the levels experienced during the first wave, there was a distinct upwards trajectory.

The report highlighted that reductions in the amount of patients who could be transported by the Trust's Non Emergency Patient Transport Services (NEPTS) vehicles had been severely curtailed due to Covid-19. This was due to the requirements to socially distance patients who were being transported which in turn, meant a greatly reduced capacity in the numbers who could safely travel inside Trust vehicles.

However, if funding could be secured, it would help to ensure sufficient capacity in the face of continued reductions in efficiency brought about by the need to social distance on NEPTS vehicles.

Jason Killens and Chris Turley confirmed that the Trust would seek to recover the cost for additional capacity vehicles from central funding as they were considered to be a legitimate Covid-19 additional expense.

RESOLVED: That the recommendation to spend up to the value of £100,000 per month from October through to March 2021 for additional St John UCS resources was APPROVED.

62/20 SEASONAL PLANNING (WINTER)

Rachel Marsh updated the Board on the Trust's seasonal planning for the upcoming winter period. The purpose of the report was to update Members on tactical seasonal planning which would form a large part of the organisation's Q3/Q4 plan to Welsh Government. Specifically, the report provided the Board with an updated demand forecast for winter, updated modelling, an action plan covering the winter period and a list of supporting schemes which could be implemented if funding became available.

The report which was produced in partnership with Swansea University, provided detailed modelling of various scenarios that may present over the winter period and factored in variables around Covid-19, demand and capacity, resource availability, potential handover delays and lost hours outside Accident and Emergency departments.

Members received the report and queried whether the potential impact of a vaccine had been factored into the modelling? Rachel Marsh confirmed that the modelling did not factor in any potential impact of mass vaccinations as these were still in the trial process and it was not known exactly if or when these would become available.

RESOLVED: That

(1) the overall arrangements in place for seasonal planning (winter) were NOTED;

(2) the outputs from the latest modelling were NOTED;

(3) the list of prioritised schemes under paragraph 43 of the Tactical Seasonal Planning (Winter) 2020/21 SBAR was reviewed and their deployment, with delegated authority to the Chief Executive and Executive Management Team, without the need for further Board approval or Chairs Action (subject to funding and clear line of sight for recovery of costs) was APPROVED; and

(4) the requirement for Q3/4 Operational Plan sign off prior to 19th October 2020 was NOTED.

63/20 HEALTH BOARD SERVICE CHANGES

Rachel Marsh provided a brief outline of the known potential impacts of Health Board plans relating to Covid-19, including recovery, on the demand for Welsh Ambulance services. The report set out the work which had been undertaken to date by the National Collaborative Health Board Transport System team to understand potential impacts on the Trust's response and areas for further work to prepare for future potential increased demand, both for EMS and for NEPTS. In addition, the report highlighted some of the strategic level service change planning being undertaken across Wales and in some parts of England bordering Wales.

The report recognised the need to balance both Covid-19 related service changes with the operational, tactical and strategic changes happening across Wales and near its borders, which may impact on the Trust in the short to medium term.

RESOLVED: That

(1) the work of the National Collaborative Health Board Transport System team, which is ongoing was NOTED; and

(2) that the impact and risks highlighted in the paper relating to ongoing operational, tactical and strategic service changes around Wales and the work being undertaken to understand and mitigate those risks was NOTED.

64/20 ANY OTHER BUSINESS

Jason Killens and Claire Roche made Members aware of an incident which was now being investigated by the Trust. The aim of this was to determine the cause and exact sequence of events which resulted in a delayed response to an individual who had suffered burns.

Members were informed that the investigation was being prioritised and would be concluded as swiftly as possible with any lessons around learning and future improvement being identified in full.

Date of next meeting: 26th November 2020

DRAFT

**UNCONFIRMED MINUTES OF THE CLOSED MEETING OF THE WELSH
 AMBULANCE SERVICES NHS TRUST BOARD on FRIDAY 16 OCTOBER 2020,
 HELD REMOTELY VIA MICROSOFT TEAMS**

PRESENT:

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Craig Brown	Trade Union Partner
Keith Cox	Board Secretary
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Bob Tooby	Assistant Director of Operations
Andy Haywood	Director of Digital Services
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Craig Brown	Trade Union Partner
Nathan Holman	Trade Union Partner
Dr Brendan Lloyd	Medical Director
Rachel Marsh	Director of Planning and Performance
Claire Roche	Director of Quality, Governance & Assurance
Pam Hall	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

Jeff Prescott	Corporate Support Officer
Steve Owen	Corporate Governance Officer

APOLOGIES

Lee Brooks	Director of Operations
Joga Singh	Non Executive Director
Bethan Evans	Non Executive Director

65/20 RESOLUTION TO MEET IN CLOSED SESSION

Representatives of the press and other members of the public were excluded from 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.

66/20 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and informed Members that the meeting was being audio recorded.

The declarations of Mr Emrys Davies as a former member of UNITE and Professor Kevin Davies as an Independent Trustee of St John Cymru were noted by the Board.

RESOLVED: That the standing declarations as described above were NOTED.

67/20 2020/21 QUARTER 3 AND QUARTER 4 OPERATIONAL PLAN

Rachel Marsh presented the Quarter 3/4 Operational Plan and sought Board endorsement for the plan to be formally submitted to Welsh Government. The plan gave a detailed overview of the planning and preparatory work which had been undertaken ahead of the upcoming winter period alongside the continuing Covid-19 Pandemic and anticipated demand upon capacity from a second wave of infections.

The plan demonstrated to Members the wide range of measures which were likely to be required in response to increased demand. This included detailed modelling of multiple scenarios to establish predicted impacts upon resources, handover delays and performance.

The plan reinforced recommendations from the earlier Quarter 1/2 plan which demonstrated that protecting core, essential ambulance services remained crucial to the operation of safe and reliable unscheduled and scheduled care systems. In addition, the plan recognised that the Trust must maintain essential mechanisms for quality and patient safety. Therefore, The Trust's approach would continue to be one of a flexible response and recovery from Covid-19 although the plan in Quarter 3 and 4 would have a broader focus, particularly around how the Trust addressed Covid-19 itself and the wider system pressures.

Members received the report and queried whether the Board would be notified when system pressures represented a significant risk to performance. Jason Killens informed Members that performance was constantly monitored and any actions in response to increased demand would be in real time and implemented as and when required as this was an operational matter that would not ordinarily be brought to Board before being implemented. However, should system pressures pose a significant and ongoing risk to performance despite attempts to alleviate, a Board meeting may be required.

Members then queried whether the current fleet of vehicles would be able to cope with the projected increase in demand, recognising that the procurement of replacement vehicles had been reduced. Chris Turley confirmed that the Trust had recognised this as a potential risk and as a result, the Risk Register would be updated to reflect this view. However, it was noted that the risk was considered to be low as the current fleet of vehicles was sufficient for the next six to twelve months and furthermore, the fleet had recently been complimented with the addition of 46 new emergency ambulances.

Members then reflected on the system wide pressures faced across the entire NHS and not just those faced by the ambulance service. Members recognised that collaborative partnership working with other health boards, agencies and stakeholders would be crucial to the Trust's plan in meeting demand and helping to reduce system pressures while continuing to deliver an effective service.

Following discussions, Members indicated that they were fully supportive of the Operational Plan and thanked Rachel Marsh for her efforts in producing the paper. Members then gave their endorsement for the submission of the plan to Welsh Government.

RESOLVED: That submission of the 2020/21 Quarter 3/4 Operational Plan to Welsh Government was ENDORSED.

Date of next meeting: 26th November 2020

**UNCONFIRMED MINUTES OF THE CLOSED MEETING OF THE WELSH
 AMBULANCE SERVICES NHS TRUST BOARD ON WEDNESDAY 11 NOVEMBER
 2020, HELD REMOTELY VIA MICROSOFT TEAMS**

PRESENT:

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Director of Operations
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
Craig Brown	Trade Union Partner
Nathan Holman	Trade Union Partner
Dr Brendan Lloyd	Medical Director
Rachel Marsh	Director of Planning and Performance
Claire Roche	Director of Quality, Governance & Assurance
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

Jeff Prescott	Corporate Support Officer
Steve Owen	Corporate Governance Officer

APOLOGIES

Pam Hall	Non Executive Director
Joga Singh	Non Executive Director

68/20 RESOLUTION TO MEET IN CLOSED SESSION

Representatives of the press and other members of the public were excluded from 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.

69/20 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and informed Members that the meeting was being audio recorded.

The declarations of Mr Emrys Davies as a former member of UNITE, Nathan Holman, Councillor on the Llannon Community Council and Professor Kevin Davies as an Independent Trustee of St John Cymru were noted by the Board.

RESOLVED: That the standing declarations as described above were NOTED.

70/20 TRUST BOARD OPEN AGENDA – 26 NOVEMBER 2020

Martin Woodford introduced the agenda items which were being considered for discussion at the upcoming Trust Board meeting. Following consideration from Members, the agenda items and running order were agreed.

RESOLVED: That the agenda for the Open session of the Trust board meeting on 26 November 2020 was AGREED.

71/20 CONTACT / PHONE FIRST CAPITAL SCHEME - VPH

Chris Turley introduced a paper on the proposed Contact/Phone First Capital scheme. Members were informed that the Trust was supporting the implementation of the Contact/Phone First model across the NHS in Wales by seeking to provide the front end of the service through developing its NHSDW/111 provision. This service would be developed at the Trust's Clinical Control Centre based in South East Wales at Vantage Point House.

Chris Turley explained that the scheme would require capital investment in 2020/21 to meet the increase in demand from the introduction of Contact/Phone First in terms of ICT infrastructure and services, estate infrastructure and resilience infrastructure, up to the sum of circa £2.039m. Accordingly, the Trust had sought capital funding support from Welsh Government for this development and was seeking formal Board approval of the additional capital programme scheme for the current financial year, subject to formal agreement from Welsh Government to the additional funding being made available to the Trust.

Members received the paper and queried whether the Trust would seek to add additional sites across Wales as the Contact/Phone First scheme was expanded to other Health Board areas? Jason Killens stated that other sites across Wales could be utilised as and when suitable facilities and infrastructure allowed. However, Cwmbran remained as the most suitable site at present.

In addition, the Trust may look to develop the scheme over time to allow for the possibility of Clinicians working remotely, subject to the necessary experience and technology to facilitate this. Finally, Members noted that while the expansion of the Contact/Phone First scheme was welcomed and supported, other considerations such as Welsh Language requirements and the need for additional supervisory staff as the amount of call handlers increased would need to be factored in to allow for a fully functional and inclusive service.

RESOLVED: That an additional capital scheme for 2020/21 of up to £2.039m, for the capital works required on the VPH site to support the Contact / Phone First development for NHS Wales, subject to formal Ministerial funding confirmation for these costs being received was APPROVED.

72/20 CTL DEAL

NB: Trade Union Partners were excluded from this section of the meeting.

Jason Killens gave a brief introduction on the CTL deal before Lee Brooks, Chris Turley and Claire Vaughan gave a more detailed overview to Members setting out the background, actions and route by which the proposed agreement had been reached.

Members were informed that following constructive and positive dialogue with Trade Union Partners, supported by ACAS, the construct of an agreement had been reached which enabled resolution of long standing issues and represented a positive way forward for the implementation of an exciting model of leadership and management for Emergency Medical Services. Therefore, Board approval of the financial commitment required to fulfil the terms of the agreement was now being sought.

Chris Turley then gave a detailed report to Members on the associated costs of the deal and the financial impact that this was likely to have upon the Trust, noting that the costs would be incurred over several years and not just for the current financial year. Consequently, the Trust would look to receive this funding annually over the coming financial years from the cumulative growth impact of the discretionary element of the annual 2% funding uplift, assuming that the Trust would continue to receive this funding from its Commissioners.

Members were assured that this assumption has been tested with the Chief Ambulance Services Commissioner, who was supportive of this approach. Consequently, funding for the proposed deal would need to be allocated and approved for each financial year and the Trust would only be able to continue with the projected growth in whole time equivalent (WTE) posts if such a discretionary element of the funding uplift continued to be available.

RESOLVED: That

(1) the content of the briefing paper and the agreement outlined in Appendix 1 negotiated by the Director of Operations, Executive Director of Finance and Corporate Resources and Deputy Director of Workforce & OD with Trade Union partners to resolve ongoing issues in relation to the CTL job description and to enable the Operations Directorate to strengthen the managerial and clinical leadership infrastructure to the EMS was NOTED.

(2) Trade Union membership acceptance of the agreement was Noted, and;

(3) the financial commitment, subject to available funding in subsequent financial years as laid out within the agreement was APPROVED.

Date of next meeting: 26th November 2020

WELSH AMBULANCE SERVICES NHS TRUST
TRUST BOARD ACTION LOG FOLLOWING MEETING ON 01 October 2020

CURRENT ITEMS

No:	Minute Ref	Date Raised	Subject	Agreed Action	Lead	Status
32	87/19	21 Nov 2019 And 28 May 2020	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.	Rachel Marsh	This will be included once normal reporting measures are re-established
39	86/20	30 July 2020	Questions from Members of the public	To conduct survey from the public in respect of virtual Board meetings	Estelle Hitchon	Verbal update to Board on 26 November



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AGENDA ITEM No	5.1c
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

BOARD AND COMMITTEE CALENDAR

MEETING	Trust Board
DATE	26 November 2020
EXECUTIVE	Board Secretary
AUTHOR	Assistant Corporate Secretary
CONTACT DETAILS	Tel: 01745 532906 Email: Mike.Armstrong@wales.nhs.uk

CORPORATE OBJECTIVE	
CORPORATE RISK (Ref if appropriate)	
QUALITY THEME	
HEALTH & CARE STANDARD	

REPORT PURPOSE	To approve the 2021/22 calendar of Board and Committee meetings.
CLOSED MATTER REASON	Not Applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Executive Management Team	9 September 2020	Discussion
Chairs' Working Group	6 October 2020	Endorsement
Trust Board	26 November 2020	Approval

SITUATION

1. This paper sets out the 2021/22 calendar of Board and Committee meetings.

BACKGROUND

2. Each autumn the Trust sets the calendar of Board and Committee meetings for the following financial year.

ASSESSMENT

3. The calendar has been constructed to follow as close as possible the 2020/21 business cycle and meeting dates. Wherever possible dates avoid school holidays and Bank Holiday weeks.
4. Quarterly meetings have been programmed for all Committees (including the new Academic Partnership Committee), with the exception of Charitable Funds, which is scheduled to meet three times, and the Finance and Performance Committee that will meet every two months. Chairs' Working Group will continue to meet quarterly.
5. Based on Welsh Government reporting deadlines:
 - The Annual Meeting of the Trust has been scheduled for 24 June 2021 (with an additional short Board meeting ahead of the Annual Meeting to approve the Annual Report).
 - An additional short Board meeting will also be necessary ahead of Board Development on 16 December 2021 to approve the Trust's IMTP.
6. The calendar on the following page includes details of the start times of the meetings and the notes section at the bottom of the calendar page provides further supporting information.
7. No proposals are included at this time regarding the geographic locations for Trust Board meetings or Board Development sessions. The calendar assumes that Trust Board Open and Closed sessions are held on the same day. If additional Board dates are required as a result of the sessions being held on different dates then the dates in the calendar will be used for the Open session. Additional Closed session dates will be arranged as required during 2021/22.
8. The calendar attached as Appendix 1 takes into account the discussions and comments of Executive Management Team on 9 September 2020 and Chairs' Working Group (CWG) on 6 October 2020. At the request of CWG, the meeting calendar was re-sent to Executive Directors on 7 October 2020 to identify any dates that failed to meet the business needs of the organisation. No requests for change of dates were received by the Corporate Governance Team.

RECOMMENDATION

That the 2021/22 calendar for Board and Committee meetings is approved.

	2021									2022		
	April	May	June	July	August	September	October	November	December	January	February	March
1												
2	Good Friday								Audit (3)			
3		May Day	Char Funds (1)							New Year BH		Audit (4)
4										CWG (4)		
5	Easter Monday						CWG (3)					
6				CWG (2)								
7						P&C (2)	Rem Com (2)		Rem Com (3)			
8												Rem Com (4)
9												
10			Rem Com (1)								Char Funds (3)	
11		P&C (1)								QuEst (4)		
12							QuEst (3)					
13	CWG (1)	F&P (1)		QuEst (2)								
14												
15			Board Dev (2)								Board Dev (5)	
16						Audit (2)		Board/Board Dev (4)				
17												F&P (6)
18								F&P (4)		Academic (4)		
19												
20	QuEst (1)	Audit (1) (Accts)		Academic (2)						F&P (5)		
21							Board Dev (3)					
22				F&P (2)							P&C (4)	
23						F&P (3)						
24			Board/AGM									Board (6)
25								Board (4)				
26					Char Funds (2)		Academic (3)					
27	Academic (1)	Board (1) (Accts)							Christmas BH	Board (5)		
28									Boxing Day BH			
29	Board Dev (1)			Board (2)								
30					Summer BH	Board (3)		P&C (3)				
31		Spring BH										

Key:

Academic	Academic Partnership Committee (4 Meetings): Start time 9.30	F&P	Finance and Performance Committee (4 Meetings): Start Time 9:30
Audit	Audit Committee (4 Meetings): Start Time 13.00	P&C	People and Culture Committee (4 Meetings): Start Time 9.30
Audit (Acts)	Audit Committee to sign off 2019/20 Accounts: Start Time 9.30	QuEst	Quality, Patient Experience and Safety Committee (4 Meetings): Start Time 13.00
Board Dev	Board Development (6 Meetings): Start Time 9.30	Rem Com	Remuneration Committee (4 Meetings): Start Time 9.30
CWG	Chairs' Working Group (4 Meetings): Start Time 14.00	Board	Trust Board (6 Meetings): Start Time 09.30 . 27 May to sign off 2019/20 Accounts
Char Funds	Charitable Funds Committee (3 Meetings): Start Time 9.30	Board (AGM)	Trust Annual Meeting: Start Time 14.00

Notes:

Academic, CWG, P&C and QuEst will be on Tuesdays. Audit, F&P, Charitable Funds and Trust Board will be on Thursdays. BD and Rem Com will be on either a Tuesday or Thursday
Academic, Audit, P&C, QuEst, Rem Com, CWG to meet quarterly. Board, F&P to meet six times. Board Development five sessions. Charitable Funds three meetings
Annual Meeting scheduled for 24 June (short Board meeting ahead of AM to approve Annual Report). Short Board meeting ahead of Board Development on 16 December to approve IMTP.

Minutes of Chairs Action Meeting

23 October 2020 (Via Teams)

Present:	Martin Woodford (MW)	Trust Chairman
	Keith Cox (KC)	Board Secretary
	Emrys Davies (ED)	Non-Executive Director
	Bethan Evans (BE)	Non-Executive Director
	Trish Gaskell (TG)	Claims Manager/Solicitor
	Jason Killens (JK)	Chief Executive
	Claire Roche (CR)	Executive Director Quality and Nursing

AUTHORITY TO SETTLE CLAIM CS 2990 *

1. The matter required approval ahead of the next scheduled Trust Board meeting on 26 November 2020 to seek authority to settle a damages claim against the Trust.
2. The Chairman opened the meeting and **CR/TG** explained the background to the case. Members were referred to the comprehensive documentation supporting the matter.
3. Members were informed that the claim was currently listed for final hearing on 23 November for seven days but that Counsel considered that the Trust had less than a 20% chance of defending its case and that the Trust should consider the possibility of making an offer to settle (Part 36 Offer).
4. Members were informed of the estimated cost of the claim which would be a best case scenario of £618,023. The Trust had accepted an invitation from the claimant's solicitor to engage in mediation at a Round Table Meeting (RTM) on 27 October 2020 and added that the latest date to make a Part 36 offer was 1 November 2020.
5. The Trust had two options - either negotiate a settlement on the best possible terms or proceed with the matter to trial. Members considered the pros and cons of each option and unanimously supported negotiating a settlement on the best possible terms.

Recommendation

6. All members present were content to approve the recommendations as stated in the paper, and as described below:
 - That the authority is given to settle the damages claim commencing with a starting point of £618,023 (with some latitude to go above this sum if necessary – see confidential Board paper) and to make a Part 36 offer to settle the claim in this sum if required.

* This paper is available to view on IBABS under Chair's Action, 22 October 2020

Name of Executive Director requesting Chair's Action:

Signature of Executive Director:.....

Names of two Non Executive Directors who have been consulted**

1) Name: Emrys Davies (NED) I approve/do not approve* the proposed action outlined above.

Comments if any:

Signed..... Date:

2) Name: Bethan Evans (NED) I approve /do not approve* the proposed action outlined above.

Comments if any:

Signed..... Date:

Chairman's Signature

I approve/do not approve* the proposed action outlined above

Signed..... Date:.....

Martin Woodford

Comments if any:

Chief Executive's Signature

I approve /do not approve* the proposed action outlined above

Signed..... Date:

Jason Killens

Comments if any:



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AGENDA ITEM No	5.2a
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	0

Committee Report to Board People and Culture Committee

MEETING	Board Meeting
DATE	26 November 2020
EXECUTIVE	Executive Director of Workforce and OD
AUTHOR	Executive Director of Workforce and OD
CONTACT DETAILS	Claire.vaughan@wales.nhs.uk

CORPORATE OBJECTIVE	
CORPORATE RISK (Ref if appropriate)	
QUALITY THEME	
HEALTH & CARE STANDARD	

REPORT PURPOSE	To update the Board on the People and Culture Committee meeting held on 13 th October 2020.
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

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 13th October 2020.

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 the 13 October 2020, the Committee focussed on matters pertaining to workforce planning, recruitment and education and considered risks that sit within its purview. The following matters were considered and noted:

- **Operations Quarterly Report**

Bob Tooby, Assistant Director of Ops (Resilience & Operational Delivery Unit Lead) provided an overview of the Operations Quarterly Report on behalf of the Director of Operations. Highlights included:

- An update on preparations for the opening of the Grange University Hospital (GUH) which were reported to be on track;
- Pandemic Response and Plan, *where the decision to move to a response phase monitoring position was noted;*
- An update on the Mobile Testing Unit (MTU) developments, noting the successful initiation of the first 4 units; also plans being put in place should the Trust be asked to take on a running of a further 15 MTUs, noting concerns regards timescales and scale of the recruitment challenge;
- An update on CTL Review, and positive progress towards a resolution;
- Major Trauma Desk mobilisation, 111 and Phone First plans and developments;
- Everbridge implementation.

- **Update on Resource Availability Programme**

The Committee received a report outlining progress against Resource Availability Programme workstreams, planned next steps and risks to deliver, including the impact a return to response status would have on progress should this be needed.

- **Education and Training Developments**

The Committee received a presentation from the Assistant Director, Professional Education and Training outlining recent significant achievements and challenges. This included a staff story from Sarah Lewis, a Trainee Emergency Medical Technician, who shared her positive experience of the recently designed and

developed Virtual EMT Training Programme (Level 4 Diploma for Associate Ambulance Practitioners). Committee members heard from Sarah how the digital programme enabled her to remain at home, reduced travel, gave flexibility, enabled her to re-watch lessons and access support from tutors and peers. The Committee praised the excellent work of the Education and Training Team in implementing this innovative and empowering blended learning solution and successfully creating a high quality, supportive learning environment despite the obvious challenges presented by the pandemic.

- **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, highlighting the achievement of meeting challenging recruitment and training requirements in particular.

- **Workforce Performance Scorecard**

An overview of the data was presented to the Committee, with particular attention drawn to:

- Work undertaken in relation to sickness absence management, improving wellbeing and supporting colleagues in returning to work following a period of shielding; *and*
- Plans to address reducing PADR rates.

- **Welsh Language**

An overview of the progress made in relation to implementation of the Welsh Language Standards was provided by the Board Secretary, with Committee members' attention drawn to two outstanding issues in relation to 111. Members acknowledged the progress made and appetite for continuous improvement. The Committee endorsed the annual report for publishing, subject to agreed amendments.

- **Reverse Mentoring**

The Committee was pleased to note the Trust's plans to pilot a Reverse Mentoring scheme, a key component in working towards our strategic equality objectives. Seven members of the Executive Team have volunteered their time as mentees, with mentors across the organisation selected and prepared for the role. Introductory meetings are to take place shortly.

- **Seasonal Influenza Campaign Report**

The Associate Director of Paramedicine provided the Committee with a summary of data and lessons learned from the 2019/20 Flu Campaign; proposed plans for the 2020/21 campaign were also shared. Discussions touched on concerns related to availability and accessibility of flu jab, continued reluctance among the workforce and recording of compliance.

- **Seasonal Planning**

The Assistant Director, Commissioning and Performance briefed the Committee regarding tactical seasonal planning and modelling work undertaken. Colleagues concurred that a focus on welfare and wellbeing is vital and noted that a Staff Welfare Plan was in progress. It was proposed to include reference to the detail of the plan as an appendix to the emerging Wellbeing Strategy due for Board approval in November.

- **Workforce Planning**

The Committee received and noted a report detailing the progress achieved in relation to key workforce planning, recruitment and training activity, including the Demand and Capacity Project, GUH and MTU. The Deputy Director of Workforce and OD also provided the Committee with an overview of aspirations and ambitions for strategic workforce planning, role and service design. Committee members engaged in a discussion around the need for alternative thinking and practise, in order to collaboratively address current and future challenges across the health and care system.

- **Health and Wellbeing Strategy**

The Trust's Organisational Culture and Workplace Wellbeing Lead presented the draft Health and Wellbeing Strategy to the Committee, inviting comment. Committee members were particularly supportive of the strategy's commitment to improving health and wellbeing at all stages of an employee's career, and the inclusion of colleagues' families within scope. The final strategy is presented to the Board for approval at this meeting, following extensive consultation and engagement.

- **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, including progress against delivery of Internal Audit recommendations. This included:

- The impact of continued staff shielding on resource availability and actions being taken to support staff in returning to work;
- Progress made in relation to completion of a DBS checking exercise; and
- Proposal to further delay commencement of the Partnership Working Internal Audit which will be presented to the Trust's Audit Committee in December 2020 for consideration and support. The Committee noted that discussions have already taken place with Helen Higgs, Head of Internal Audit.

- **Committee Terms of Reference**

The Committee considered the existing Terms of Reference and provided comments for review and amendment; The Board Secretary agreed to take these comments forward and subsequently, the People and Culture Committee Terms of Reference will be recommended to the Board in January 2021 for approval.

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 12th January 2021.

RECOMMENDATION

6. That the report from the People and Culture Committee meeting held on 13th October 2020 be noted.



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AGENDA ITEM No	5.2b
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	

Committee Report to Board Finance & Performance Committee

MEETING	Board Meeting
DATE	26 November 2020
EXECUTIVE	Board Secretary
AUTHOR	Board Secretary
CONTACT DETAILS	keith.cox@wales.nhs.uk

CORPORATE OBJECTIVE	
CORPORATE RISK (Ref if appropriate)	
QUALITY THEME	All
HEALTH & CARE STANDARD	Health and Care Standard 7.1

REPORT PURPOSE	To update the Board on the Finance & Performance Committee meeting held on 19 November 2020.
CLOSED MATTER REASON	

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

SITUATION

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 Finance and Performance Committee meeting held on 19 November 2020.

SUMMARY FROM COMMITTEE

The Committee, which meets 6 times a year, covered a range of topics.

OPEN SESSION

- **Committee Terms of Reference.** The Committee considered the current Terms of Reference and provided comments for review and amendment; following some minor amendments, they will be recommended to the Board in January 2021 for approval
- **Finance Position Month 7.** The Committee was briefed on the latest available financial performance. The Trust was showing a small cumulative revenue underspend which was based on the assumption that all covid-19 costs would be covered from WG central funds. There was a slight over achievement to date in line with the financial plans that supported the IMTP. The Public sector payment policy was on track.
- **Monthly Integrated Quarterly Performance Report.** The Committee noted key performance figures which included; the number of calls to 111 had increased significantly; red performance was 60.8% in October, the Amber 95th percentile was just over four hours; in October 3,945 incidents (or 127 incidents per day) related to CoVID-19 (Card-36) demand, compared to 3,916 in Sep-20; there were 226 patient waits for an ambulance of 12 hours or over.
- **Update on IMTP.** The Committee was reminded that, despite positive feedback, the Trust's IMTP submitted in January 2020 had not been formally approved by WG due to the national response to the pandemic: Key points noted were: Major Trauma Network has gone live. Grange University Hospital has now opened; EMS D&C Programme remains on track with funding now agreed for remaining posts in year 1; Estates and Fleet SOP have been updated.
- **Operations Quarterly Report.** Members were provided with a report which updated them on several Covid-19 related topics; response, plan and Mobile Testing Units. An update on CFR's in terms of their PPE training compliance was also provided. Updates were also given on the 111 phone first and the NEPTs demand and capacity review
- **Specialist Operations Key performance Indicators.** It was reported that The KPI's were based on reporting data collated from various sources including staffing, deployment, incident type, vehicle usage and resources. Details of this data was given along with comparison from the previous year.
- **NHS Direct Wales/ 111 Peer Review.** The Committee were updated on the progress of the peer review action plan. It was noted that four actions had been completed since the last update.

- **Digital Strategy.** The Strategy was presented to the Committee for its recommendation for approval to the Board. It was well received and wholeheartedly approved; with Members commenting on its easy to read layout.
- **Fleet and Estates Strategic Outline Programme Refresh.** Members were advised of the work thus far in terms refreshing the SOPs. It was noted that there will no doubt be risks associated with full delivery of the SOPs due to availability of capital and resources, particularly for the Estates SOP. The next steps were to review the status of delivery against the SOPs and incorporate the findings of the EMS Demand and Capacity review. Detailed refreshes of both SOPs are due to come through both Committee and Board in January 2021.
- **Emergency Operations Demand Management Policy.** Following a discussion regarding some aspects within the policy, it was approved.
- **Committee Assurance Framework.** The Committee noted that there were currently eight Corporate risks linked to the Committee, details of these were provided in more detail. Since the last update, one risk had been decreased in score and two new risks had been added to those relevant to the Committee
- **Internal Audit Actions Referred from the Tracker.** It was reported that 46 recommendations had been assigned to the Committee for oversight, 19 were overdue, 11 had been completed and 16 were not yet due. The Committee was given more details and sought additional assurance on the overdue recommendations.

Full minutes from this Committee meeting will be presented to the Board in due course. The next meeting of the Finance and Performance Committee will be held on 14 January 2021.

CLOSED SESSION

The following items were discussed in the closed session

- **NEPTS External Transport Provider Contracts Novated to WAST**
- **Transfer of Non-WAST NEPTS Work To WAST – Powys Teaching Health Board**
- **Mobile Data Vehicle Solution (MDVS) Outline Business Case – Addendum**
- **Detailed update on 2020/21 Capital Programme**
- **Interim Fleet 2021/22 BJC**

RECOMMENDED: That the report from the Finance & Performance Committee meeting on 19 November 2020 be noted.



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AGENDA ITEM No	5.3
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

MINUTES OF COMMITTEES

MEETING	TRUST BOARD
DATE	26 November 2020
PRESENTED BY	Trust Board Chairman
AUTHOR	Board Secretary
CONTACT DETAILS	Keith Cox, 01633 626221, Keith.Cox2@wales.nhs.uk

CORPORATE OBJECTIVE	N/A
CORPORATE RISK (Ref if appropriate)	N/A
QUALITY THEME	N/A
HEALTH & CARE STANDARD	N/A

REPORT PURPOSE	To formally receive the Minutes of Committees
CLOSED MATTER REASON	N/A

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY

MINUTES OF COMMITTEES

1. The Trust's Standing Orders, approved in line with Welsh Government guidance, require that a number of Board Committees are established. In line with this guidance and following the review of structures undertaken by the Board in March 2015, the following bodies were established:

- Audit Committee
- Charitable Funds Committee
- *Finance and Resources Committee (Now disbanded)*
- Quality, Patient Experience and Safety Committee
- Remuneration Committee
- Welsh Ambulance Services Partnership Team

Following the disbandment of the Finance and Resources Committee in January 2019, two new Committees were formed:

- Finance and Performance Committee
- People and Culture Committee

2. The purpose of this report is to provide an update on the work of these bodies, the detail for which is listed below and appended are the relevant Minutes. The Board is asked to receive this report and to formally adopt the Minutes of the Committees. The Board are reminded that the Chairman at its meeting on 4 June 2015 proposed that only confirmed Minutes of Committees should be presented to the Board. This was formally accepted by the Board. As a result of this a number of actions and or recommendations outlined in the Minutes of these Committees have already been progressed.
3. The following Committee Minutes which have been approved by the relevant Committee are included in the supporting papers for adoption and noting by the Board:

AUDIT COMMITTEE

No meeting held since last Trust Board meeting

4. **QUALITY, PATIENT SAFETY AND EXPERIENCE COMMITTEE**

No meeting held since last Trust Board meeting

5. **FINANCE AND PERFORMANCE COMMITTEE**

The Minutes of the Finance and Performance Committee meeting held on 15 September 2020 are attached. The Chair of the Committee, Martin Turner wishes to reassure the Board that:

- (i) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and
- (ii) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

6. **PEOPLE AND CULTURE COMMITTEE**

The Minutes of the People and Culture Committee meeting held on 14 July 2020 are attached. The Chair of the Committee, Paul Hollard wishes to reassure the Board that:

- (iii) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and
- (iv) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

7. REMUNERATION COMMITTEE

The Minutes of the People and Culture Committee meeting held on 11 August 2020 are attached. The Chair of the Committee, Martin Woodford wishes to reassure the Board that:

- (v) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and
- (vi) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

8. CHARITABLE FUNDS COMMITTEE

No meeting held since last Trust Board meeting.

RECOMMENDED: That the Board endorse the above minutes.

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 15 SEPTEMBER 2020 VIA TEAMS

Chair: Martin Turner

PRESENT :

Martin Turner	Non Executive Director
Bethan Evans	Non Executive Director
Emrys Davies	Non Executive Director
Joga Singh	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Corporate Governance Manager (Part)
Lee Brooks	Director of Operations
Nathan Holman	Trade Union Partner
Osian Lloyd	Internal Audit
Rachel Marsh	Director of Strategy Planning and Performance
Steve Owen	Corporate Governance Officer
Chris Turley	Director of Finance and Corporate Resources
Helen Watkins	Assistant Director of Workforce

APOLOGIES

Craig Brown	Trade Union partner
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OBSERVERS

Pam Hall	Non Executive Director
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35/20 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.

Minutes

The minutes of the meeting held on 16 July 2020 were considered by the Committee and agreed as a correct record.

Action Log

The Action log was considered and all items were on the Agenda, all actions marked as

completed. The Committee noted that the completed dates were not visible on the report. This was due to some information not being transposed correctly from excel to ibabs. Steve Owen agreed to rectify this for the next meeting.

RESOLVED: That

- (1) the Minutes of the open and closed meeting held on 16 July 2020 were confirmed as a correct record; and**
- (2) the declarations of interest as stated were noted.**

36/20 FINANCIAL POSITION AS AT MONTH 5

Chris Turley updated the Committee by way of a PowerPoint presentation adding that the timing of the Committee did not lend itself to being able to produce a comprehensive month 5 position report as it fell outside the timings in respect of Welsh Government's reporting requirements.

He drew the Committee's attention to the following highlights:

1. The cumulative revenue position continued with a small underspend; month on month the Trust was still on track to reach a break even position. This was on the proviso that the funding from WG for the full costs incurred as a result of Covid-19 would be received
2. In spite of the pandemic, the Trust continued to meet its gross savings delivery which was just over target
3. An overview of each of the directorates spending was shown which were broadly equal or underspent. Overspending areas were known and understood and the way costs were being captured in terms of net Covid costs was explained.
4. In terms of the Covid spend, this stood at just over £6.6m over the last five months on a net basis. Some funding has already been received from WG, £2.143m has been received and this related to pay costs incurred for the first three months. It was anticipated that more money would be released from WG in the coming months to cover the Trust's residual Covid spend balance
5. Chris Turley advised that should there be a second wave of the pandemic, costs would inevitably increase significantly
6. With regards to capital in relation to Covid, there was still a balance of over £0.5m; this was being addressed going forward
7. In terms of the capital programme, overall there had been little movement; however there had been approval for some fleet funding to provide the additional fleet to support the transport solution for the Grange University Hospital

Comments:

1. Was there any suggestion that WG would push back on any recovery of funding? Chris Turley was confident that the majority of the funding would be released to the Trust in due course
2. Following a query in terms of capital, Chris Turley advised that £800k had been held back from the discretionary capital to be used as a contingency; one for an element

of the ePCR business case and some committed for Covid. A number of schemes were still on hold and there should more clarity at the end of September

3. Chris Turley clarified the position regarding the net delegated budgets advising that the vast majority were underspent or in balance. He added that some items were recurring and some were non recurring. He further advised the Committee that a full detailed paper would be presented to the Board on 1 October 2020

RESOLVED: That the update was noted.

37/20 UPDATE ON IMTP

Rachel Marsh reminded the Committee that the Trust had submitted its Board approved IMTP to WG on 31 January 2020

Despite positive informal feedback, the IMTP was not approved by the Minister for Health and Social Services prior to the implementation of the national pandemic response. Instead, during the pandemic response, WG had required all NHS bodies in Wales to submit Board approved quarterly Operational Plans, setting out the key programmes of work and operational service requirements during the ongoing response to and recovery from the COVID-19 pandemic.

Those services and projects that were deemed “must do” continued where possible. The Executive Pandemic Team also decided to reduce activity to deliver its IMTP, focussing mainly on the programme to deliver the additional 136 staff by March 2021 as a pandemic strategy requirement. The Trust was now in the recovery phase in relation to the pandemic.

A further review of the Trust’s IMTP priorities was undertaken in preparing the Quarter 1 and Quarter 2 Operational Plans for WG. The latest Quarter 2 Operational Plan was approved by the Trust Board and submitted to Welsh Government on 3 July 2020.

In terms of highlights from the report Rachel Marsh drew the Committee’s attention to the following:

1. Demand and Capacity review, the Committee noted that the final funding for this year’s 136 Full Time equivalent staff had been agreed by the Commissioner and WG
2. In terms of the Grange University Hospital (GUH), progress was continuing and the funding for ambulances had been agreed by WG
3. The major trauma network had now gone live
4. An all Wales winter protection plan was due to be published shortly by WG which would include guidance on how the Trust would develop its quarter 3 and quarter 4 report

Comments:

1. How significant was the risk in terms of providing adequate space for the 136 staff and vehicles at the GUH? Rachel Marsh explained that in the short term there was sufficient space to accommodate staff and vehicles. Several options were being explored for the longer term solution but it was a risk. Chris Turley added that initially for the first 12 months there was sufficient space; in the medium to longer term the Trust was implementing and developing its own estates solution going forward, noting that the inherent risks associated with this were being mitigated

2. How was the Trust going to manage its quarterly plans which was inhibiting development? Rachel Marsh advised that WG were trying to re-establish the IMTP approach for next year and considering whether this would be a one year or a three year plan. EMT recognised this and were maintaining a flexible approach to the longer term planning.

The Committee recognised that a further update on final outcome of the prioritisation with progress against the priorities will be brought to the next Finance and Performance Committee meeting in November 2020.

RESOLVED: That

- (1) the update on progress of the IMTP and Quarter 2 plan delivery was noted; and**
- (2) the progress of the prioritisation exercise was noted.**

38/20 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT – JULY 2020

Rachel Marsh gave an overview of the report and drew attention to the following:

1. 111 call demand had increased in Jul-20. July recorded 36,196 calls compared to 35,282 in June.
2. Hear & Treat performance continued to improve in July, after the dip at the start of lockdown in Mar-20. The Clinical Service Desk and NHSDW achieved a combined rate of 9.3% in Jul-20 and 9.2% performance in Jun-20.
3. The 65% target in Red performance was achieved in July, the percentage of emergency responses to Red incidents within 8 minutes was 68.50%. This was a slight decline compared to very recent months, with performance at 71.40% in June 20.
4. Amber response times had declined across the percentiles in July, following a period of significant improvement, particularly in May 20, recording the best response times for over two years.
5. Conveyance to Major Emergency Departments was increasing again, following a decrease during the height of the pandemic period, both in terms of overall numbers and as a proportion of total verified incident demand. The Trust conveyed 16,827 patients to major emergency department (EDs) in Jul-20, compared to 15,197 in the same period last year
6. Lost hours from notification to handover delays increased in Jul-20; 3,596 lost hours compared to 2,650 in Jun-20, but were significantly lower than the 8,048 recorded in Jul-19. Early data from August 2020 shows that delays were continuing to increase.
7. Overall sickness saw an in-month decrease to 5.56% from 5.66% in June 20 and 6.26% May 20. This was the lowest level of sickness absence within the Trust for over 3 years
8. The response to concerns within 30 days was 76% in July, compared to 62% in June and 74% in May-20.

Comments:

1. Members were pleased to note that consideration was being given in terms of how

future reports would be presented to each Committee

2. The Committee recognised the improvement in terms of the performance in relation to responding to concerns
3. Hand over delays, concern was expressed that this was on the increase and may deteriorate should there be a second wave of the pandemic. Rachel Marsh commented that delays were not across all the health boards in Wales
4. The completion of staff appraisal reviews, this had been declining for several months; focus should now be given on evidencing completion of the reviews
5. In terms of response times, was the time taken to don and doff PPE taken into consideration? Rachel Marsh informed the Committee that the Director of Operations was considering the impact of this on response times
6. In terms of sickness absence was some of this being re-categorised? Rachel Marsh explained that there would be staff who were not ill but were self-isolating and were included in the sickness rates. Helen Watkins added that if staff were shielding they would not be included in the sickness numbers

RESOLVED: That

- (1) the performance outlined in the Jul-20 Monthly Integrated Quality and Performance Report was noted and approved; and**
- (2) the next Committee report to be more refined with a deep dive on a subject to be decided offline with Rachel Marsh and the NED's**

39/20 OPERATIONAL DELIVERY UNIT (ODU)

Lee Brooks explained the background information in relation to the justification for the establishment of the ODU. The ODU was set up following the significant demand pressures and operational challenges from last winter. A pilot of the ODU commenced in March 2020 and provided senior leadership capacity to effectively manage pressures across the Unscheduled Care System.

The pilot has now been completed and a business case has been prepared to secure further funding for the ODU to continue to operate in its current state.

The recurring revenue cost to continue to maintain the salary costs of the senior staff within the ODU was in the region of £1m.

Lee Brooks added that due to time constraints, the business case had already been submitted to the Commissioner following approval from EMT and was being presented for noting.

Comments:

1. A query arose in terms of the governance; Lee Brooks advised that going forward further formalisation was being addressed through EASC; it was agreed that an update of the governance procedures would be given at the next meeting

2. Was there an opportunity to highlight that this could not be supported on a 6 month basis with a view to extending it? Lee Brooks advised that the CEO would be addressing the issue with the Commissioner
3. Members expressed concern that the Chief Operating Officers at health boards had articulated their reservations in terms of the risks involved
4. Had any feedback been received from patients? Lee Brooks explained that the Trust was interacting with the patients to understand their needs and as yet no direct feedback had been received.

RESOLVED: That the report was noted

40/20 CORPORATE RISKS RELEVANT TO THE COMMITTEE

Prior to presenting the report, Julie Boalch explained that due to the pandemic, activity on the Board Assurance Framework had been paused; this subsequently affected the maturing of the Committee Assurance Framework (CAF). It was anticipated that a draft CAF would be presented at the next meeting.

Julie Boalch gave an overview of the report and drew attention to the following:

1. The Corporate Risk Register (CRR) had been reviewed by the Assistant Directors Leadership Team on 17 August 2020; the proposals made were then approved by the Executive Management Team on 2 September 2020
2. Risks currently assigned on the CRR relevant to the Committee:
 - a. Business Continuity – recording of patient digital records.
 - b. Continued availability of digital pens
 - c. Health and Safety

New risks added relevant to the Committee:

- a. Failure to manage the cumulative impact on estates of the EMS and NEPTS demand and capacity review and the Grange University Hospital (GUH) solution
- b. Significant risk to planning the transfer service at Aneurin Bevan health Board

Chris Turley further updated the Committee on the two new risks, Rachel Marsh added that recruitment was the biggest risk in terms of the GUH

RESOLVED: That

- (1) the position and update was noted; and**
- (2) the Committee noted the continuing development of a Committee Assurance Framework**

41/20 INTERNAL AUDIT ACTIONS REFERRED FROM THE TRACKER

Julie Boalch presented the report was read and drew attention to the following:

1. 61 recommendations had been assigned to the Committee for oversight, five were overdue, 16 had been completed and 40 were not yet due

2. Limited activity between March and end of June 2020; EMT added at least six months to the originally agreed deadlines
3. A full review of the tracker had now been completed
4. The Committee were shown the five overdue recommendations and given more detail on them:
 - a. Year 17/18, Weir review – tagging of equipment, revised completion date of September 2021
 - b. Year 17/18, NEPTS – proposed completion date of December 2020
 - c. Year 18/19, Operational Business Continuity follow up – new completion date of December 2020
 - d. Year 18/19, Cyber security recommendation – revised completion date of September 2021
 - e. Year 18/19, Emergency Handover of care at ED follow up – revised completion date of October 2020

Comments

1. When dates were revised did the Auditors agree? Julie Boalch explained that the Auditors worked closely with the Trust in agreeing the completion dates
2. How realistic was the deadline in terms of the NEPTS savings? Lee Brooks advised that it depended upon the circumstances surrounding the pandemic in the next few weeks. Members suggested it would be prudent to move the deadline to April 2021

RESOLVED: That

- (1) the contents of the report was noted;**
- (2) the Trust's proposals to address the high priority and overdue recommendations with the inclusion of revised completion dates were considered; and**
- (3) the recommendations relating to the 2019/20 Limited Assurance rated reports that are due to be followed up as part of this year's plan were considered.**

42/20 NHS DIRECT WALES/111 PEER REVIEW

Lee Brooks reminded the Committee that the progress of the peer review action plan was to be monitored by the Committee. Progress on the action plan had been delayed due to the pandemic but traction was now being made.

Comments:

At what point will the 111 implementation team fit into the Trust as part of the delivery team? Lee Brooks explained that discussions were underway noting that there would be further discussion at the upcoming Trust's Board Development session

RESOLVED: That

- (1) the approved Peer Review action plan created following the review was noted; and**
- (2) the progress made against the actions was noted.**

Chris Turley explained that the Trust recognised the importance of Sustainable Development and the crucial role its environmental performance (in particular reducing carbon emissions) had to play in achieving the goal of being an Environmentally Sustainable Organisation as well as sharing the Welsh Government's ambition for the Trust to be Carbon Neutral by 2030.

The Trust had been working for a number of years to identify its environmental impact and put measures in place to reduce its emissions, in 2015 it was the only Ambulance Service in the UK to achieve ISO14001 accreditation.

This refreshed Environment Strategy for the next 4 to 5 years was seen as an important step and statement in terms of the continuing commitment to environmental performance.

Following endorsement of the Strategy, it would be presented to Trust Board on 1 October 2020 for final approval.

The Committee, following discussion recommended that the Board approve the strategy at its meeting on 1 October 2020, recognising the challenges going forward.

RESOLVED: That Committee members reviewed and commented on this Strategy and recommended that Trust Board approves it at its meeting on 1 October 2020.

Date of Next Meeting: 12 November 2020

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (CLOSED SESSION) HELD ON 15 SEPTEMBER 2020 VIA TEAMS

Chair: Martin Turner

PRESENT :

Martin Turner	Non Executive Director
Bethan Evans	Non Executive Director
Emrys Davies	Non Executive Director
Joga Singh	Non Executive Director

IN ATTENDANCE:

Nathan Holman	Trade Union Partner
Dr Brendan Lloyd	Medical Director
Rachel Marsh	Director of Strategy Planning and Performance
Steve Owen	Corporate Governance Officer
Edward Roberts	Project Accountant
Chris Turley	Director of Finance and Corporate Resources
Helen Watkins	Assistant Director of Workforce

APOLOGIES

Craig Brown	Trade Union partner
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OBSERVERS

Pam Hall	Non Executive Director
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45/20 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 were noted.

46/20 ELECTRONIC PATIENT CLINICAL RECORD (ePCR) FULL BUSINESS CASE

Dr Brendan Lloyd presented the full business case for the Committee to endorse for submission to the Board.

Members noted that the original cost had been reduced significantly due to both hardware costs and the cost element associated with the server.

Reference was made to the key cost assumptions within the plan which included:

1. The cost was based on software licencing for 2500 EMS staff and 1200 CFRs
2. CFR hardware was excluded from the scope of this project
3. The ePCR contract was for three years with an option to extend for two further years on an annual basis
4. Project management was based on a two year delivery period
5. Revenue for in-life digital team would be be for three years to manage the solution

Chris Turley explained in more detail for the benefit of the Committees why the cost reduction from the original estimate had been significant.

Comments:

1. Going forward, would this be compatible with the changes in line with the Trust's digital strategy? Dr Brendan Lloyd was confident that the systems would be compatible going forward.
2. Members noted the significant work undertaken by all staff involved, in particular Stephanie Harris
3. What would happen if the case was not supported and what was the confidence level of funding being approved by WG? Chris Turley explained that extra funding would be sought from WG; worst case scenario would be that the Trust may have to fund some of the funding from its discretionary capital. He was confident that WG, given the reduced value, would support the case.

RESOLVED: That the submission of the ePCR Full Business Case to the closed session of the Trust Board to be held on 01 October 2020 was endorsed.

47/20 CASE STUDY ON TENDERS – DEEP DIVE

Chris Turley explained this case study had been referred and requested from the Audit Committee who had raised a concern in terms of the final cost of two of the tenders being proportionately more than the original estimates.

Members noted that any subsequent increases in cost remained within the delegated authority of the required governance mechanism that approved the business cases in the first place.

Chris Turley gave an overview in terms of how the cost estimating process was carried out and gave examples as to when the cost might vary during the business case stages.

There were several key messages identified from the case study and a detailed action plan was being developed to track progress and would be available at the next meeting

Comments:

1. It would be beneficial to identify the levels of delegated responsibility and highlight that within the action plan

2. How can the Trust ensure the original business case in entirety applied to all aspects within it? Chris Turley explained that this was being addressed in order to understand the full scope of the case at its development

RESOLVED: That

- (1) FPC members considered and noted the outcomes of this review, the conclusions made and the development of an action plan; and**
- (2) It was noted that a further update on progress against each of the items contained within this action plan would be brought back to a future meeting of the FPC.**

Date of Next Meeting: 12 November 2020

CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON 14 JULY 2020

Chairman: Paul Hollard

PRESENT:

Paul Hollard	Non Executive Director and Chair
Keith Cox	Board Secretary
Alexander Crawford	Assistant Director of Planning
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
Estelle Hitchon	Director of Partnerships and Engagement
Fatehullah Tahir	OD Project Manager
Dr Catherine Goodwin	Organisational Culture & Workplace Wellbeing Lead
Andrew Challenger	Senior Education and Development Lead
Sharon Thorpe	Trade Union Partner
Sarah Davies	Workforce and OD Business Manager
Nikki Harvey	Head of Safeguarding
Lee Brooks	Director of Operations
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
Fflur Jones	Audit Wales
Chantal Patel	University Representative
Jeff Prescott	Corporate Support Officer

APOLOGIES:

Andy Swinburn	Assistant Director of Paramedicine
Pam Hall	Non Executive Director

30/20

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 Pam Hall and Andy Swinburn

31/20 DECLARATIONS OF INTEREST

The standing declarations of Professor Kevin Davies as Independent Trustee of St John Cymru and Chantal Patel as a Member of Swansea Bay University and Chair of Swansea Bay University Health Board Clinical Ethics Committee were recorded.

RESOLVED: That the declarations as described above was RECORDED.

32/20 MINUTES/ACTION LOG

The Minutes of the Open meeting held on 02 June 2020 were considered and agreed as a correct record. No new Actions from previous meeting.

RESOLVED: That the Minutes of the meetings held on 02 June 2020 were AGREED.

33/20 DIRECTOR OF WORKFORCE AND OD UPDATE

Claire Vaughan gave an update on some of the main developments and highlights which had occurred since the previous Committee meeting. These included the recognition of the Trust's commitment to supporting serving Military Personnel and Reservists into employment. Accordingly, the Trust had hosted the organisations' first Virtual Careers Event as part of Armed Forces Week which gave interested parties a greater understanding of the typical entry level routes into the Trust and provided guidance around the selection process and the recruitment cycle.

Claire Vaughan also noted the Trust's ongoing commitments in regard to equality and in particular, the Trust's stance on all forms of discrimination. The Trust had joined with other NHS colleagues to celebrate NHS Virtual Pride on the 26th June with a social media takeover where people shared their Pride experiences and discussed what Pride meant to them. In addition, the Trust had been linking in with the National Ambulance BME Forum to share statements on the Black Lives Matter movement in order to help tackle racial discrimination. However, it was recognised that there is more work which can be done to support BAME colleagues and to increase diversity within the organisation.

Other highlights included UCA progression and Paramedic Band 6 compliance. Competencies up to May for Band 6 compliance were 94.15% for Year 1 and 83.48% for Year 2. In regard to UCA progression, following successful conclusion of UCA role discussions, 58 existing UCAs commenced EMT training in July, with a further 33 UCA colleagues scheduled to commence EMT training in September.

Members received the update and asked what additional work the Trust could undertake in order to help tackle any forms of inequality, racial discrimination or prejudice?

Claire Vaughan stated that some challenging conversations had taken place with members of staff to hear their experiences and to understand what the Black Lives

Matter movement meant to them. Dr Catherine Goodwin also noted that the Treating People Fairly - Equality, Diversity and Inclusion steering group would be meeting shortly to begin implementing some of the learning and to begin the process of Reverse Mentoring at Board level, with executive management and across the Trust as a whole. Other work was ongoing in the community and with faith leaders to help develop the Trusts approach to tackling discrimination in order to become the most inclusive organisation possible.

RESOLVED: That

34/20

WORKFORCE PERFORMANCE SCORECARD

Helen Watkins provided an overview of the May 2020 key trends and improvement actions as identified in the Workforce and OD performance reporting dashboard. The Committee were asked to note the key trends and headlines which included:

- Ambulance response vacancies had decreased by 34.06wte since April to 0.87 (0.05%) reflecting the impact of the successful recruitment to deliver an additional 136wte.
- CTL vacancies continued to be held open pending the outcome of the CTL review, which was due to recommence in July. The existing CTL job description was currently waiting to progress through the job evaluation process, which had been restarted.
- Integrated workforce planning was taking place, with a recent review undertaken of commissioned Paramedic education places against anticipated demand. Workforce planning, education and recruitment would form the focus of the next Committee meeting.
- Sickness absence reporting showed a significant improvement with an in-month reduction of 1.4% for May 2020.
- Of the 6.29% sickness reported for May 2020, 1.82% was attributable to COVID-19 related symptoms, with a low figure of 4.47% sickness attributable to non COVID-19 related symptoms.
- Overall Statutory & Mandatory Training rates had continued to be above the 85% target all year. The rate however, showed a decrease in compliance of 2.12% from April to 88.52%.

Members received the update and asked for further information around timeframes for completion of the CTL review. Helen Watkins confirmed that Lee Brooks along with the CTL advisory group were working on the review and discussions were ongoing. Claire Vaughan informed the Committee that Jason Killens had contacted CTL's to begin work on mapping out the process in order to establish a timeline for completion although at present, it was not possible to give an accurate date.

Members also queried whether any modelling had been done to determine the impact of contact tracing upon the workforce if staff were required to isolate

following contact with confirmed Covid-19 cases. Helen Watkins and Claire Vaughn stated that modelling around the effects of contact tracing was one of the elements which had been included in recent modelling to factor in the potential impact of a second wave of Covid-19 infections.

RESOLVED: That the report was NOTED.

35/20 OCCUPATIONAL HEALTH UPDATE

Dr Catherin Goodwin gave an overview of the developments and actions taken in the Occupational Health department to address risk and audit concerns, particularly regarding driver medicals and health surveillance. Dr Goodwin informed the Committee that the recent recruitment of a highly experienced Occupational Health Nurse, Mrs Ceri Bryant, had enabled the department to build upon the progress made by the previous Head of Occupational Health and to realise the full potential of the department and deliver a comprehensive service.

Several areas were identified as concerning on the directorate risk register and work was now well underway to address these. This included access for immunisations, undertaking health surveillance for risk assessed roles, timely health screen pre-employment completion and access to Occupational health and Wellbeing services for all staff.

Dr Goodwin further explained that previously, Occupational Health records had included a mix of paper and electronic files. However, the transfer of all paper records to electronic forms was due to be completed over the coming months, providing a more efficient and streamlined system.

Face to face pre-employment medicals were reinstated from 1 July 2020 and all staff who'd had a soft touch medical during the past 3 months would now be called for face to face medicals as restrictions on these had also been lifted. In addition, immunisations were also able to take place.

RESOLVED: That the update was NOTED.

36/20 WELSH LANGUAGE UPDATE

Keith Cox gave a verbal update on the Welsh Language standards and informed Members that in terms of timescales and required actions, the Trust was now close to reaching a final position with the Welsh language commissioner on the implementation of the standards. However, one outstanding issue around the implementation of the Standards for NHS Direct Wales was still to be resolved with some of the finer details still to be ironed out.

Keith Cox then informed the Committee that the Trust had been subject to a 'secret shopper' style exercise where the service had received emails and telephone calls

in Welsh as well as having checks done on publications such as pamphlets and articles on the Trust Website. Overall, the Trust had performed well with very encouraging results albeit with some minor improvements still to be made. Thanks were placed on record for the Trust's Welsh Language Officer, Melfyn Hughes for his efforts in liaising and implementing the standards with the Commissioner.

Members received the updated and noted the importance of being able to offer services, support and training bilingually to those members of staff who were more comfortable conversing in Welsh. Members also noted the availability of simultaneous translation through Microsoft Teams for presentations and training purposes.

RESOLVED: That update was NOTED.

37/20

RESOURCE AVAILABILITY PROGRAMME UPDATE

Lee Brooks updated the Committee on the progress against the resource availability programme. During the Pandemic, the programme had remained on pause. However, now that the Trust was in the Monitoring phase, work on this programme had recommenced. Consequently, progress had been limited although Members were still able to be updated on the status of each project and workstream linked under the programme. These included:

- Improving attendance
- Improving recruitment timescales
- Modernising bank arrangements
- Resource Policy and Practice
- Trade Union Release Time
- Electronic Timesheet Implementation
- Reducing lost hours

Members were updated on the RAG status of each of the workstreams with a collective status of Amber being achieved overall. Lee Brooks then elaborated further on the work around improving attendance and reflected on the learning ascertained from last year's visit to the West Midlands Ambulance Service where a number of aspects had been identified for further exploration by the Trust. It was recognised that further work was required to quantify some aspects of the existing project work streams with this would be prioritised over the next quarter.

Members received the update and recognised the importance of correctly managing and recording sickness absence. Claire Vaughan commented that it was pleasing to see that work on this had now commenced and was gathering pace. Collaborative working between departments and Trade Union partners would also be important in achieving the desired improvements.

RESOLVED: That the update was NOTED.

38/20 OPERATIONS QUARTERLY REPORT

The Operations Quarterly report was presented as read with Lee Brooks inviting any comments or questions from Committee members. Members commented on the success of the Operational Delivery Unit which was essentially a central hub and support network providing leadership for the Welsh Unscheduled Care System, providing a link between the Trust, Welsh Government, and all Health Boards. This had proven to be very beneficial and Members noted that discussions were now being held with Commissioners and Welsh Government to provide sustained funding for the unit.

Members also commented on the volunteering aspect of the report and noted the recent Q&A session to address any questions or concerns they may have had. This had proven to be very popular with Trust Volunteers and on the back of the interest and level of questions submitted in the initial session, work was now underway to see if these sessions could be held more regularly, perhaps every two months or so to ensure the best possible engagement with volunteers.

Finally, Members discussed the ongoing The NEPTS Demand and Capacity Review which had been temporarily suspended due to Covid-19 although work on this had now recommenced. Lee Brooks explained that whilst the review had been suspended from an organisational perspective, the supplier had been able to continue their efforts working with Trust data and consequently, the timeline was not expected to be significantly impacted as a result.

RESOLVED: That the update was NOTED.

39/20 UPDATE ON DEVELOPMENT OF TRUST WELLBEING STRATEGY

Dr Catherine Goodwin gave a presentation on the development of the Trust's Wellbeing Strategy and explained that the strategy had a broad remit, promoting physical health, emotional wellbeing and mental health, as well as financial and social wellbeing. The strategy considered these components across the timeline of a career within the Welsh Ambulance Service, recognising different support at different stages.

Dr Goodwin stated that there should be a clear link between Trust behaviours and the strategy. Therefore, a model adapted from the Good Practice Framework for Mental Health and Wellbeing in First Responder Organisations was being proposed as it linked these aspects together. In order to achieve this, five key objectives had been identified. These were:

- Assess and understand the health and wellbeing of Trust employees.
- Proactively promote protective health and wellbeing at all levels within the Trust for employees and their families and ensure they are available to all.

- Provide comprehensive preventative and reactive health and wellbeing services and training for everyone at each stage of their career path.
- Succeed in achieving high level Health and Wellbeing standards that are robust and recognised for excellence by external organisations.
- Strengthen health and wellbeing partnerships within the organisation and the communities the Trust serves.

The strategy outlined how these would be implemented with Members being invited to review these and provide comments and recommendations for its development.

Members received the presentation and queried whether the Trust could look into the possibility of using Charitable Funds to establish a Welsh Ambulance Service 'Association' whereby those people who have worked for the Trust could continue to be involved even after retirement as this is something which has been done previously in the military and proved beneficial. Chris Turley confirmed that this would be an appropriate use of Charitable Funds should the Trust decide to explore this further.

Members noted the detailed and comprehensive nature of the report along with the important changes being proposed. Members commented that further refinement with the aid of Trade Union partners may be helpful in further refining the strategy to optimise the benefits to staff. Dr Goodwin stated that further input from staff would be sought through the Staff Survey as well as seeking feedback from Trade Union partners. This was important in refining the strategy and the more people offering feedback, the greater the final outcome would be.

Claire Vaughan commented that the strategy was still in development and more time would be needed before a finalised version would be available. Accepting that this may delay the final version being submitted for Board approval, members agreed that it would be better to take the additional time to reflect upon feedback and recommendations in order to produce a complete and comprehensive document. Therefore, Members suggested that work continues on the strategy with a view of submitting a finalised version ready for Board approval in November 2020.

RESOLVED: That the update was discussed and NOTED.

40/20

WAST RESPONSE TO EAST SERIOUS INCIDENT INVESTIGATION REPORT AND RECOMMENDATIONS

Dr Catherine Goodwin discussed the Trust's current position in relation to a serious incident report released by the East of England Ambulance service following the unexpected deaths of three members of their staff in November 2019. The report contained recommendations for the management of death in service incidents and it was therefore prudent for the Trust to undertake a review of its

practices and ensure the service already does or could meet the recommendations.

Prior to being presented to Committee Members, the response had been discussed by the Executive Management Team where it had been well received. Following this, it had been decided that the response should be discussed by the People and Culture Committee for noting and assurance.

The Welsh Ambulance Service had sadly experienced colleague deaths during the last three months, one of which had been an unexpected death. Although clear procedures were effectively followed, the Trust understood that for some issues such as mental health and harassment, there was a need to ensure a proactive approach to providing support.

The Trust already met the majority of the recommendations as outlined in the report. However, areas of continued development included incorporating a formal wellbeing risk assessment into the disciplinary policy, implementing a robust rolling training programme for managers in relation to emotional and physical wellbeing and introduction of wellness action plans for all staff. In addition, it was felt that consideration should also be given on whether to formalise the Death in Service guidance into a policy document.

Members received the response to the serious incident report released by the East of England Ambulance service and following discussions, believed that the Trust should formalise the Death in Service guidance into a policy document. However, the formalised policy should make it clear that it is inclusive of all staff from frontline through to Corporate and Administrative roles.

RESOLVED: That the response to the serious incident report released by the East of England Ambulance service was discussed and NOTED.

41/20

LEADERSHIP AND MANAGEMENT DEVELOPMENT STRATEGY UPDATE

Helen Watkins gave a brief overview of the learning and progress made so far on the Leadership and Management Development Strategy. The update noted that the strategy is an evolving document being shaped by the 'direction' and 'priorities' of the Trust, NHS Wales and wider Public Service, Welsh Government and Cultural Awareness i.e. the development of a just culture and what that might mean in the organisations leadership and management approach. Other key aspects included:

- The importance of challenging current approaches to succession planning and talent management and exploring different approaches going forward.
- Recognising that there is a real appetite and openness for approaching the development of Leaders and Managers using different and less traditional approaches. This would include being prepared to take risks when trying different and new approaches.
- Ensuring those for whom the development opportunities were being provided were involved in the development and evaluation.

- Ensuring all learning styles, methods and technologies are part of the delivery plan. Embracing the use of existing technologies such as Zoom, Microsoft Teams and virtual learning platforms. This would enable a wider reach in the organisation allowing the Trust to achieve the maximum spread of ideas utilising the technology now available to us.

Members received the update and queried the Trust's position in regard to the Band 7 OD Manager vacancy which the Trust had since July 2019. Helen Watkins explained that this vacancy had been subject to a review of the OD Teams requirements and budget. However, this had now been completed and the Trust would be advertising the vacancy shortly.

RESOLVED: That the progress and plans outlined in the report were NOTED.

42/20

SUPPORTING THE SURVIVORS

Claire Vaughan explained that at the Trust Board meeting held on 21st November 2019, a member of staff who had been the subject of violence, aggression and abuse spoke to the Board and explained the immense impact that this had on their work and home life. Following this, the Board agreed an action for a 'deep dive' through the Safeguarding Group and People and Culture Committee looking specifically into domestic violence. Following this, Nikki Harvey gave a presentation on the work which had since been undertaken by the Trust to support victims of domestic violence and abuse.

This work complimented the existing Policies which had been put in place by the Trust following the enactment of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act, which came into force in 2016. Nikki Harvey explained how the Trust had gained a greater understanding of the effects and impact of domestic abuse, violence and aggression since the member of staff had given their account. In particular, it was noted that even when a victim leaves their abuser it does not mean that the abuse and attempts at controlling behaviour would stop. Research had shown that in most instances, leaving was only the first step on a long journey.

Therefore, the Trust had worked with charities such as Womens Aid to provide pathways for staff to get the support they needed and had also worked to ensure that this support was ongoing and not just there in the initial stages. In addition to this, members of staff who had experienced abuse and who now felt able to provide support to other member of staff could be offered the opportunity to receive training in order to achieve this.

Nikki Harvey informed the Committee that as the Trust had become more effective at recognising domestic abuse and providing support, more staff who had been the subject of abuse felt able to come forward and talk with managers about their experiences. It was noted that although the majority of abuse victims were women, some of those members of staff seeking support were men involved in abusive relationships.

Following the presentation, Members discussed the importance of staff feeling supported within the organisation and having the belief and confidence that they were able to openly discuss such difficult issues like domestic abuse with managers. Members also felt that it was important that staff were aware of the support that was available from the organisation as previous experiences had shown that many victims of domestic abuse were not aware that their employer was able to offer support. Members noted that the issue of domestic abuse, violence and aggression was not solely within the remit of Safeguarding and recognised that this impacted upon many departments within the Trust including Mental Health, Wellbeing and Occupational Health.

Members also queried whether the Trust's training could be improved upon to enable staff to feel confident when discussing violence and abuse with other staff members? Nikki Harvey informed the Committee that following discussions with Welsh Government, a tailored 'Ask and Act' training programme had been adopted by the service. This offered the most appropriate and suitable training for enabling staff to better cope with and confront signs of domestic abuse.

RESOLVED: That the presentation was NOTED.

43/20

COVID STAFF SURVEY – TO RECEIVE THE FEEDBACK

Dr Catherine Goodwin and Fatehullah Tahir updated members on the results of the Covid-19 Staff survey. The Covid-19: Have Your Say survey was developed in partnership as a vehicle to obtain rich and timely feedback. Dr Goodwin explained that survey was circulated on 1st June 2020 to all Trust employees as they were best placed to provide feedback during pandemic period. The survey was designed in partnership to enable information to be gathered and then analysed over a number of categories reflecting the roles and activity in the organisation. This included staff returning to the workplace following a period of working from home, being redeployed, shielding and those who had continued to provide a service in their existing roles with different pressures.

In total 584 responses were received with the results being considered along with intelligence being gathered and received across the organisation, including the Public Survey, Clinical Audit and dovetailing with the Resilience-led Interim Evaluation process. Therefore, it was vital to join up the information and thinking gathered from the Survey to ensure colleagues had confidence that the Trust was listening and making changes as unfortunately, there was a strength of feeling from those completing the survey that nothing would change.

Members received the update on feedback from the staff survey and commented on how the information which had been provided by staff represented an opportunity for the Trust to really move forward in certain areas and was very positive for everyone involved. Furthermore, a number of engagement programs were scheduled to take place and it was important to ensure that staff continue to be involved and engaged in the development of Trust practices. However, it was recognised that staff participation in the survey was not as high as the organisation would have liked and more work may need to be done to understand how the return rates could be improved.

RESOLVED: That the update was NOTED.

44/20 COMMITTEE ASSURANCE FRAMEWORK

Claire Vaughan highlighted the key aspects of the developing People and Culture Committee Assurance Framework for the Committee's attention. These included:

DBS Checks - Having been identified as a risk, the Trust continued to process retrospective DBS checks on staff and to date only 85 staff remained who require a DBS check and do not have an appropriate check on file. Of these, 23 were currently being processed by the DBS, leaving 62 to be completed.

Sickness Absence - While sickness absence continued to be a risk for the Trust, current levels of Non Covid sickness were reported at the lowest levels since May 2018. However, the monitoring of sickness absence levels and cases would continue, ensuring appropriate management while recognising the impact of Covid-19 on the Trust's ability to progress some cases.

RESOLVED: That Committee Members received the report and its contents were NOTED.

45/20 AUDIT TRACKER AND RECOMMENDATIONS

Claire Vaughan introduced a report on the Audit Tracker recommendations which provided an overview of Internal Audit reports and associated recommendations with relevance to the People and Culture Committee. This enabled Members to be sighted on the recommendations and be aware of the current status of the agreed actions. The report also outlined the impact of Covid-19 on the delivery of the agreed action plans and the impact on timescales for delivery.

The Internal Audit report recommendations highlighted areas including Continuous Professional Development, Drivers Medicals, Personal Safety, Violence and Aggression, Staff Engagement and Communication and Trade Union Release Time. The report set out current progress towards these objectives with work ongoing to ensure that the recommendations were implemented.

The Chair asked to be kept updated in regards to progress against the Audit recommendations as the next meeting of the Audit Committee fell before the next meeting of the People and Culture Committee where the Chair intended to attend and update the Audit Committee on the progress against the recommendations. For the purposes of good governance, information and updates would be shared between Committee Members prior to the Chair addressing the Audit Committee.

RESOLVED: That members RECEIVED and NOTED the report.

46/20 DRIVERS MEDICALS AUDIT REPORT

The Drivers Medicals Audit report presented as read for Committee Members to review. The paper set out the main areas of concern highlighted in the report and provided an update on progress already made to address any gaps in assurance. Committee Members were asked to note the concerns identified through the Audit Report and the actions being taken to ensure a robust process was in place to ensure all staff who were required to drive Trust vehicles were medically fit and appropriately trained to do so.

RESOLVED: That the report was NOTED.

47/20 CASE MANAGEMENT REPORT 2019/20

Claire Vaughan provided a brief overview of the first Case Management report the Welsh Ambulance Service Trust had produced for the NHS Wales Anti Violence Collaborative. The document set out the process for dealing with incidents of Violence and Aggression against National Health Service staff in Wales. The report detailed what the Trust had been doing in terms of improving and encouraging staff to report all incidents of patient violence and also promoted the Obligatory Responses to Violence in Healthcare within the organisation.

RESOLVED: That the report was NOTED.

48/20 PARTNERSHIP ANNUAL REPORT

Helen Watkins gave an update which highlighted the key areas of activity which had been undertaken and reported through the Welsh Ambulance Services NHS Trust Partnership team (WASPT) during the period 2019/20. The report showed that the Trust was committed to partnership working and emphasised the key areas of activity on which Trade Union Partners and Trust managers had been engaged over the past 12 months.

The report had been shared with Trade Union Partners for their input and comment and affirmed that the Trust was committed to continued working in partnership over the forthcoming 12 month period. The Committee was asked to note the contents

of the report and recognise the continued success of Partnership Working within the Trust.

Members received the report and commented on the importance of continued partnership working with Trade Union Partners as this had proven to be a success and was of real benefit to staff, the Trust and the service as a whole. Members also noted the scale and breadth of the work which had been undertaken so far and the commitment to continue this moving forward. Finally, Members expressed their desire that the report is made as visible as possible to Trust staff in order for them to be aware of the work being done and to assure them of the continued commitment to partnership working.

RESOLVED: That the report was NOTED.

49/20 REVISED RESERVE FORCES - TRAINING AND MOBILISATION POLICY

Helen Watkins introduced the Reserve Forces – Training and Mobilisation policy to the Committee and explained that the policy was a revised version of its predecessor which had already been in use with the Trust. The Policy was being presented to the Committee with formal adoption being sought.

The policy had been reviewed in partnership, and the revised version, with minimal changes, was agreed by the Welsh Partnership Forum on 5 March 2020 and issued on 26 June by the NHS Wales Employers on behalf of the Joint Chairs of the Welsh Partnership Forum and had now become the standard policy for the training and mobilisation of reservists within the NHS in Wales.

Members approved the formal adoption of the Reserve Forces – Training and Mobilisation Policy and noted that the usual approval route through the Welsh Ambulance Services Partnership Team had not been possible on this occasion. Members agreed that the Policy would be retrospectively presented to the Trade Union Partnership Cell after its adoption.

RESOLVED: That the adoption of the Reserve Forces – Training and Mobilisation Policy was APPROVED.

50/20 LESSONS LEARNT FROM TRIBUNALS

Helen Watkins updated the Committee on the lessons learned from a recent Employment Tribunal case and explained that the Trust was keen to understand the opportunities from the case which would enable Trust managers to improve the management of Employee Relations cases and reduce the risk of financial costs and potential reputational damage in the future.

A number of areas were identified where key lessons could be learnt including delays to the investigation stage of the disciplinary process, the recording of Minutes at hearings and differences between wording in the All Wales Disciplinary Policy and

wording in the Trust's Code of Conduct. As a result, the following next steps were identified for implementation:

- Provide feedback to the wider operational HR Team.
- Explore what further support the Trust can offer internal Investigating Officers who agree to investigate incidents on behalf of the service.
- Explore an appropriate way to Minute hearings going forward.
- Consider policy wording changes.

Members received the update and queried what more could be done to address the length of investigations and to speed up the investigation process. Helen Watkins accepted that the length of time taken to complete investigations could be detrimental to all those concerned, including Investigating Officers, witnesses and the person who was the subject of the investigation. However, there was no simple answer to this although work would continue to try and streamline the process without compromising the quality or integrity of the investigation.

RESOLVED: That the contents of the report were NOTED.

51/20 ISSUES TO BE RAISED AT BOARD

The Chair identified a number of areas which would require further discussion with the Board. These included the Wellbeing Strategy, Reservist Policy, Safeguarding and Policy approval. Further discussions would take place with Claire Vaughan around these areas prior to them being raised.

RESOLVED That the issues noted above would be raised for discussion at Board level.

52/20 MINUTES OF SUB-GROUPS

Sub Groups had been unable to meet as a result of Covid-19. Accordingly, no Minutes were available.

RESOLVED That as none of the sub groups had held meetings and therefore, no Minutes were available.

Date of Next Meeting: Tuesday 13 October 2020.

DRAFT

MINUTES OF THE CLOSED SESSION OF REMUNERATION COMMITTEE HELD ON 11 AUGUST 2020 VIA TEAMS

PRESENT:

Members: Martin Woodford (MW), Trust Board and Remuneration Committee Chair
Emrys Davies (ED), Non Executive Director
Joga Singh (JS), Non Executive Director
Martin Turner (MT), Non Executive Director

In attendance: Julie Boalch (JB), Corporate Governance Manager
Nathan Holman (NH), Trade Union Partner
Jason Killens (JK), Chief Executive
Chris Turley (CT), Director of Finance and Corporate Resources
Claire Vaughan (CV), Director of Workforce and OD

13/20 Welcome, Apologies for Absence and Declarations of Interest

13.01 **MW** welcomed everyone to the meeting

13.02 Apologies for absence were noted for Keith Cox, Pam Hall, and Damon Turner.

13.03 The declarations of interest in respect of Emrys Davies as a former member of UNITE and Nathan Holman as Chair of Llannon Community Council were noted.

14/20 Minutes and Action Log

14.01 The Minutes of the Remuneration Committee meetings held on 13 April 2020 and 5 June 2020 were confirmed as correct records. **KC** was requested to review the Trust's Standing Orders and also the Committee's terms of reference with regards to how Members access the full Minutes of meetings in cases where only redacted Minutes have been presented to the Committee.

14.02 The Action Log was reviewed and updated as stated in Minutes 14.03 and 14.04 below.

14.03 The Committee noted that alternative options were now being considered with regards to the outstanding action regarding the proposed trial of the payment of primary rest breaks when crews are delayed at Morriston Hospital and therefore agreed that the matter be closed. In doing so, Members were

informed by **CV** that unless there were specific payment implications, such as incentives arising from any revised approach, that the matter would not be referred back to this Committee. Members supported this approach for this issue but requested **KC** to examine options for the forward planning of issues for the Committee's attention.

- 14.04 **JK** informed the Committee that the remit of Deputy Chief Executive would remain with the Medical Director through to 31 December 2020 and that he was currently undertaking a review of the responsibilities of the Medical Director post and that this would be presented to Trust Board in due course. Members agreed to close the outstanding action arising at the 31 March 2020 meeting.

15/20 2019/20 Senior Manager Remuneration Tables – Procedural Statement

- 15.01 **MW** explained the process the Trust had followed in signing off the 2019/20 senior manager remuneration tables ahead of their submission to Audit Wales and Welsh Government.

RESOLVED: That

- (1) the process undertaken for gaining sign off to the 2019/20 senior manager remuneration tables ahead of their submission to Audit Wales and Welsh Government be NOTED.**

16/20 Exit Settlement for a Former Executive Director of the Trust

- 16.01 The Committee considered a proposed settlement agreement for a former Executive Director of the Trust designed to deliver an amicable and mutually agreeable end. Members were informed that any payment made as part of the terms of the settlement would require Welsh Government approval before the Trust was able to make a formal offer.

RESOLVED: That

- (1) the preferred option of settlement at a value of c£184k for xxx to leave the Trust with effect from 31 August 2020 subject to agreeing terms of a qualifying settlement agreement and subject to Members receiving details of the calculation be SUPPORTED**
- (2) approval from Welsh Government for the settlement payment as required by Chapter 6 (Losses and Special Payments) IFRS NHS Wales Accounts Manual prior to confirming any offer to xxx be SOUGHT**

17/20 Voluntary Early Release Severance (VERS) Application

- 17.01 **CV** explained that a request for Voluntary Severance, utilising the framework of the Voluntary Early Release Scheme (VERS), had been received. The voluntary request was supported by the responsible Executive Director, Executive Medical Director, the Executive Director of Workforce and Organisational Development, the Executive Director of Finance and Corporate Services and the applicant's line manager.

17.02 Members were informed that the applicant met all five criterion for VERS and that assurances had been provided that the work currently undertaken by the applicant could be absorbed by other team colleagues within their current duties and that the post would not be filled. **CV** explained that as the cost of the application was less than £50k, this matter did not require Welsh Government approval.

RESOLVED: That

- (1) the offer of a voluntary settlement, under the framework of VER, for xxx be SUPPORTED.**

18/20 Any Other Business

18.01 There were no other items of business

19/20 Date of Next Meeting

19.01 The next scheduled meeting of the Remuneration Committee was confirmed as 22 September 2020.